y·labs

# Resilience *Rising*

## *A* Landscape Assessment *of* Action & Opportunity *at the* Climate-SRHR Nexus Across South Asia

OCTOBER 2025



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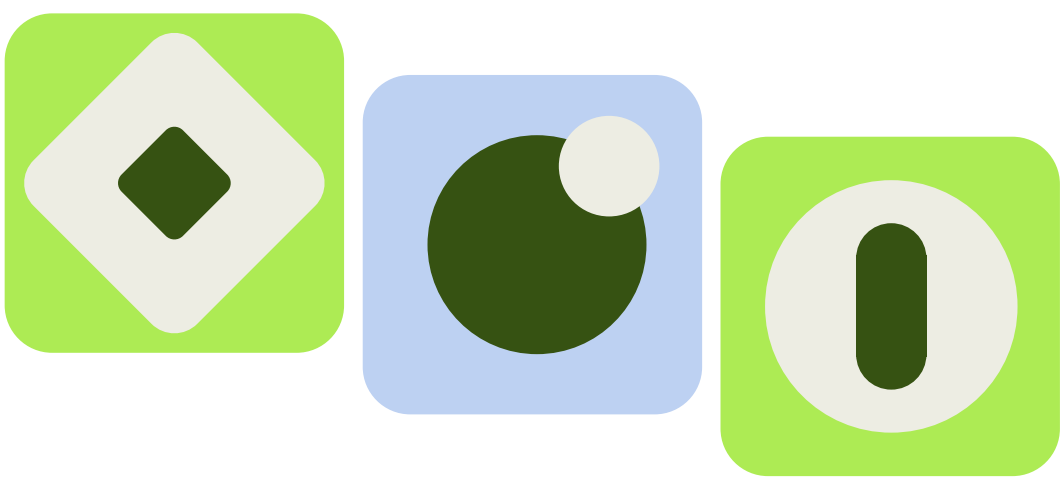

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# Executive Summary

South Asia is home to more than two billion people and is among the world's most climate-vulnerable regions. Intensifying heat waves, floods, droughts, and cyclones are undermining health systems and worsening gender inequities. Climate change disproportionately affects women and girls, disrupting access to sexual and reproductive health (SRH) services and increasing risks of gender-based violence, early marriage, maternal complications, and mental health distress.

This assessment, authored by YLabs through the generous support of the David and Lucile Packard Foundation, maps the landscape of climate–SRHR action across eight South Asian countries: Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka. Its purpose is to document how organizations are integrating sexual and reproductive health and rights (SRHR) and climate adaptation and resilience, identify policy and funding gaps, and surface opportunities for coordinated investment to strengthen women's health and rights in the face of climate change.

# Methodology

The assessment focused on the following research questions:

1. *What is the current policy and funding landscape for integrated climate-SRHR work in the South Asia region?*
2. *What does integrated climate resilience and SRHR programming look like in the South Asia region, and what are examples of on-the-ground impact or progress being made?*
3. *What is missing in the current landscape?*
4. *What are the main barriers preventing organisations from growing or scaling their programming that integrates climate resilience and SRHR?*
5. *What are key short and long-term opportunities for donors to drive impactful integrated climate-SRHR work in the South Asia region?*

This assessment used a mixed-methods approach to map and analyze the landscape. Between April and July 2025, YLabs conducted an online regional survey that received 106 responses, including 56 organizations reporting active or completed climate-SRHR programs and 33 indicating future plans. Twenty follow-up interviews provided qualitative insights into implementation challenges, emerging innovations, and opportunities for scale. Complementary desk research reviewed peer-reviewed and grey literature, national adaptation and health policies, and donor strategies across the eight focal countries to understand how SRHR considerations are reflected in national climate adaptation policies and plans.

# Key Findings:

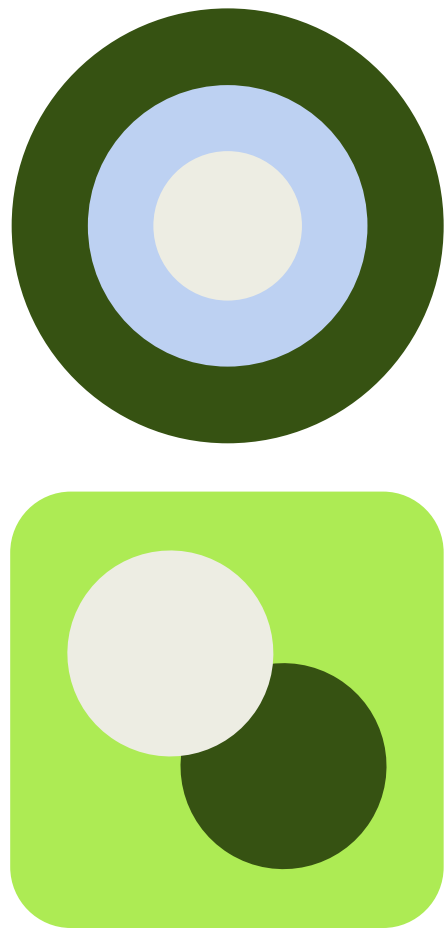
- **Climate–SRHR programming in South Asia is expanding rapidly as health, gender, and SRHR organizations adapt their work to confront the growing impacts of climate change on women's health and rights.** We identified 68 active climate-SRHR programs in the region. Nearly 60% of identified programs were launched in or after 2022, reflecting a surge of innovation as implementers adjust service delivery models, community outreach, and advocacy efforts to safeguard SRHR amid increasing floods, heatwaves, and other climate shocks.

- **Strong local leadership but fragmented and fragile financial backing:** Most programs operate on modest budgets (29% under USD 10,000), indicating high engagement by grassroots and community-based groups but limited access to sustained funding. Private philanthropy accounts for 38% of climate–SRHR funding, followed by subgrants from INGOs (28%). Many frontline actors access funds indirectly, making them vulnerable to shifts in global aid and domestic allocations. While bilateral donors increasingly require gender and SRHR integration in climate projects, these mandates are not yet systematically funded.

- **Gaps in climate preparedness result in uneven coverage of climate hazards:** Flooding (67%), extreme heat (65%), rain shocks (63%), and drought (54%) dominate programmatic focus in the South Asia region. Data show that while programmatic focus is largely aligned with the dominant climate threats, programs are often reactive to recent crises rather than systematically planning for emerging climate threats. There is an under-focus on slow-onset hazards (e.g., seasonal variability, salinity, drought) which can have severe but less immediately obvious impacts on SRHR.

- **Current programming emphasizes gender-based violence (GBV) and menstrual health but lacks a focus on contraceptive access:** While 79% of programs report a GBV component and 73% address menstrual health, only 33% include contraceptive access or distribution. This indicates a disconnect between stated SRHR objectives and concrete service delivery related to climate-resilient reproductive autonomy.

- **Fragmented advocacy limits policy impact and cross-border learning:** 70% of organizations surveyed engage in policy advocacy, from local disaster plans to international forums like COP. Yet advocacy efforts remain largely fragmented and under-resourced. The absence of coordinating platforms and sustained funding prevents local and national actors from aligning strategies, sharing lessons, and influencing national climate adaptation planning processes, leaving SRHR underrepresented in national and regional climate policy and financing agendas.



# Key Recommendations:

**Across South Asia, organizations working at the intersection of climate resilience and SRHR are demonstrating innovation and adaptability despite fragmented and limited funding. Future investment should strengthen institutional capacity, enable peer learning, and create financing models that sustain integrated approaches over time.**

- **Stabilize and Strengthen Frontline Organizations**
  Grassroots and community-based organizations are at the forefront of climate–SRHR action but are constrained by small, project-based grants and limited administrative support. Donors can help close this gap by providing longer-term, flexible, and core funding that sustains organizations between major grants, allowing them to plan proactively for climate threats and equip them to withstand shocks to their SRHR delivery and programming.

- **Create Regional or Thematic Pooled Funds**
  A regional Climate–SRHR Innovation Fund could channel resources more equitably to local and mid-sized organizations while facilitating collaboration and shared learning. Such a mechanism would bring together INGOs, feminist funders, and grassroots actors around a common portfolio focused on knowledge-exchange, peer learning, and joint advocacy. Administered by a locally based secretariat, this fund could manage due-diligence and reporting on behalf of smaller organizations, easing administrative burdens while promoting transparency and accountability.

- **Measure What Matters**
  Climate hazards will continue to disrupt programs, and not all solutions will work in every context. Donors must champion monitoring and evaluation systems which capture adaptability, not just outcomes in order to focus on how programs seek to safeguard SRHR under climate stress. Investing in implementation-science approaches and funding evaluations of complete or near-complete grassroots pilots can generate the contextual evidence needed to move effective community-led innovations from pilots to sustained, scalable solutions.

- **Integrate the Full Spectrum of SRHR into Service Delivery**
  Donors can fund programs that link contraception, menstrual health, and GBV response through unified delivery channels (e.g.community health workers, mobile clinics, and digital platforms) so that women can access a full continuum of care even during climate disruptions. Strengthening these integrated systems within national health and disaster preparedness frameworks will make SRHR services more consistent, efficient, and resilient in the face of environmental shocks.

- **Resource Coordinated Climate–SRHR Advocacy**
  Fund regional coalitions and cross-border exchanges that embed SRHR into national climate policies and financing frameworks. Donors should also provide sustained support for grassroots advocates, including travel and preparatory grants, to ensure their participation and unified voice in national, regional, and global climate forums.

# Conclusion

South Asia stands at a pivotal moment where accelerating climate risks threaten to erode hard-won gains in women's health and rights. Local and national organizations are already adapting with ingenuity, integrating SRHR into disaster preparedness, health delivery, and community resilience efforts. What's needed now is sustained investment to strengthen and scale these models, embed SRHR within national climate and health policies, and ensure women's health and rights remain protected in an era of growing climate uncertainty.



# Introduction

South Asia is home to over 2 billion people and is one of the regions most vulnerable to the growing hazards of climate change. Climate change exacerbates vulnerabilities that women, girls, and gender minorities experience due to existing gender inequalities. This becomes most acute during extreme weather events, which disrupt access to sexual and reproductive health (SRH) services and increase the risk of gender-based violence, early marriage, and pregnancy complications.[1]

Recent years have seen a surge in research and policy attention focused on understanding and addressing how climate disruptions undermine health for women and girls in South Asia.[2] As regional momentum around health, gender, and climate action grows, there is a critical opportunity to ensure that sexual and reproductive health and rights (SRHR) is integrated into this climate-health agenda. By aligning resources and political will, funders, governments, and communities can transform vulnerability into resilience and ensure that women and girls not only maintain access to quality SRHR services, but also gain the agency and protections needed to thrive in the face of a changing climate.



1. *Khan Foundation, & ARROW. (2015). Women's Sexual & Reproductive Health and Rights (SRHR) and Climate Change: What Is the Connection?* https://arrow.org.my/wp-content/uploads/2016/05/Climate-Change-and-SRHR-Scoping-Study_Bangladesh.pdf

2. *Risha Solutions. (2023). GENDER & CLIMATE CHANGE INDUCED IMPACTS .* https://www.actioncontrelafaim.org/wp-content/uploads/2023/08/Gender-Risha-Solutions-Executive-summary-Link.pdf

# Purpose of the Assessment

This assessment maps the current landscape of climate-SRHR action in the South Asia region (Afghanistan, Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan, and Sri Lanka).[3] It identifies innovative programming examples, analyzes barriers to scale, and synthesizes opportunities for integrated investments and policy action to support women's health, gender equality, and climate resilience. It is part of the larger Climate and Gender: Evidence for Action[4] led by YLabs.

For this assessment we use the definition of Sexual and Reproductive Health and Rights (SRHR) outlined by the Guttmacher–Lancet Commission: "Sexual and reproductive health is a state of physical, emotional, mental, and social well-being about all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity… Achieving sexual and reproductive health relies on realizing sexual and reproductive rights, which are based on the human rights of all individuals."

We set out to answer the following research questions:

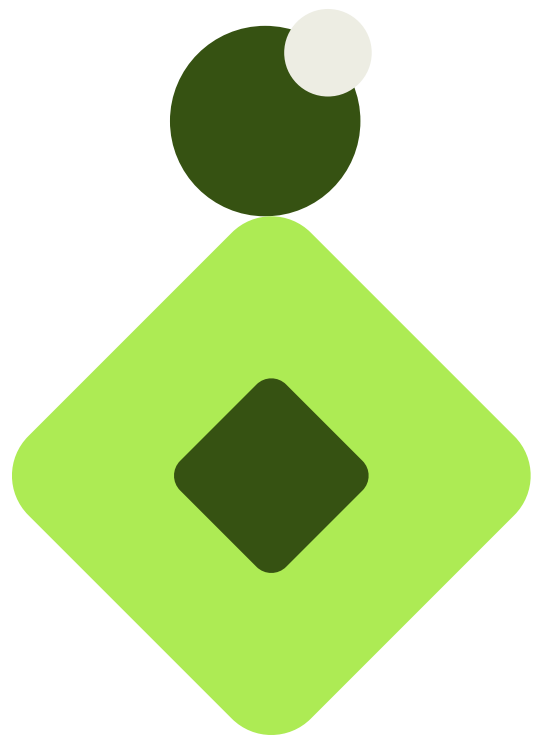
1. *What is the current policy and funding landscape for integrated climate-SRHR work in the South Asia region?*

2. *What does integrated climate resilience and SRHR programming look like in the South Asia region, and what are examples of on-the-ground impact or progress being made?*

3. *What is missing in the current landscape?*

4. *What are the main barriers preventing organisations from growing or scaling their programming that integrates climate resilience and SRHR?*

5. *What are key short and long-term opportunities for donors to drive impactful integrated climate-SRHR work in the South Asia region?*



3. *Hub, S. (2024). Climate change threatens 50 years of progress on women's reproductive health and rights. Climate X SRHR Hub.* https://climate-srhr.org/

4. *Climate-SRHR. (n.d.). Climate-SRHR: Integrating sexual and reproductive health and rights with climate action.* https://climate-srhr.org/



# The Intersection of Climate Change & SRHR in South Asia

*"Floods, heatwaves, child marriage, and displacement in camps — these aren't separate issues. Climate hits bodies before it hits buildings."*

**SOBIA ALI**
FOUNDING DIRECTOR
THE YOUNG CHANGEMAKERS, PAKISTAN

The World Bank has described[5] South Asia as "living through a new climate normal" in which intensifying heat waves, cyclones, droughts, and floods have resulted in more than half of all South Asians– 750 million people– having been affected by one or more climate-related disasters in the last two decades. Approximately 460 million people in the region reside in areas at risk of flooding—primarily residing in floodplains.[6] Many countries are experiencing increasingly catastrophic floods; such as the 2022 Pakistan floods that submerged a third of the country, affecting 33 million people, killing at least 1,739 people, displacing 7.9 million and causing over $30 billion USD in damages and losses.[7] The coastal sub-region —including Bangladesh, India, the Maldives, Pakistan, and Sri Lanka—is home to approximately 400 million people who are considered highly vulnerable to coastal hazards such as cyclones, tidal surges, floods and sea level rise.[8] Mountainous regions in Pakistan, Nepal, Bhutan and northern India face glacier melting and landslides. India, Pakistan and Afghanistan stand out for extreme heat conditions. As the climate changes, the region is increasingly impacted by a mosaic of both slow-onset events (desertification, sea level rise) and extreme weather events (floods, cyclones, heatwaves), making it a complex case for climate adaptation.

It is well-documented that climate change worsens numerous health concerns, especially for women and children.[9] Rising temperatures, drought, and flooding exacerbate heat-related illness and death, undernutrition, respiratory disorders, waterborne infections, and the spread of vector-borne diseases, among other impacts. Gendered vulnerabilities are pronounced in South Asia due to entrenched social norms, structural drivers, restricted decision-making power for women and marginalised groups.

Climate change exacerbates the social vulnerabilities and negative health risks that women and girls face, including to their sexual and reproductive health and rights (SRHR), and threatens the hard-won progress on SRHR and gender equality that has been made in the region over the past two decades. For example, increasingly frequent and extreme weather events disrupt access to SRHR services and increase the risk of gender-based violence, early marriage, and maternal health complications.[10] Recent studies highlight that climate-induced environmental stressors aggravate gender inequalities, undermining efforts to improve women's health outcomes.[11] Unsurprisingly, women also face a disproportionate mental health burden in areas particularly impacted by climate. A recent study in Pakistan showed a high prevalence of stress (72%), anxiety (68%), and depression (56%) among rural women directly linked to environmental degradation, extreme weather events, precipitation changes, and increasing temperatures.[12]



5. *World Bank. (n.d.). Integrating climate and development in South Asia region. World Bank.* https://www.worldbank.org/en/region/sar/brief/integrating-climate-and-development-in-south-asia/integrating-climate-and-development-in-south-asia-region
6. *Rentschler, J., Salhab, M., & Jafino, B. A. (2022, June 28). Flood risk already affects 1.81 billion people. Climate change and unplanned urbanization could worsen exposure. World Bank Blogs.* https://blogs.worldbank.org/en/climatechange/flood-risk-already-affects-181-billion-people-climate-change-and-unplanned
7. *Entcheva, R. (2023). 2022 Pakistan Floods. Center for Disaster Philanthropy.* https://disasterphilanthropy.org/disasters/2022-pakistan-floods/
8. *UNISDR. (2012). REVIEW PAPER STATUS OF COASTAL AND MARINE ECOSYSTEM MANAGEMENT IN SOUTH ASIA.* https://www.undp.org/sites/g/files/zskgke326/files/migration/in/review-paper-status-of-coastal-and-marine-ecosystem-management-in-south-asia.pdf
9. *Tiwari, I., Tilstra, M., Campbell, S. M., Nielsen, C. C., Hodgins, S., Osornio Vargas, A. R., Whitfield, K., Sapkota, B. P., & Yamamoto, S. S. (2022). Climate change impacts on the health of South Asian children and women subpopulations - A scoping review. Heliyon, 8(10), e10811.* https://doi.org/10.1016/j.heliyon.2022.e10811
10. *Khan Foundation, & ARROW. (2015). Women's Sexual & Reproductive Health and Rights (SRHR) and Climate Change: What Is the Connection?* https://arrow.org.my/wp-content/uploads/2016/05/Climate-Change-and-SRHR-Scoping-Study_Bangladesh.pdf
11. *Patel, S. K., Agrawal, G., Mathew, B., Patel, S., Mohanty, B., & Singh, A. (2019). Climate change and women in South Asia: a review and future policy implications. World Journal of Science, Technology and Sustainable Development, 17(2), 145–166.* https://doi.org/10.1108/wjstsd-10-2018-0059
12. *Daraz, U., Khan, Y., Alsawalqa, R. O., Alrawashdeh, M. N., & Alnajdawi, A. M. (2024). Impact of climate change on women mental health in rural hinterland of Pakistan. Frontiers in Psychiatry, 15.* https://doi.org/10.3389/fpsyt.2024.1450943

In addition to the effects of climate change, South Asia also must contend with other environmental hazards, including poor air quality. A 2022 study at the University of Chicago ranked Bangladesh, India, and Nepal as the top three countries in the world for air pollution, with Pakistan coming close behind at fifth place.[13] Increased exposure to air contaminants is strongly linked to adverse maternal and neonatal health outcomes, including higher rates of stillbirths, low birthweight, preterm births, and neonatal distress.

Below you will find a brief and non-comprehensive overview of some of the SRHR concerns in the region, and current understanding of the risk climate change poses, based on peer-reviewed evidence. For a more comprehensive overview of the global peer-reviewed evidence of how climate change impacts each dimension of SRHR, please see YLabs Evidence Summary (2024) and the WHO HRP's BMJ Scoping Review (2024).[14,15]

| | |
|---|---|
| **Maternal and Newborn Health** | **Current state:** The maternal mortality ratio in South Asia has improved from 697 in 1985 to 120 in 2023. Maternal mortality in South Asia is now lower than the world average.[16] However, this is still above the Sustainable Development Goal (SDG) target 3.1 that aims to reduce the global maternal mortality ratio (MMR) to less than 70 deaths per 100,000 live births by 2030. Regionally, there is great disparity in MMR with Afghanistan the highest at 520.5 and Sri Lanka the lowest at 18.3. (See Figure 1)<br><br>**Impact of Climate Change:** In South Asia, rising heat and water scarcity are linked to miscarriages, stillbirths, preterm births, and low birthweight, while pregnant and lactating women face heightened risks of dehydration and heat exhaustion during heat waves. Extreme heat also worsens air pollution, with exposure to fine particulate matter (PM2.5) tied to adverse maternal and neonatal outcomes. Between 2000 and 2016, PM2.5 pollution contributed to an estimated 349,681 pregnancy losses annually in South Asia, accounting for about 7.1% of the region's total burden. |

13. *AQLI. (2022). The Air Quality Life Index (AQLI).* https://aqli.epic.uchicago.edu/the-index/
14. *Brown, M., Beeman, A., Fuchs, N. R., & Gibbs, T. (2024). The Impact of Climate Change on Sexual and Reproductive Health.* https://static1.squarespace.com/static/649dc66cf2ff9f3a13f25538/t/66ed8e2d7c9fe7123c0787cf/1726844476322/Evidence-Summary-ClimatexSRHR-YLabs.pdf
15. *BMJ Public Health. (2024). Climate change and sexual and reproductive health and rights research in low-income and middle-income countries: a scoping review.* https://doi.org/10.1136/bmjph-2024-001090
16. *World Bank. (2024). South Asia | World Bank Gender Data Portal.* https://genderdata.worldbank.org/en/regions/south-asia

| | |
|---|---|
| **Contraceptive Access and Choice** | **Current state:** The demand for family planning satisfied by modern methods (% of females aged 15 to 49) has improved across the region, but there are wide disparities with 35.8% in Maldives and Bhutan the highest at 81.0% in 2024. South Asia ranks lowest globally for percentage of adolescent girls aged 15–19 who had their need for family planning satisfied with modern methods in 2025, at 45%.[17]<br><br>**Impact of Climate Change:** Crises triggered by climate change often disrupt health services and deepen poverty, directly limiting women's ability to decide if or when to become pregnant.[18] As essential services become less accessible, social and economic vulnerability rises, stripping many women of their reproductive autonomy and exposing them to harmful practices. Without timely access to contraception or maternal care, unwanted pregnancies and unsafe abortions become more common, exacerbating health and rights violations in affected communities.[19] |
| **Menstrual Hygiene** | **Current state:** It is estimated that 40% of women in South Asia lack access to sanitary products and adequate WASH facilities.[20] Nearly 20% of women and girls in South Asia abstain from daily activities during their periods[21]—the highest prevalence globally, and among those aged 15–19, over 17% miss regular activities while menstruating.[22]<br><br>**Impact of Climate Change:** When disasters strike—such as floods or cyclones—sanitation systems often break down, and supplies for menstrual hygiene become scarce.[23] This leaves women and girls with inadequate means to manage their periods safely, exposing them to a higher risk of urinary tract and reproductive infections. A combination of unhygienic facilities, lack of clean water, and insufficient menstrual products forces many to use unsafe alternatives, further compounding their health risks during already traumatic times.[24] |

17. *Aggregates calculated by United Nations, Department of Economic and Social Affairs, Population Division from survey data compiled in World Contraceptive Use 2024.*
18. *MSI. (2021). THE IMPACT OF THE CLIMATE CRISIS ON REPRODUCTIVE CHOICE.* https://www.msichoices.org/wp-content/uploads/2023/10/the-impact-of-the-climate-crisis-on-reproductive-choice-final.pdf
19. *MSI. (2022). CHOICE AND THE CLIMATE CRISIS: Building climate resilience by protecting women's reproductive choi.* https://www.msichoices.org/wp-content/uploads/2024/05/MSI_Choice-and-Climate-Change.pdf
20. *Jahic, N. (2025, April 24). Bollywood and Beyond: Period Poverty Across South Asia - The Borgen Project. The Borgen Project.* https://borgenproject.org/period-poverty-across-south-asia/
21. *PTI. (2025, January 30). One-fifth of women, girls in south Asia abstain from daily activities during periods: Lancet study. The New Indian Express.* https://www.newindianexpress.com/lifestyle/health/2025/Jan/30/one-fifth-of-women-girls-in-south-asia-abstain-from-daily-activities-during-periods-lancet-study
22. *Starr, M., Harding, R., Ataíde, R., Von Dinklage, N., Sinharoy, S. S., Jayasinghe, Y., Manda-Taylor, L., Fisher, J., Braat, S., & Pasricha, S.-R. (2025). Epidemiology of menstrual-related absenteeism in 44 low-income and middle-income countries: a cross-sectional analysis of Multiple Indicator Cluster Surveys. The Lancet Global Health, 13(2), e285–e297.* https://doi.org/10.1016/s2214-109x(24)00468-6
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24. *Al Karmi, J., Alshrouf, M. A., Haddad, T. A., Alhanbali, A. E., Raiq, N. A., Ghanem, H., Ibrahim, O. B., Khamis, T., & Muhaidat, N. (2024). Urinary and reproductive tract infection symptoms and menstrual hygiene practices in refugee camps in Jordan: A cross-sectional study. Women's Health.* https://doi.org/10.1177/17455057241240920

## Safe Abortion Access

**Current state:** Access to safe and legal abortion in South Asia is not the norm due many factors, including the legacy of restrictive colonial-era laws as well as systemic discrimination and stigma that limits access to safe abortion services. Only India, Maldives and Nepal legally permit abortion under broad circumstances; in all other countries in South Asia abortion is highly restrictive or illegal. Barriers to safe, legal abortion are widespread, even in environments where it is legal.[25] A study conducted by Guttmacher in 2020 found that in India and Nepal, less than 40% of public sector facilities that are permitted to provide abortion services do so.[26]

**Impact of Climate Change:** Current peer-reviewed evidence establishing a direct, quantitative link between climate change/ disasters and increased rates of unsafe abortion in South Asian countries is scarce, indicating a major evidence gap. Existing literature focused on how climate-related events in South Asia—such as floods and cyclones—indirectly create conditions that increase the risk of unsafe abortions: by disrupting health systems and limiting access to essential safe sexual and reproductive health services (e.g., contraception and safe abortion facilities), and by intensifying underlying drivers like poverty, gender-based violence, and displacement, which lead to more unintended pregnancies.[27] In the aftermath of disasters, these barriers may force women to rely more heavily on unsafe, clandestine methods.[28]




**25.** *Singh, S., Sundaram, A., Hossain, A., Puri, M. C., Sathar, Z., Shekhar, C., Crowell, M., & Moore, A. M. (2020). Abortion service provision in South Asia: A comparative study of four countries. Contraception, 102(3), 210–219.* https://doi.org/10.1016/j.contraception.2020.05.015

**26.** *Singh, S., Sundaram, A., Hossain, A., Puri, M. C., Sathar, Z., Shekhar, C., Crowell, M., & Moore, A. M. (2020). Abortion service provision in South Asia: A comparative study of four countries. Contraception, 102(3), 210–219.* https://doi.org/10.1016/j.contraception.2020.05.015

**27.** *Husaini, F., & Davies, Z. (2022). The Impacts of Climate Change on Access to Sexual and Reproductive Health Rights and Services: A Case Study of Bangladesh. Frontiers in Climate, 4, 875515.*

**28.** *Yazdkhasti, S., et al. (2024). Drawing the Linkage Between Women's Reproductive Health, Climate Change, Natural Disaster, and Climate-driven Migration: Focusing on Low- and Middle-income Countries—A Systematic Overview. International Journal of Reproductive BioMedicine, 22(1), 57–68*

## Child Marriage

**Current state:** The region has the highest rate of child marriage in the world; 17% of girls are married before age 15.[29] Of the 640 million girls and women alive today that were married before the age of 18, 290 million (45%) are in South Asia.[30]

**Impact of Climate Change:** Climate-related shocks such as floods and droughts exacerbate poverty, loss of livelihoods, and displacement, which are known drivers of child marriage, leading families to marry off daughters as a "maladaptive coping strategy" to reduce financial burden or enhance perceived safety.[31] However, how climate change impacts child marriage practices is highly context-specific: one study found that drought was linked to a 4% decrease in child marriage in India– where bride dowry is the predominant custom– while finding an increase in drough-related child marriage rates in countries where bride price is the norm.[32] Studies from Bangladesh show significant increased rates of child marriage following climate-induced disasters and resource loss.[33] For example, a 2020 analysis of nearly 6,000 households in Bangladesh found that in years with 30+ days of extreme heat girls aged 11-14 were twice as likely to marry and girls aged 15-17 were 30% more likely to marry.[34]



29. *Center for Reproductive Rights. (2025). Asia.* https://reproductiverights.org/our-regions/asia/
30. *UNICEF. (2023, May 2). Is an End to Child Marriage within Reach? UNICEF DATA.* https://data.unicef.org/resources/is-an-end-to-child-marriage-within-reach/
31. *Dietrich, S., Meysonnat, A., Rosales, F., Cebotari, V., & Gassmann, F. (2022). Economic development, weather shocks and child marriage in South Asia: A machine learning approach. PLOS ONE, 17(9), e0271373.*
32. *Corno, L., Hildebrandt, N., & Voena, A. (2020). Age of Marriage, Weather Shocks, and the Direction of Marriage Payments. Econometrica, 88(3), 879-915.*
33. *Asadullah, M. N., Islam, K. M. M., & Wahhaj, Z. (2021). Child marriage, climate vulnerability and natural disasters in coastal Bangladesh. Journal of Biosocial Science, 53(6), 948-967.*
34. *Carrico, A et al. (2020). Extreme weather and marriage among girls and women in Bangladesh. Global Environmental Change.* https://doi.org/10.1016/j.gloenvcha.2020.102160

## Gender-Based Violence and Intimate Partner Violence

**Current state:** South Asia has the highest regional rate of IPV in the world[35], at 43%, based on WHO regional estimates, and another study specifically targeting South Asian women during the COVID-19 pandemic found that 47% of surveyed South Asian women reported experiencing any form of IPV[36], with economic abuse being the most common, followed by physical and emotional abuse Again, younger women are most at risk with roughly 1 in 3 adolescent girls from South Asia who have been in a relationship have been physically or sexually abused by a current or former partner by the time they are 18.[37] Implementation of Comprehensive sexuality education (CSE) is held back by socio-cultural resistance that is compounded with persistent myths, misinformation, and stigma that contribute to the continuation of harmful practices such as child marriage and, in some areas, female genital mutilation and cutting (FGM/C) and GBV.[38]

**Impact of climate change:** Peer-reviewed evidence from South Asia strongly suggests that climate change exacerbates rates of both Gender-Based Violence (GBV) and Intimate Partner Violence (IPV). A large-scale multicountry study across India, Nepal, and Pakistan found a significant association between higher ambient temperatures and increased IPV prevalence: Specifically that each 1°C rise in annual mean temperature is associated with a 4.5% increase in IPV.[39] Climate-related disasters, such as floods, cyclones, droughts cause loss of livelihoods, displacement, and heightened family conflict, which intensify pre-existing gender inequalities and violence towards women and girls. A qualitative study of flood-affected areas in Pakistan in 2022 found that women experienced higher rates of violence while in temporary shelter facilities following floods. This violence was committed not only by partners but also by strangers.[40]

35. *Pande, R. P., Nanda, P., Bopanna, K., & Kashyap, A. (2017). Addressing Intimate Partner Violence in South Asia: Evidence for Interventions in the Health Sector, Women's Collectives, and Local Governance Mechanisms. New Delhi: International Center for Research on Women.* https://www.icrw.org/wp-content/uploads/2017/07/Partner-Violence-in-South-ASIA-Report-Final-file-17-04-2017.pdf

36. *Nagaswami, M. V., & Yeung, A. (2023). Intimate Partner Violence Among South Asian Women During the COVID-19 Pandemic: A Cross-Sectional Survey of Prevalence and Risk Factors. Journal of Immigrant and Minority Health.* https://doi.org/10.1007/s10903-023-01454-9

37. *World Bank. (2024). South Asia | World Bank Gender Data Portal.* https://genderdata.worldbank.org/en/regions/south-asia

38. *Zubayer, A. A. (2023, March 7). Sexual & Reproductive Health Services in South Asia: the need for an intersectional approach. GRRIPP.* https://www.grripp.net/post/sexual-reproductive-health-services-in-south-asia-the-need-for-an-intersectional-approach

39. *Khan, F., et al. (2023). Association of Ambient Temperature With the Prevalence of Intimate Partner Violence Among Partnered Women in Low- and Middle-Income South Asian Countries. JAMA Psychiatry, 80(8), 841–848.*

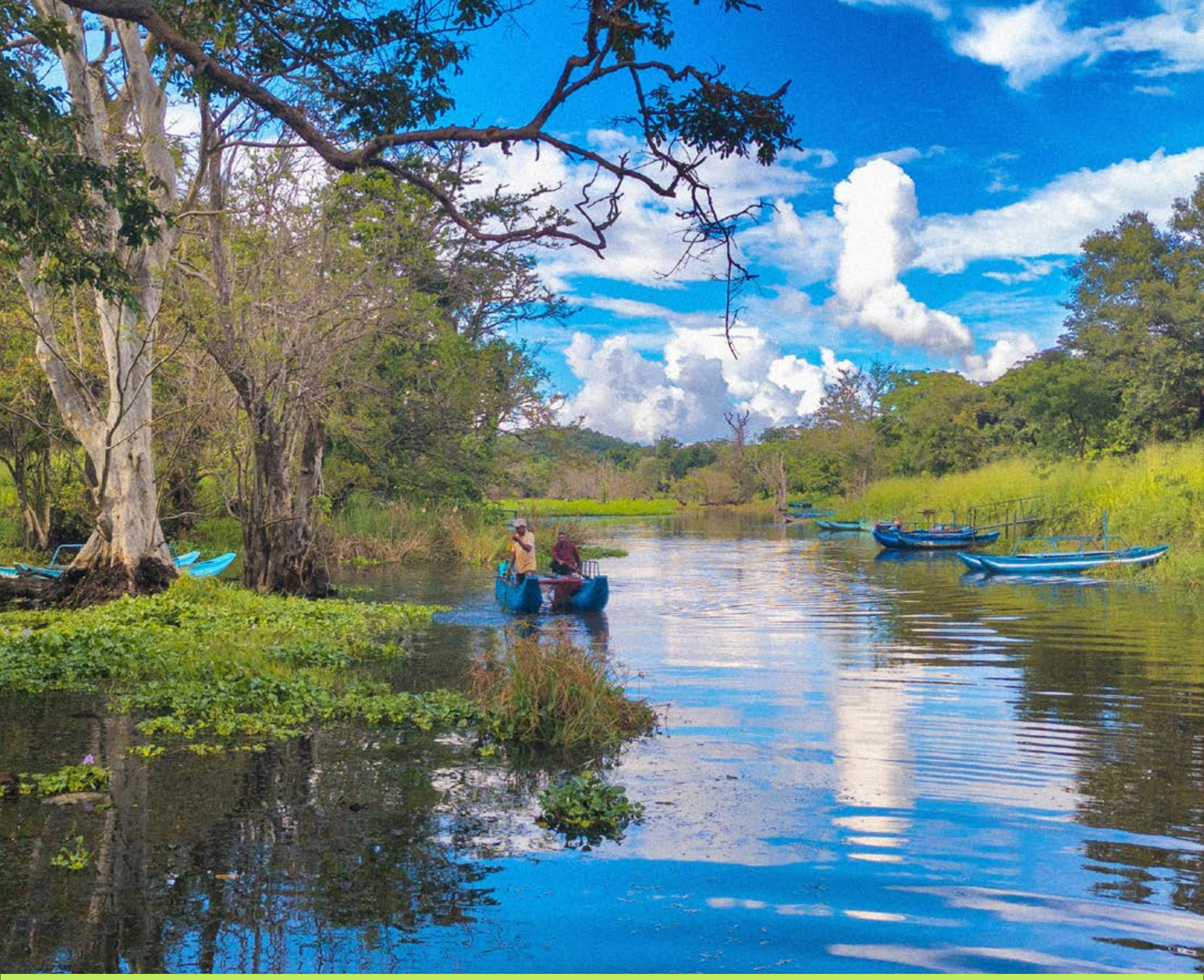
40. *Memon, F. S., et al. (2020). Climate Change and Violence Against Women: Study of A Flood-Affected Population in The Rural Area of Sindh, Pakistan. Zarqa Journal for Research and Studies in Humanities, 20(3), 67-80*

*Country Comparison of Key SRHR Indicators Across South Asia*

| | **Maternal mortality ratio (per 100,000 live births) (2023 Data)**[41]<br>SDG Target: <70 by 2030 | **Demand for family planning satisfied by modern methods (% of females aged 15 to 49) (2024 Data)**[42]<br>SDG Target >75% by 2030 | **Adolescent fertility rate (births per 1,000 females aged 15 to 19)**[43]<br>SDG Target: 2.5, long-term | **Prevalence estimates of lifetime intimate partner violence (IPV) among ever-married/partnered women aged 15–49 (2018 Data)**[44]<br>Global Average: 27% |
|---|---|---|---|---|
| **Afghanistan** | 520.5 | 49.5% | 62.0 (2021) | 46% |
| **Bangladesh** | 115.1 | 74.9% | 68.0 (2022) | 50% |
| **Bhutan** | 46.7 | 81.0% | 10.4 (2021) | 22% |
| **India** | 80.5 | 77.5% | 11.3 (2020) | 35% |
| **Maldives** | 31.8 | 35.8% | 5.1 (2019) | 19% |
| **Nepal** | 142.0 | 60.4% | 71.2 (2020) | 27% |
| **Pakistan** | 155.0 | 54.7% | 41.0 (2021) | 29% |
| **Sri Lanka** | 18.3 | 73.9% | 16.5 (2015) | 24% |

- Major Challenges Remain
- Significant Challenges Remain
- Challenges Remain
- SDG Achieved

41. *SDG Index. (2025). Sustainable Development Report 2025. Sdgindex.org.* https://dashboards.sdgindex.org/
42. *SDG Index. (2025). Sustainable Development Report 2025. Sdgindex.org.* https://dashboards.sdgindex.org/
43. *SDG Index. (2025). Sustainable Development Report 2025. Sdgindex.org.* https://dashboards.sdgindex.org/
44. *World Health Organization. (2021). Violence Against Women Prevalence Estimates.* https://www.who.int/publications/i/item/9789240022256



# Landscape Assessment Methodology

# Desk Research

The desk research was a foundational step to map the current landscape before launching the survey tool and interviews. It aimed to identify existing programming, policies, and funding streams at the intersection of climate resilience and SRHR across eight South Asian countries. Drawing on peer-reviewed literature, grey literature, policy documents, and reports from multilateral agencies and regional networks, the research synthesized available data on climate-related health vulnerabilities, SRHR service delivery, and promising program models.

The findings were structured to provide regional and country-specific insights, spotlighting key actors, gaps in service provision, and opportunities for innovation. This initial review informed the design of survey instruments and interview guides by surfacing critical themes, geographic priorities, and knowledge gaps. It also helped identify organizations for deeper engagement and shaped the framework for comparative analysis across countries. The desk research grounded the landscape assessment within existing evidence, enabling a more targeted approach in the subsequent qualitative and quantitative data collection.

# Survey

The assessment began with the distribution of a survey to organizations engaged in activities either in climate resilience or sexual and reproductive health and rights (SRHR) or at the intersection in South Asia. The survey aimed to identify key implementation actors and gather initial data on their programs, including project duration, geographical scope, funding sources, and measures of impact.

## Survey Design and Distribution

The survey instrument was designed and disseminated using Typeform, a web-based platform for creating and conducting online surveys. The survey and outreach emails were provided in English. It collected information about organizations' programs at the intersection of climate resilience and SRH, encompassing various aspects of their work. The distribution of the survey targeted a diverse range of organizations, including those identified through an initial online search, attendance lists from relevant conferences and webinars, recommendations from colleagues and networks, partner organizations identified during the outreach process, as well as respondents to earlier events and studies hosted on https://climate-srhr.org/ by YLabs.[45] In addition, the survey was posted on Linkedin and Instagram.

## Survey Respondents

The survey ran from April 10 to July 11, 2025. During this period, we received 106 submissions. Of this, 56 organizations reported that they had implemented or are currently implementing programs at the intersection of climate resilience and women's health including sexual and reproductive health and rights (SRHR), maternal and child health (MCH), HIV, child marriage, and/or gender-based violence (GBV). Many organizations submitted multiple programs, totaling 68 submitted programs. These 68 programs serve as the focal dataset for analysis. 33 additional organizations submitted the survey signalling an interest in conducting work at this intersection in the future but did not have past or currently active projects.

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**45.** *Hub, S. (2024). Climate change threatens 50 years of progress on women's reproductive health and rights. Climate X SRHR Hub.* https://climate-srhr.org/

# In-depth Interviews

On a rolling basis during and following survey distribution, in-depth interviews were conducted with 20 selected respondents from survey respondents to delve deeper into their programs, roles, challenges, and opportunities. These interviews provided qualitative insights that complemented the survey data and offer a nuanced understanding of the landscape of integrated climate-SRHR programming in the region. The set of interview participants was selected with the goal of diverse representation of geographic location , size of organization, and focus of the work. Interviewees were also selected to better understand programming that was representative of a pattern in the survey data or to profile programming that could become a potential case study. We also directly reached out to INGOs who were known to be actively working in this intersection in South Asia and collected interviews with their relevant country staff.

# Limitations

Inclusion in the survey required a knowledgeable staff member to voluntarily complete the full questionnaire. No compensation was provided. The survey link had 1,041 views, 435 starts, and 106 submissions. To reach the target of 100 responses, the team sent over 5,000 individual emails—many undeliverable due to widespread global health sector layoffs linked to USAID stop-work orders. Amid this turbulence, competition for attention was high, even though the survey took less than 10 minutes to complete. This uncertainty likely influenced which organizations participated. Groups with active or recent work at the climate–SRHR nexus were especially motivated to complete the survey and case study interviews to showcase their efforts and attract new funders. As a result, grassroots organizations were strongly represented. However, the English-only and virtual format risked excluding more remote grassroots groups with limited connectivity or English proficiency.

Finally, we know that we have only captured a small portion of the actors who are in practice working at this intersection in the South Asia region, in part due to organizations' limited self-characterization of their work as being at the intersection of climate resilience and SRHR. For example, there are many climate resilience initiatives that are underway that influence aspects of SRHR, but the implementing organizations might not identify work that touches on something like maternal health or GBV as a "climate-SRHR integrated program". On the other side, there is also a growing amount of SRHR programming that by necessity considers how to adapt to climate hazards; however, they might not self-identify as having a climate resilience focus. Therefore, the programs reported in the survey required both a level of subject matter familiarity and self-identification as having a climate resilience and SRHR overlap.



# Findings

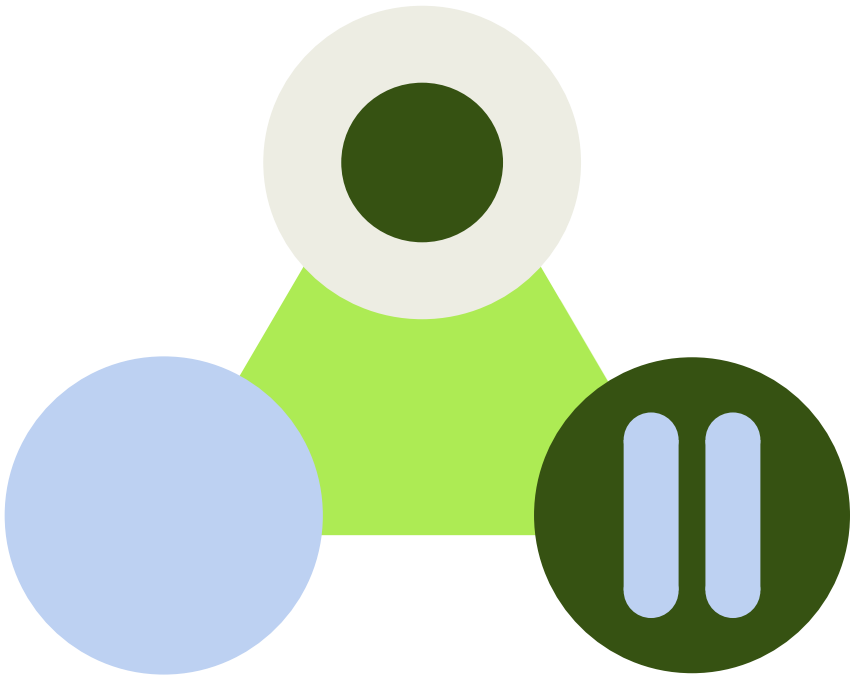
# Existing Coordinating Groups for Climate-SRHR Action in South Asia

## Regional Coalitions

Regional organisations and networks such as Asian-Pacific Resource & Research Centre for Women (ARROW), Association for Women's Rights in Development (AWID), and CREA facilitate policy engagement, research, and capacity building on the intersection of SRHR, gender, and climate justice. The Gates Foundation, among others, has supported regional hubs and research initiatives to generate evidence and foster collaboration among SRHR and climate actors in South Asia. These platforms amplify grassroots voices, advocate for integrated approaches, and support women's leadership and agency in climate resilience and health programming. The ClimateXSRHR Donor Community of Practice, launched in 2023, brings together over 100 funders—including those active in South Asia—to promote targeted investment at the climate–SRHR–gender intersection.[46] This initiative focuses on sharing evidence, aligning strategies, and advancing financing for integrated approaches.

## Multilaterals

Agencies like UNFPA, UN Women, and the World Bank provide funding and technical expertise for integrating SRHR and climate adaptation. For example, the United Nations Population Fund (UNFPA), in partnership with the International Development Research Centre (IDRC), has conducted systematic reviews and advocacy to push for SRHR inclusion in climate policies across South Asia, influencing both national and regional strategies.[47] Additionally, the World Health Organisation (WHO) is advancing evidence-building and policy guidance at the intersection of climate change and SRHR, supporting member states in South Asia to develop responsive health systems.



**46.** *Panorama Global. (2025). Climate x Sexual and Reproductive Health and Rights Collaborative.* https://www.panoramaglobal.org/climatexsrhr

**47.** *Academic Network on Sexual and Reproductive Health and Rights Policy (ANSER) . (2025). Protecting Sexual and Reproductive Health and Rights amid Climate Change in Eastern Europe and Central Asia.* https://eeca.unfpa.org/sites/default/files/pub-pdf/2025-05/2025-05_14_ANSER%20Climate%20change_V5.pdf

## Regional Policy Dialogues

The 30th anniversary of the International Conference on Population and Development (ICPD) in 2024 re-emphasised the links between population dynamics, gender equality, SRHR, and climate change.[48] South Asian governments reaffirmed commitments to the Sustainable Development Goals (SDGs), particularly SDG 3 (health), SDG 5 (gender equality), and SDG 13 (climate action), which collectively demand integrated approaches.

The SAARC Secretariat's Social Affairs division highlights regional cooperation on health issues, including HIV/AIDS, and acknowledges the need to mitigate the adverse consequences of climate change.[49] However, these remain broad policy dialogues and calls for cooperation rather than enforceable or binding commitments specifically linking climate resilience and women's health.

International and regional organisations, such as UNFPA and the Asia Pacific Alliance, have advocated for stronger policy coherence and the mainstreaming of SRHR in climate adaptation strategies. Their recommendations include incorporating gender and SRHR indicators into adaptation monitoring systems, supporting health systems to address SRHR vulnerabilities, and ensuring women's participation in disaster risk management and climate governance.[50] The World Bank's Regional Gender Action Plan (FY23-28) prioritises women's leadership in climate resilience, disaster risk reduction, and renewable energy transitions[51], including improved SRHR outcomes as part of human capital and resilience-building efforts.[52] The plan advocates for operational impact, results-based indicators, and country-driven approaches to gender and climate challenges.



**48.** *United Nations Population Fund. (2022). Taking Stock: Sexual and Reproductive and Health and Rights in Climate Commitments: An Asia and the Pacific Review.* https://www.unfpa.org/publications/taking-stock-asia-and-the-pacific-review

**49.** *SAARC. (2020). Social Affairs.* https://www.saarc-sec.org/index.php/areas-of-cooperation/social-affairs

**50.** *ICCCAD. (2023). CLIMATE CHANGE AND SEXUAL AND REPRODUCTIVE HEALTH RIGHTS (SRHR) EDUCATION: INFORMATION FOR POLICYMAKERS POLICY BRIEF COMMUNITY OF PRACTICE KNOWLEDGE PRODUCT.* https://www.asiapacificalliance.org/application/files/7916/8852/6842/Policy-Brief-on-a-CC-and-SRHR-Education-Information-for-policymakers.pdf

**51.** *World Bank Blogs. (2023). Putting women at the heart of climate action across South Asia.* https://blogs.worldbank.org/en/endpovertyinsouthasia/putting-women-heart-climate-action-across-south-asia

**52.** *World Bank Group. (2022). South Asia Regional Gender Action Plan (RGAP) II 2023–2028.* https://documents1.worldbank.org/curated/en/099558103062341158/pdf/IDU09baff23d0eabb043c5096c80c4952479e680.pdf

# Current Funding Landscape

Despite growing recognition of a link between climate change and barriers to SRHR and women's health, the financing landscape for integrated climate-SRHR programming remains nascent and fragmented. A small fraction of climate-related development assistance explicitly prioritises gender equality, about 2.4% in 2018-2019[53], and globally less than 0.1% of all foundation funding focuses explicitly on women and the environment.[54] SRHR-specific integration within climate finance remains rare, with most projects still siloed in the health or climate sectors.

## Global Climate Finance Mechanisms

Significant global climate funds, such as the Green Climate Fund (GCF) and Global Environment Facility (GEF), have begun to prioritise gender-responsive health interventions, including SRHR, in their adaptation funding portfolios.[55] This recent development reflects advocacy and policy shifts at global forums like the UNFCCC COPs. However, only a small fraction of climate-related development assistance explicitly prioritises gender equality—just 4%, and less than 1% of global philanthropic funding is dedicated to the intersection of gender and environment.[56] SRHR integration within climate finance remains rare, even within projects with an explicit gender or health focus.

## Official Development Assistance (ODA) and Bilateral Donors

Many countries in South Asia, especially Afghanistan, Bangladesh, Nepal and Pakistan, rely heavily on foreign aid for the financing of their SRHR services, which has taken a significant blow with the dismantling of USAID and sweeping withdrawal of Western aid commitments placing many SRHR services and programs in the region at risk.[57] India, Bhutan, Sri Lanka, and the Maldives publicly fund the majority of their SRHR services; but they rely on foreign aid to supplement their programs, especially filling in gaps in service delivery, innovation and technical support. Official development assistance focused on SRHR and maternal/child health is projected to drop by 9–17% in 2025.[58] ODA remains a critical source of climate-resilient SRHR funding in South Asia[59], with donors such as the UK's FCDO, Australian Department of Foreign Affairs and Trade (DFAT), and Swedish International Development Cooperation Agency (SIDA) supporting both standalone SRHR initiatives and projects that address climate resilience for women and girls. There is a growing trend among donors to require gender and SRHR integration in climate adaptation and disaster risk reduction projects, but this is not yet systematic or at scale. While many donors want to see this reflected in programming, there often is not allocated funding to successfully support these activities.[60]

53. *OECD. (2022). DEVELOPMENT FINANCE FOR GENDER- RESPONSIVE CLIMATE ACTION Gender Equality Perspectives Series.* https://www.oecd.org/content/dam/oecd/en/publications/reports/2022/03/development-finance-for-gender-responsive-climate-action_7bd29728/1e04e5ae-en.pdf?utm

54. *FLAACL. (2019). Why women & the environment?* https://flac-environmentgender.org/

55. *Wilson Center. (2024, October 25). Pioneering Solutions: Climate Finance, Gender Equity, and Sexual and Reproductive Health Services.* https://www.wilsoncenter.org/publication/pioneering-solutions-climate-finance-gender-equity-and-sexual-and-reproductive-health

56. *Panorama Global. (2025). The Case for Investing.* https://climate-srhr-guide.panoramaglobal.org/the-case-for-investing/

57. *Rezwan. (2025, March 6). USAID suspension has far-reaching impacts in South Asia. Global Voices.* https://globalvoices.org/2025/03/06/usaid-suspension-has-far-reaching-impacts-in-south-asia/

58. *OECD. (2025). Cuts in official development assistance: Full Report.* https://www.oecd.org/en/publications/2025/06/cuts-in-official-development-assistance_e161f0c5/full-report.html

59. *Deutsche Stiftung Weltbevölkerung (DSW). (2025). Tracking OECD DAC Donor Funding for Sexual and Reproductive Health and Rights.* https://donorsdelivering.report/wp-content/uploads/2025/06/DDSRHR2025.pdf

60. *Wilson Center. (2024, October 25). Pioneering Solutions: Climate Finance, Gender Equity, and Sexual and Reproductive Health Services.* https://www.wilsoncenter.org/publication/pioneering-solutions-climate-finance-gender-equity-and-sexual-and-reproductive-health

## Multi-Sector Partnerships and Networks

New initiatives, such as the ClimateXSRHR Donor Community of Practice, foster shared learning across donors and expertise to catalyse smarter, more targeted investments at the intersection of climate, SRHR, and gender.[61] These networks facilitate knowledge exchange, joint advocacy, and funding alignment, but their concrete reach and investment impact in South Asia is still developing.

## Philanthropic and Private Sector Funding

Private philanthropies like CIFF and the Gates Foundation are providing funding at this nexus in South Asia. There's substantial investment coming out of Asian philanthropic networks, such as Dasra Philanthropies in India, Takeda, Asia Pacific Alliance, and Asian Venture Philanthropy Network (AVPN). New pooled funds and partnerships are emerging as a flexible source for pilot projects and innovative approaches.



61. *Panorama Global. (2023). Leverage Innovative Multi-Sector Partnerships.* https://climate-srhr-guide.panoramaglobal.org/leverage-innovative-multi-sector-partnerships/



# The Climate-SRHR Policy Landscape Across South Asia

Research Question

# What is the current policy landscape for integrated climate-SRHR work in the South Asia region?

The integration of climate change and SRHR can appear within several national policy mechanisms, each carrying distinct implications:

1. **Nationally Determined Contributions (NDCs)** are climate mitigation commitments submitted by a country under the Paris Agreement. They are semi-binding in nature and signal international intent. While the presence of SRHR language in an NDC can attract climate financing and guide national development planning, it is not inherently enforceable or funded unless domesticated through national legislation or integrated into government budgets. A 2024 review of SRHR in NDCs across Asia found that while there is growing policy recognition of the climate–SRHR–women's health nexus, this has not translated into robust, active investment or detailed policy commitments in national climate strategies.[62] Additionally, since NDCs are a commitment mechanism to mitigate national greenhouse gas emissions, the inclusion of SRHR within an NDC must also be carefully examined to ensure that a rights-based approach to SRHR (especially contraception) is explicitly named, so as to avoid setting up coercive incentives that do not respect bodily autonomy for women and girls.

2. **National Adaptation Plans (NAP)** are broader mid- to long-term strategies for climate adaptation. Inclusion of SRHR in a country's NAP is significant in terms of cross-sectoral signaling and donor engagement, but rarely results in binding, costed interventions unless explicitly detailed in an implementation framework. Unlike HNAPs, NAPs often remain aspirational without specific financial or legal backing. Within the region, Bangladesh, Bhutan, Nepal, Pakistan, and Sri Lanka have NAPs as of 2025. India and the Maldives have NAPs currently in development. However, the explicit integration of SRHR within these overarching national adaptation documents remains limited.[63] Bangladesh, Nepal and Pakistan's NAPs all mention maternal & newborn health, as well as GBV; with Pakistan additionally including language about contraceptive services.[64]

3. **Health National Adaptation Plans (HNAPs).** When climate-SRHR is included in a country's HNAP, it suggests a more concrete and potentially enforceable commitment, with direct relevance to public health systems and some likelihood of being budgeted for. Within the region, only Bangladesh and Nepal have formal HNAPs as of 2025, and neither HNAP mentions any aspects of SRHR.

62. *United Nations Population Fund. (2022). Taking Stock: Sexual and Reproductive and Health and Rights in Climate Commitments: An Asia and the Pacific Review.*

63. *Angie, D. (2021, February 19). Sexual and Reproductive Health and Rights (SRHR) in National Adaptation Plan (NAP) processes. Prevention Web.* https://www.preventionweb.net/publication/sexual-and-reproductive-health-and-rights-srhr-national-adaptation-plan-nap-processes

64. *Alagarajah, J., Beeman, A., Brown , M., Aibe , S., Fuchs, N. R., & Gibbs, T. (2024). Sexual and Reproductive Health and Rights in National Adaptation Plan & Health National Adaptation Planss: A Global Review. YLabs.* https://static1.squarespace.com/static/649dc66cf2ff9f3a13f25538/t/66ed93b34e35f54814329f4c/1726845904032/AGlobalReview-ClimatexSRHR-Ylabs.pdf

*Inclusion of Essential SRHR Services into NAPs by Country*




Note: Afghanistan, India, and the Maldives are currently missing NAPs; however they are currently under development in India and the Maldives. Afghanistan was in the process of finalizing their NAP in 2021, before it stalled upon the Taliban's return to power.[65]



65. *Asian Disaster Preparedness Center(ADPC). (2021). Afghanistan Innovations for Climate Adaptation and Resilience Current Status and Needs Assessment.* https://www.adpc.net/icare/wp-content/uploads/2022/01/1-1.pdf

# Summary of Current Policy Context By Country

Note: For in-depth country-by-country climate-SRHR policy analysis, see **Appendix 1**.

## Afghanistan

Afghanistan was in the process of finalizing their NAP in 2021, before it stalled upon the Taliban's return to power.[66] The country's NDCs focus primarily on community resilience, agriculture, water, and livelihoods, with no evidence of dedicated investment or policy commitments linking climate action to SRHR.[67] The Taliban's return to power has resulted in unprecedented restrictions on women's rights, severely limiting access to education, employment, and healthcare.[68] Women and girls face systematic barriers to SRHR services, including bans on travelling without a male guardian, exclusion from secondary and higher education, and the dismantling of protection mechanisms for gender-based violence survivors.[69]

## Bangladesh

Bangladesh's National Adaptation Plan (2023–2050) identifies gender responsiveness and inclusivity as guiding principles, highlighting the disproportionate climate-related health risks faced by women, youth, and marginalized groups. While it acknowledges that climate disasters exacerbate SRHR challenges, it does not propose costed, targeted SRHR interventions, instead subsuming them under broader health system resilience. Similarly, the country's NDC and HNAP recognize health system strengthening but omit explicit SRHR priorities or budgets.

## Bhutan

Bhutan's first NAP (2020) emphasizes protecting vulnerable groups and acknowledges women's and children's disproportionate health risks, highlighting maternal and child health, reproductive and newborn services, and continuity of care during climate shocks. However, SRHR is not explicitly named or positioned as a standalone adaptation priority, with references instead framed under broader health system resilience. Similarly, Bhutan's NDC commits to gender-responsive adaptation and women's welfare but does not directly integrate SRHR, focusing instead on health, gender, and vulnerable groups through capacity building and coordination systems.

66. *Asian Disaster Preparedness Center(ADPC). (2021). Afghanistan Innovations for Climate Adaptation and Resilience Current Status and Needs Assessment.* https://www.adpc.net/icare/wp-content/uploads/2022/01/1-1.pdf

67. *Kabul Now. (2025, March 16). Global Environment Facility Approves $10 Million to Combat Climate Change in Afghanistan.* https://kabulnow.com/2025/03/global-environment-facility-approves-10-million-to-combat-climate-change-in-afghanistan/

68. *Ashna, M. (2024). Violations of Health Rights Under Taliban Rule: Impacts on Afghan Women's Physical and Mental Health . Interdisciplinary Association for Population Health Science.* https://iaphs.org/violations-of-health-rights-under-taliban-rule-impacts-on-afghan-womens-physical-and-mental-health/

69. *Hassan, T. (2024, December 19). World Report 2025: Rights Trends in Afghanistan. Human Rights Watch.* https://www.hrw.org/world-report/2025/country-chapters/afghanistan

## India

India is currently developing their first NAP, however their National Action Plan on Climate Change and Human Health (NAPCCHH), and updated NDC to the UNFCCC, recognise the health impacts of climate change and prioritise vulnerable groups such as women and children, however stop short of making explicit policy commitments to SRHR.[70,71] India's National Health Policy 2017 (currently in operation) explicitly prioritises the availability of free, comprehensive primary health care services for all aspects of reproductive, maternal, child, and adolescent health.[72,73] The Government of India has adopted the Reproductive, Maternal, New-born, Child and Adolescent Health (RMNCH+A) framework, which addresses major causes of mortality and morbidity among women and children. India's policy documents recognise SRHR as a human right and include commitments to improve access to abortion and contraceptive services.[74] India has also committed to integrating climate resilience into its policies, such as the National Action Plan on Climate Change (NAPCC).[75] This recognises that climate change disproportionately affects vulnerable groups, including women, but does not make any connection to SRHR.

## Maldives

As of 2024, the Maldives is actively developing a comprehensive NAP in partnership with the UN Environment Programme (UNEP) and with funding from the Green Climate Fund.[76,77] Whether the NAP will include support for the climate-SRHR intersection remains to be seen. The Maldives' Third NDC (2025) focuses significantly on health as a climate adaptation priority but does not reference SRHR, reproductive health, or maternal and child health as specific areas for climate adaptation action.[78] The Maldives has a comprehensive National Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Strategy and Action Plan 2020–2025.[79] There are dedicated national policies and guidelines for various aspects of SRHR, including reproductive health care, family planning, abortion, infertility, pre-conception care, menopause, cervical cancer prevention (including HPV vaccination), and adolescent health, that are supported by implementation standards, regular budget allocations, monitoring mechanisms, and designated personnel.[80]

## Nepal

Nepal's NAP embeds gender equality and social inclusion (GESI) across sectors, recognizing women, children, and marginalized groups as disproportionately vulnerable, though it does not explicitly prioritize SRHR. While, one of only two countries in the region with an HNAP, it doesn't explicitly mention any aspect of SRHR. However, Nepal's latest NDC (2025) commits to gender-responsive, inclusive adaptation and acknowledges the need to ensure SRHR access in contexts like migration and disasters, though it stops short of detailing what those interventions would entail. Financing strategies draw on domestic and international climate funds, with recent projects indirectly supporting SRHR through improved health, nutrition, and service access during crises.

70. *Ministry of Health & Family Welfare Government of India. (2018). NATIONAL PROGRAMME ON CLIMATE CHANGE AND HUMAN HEALTH (NAPCCHH).* https://ncdc.mohfw.gov.in/wp-content/uploads/2024/07/NATIONAL-ACTION-PLAN-FOR-CLIMATE-CHANGE-HUMAN-HEALTH-2021.pdf

71. *Government of India . (2022, August). India's Updated First Nationally Determined Contribution Under Paris Agreement.* https://unfccc.int/sites/default/files/NDC/2022-08/India%20Updated%20First%20Nationally%20Determined%20Contrib.pdf

72. *PRS Legislative Research. (2025). Demand for Grants 2025-26 Analysis Health and Family Welfare.* https://prsindia.org/files/budget/budget_parliament/2025/DFG_Analysis_2025-26-Health.pdf

73. *World Health Organization. (2017). Sexual health - India. Www.who.int.* https://www.who.int/india/health-topics/sexual-health

74. *National Health Mission. (2020). Maternal Health . Nhm.gov.in.* https://nhm.gov.in/index1.php?long=1&level=2&sublinkid=822&lid=218

75. *Ministry of Environment, Forest and Climate Change. (2020). National Action Plan on Climate Change. Moef.gov.in.* https://moef.gov.in/national-action-plan-on-climate-change

76. *UNEP. (2024, February 15). Maldives rests hope on new National Adaptation Plan to tackle climate change . Www.unep.org.* https://www.unep.org/gan/news/press-release/maldives-rests-hope-new-national-adaptation-plan-tackle-climate-change

77. *Green Climate Fund. (2022, September 23). Advancing the National Adaptation Plan of the Maldives.* https://www.greenclimate.fund/document/advancing-national-adaptation-plan-maldives

78. *Ministry of Tourism and Environment Maldives. (2025). MALDIVES' THIRD NATIONALLY DETERMINED CONTRIBUTION.* https://unfccc.int/sites/default/files/2025-02/Maldives%E2%80%99%20Third%20Nationally%20Determined%20Contribution.pdf

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80. *World Health Organization. (2024). Maldives Policy.* https://platform.who.int/docs/default-source/mca-documents/policy-documents/policy-survey-2018/country-profiles/policy-country-profile-2018-maldives.pdf?sfvrsn=f7b35697_1

## Pakistan

Pakistan's NAP highlights maternal and child health, gender, and social inclusion, recognizing that climate change worsens health vulnerabilities and disproportionately impacts women, girls, and marginalized groups. While it acknowledges high fertility and unmet needs as drivers of vulnerability, SRHR is not named as a standalone priority, with references framed within broader health, WASH, and human capital discussions. The updated NDC (2021) commits to health systems strengthening and gender-sensitive programming with a focus on capacity building, legal reforms, women's participation in decision-making, and gender-disaggregated data collection and health system resilience, but omits explicit SRHR measures.  The new provincial Climate & Health Adaptation Plan (2025) similarly excludes SRHR despite addressing other climate-related health risks.

## Sri Lanka

Sri Lanka's NAP (2016–2025) acknowledges the disproportionate climate risks faced by women, children, and vulnerable groups and incorporates maternal and child health within broader health system resilience, but SRHR is not identified as a distinct adaptation priority. Family planning, reproductive rights, and dedicated SRHR services are absent. Subsequent HNAPs and NDCs (2022–2025) reinforce gender-sensitive and health system approaches, yet SRHR remains only indirectly referenced through commitments to health system resilience and gender-responsive adaptation. While the Climate Prosperity Plan (2022) mobilizes significant financing for energy, infrastructure, and ecosystem resilience, concrete, costed investments in SRHR-linked adaptation remain largely aspirational, leaving integration of SRHR into climate resilience limited and underdeveloped.





# How Organizations are Working at the Intersection of Climate + SRHR in South Asia

Research Question

# What does integrated climate resilience and SRHR programming look like in the South Asia region, and what are examples of on-the-ground impact or progress being made?

Across South Asia, programs at the intersection of climate resilience and women's health are increasingly multi-sectoral, integrating sexual and reproductive health (SRHR), disaster preparedness, and economic empowerment with climate adaptation strategies. Many initiatives focus on strengthening women's agency and leadership—such as women-led climate resilience projects and community-based adaptation—while ensuring access to quality SRHR services even during climate shocks.



# Types of Implementation Actors

In our survey, 52 organizations submitted a total of 68 recently or currently active programs implementing interventions at the intersection of climate change and SRHR in South Asia. These organizations display a diverse range of characteristics from small grassroots organizations to large NGOs. They typically fall within one of four categories:

- **Community-based (CBOs) or grassroots organizations** typically operate with limited staff but maintain strong, trust-based relationships within their communities. The majority of programs submitted to the survey were by these grassroots organizations. Their deep understanding of local contexts allows them to design interventions that are highly tailored to the specific needs and cultural nuances of their communities.

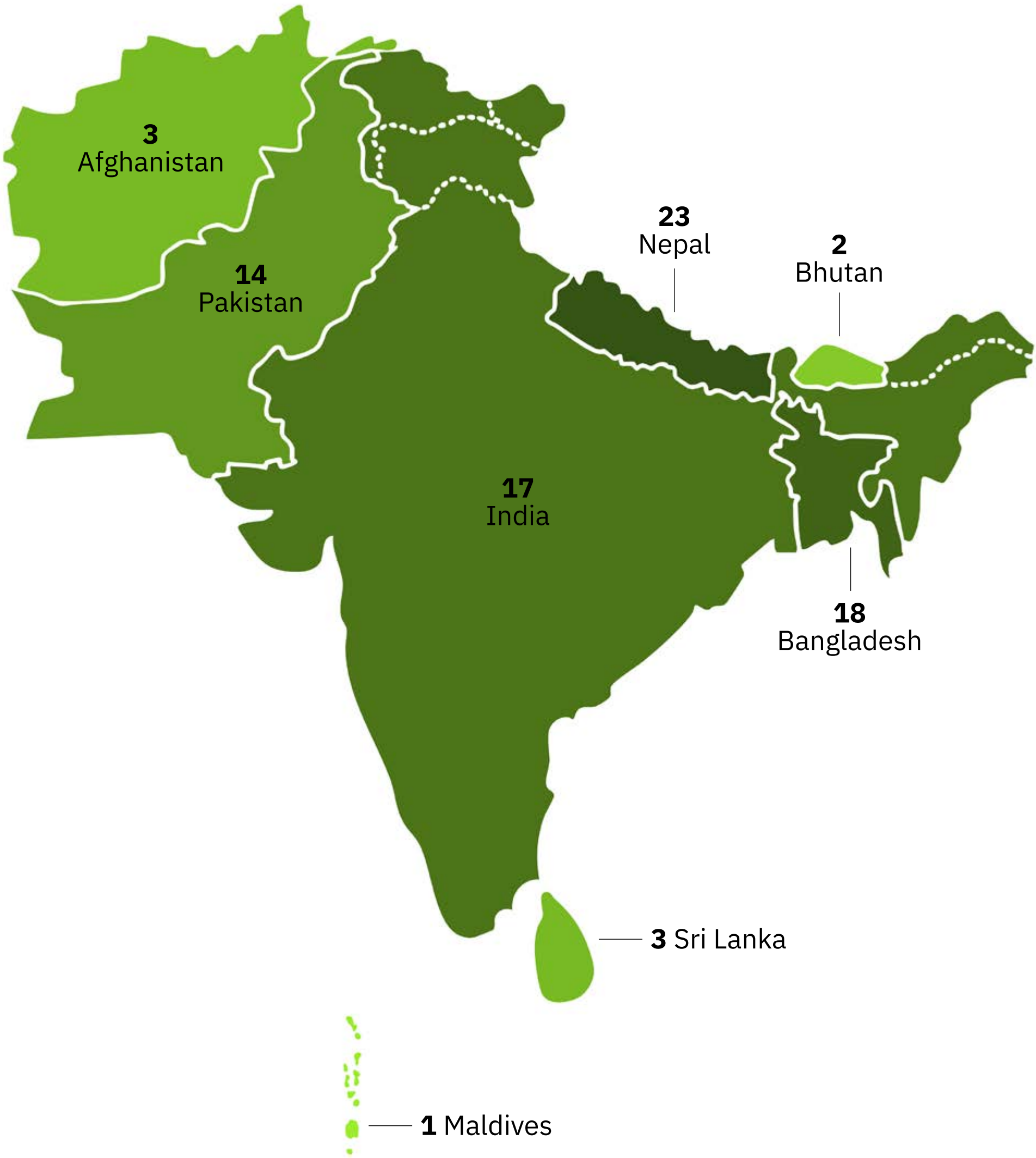
- **Research universities,** such as the Institute for Global Health and Development at The Aga Khan University, play a crucial role in leading implementation research that is driving evidence and action in the region.

- **UN Agencies,** such as United Nations Population Fund (UNFPA) Sri Lanka, and United Nations Assistance Mission in Afghanistan (UNAMA) have initiatives in the region that focus on building long-term infrastructure, community awareness, and access to SRHR health services even during climate crises.

- **National organizations and large INGOs** working at this intersection, such as MSI Reproductive Choices, Ipas, PSI and Pathfinder International, have historically had extensive resources and broader geographic reach - typically doing more capital-intensive work, such as establishing country-wide implementations of SRHR crisis response systems within public health infrastructure, that is crucial to climate-related service strengthening and infrastructure. However, shrinking bilateral and multilateral funds, especially those targeted at SRHR programming, have shifted this dynamic. National organizations and INGOs additionally play a crucial role by acting as intermediaries; distributing funds to cohorts of grassroots partners.



# Geographic Distribution of Climate-SRHR Programs Identified through the Landscaping

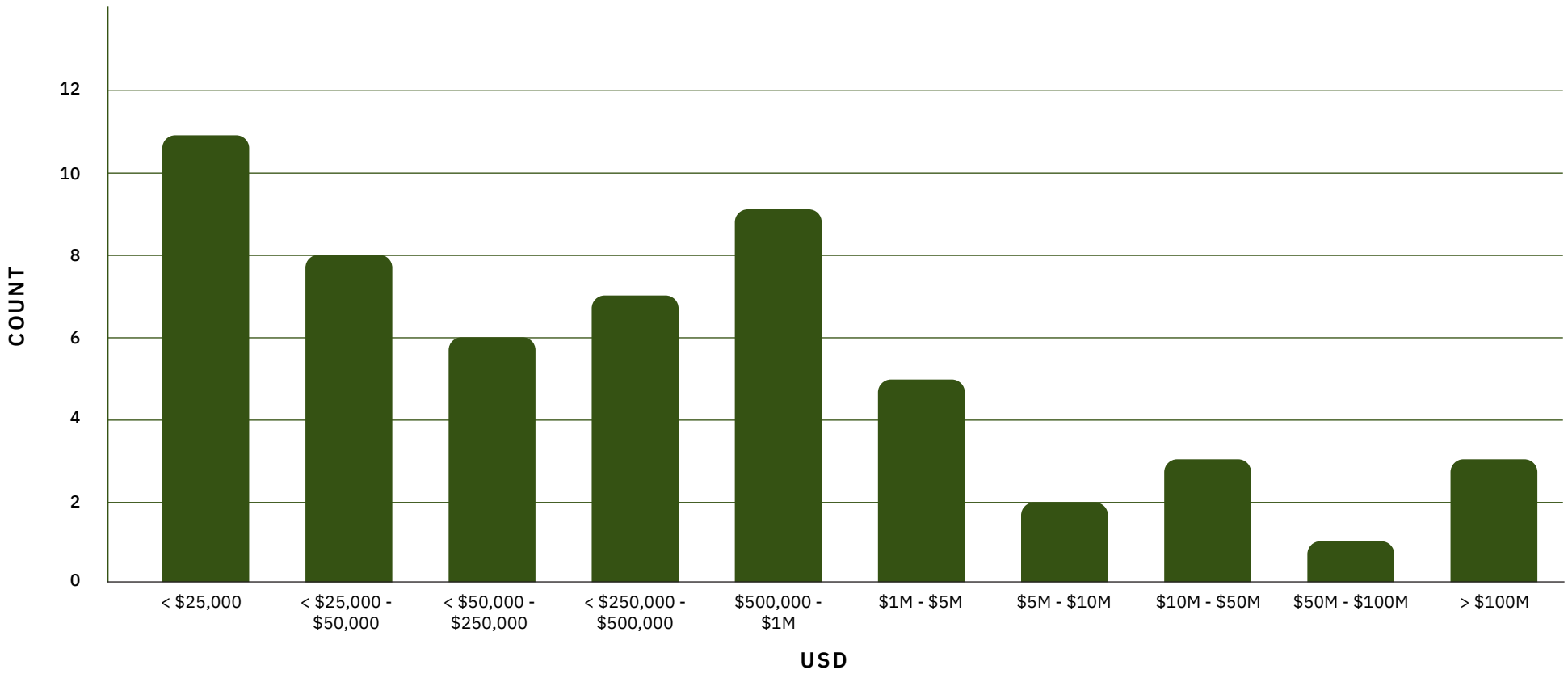


# Characteristics of Surveyed Climate-SRHR Programs in South Asia

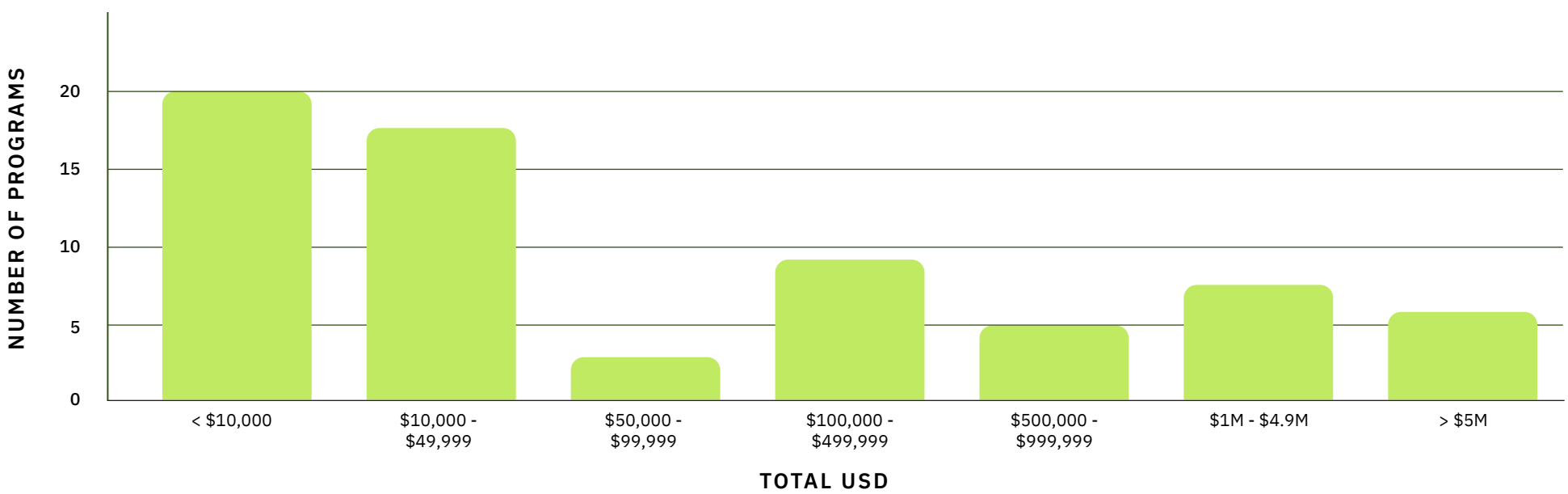
**Locally-led:** Only 15% of respondent organizations have operations in more than one country in South Asia. 63% of the respondent organizations are headquartered in South Asia, and 84% are headquartered in Asia. This underscores the strong local capacity and foundation of this work in the region.

**Scrappy and Resourceful:** The majority of survey respondents were small organizations with 48% having total annual organizational budgets under USD 250,000 and 79% under USD 1M. This represents the size of the total organization, not necessarily their climate resilience portfolios, which even for large organizations may be quite small. The majority (56%) of climate SRHR programs reported receiving less than USD 50,000 total for program implementation, and 29% received less than USD 10,000. This speaks to the bootstrap nature of the work happening at this intersection, especially considering that almost half (47%) of programs reported lasting over 2 years.

*Annual Budget of Surveyed Organisations*




*Total Funding per Climate-SRHR Program*



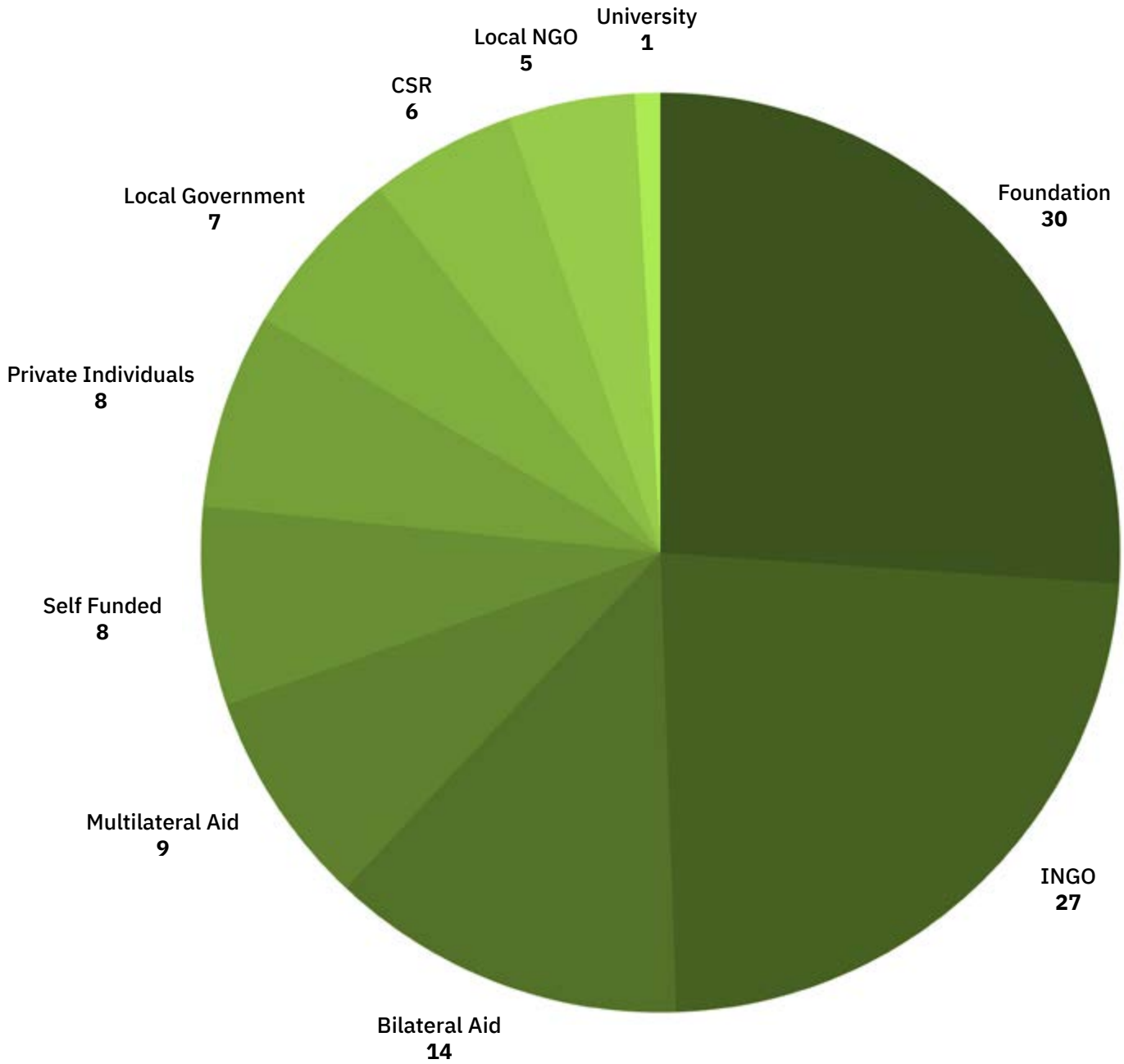
**Diverse in funding sources:** for the 68 climate-SRHR programs named in the survey, there were 115 different funding sources reported. We did not collect data on the amounts contributed from each source; however the diversity of funding is demonstrated amongst the named sources:

- 38% of the funding sources were private philanthropy (private foundations, individuals or CSR)

- 20% of funding sources named were bilateral or multi-lateral aid; the remaining 15% was a mix of government-funded or self-funded.

- 28% of funding sources were from INGOs or local NGOs subgranting as an intermediary. The funding landscape for climate–SRHR programs is highly fragmented, drawing on a wide mix of sources with private philanthropy playing the largest role (38%). The reliance on sub grants from INGOs and local NGOs (28%) suggests that many frontline organizations access funding indirectly rather than through primary donor relationships, which makes them vulnerable to shifts in the broader aid ecosystem.

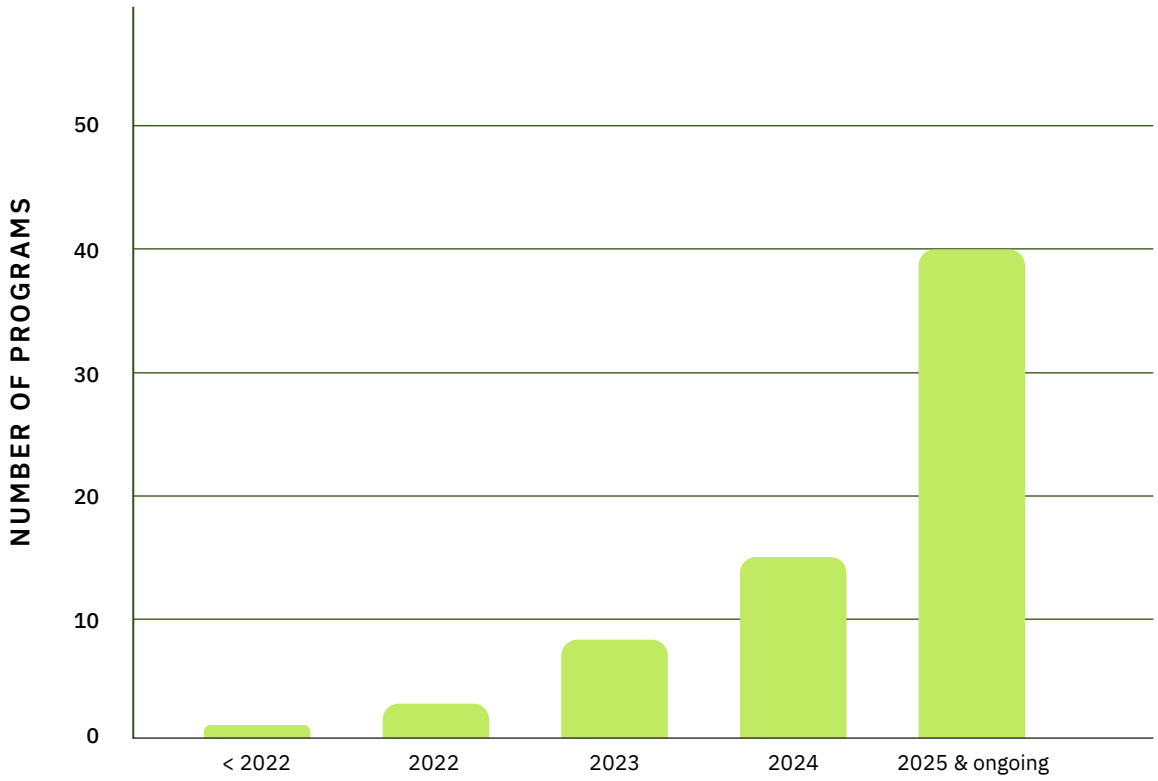
*Named Funding Sources [n=115]*



- **Inconsistent Monitoring, Evaluation, and Learning (MEL) Approaches:** Only 74% of surveyed programs conduct or conducted MEL. Approaches used in the region include both formal, standardised quantitative systems (more common among INGOs and national organisations) as well as qualitative, participatory, or values-driven methods (common among grassroots groups). With 29% of programs operating on total budgets under USD 10,000, many cited limited resources and internal technical capacity as key barriers to establishing more robust MEL systems.

- **Nascent:** The majority of identified programs have launched only in recent years, with just one program completed prior to 2022 and a clear upward trajectory in annual program starts. Nearly 60% of programs are either ongoing (40%) or scheduled to conclude in 2025 (19%), underscoring the surge of activity at this emerging intersection. Regional experts and key informants emphasized that climate–SRHR programming remains in its early stages, with limited evidence on effective models. This reinforces the importance of addressing MEL gaps to capture learning and build a stronger evidence base.

*Program Completion Date*






# Programmatic Focus of Implementing Organizations

In the survey, organizations self-identified all of the climatic hazards and dimensions of SRHR that their programming targets. The questions allowed for multiple selections across both climate and SRHR dimensions. We did a regional analysis of the trends that encompasses all 68 programs submitted from South Asia. We additionally provide a deeper country-level analysis for countries that had more than 3 program submissions, which unfortunately excludes Afghanistan, Bhutan, Maldives, and Sri Lanka; however, programs from these countries are included in the calculation of regional prevalence.

### *Percentage of Climate-SRHR Programs that Focus on Specific Climate Hazards, by Climate Hazard and by Country*

Notes on table interpretation: Green is higher than regional by greater than 10%; Orange if lower by more than 10%.

| | Regional Prevalence | Bangladesh | India | Nepal | Pakistan |
|---|---|---|---|---|---|
| Floods (Sea Level Rise &/ or Snow Melts) | 67% | 88% | 21% | 65% | 100% |
| Heatwaves/ Extreme Temperatures | 65% | 63% | 64% | 53% | 92% |
| Rain Shocks/ Heavy Rains | 63% | 56% | 36% | 71% | 92% |
| Droughts | 54% | 56% | 43% | 53% | 58% |
| Seasonal Variation | 37% | 19% | 64% | 29% | 42% |
| Cyclones/ Hurricanes/ Typhoons | 35% | 69% | 36% | 12% | 42% |
| Water Salinity | 35% | 75% | 21% | 35% | 25% |
| Wildfires | 15% | 13% | 21% | 41% | 8% |

Note: 21% of survey respondents additionally selected ‘other’. Responses in this category included water contamination from flooding, mangrove reforestation and conservation, air pollution, and several mentions of different forms of erosion (landslides, bank erosion, river erosion). Additionally, multi-country programs list the same climate hazards for all participating countries, which leads to slight over representation of some climate hazards.

*Percentage of Programming by Dimension of SRHR Regionally & by Country*

| | Regional Prevalence | Bangladesh | India | Nepal | Pakistan |
|---|---|---|---|---|---|
| GBV, including FGM | 79% | 94% | 50% | 71% | 92% |
| Menstrual Health & Hygiene | 73% | 81% | 71% | 53% | 83% |
| Access to SRH Services | 62% | 88% | 43% | 47% | 75% |
| Child Marriage | 60% | 75% | 50% | 53% | 67% |
| SRHR in Emergencies | 52% | 75% | 14% | 35% | 83% |
| SRH Services for Marginalized Population | 44% | 69% | 29% | 29% | 67% |
| Contraception Access or Distribution | 33% | 38% | 21% | 24% | 58% |
| Maternal and Newborn Health | 29% | 31% | 29% | 18% | 50% |
| HIV/AIDS Prevention and Treatment for Women and Girls | 25% | 31% | 21% | 12% | 50% |
| Prevention and Treatment of STIs | 21% | 38% | 21% | 6% | 33% |
| Abortion | 12% | 13% | 7% | 12% | 25% |
| Infertility Treatment or Research | 12% | 19% | 7% | 24% | 25% |
| Equity and Social Justice in SRHR Programming | 67% | 81% | 50% | 53% | 83% |
| Advocacy and Policy Development | 69% | 88% | 50% | 47% | 92% |

# Regional Trends from Survey Data

**Organizations are taking a multi-pronged, multi-issue approach.** Organizations on average had four different focal climate hazards, and seven different dimensions of SRHR. In addition, most organizations (69%) reported blending direct community service provision with climate-SRHR policy advocacy, underscoring the multi-faceted nature of this work.

**Flooding and extreme heat were regionally the most commonly addressed climate hazards; However, significant variation of focus was seen country to country.** Flooding was a focus for 67% of programming across the regions; 65% address extreme temperature (including heatwaves); 63% address rain shocks and 54% focus on drought. There was strong variation between countries in which climate hazards were prioritized, which is reflective of the wide ecological diversity of the region. Seasonal variation (37%), cyclones (35%), water salinity (35%), and wildfire (15%) were less addressed across the region, which is to be expected given the concentrated prevalence of those hazards in selected countries (e.g., cyclones mostly impact coastal regions).

**Gender-based violence, menstrual health, and access to SRH services were the most common focus areas of organizations working at the climate-SRHR intersection.** Gender based violence was a focus of 79% of programs; This is heartening given the strong evidence that climate change exacerbates GBV and IPV in the region. Menstrual health & hygiene (73%), access to SRH services (62%), child marriage (60%), and SRH in emergencies (52%) were the other most common
focal areas.

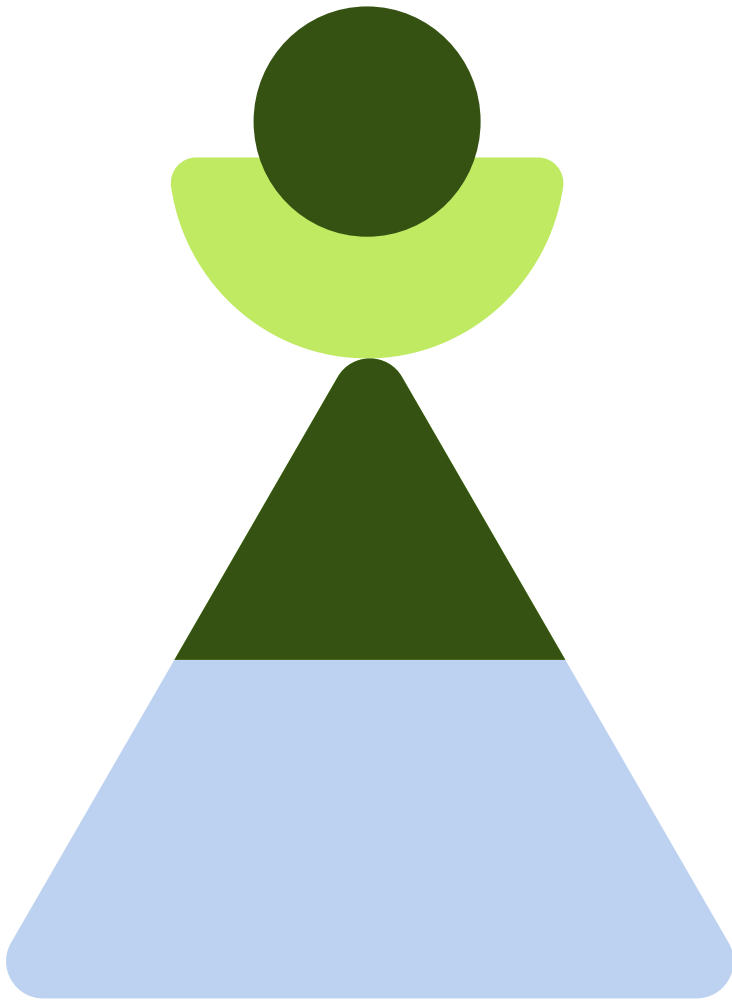
**Abortion, infertility, and reproductive cancers were the least represented issues.** Only 12% of organizations (n=6) in the region address climate resilient abortion access as part of their work. Infertility treatment & research (n=6) and reproductive cancers (n=2) also had very low representation. This is consistent with the findings of WHO's recent scoping review, which highlighted that abortion, reproductive cancers and contraception use are three most under-studied aspects of SRH in the climate-SRH evidence base.[81] We did not provide further country specific analysis of reproductive cancer programs because of the small sample.

**81.** *BMJ Public Health. (2024). Climate change and sexual and reproductive health and rights research in low-income and middle-income countries: a scoping review. BMJ Public Health, 2(2).* https://doi.org/10.1136/bmjph-2024-001090

# Country-Level Survey Findings

| | |
|---|---|
| **Bangladesh** | **Climate Hazards:** Strong focus on floods (88% of organizations), cyclones (69%), and water salinity (75%), which is consistent with the country's climate risk profile, i.e.,high coastal vulnerability and flood plain delta hydrology. However, seasonal variation was under-addressed in comparison to the regional trend.<br><br>**SRHR Focus:** High prevalence of multi-issue SRHR programming and integration of policy advocacy (88%). Climate-SRHR organizations in Bangladesh have a particularly strong focus on focal areas of GBV (94%), access to SRHR services (88%), child marriage (75%), SRHR in emergencies (75%) and SRHR services for marginalized populations (69%).<br><br>**Interpretation:** Bangladesh's strong tradition of community-based resilience and adaptation work is reflected in the landscape of climate-SRHR work today. Integrating policy advocacy with direct service delivery is the norm within climate-SRHR programming in Bangladesh, and the vast majority of programs focus on multiple aspects of SRHR. Current programs are largely aligned with the country's climate risk profile, but in the future may need to expand beyond coastal/water risks to address the health impacts of heat stress and seasonal variability. |





| | |
|---|---|
| **India** | **Climate Hazards:** A strong focus on seasonal variation (64% of organizations)-- the only country in South Asia with a majority of programming to address this climate hazard. Programming on flooding from sea level rise and/or snow melts (21%), rain shocks/heavy rains (36%), droughts (43%), and water salinity (21%) were underrepresented in comparison to regional averages. This may reflect under-sampling from coastal and Himalayan regions, where salinity and flood risks are high. The biggest gap is a lower-than-expected focus on drought (43%); however, organizations' work on seasonal variability may effectively include monsoon shifts that also drive drought conditions.<br><br>**SRHR Focus:** Largest focus area is menstrual health & hygiene, which at 71% is only slightly behind the regional average (73%). There is notably lower representation of service access focused programming such as access to SRH services (43%), SRH in emergencies (14%), SRH services for marginalized populations (29%), as well as contraceptive access & distribution (21%). This is likely partially due to a stronger national health system, with India as the only country out of these four in South Asia that publicly funds the majority of their SRHR services. GBV (50%) as a focus lags far behind the regional average, which is concerning given the prevalence of intimate partner violence in India being amongst the highest in the region. Advocacy and policy development for SRHR (50%), equity and social justice in SRHR programming (50%), and especially reproductive rights and autonomy (21%) lag behind regional averages. The highly fragmented, state-based nature of policy influence and advocacy in India is likely driving the lower focus on policy.<br><br>**Interpretation:** Floods and droughts, despite being major and recurring risks to many regions of India, are relatively underrepresented in current climate–SRHR programs in India. The lower-than-expected focus on GBV – which evidence indicates is exacerbated by extreme heat and climate events including drought– is a notable gap. Overall, programming in India is less integrated across multiple SRHR domains than in other countries in the region. This lower representation of multi-issue focus makes sense when considering the lower representation of direct service programming, which is often a prime opportunity for vertical integration. |

## Nepal

**Climate Hazards:** Programming focused on extreme heat (53%) was underrepresented compared to what would be expected, given the country's climate vulnerability profile. The dearth of cyclone-focused programming (12%) is unsurprising, given the distance from coastal regions. Nepal has the strongest focus on wildfires (41% of programs), which far surpassed the regional average of 15%; This is consistent with increasing frequency and intensity of wildfires which are partially driven by climate change.[82]

**SRHR Focus:** The most common SRHR focus in Nepal is GBV (71%), which is keeping with the regional and country trends in all but India. Nepal was substantially behind regional averages of focus on menstrual health & hygiene (53%), access to SRH services (47%), SRHR in emergencies (29%), maternal and newborn health (18%), HIV prevention & treatment for women and girls (12%) and STI prevention & treatment (6%). There may be less work in direct SRHR service access due to already strong national policies, such the Safe Motherhood and Newborn Health (SMNH) Roadmap 2030 (2019) that charts a national course for its implementation and budgeting.[83,84] Nepal has the lowest focus on advocacy and policy development for SRHR of countries we analyzed in the region at 47%. However, this might partially be due to the already strong policy environment with the SMNH mentioned above, as well as a recent HNAP and an NAP (2021) that specifically mentions maternal and newborn health, as well as GBV.[85]

**Interpretation:** The strong focus on GBV is consistent with evidence that climate change is exacerbating GBV in the country. However, with the highest adolescent fertility in the region and third highest maternal mortality ratio, SRH service access is clearly still a gap to be addressed, as it will be further stressed by climate change. Looking forward, there is a need for expanded programming that addresses the SRHR impacts of extreme heat in the country, particularly on maternal and child health.

**82.** *Bolakhe, S. (2024). Wildfires are raging in Nepal — climate change isn't the only culprit. Nature.* https://doi.org/10.1038/d41586-024-01758-2

**83.** *Government of Nepal. (2018b, September 18). Safe Motherhood and Reproductive Health Rights Act.* https://reproductiverights.org/

**84.** *Government of Nepal. (2019b). NEPAL SAFE MOTHERHOOD AND NEWBORN HEALTH ROAD MAP 2030.* https://nhssp.org.np/Resources/SD/SMNH%20Roadmap%202030%20-%20%20January%202020.pdf

**85.** *Alagarajah, J., Beeman, A., Brown , M., Aibe , S., Fuchs, N. R., & Gibbs, T. (2024). Sexual and Reproductive Health and Rights in National Adaptation Plan & Health National Adaptation Planss: A Global Review. YLabs.* https://static1.squarespace.com/static/649dc66cf2ff9f3a13f25538/t/66ed93b34e35f54814329f4c/1726845904032/AGlobalReview-ClimatexSRHR-Ylabs.pdf

| | |
|---|---|
| **Pakistan** | **Climate Hazards:** Programming has a strong focus on floods from sea level rise and/or snow melts (100%), as well as rain shocks (92%). This comes as no surprise in the aftermath of the 2022 Pakistan floods and increasing occurrence of catastrophic rain shocks and glacial lake outburst flooding (GLOF) occurring across the country. 92% of the programming in Pakistan also focused on heatwaves and extreme temperatures, which is appropriate to the country's climate risk profile. Programming focused on drought is lower than would be expected.<br><br>**SRHR Focus:** Pakistan has the highest representation of multi-issue SRHR programming in the region. It is notable that 83% of programming in Pakistan focused on SRHR in emergencies, contraceptive access or distribution (58%), and maternal and newborn health (50%)-- of which are distinctly higher than in all other countries in the region. We also see that Pakistan has the region's highest programmatic focus on advocacy & policy development for SRHR (92%), equity & social justice in SRHR programming (83%), as well as reproductive rights & autonomy (67%).<br><br>**Interpretation:** The strong representation of SRHR in emergencies – specifically floods and rain shocks– and of integrated advocacy work is reflective of the huge surge of work at this intersection in the aftermath of the 2022 floods and subsequent flooding crises. These efforts have resulted in successful policy change towards climate-SRHR integration; for example, Pakistan's recent NAP (2023) explicitly mentions contraceptive services, maternal and newborn health, and GBV. Looking ahead, expanded investment in programs focused on the SRHR impacts of drought and seasonal variability will be critical, given Pakistan's extreme drought risk. |

# Summary of Survey Findings on Programmatic Alignment and Gaps

The table below summarizes our assessment of how well programmatic priorities align with country-specific climate risks. Bangladesh and Pakistan demonstrate relatively strong alignment, with hazard-driven SRHR programming in emergencies, GBV, and menstrual health. By contrast, India and Nepal show notable gaps, with limited integration of SRHR into emergency or service-delivery responses despite significant known climate risks. Across all countries, contraception, safe abortion, and infertility services remain consistently under-addressed, even in contexts with otherwise strong programming.



*Summary of Key Climate Hazards and Gaps in SRHR Programs, by Country*

| Country | Programmatic Alignment with Climate Risks | Country-Specific Gaps | Cross-Cutting Gaps Across All Countries |
|---|---|---|---|
| **Bangladesh** | Strong focus on floods, salinity, and cyclones aligns with strong SRHR programming on emergencies, GBV, and menstrual health. | The SRHR impacts of extreme heat and seasonal variation are under-addressed. | Climate resilient contraception access and product safety, safe abortion services, and infertility treatment remain under-addressed.<br><br>The reproductive health and neonatal health impacts of air pollution and its interaction with extreme heat in urban areas is underexamined. |
| **India** | Strong focus on heatwaves and seasonal variation aligns with the climate risk profile of the country. | Low focus on SRHR in emergencies (14%) despite documented risk of climate shocks such as floods, droughts, and cyclones<br><br>Programmatic focus on GBV is low, given the high prevalence of intimate partner violence in India and the strong evidence that climate change is increasing it in the region. | |
| **Nepal** | Programmatic focus on floods, rains, and wildfires, is aligned to Nepal's current climate risks.<br><br>Programming focused on extreme heat is under-represented. | Significant under-representation of programs focused on menstrual health, access to SRH services and commodities, SRHR in emergencies, maternal and newborn health, HIV prevention & treatment. | |
| **Pakistan** | Hazard focus on floods, heat, and rains is strongly aligned with SRHR programming in emergencies, GBV, and menstrual health. | Under-representation of programs addressing the SRHR impacts of drought and seasonal variability, given Pakistan's extreme drought risk. | |

# Key Themes Across SRHR & Climate Resilience Programming in South Asia

The following themes are synthesized from the 20 qualitative interviews that YLabs conducted with survey respondents and subject matter experts in the South Asia region. Whereas the survey data gives a snapshot overview of what is happening, the qualitative interviews help contextualize important insights about how the work is being done, as well as uplifting inspiring examples of innovative work on the ground.

## 1 Locally-led models position women and girls as climate leaders, not victims

Many organizations are delivering programming to the most climate vulnerable regions through place-based, organic, and community-driven models. Instead of solely viewing women as vulnerable populations or victims, organizations recognize and center women as environmental defenders and first responders who are leading community climate resilience efforts through fellowship programs, volunteer networks, non-traditional local leadership positions, and strengthening existing community structures.

EXAMPLE

**Ipas Nepal [Nepal]** runs a Natural Leader program that builds and enables the agency of women and adolescent girls as leaders in disaster-prone areas. The program focuses on crisis response, menstrual health, safe abortion, gender based violence prevention and contraception during emergencies. Natural Leaders are supported to engage with their own municipal governments where they embed SRHR into Local Adaptation Plans of Action (LAPAs), build local resilience plans, and lead its implementation.

**Badabon Sangho [Bangladesh]** organizes women fisherfolk groups in the southwestern coastal belt of Bangladesh in order to build their collective power, resilience and advocacy. They train young people and women leaders in climate adaptation, gender equality, and SRHR rights, building grassroots champions for policy advocacy. Over 25 women's groups and three registered women fisherfolk associations now operate independently, pooling savings, offering small loans, and creating advocacy platforms for raising issues like child marriage and menstrual health.

*"This is not an opportunity. This is a need. We have to support pregnant persons, we have to support menstruators—there's no other way around it... They can be mothers, teachers—anyone responding to catastrophes in their communities. They deserve to be recognized as environmental human rights defenders."*

**HIRA AMJAD**
FOUNDER & EXECUTIVE DIRECTOR
DASTAK FOUNDATION

EXAMPLE

**Femfuture Collective [India]** advances SRHR and climate justice in hard to reach tribal regions of India through a community-led model that provides structured fellowships for young women from tribal and rural communities. Fellows receive training in SRHR, climate justice, and leadership, then deliver a curriculum on life skills, menstrual health, and reproductive health to adolescent girls, school dropouts, and young women. Fellows work alongside public healthcare workers to strengthen state-level menstrual and reproductive health commitments.R, and the climate crisis in the Sahel region.

## 2 Disaster response is an entry point for integrated action across service delivery, systems strengthening, and policy change

Many organizations began working at the climate-SRHR intersection out of necessity, prompted by climate hazards and extreme weather events (e.g., floods, droughts, heat waves) that exposed deep, gendered vulnerabilities in the communities in which they were long embedded. This has led to highly practical, responsive approaches that are rooted in community and lived experience. Rather than "either/or", most organizations are taking a "both/and" approach: they have a combined focus on disaster response, systems strengthening, and policy change to prevent the worst during future crises.

EXAMPLE

**Baithak - Challenging Taboos [Pakistan]** is inspired by traditional baithaks (communal gatherings) and creates women-only safe spaces for dialogue, healing, and dismantling stigma around SRHR and GBV. The 2022 flood crisis became a key catalyst for Baithak's shift into direct climate emergency relief. They transformed their pre-existing networks of feminist community gathering spaces into community-powered hubs of frontline response for women's health. At the time of this report they are providing crisis response following the 2025 floods in hard-to-access areas in Gilgit-Baltistan and Khyber-Pakhtunkhwa. In addition to distributing SRHR emergency menstrual and pregnancy kits, they are creating safe spaces for girls and women to voice their concerns and needs regarding their SRHR and mental health, providing emotional first aid to affected communities, and conducting in-depth assessments of gender-specific needs in disaster-hit areas. Their work has impacted the lives of over 500,000 young girls and women in 48 districts across Pakistan.

*"Disasters are not natural—they're the product of political decisions. When people migrate after landslides or droughts, women lose access to care, safety, and dignity."*

**SUNITA MAINALI**
EXECUTIVE DIRECTOR,
THE WOMEN'S REHABILITATION CENTRE (WOREC)

EXAMPLE

**The Women's Rehabilitation Centre (WOREC) [Nepal]** operates Sneha Kendras (Women-Friendly Spaces), which were initiated during the 2008 Koshi floods and scaled up during the 2015 earthquake. These safe spaces offer feminist care for women and girls, including psychosocial counseling and healing, GBV crisis response, legal aid, dignity kits that address SRHR needs, SRHR services, and nutritious meals. Eight such centers were active during the COVID-19 and post-disaster periods in Kathmandu; three are presently operational and the other five can be operated immediately after the disaster in support of local government. More than 80,000 women (including pregnant and lactating mothers) have been supported across flood-affected districts. Sneha Kendras have been institutionalized across multiple crises as standard safe spaces for women and their integrated feminist disaster response approach has influenced policy dialogues with local authorities, including the adoption of gender-sensitive budgeting and the inclusion of SRHR in disaster planning frameworks.



## 3 Leveraging networks is a force multiplier for impact

Organizations are amplifying their reach and impact by embedding climate and SRHR programming within pre-existing systems, networks, and movements. Rather than building new delivery channels from scratch, these actors are equipping trusted intermediaries—community health workers, grassroots women's groups, and even local theater troops—with climate-informed knowledge and tools. By layering interventions on top of existing community structures, these organizations are achieving scale, trust, and sustainability even in fragile and resource-constrained contexts.

EXAMPLE

**Swasti Health Catalyst [India]** launched the Climate Care Champions Program (CCCP) that uses a train-the-trainer model in order to embed climate-health resilience into existing local health systems by equipping frontline health workers (FLWs) with knowledge and tools to address how climate stressors impact reproductive and maternal health. FLWs already trained in maternal and reproductive health are now trained to recognize how heat stress affects pregnancy, fertility, menstrual health, and newborn care. In Anantapuramu district alone, 91 master trainers trained 2,266 frontline workers across 71 Primary Health Centers, reaching an estimated 4.57 million people with life-saving heat-health preparedness messages.

**Manusher Jonno Foundation (MJF) [Bangladesh]** works through a network of 400+ grassroots CSOs across Bangladesh. They are currently implementing climate resilient SRHR interventions in 14 districts through 13 of these partners in some of the most climate-affected and hard to reach areas of the country by equipping small CSOs to deliver SRHR-sensitive services, respond to emergencies, and advocate for women's needs. They have promoted climate-resilient livelihoods and SRHR among 23,000 households through direct measures like safe water access, saline-tolerant crops, and alternative livelihoods for women — reducing economic stress that fuels early marriage and unsafe migration.

*"It is the special vulnerability of Bangladesh and also the resilience of the people that really deserves more attention...We are just a vehicle, the work is done by the people on the ground."*

**SHAHEEN ANAM**
EXECUTIVE DIRECTOR
MANUSHER JONNO FOUNDATION (MJF)
BANGLADESH

EXAMPLE

**The Young Changemakers (YCM) [Pakistan]** is a youth-led feminist movement founded by young people that uses arts, theater and storytelling to challenge gender and climate discourse. Interactive and forum theatre is used to connect climate change, gender justice, and SRHR with lived realities like child marriage, abuse, health care barriers, and displacement. Storytelling and creative arts help young people express trauma, rehearse alternatives to harmful traditions, and re-imagine equitable futures. By training more than 200 theatre groups and collaborating with over 300 organizations across Pakistan, YCM has been able to reach over 300,000 people directly with their performances.

# 4 Frontline CBOs are generating localized data on gendered climate impacts to drive policy change

Community-based organizations in the South Asia region are not just delivering SRHR services amid climate disruptions; they're generating and translating community data into policy impact and systems change, often filling critical data gaps that top-down models and larger NGOs don't have awareness of or motivations to fill. Their grassroots data and advocacy informs the development of gender-responsive policies on local and national levels; 70% of surveyed organizations engage in policy development or advocacy as part of their climate-SRHR work. After policies are implemented, grassroots organizations are gathering and using data to show gaps in policy implementation to drive accountability.

EXAMPLE

**The Climate Intelligence Network (CIN) [Sri Lanka]** is a youth-led initiative to engage women and youth in real-time citizen science climate data collection and storytelling, in particularly climate-vulnerable areas of Sri Lanka. For example, young women collect both quantitative and qualitative data during urban heat waves to document their experiences of facing heat stress and inadequate menstrual health infrastructure. The qualitative data is used to complement heat stress analysis and inform the design of more gender and climate-responsive urban infrastructure. They contribute youth-generated data and lived experiences to inform policy, including support for Sri Lanka's NDC 3.0 goals in collaboration with UNICEF and the Ministry of Environment. They have also used their data in community-level consultations with municipal planners and government climate units, influencing how urban resilience plans and disaster preparedness efforts prioritize cooling infrastructure, women's health, and localized risk mapping.

*"Data is not neutral. Supporting citizen-generated, gender-sensitive data, challenges the top-down narratives and fosters inclusive climate planning."*

**GEILEE SKANDAKUMAR**
CLIMATE INTELLIGENCE NETWORK (CIN) MEMBER
SRI LANKA

EXAMPLE

**Institute for Global Health and Development (IGHD) [Pakistan]** at Aga Khan University is a leading research institute generating actionable, localized evidence at the intersection of climate change, environment, and public health in Pakistan. Its work focuses on how extreme weather—particularly heat—affects maternal and child health, mental well-being, and community resilience. IGHD integrates indigenous knowledge with scientific research to test adaptation strategies ranging from reflective paints and tree coverage to hydration practices and early warning systems. In addition, collaborate with key national and international partners—such as UNFPA, UNICEF, ADB, WHO, and Pakistan's Ministry of Climate Change—to ensure that gender-disaggregated data and locally grounded evidence inform national health adaptation planning processes. By bridging grassroots knowledge with global policy processes, IGHD helps to ensure that climate responses place women's health and resilience at the center.

**Environmental Protection Trainings and Development Organization (EPTDO) [Afghanistan]** uses its vast volunteer network (nearly half are women) and climate change specialists to conduct localized climate-health assessments that deepen understanding of how climate change affects healthcare access (including SRH) for rural women. The results were used to identify barriers and propose targeted interventions to improve reproductive health services in vulnerable communities as part of a case study called "Climate Change Impacts on Rural Women's Healthcare Access: A Case Study from Badakhshan Province, Afghanistan." EPTDO's case study and dissemination sessions led to government authorities committing to open community clinics in districts where women's health access was most at risk. They provided an example of a successful local solution in Kohistan District, where the findings from the assessment led to the establishment of a clinic with a female doctor, significantly improving access to healthcare for pregnant women and reducing fatalities during travel for treatment.

## 5 Integrated policy advocacy is the norm among climate-SRHR organizations of all types and sizes

With 69% of organizations in the region reporting an explicit policy advocacy aspect of their work, the importance of this advocacy is crosscutting. Organizations across the spectrum of size and programming focus are working to inform and change local, national and global policymakers on the importance of women's health and SRHR in climate policy. Scale of organization doesn't always correlate with the scale of policy advocacy; for example, some municipal-level disaster preparations plans are being driven by large INGOs, while internal policy advocacy on global stages like COP are being attended by some of the smallest grassroots organizations.

*"Oftentimes, the impact on women and sexual reproductive health and rights gets forgotten in climate debates. On the ground, though, the reality is that access to services, exacerbation of poverty, and gender-based violence are already unfolding."*

**DR. SYED KHURRAM AZMAT**
DIRECTOR TECHNICAL SERVICES & DONOR PROGRAMMES, MSS PAKISTAN

EXAMPLE

**Environmental Protection Trainings and Development Organization (EPTDO) [Afghanistan],** a small grassroots organization, is the only organization in Afghanistan accredited by the UNFCCC, UNEP, and UNCCD, which has created linkages to participate in international conferences and advocate for climate action, notably at COPs since 2022. They have used their global platform to warn of the harms that will occur if climate resilient health infrastructure is not addressed, especially for women's health issues which are most at threat in the current humanitarian crisis in Afghanistan.

**Baithak - Challenging Taboos [Pakistan]** despite being a small grassroots organization they have advocated globally at CSW, AWID, COP28, and UNGA for gender-responsive disaster planning, emphasizing that menstruation, reproductive care, and emotional safety are essential—not optional—in emergency responses.

**Marie Stopes Society (MSS) [Pakistan]** uses their experiences and evidence from direct service delivery to advocate for systemic change from national down to local and community levels. During the 2022 floods, MSS was one of the key SRHR responders in many areas, as their experience in providing health services in emergency conditions enabled them to act quickly. They identified clear gaps in menstrual hygiene, maternal care, and access to contraceptives during the flood response and stepped in to fill them. This direct experience, along with data to back it up, successfully strengthened their arguments to policymakers for integrating SRHR in emergency planning policy from national all the way down to local levels.





# Gaps Identified in the Climate-SRHR Landscape

Research Question

# What is missing from the South Asian Climate and SRHR programming landscape?

## Contraceptive Access and Distribution are Underrepresented

With 62% of programs surveyed focused on access to SRHR services, we were surprised to see that only 33% of the programs featured contraceptive access (30%) and/or distribution (8%). This disconnect suggests that while "access" is frequently cited as a programmatic priority, it is often interpreted broadly focusing on general service delivery or emergency response without targeting contraceptive continuity, agency, and choice. Both acute climate shocks (e.g., floods, cyclones, heatwaves) and slow-onset events (e.g., droughts, seasonal variation, salinity) disrupt supply chains and increase unintended pregnancy risks, making contraceptive access central to resilience.

Country-level patterns reinforce this gap. In Bangladesh and Pakistan, where hazards like floods and cyclones dominate, SRHR programming emphasizes emergencies, GBV, and menstrual health, but contraceptive programming lags behind despite climate-driven service disruptions. In India and Nepal, contraceptive programming lags at 21–24% of surveyed initiatives which is less than half the regional average for SRHR access overall. This imbalance signals that climate adaptation in these contexts is not being paired with the most cost-effective intervention to improve reproductive agency and choice: ensuring access to reliable contraceptive services.

*"If there is climate-related displacement, it's the safety and security of the women and girls that is the first threat. You're leaving your home, your education is already in jeopardy. You're not in the school anymore, but also having challenges managing your periods, managing access to contraception, and managing forced pregnancies. Access to abortion and contraception is going to be a big challenge, because how do you go and ask, right? Who do you go and ask?"*

**NITISHA PANDEY**
FOUNDER
FEMFUTURE COLLECTIVE, INDIA

## Lack of Access to Safe Abortion is a Silent Crisis

Abortion is a leading cause of maternal mortality in South Asia and emerging evidence indicates that the need for safe abortion options is likely to increase in regions impacted by extreme weather and climate-related displacement, due to the rise of sexual violence towards women and girls after extreme weather events and the lack of access to contraception. However, abortion-focused programming/service delivery is severely underrepresented in the climate resilient SRHR landscape. This is unsurprising as only India, Maldives and Nepal legally permit abortion under broad circumstances; in all other countries in South Asia abortion is highly restrictive or illegal. Barriers to safe, legal abortion are widespread in South Asia, even in environments where it is legal.[86] This already limited service access is further restricted by climate events, such as flooding and extreme weather events.

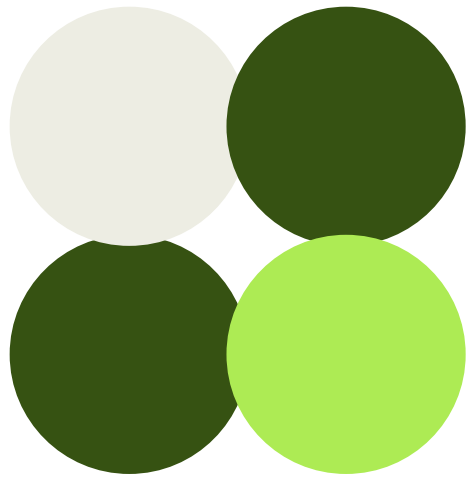
Even in countries where abortion is legal, organizations that participated in the survey and interviews largely did not report specific abortion-related work at the climate-SRHR intersection. This may be in part due to self-censorship; the stigmatization and checkerboard of legality of abortion related work often leads to organizations who have work that touches on abortion access omitting or downplaying their work on it. However, there is an opportunity to break abortion out of this silo and promote access to safe, legal abortion alongside pre-existing emergency preparedness efforts, such as in mobile clinic provision, disaster kits that include the morning-after pills, and frontline staff training. Funding MEL systems that specifically track unwanted pregnancy rates, contraceptive access, and abortion rates and access during and after climate crises would additionally fill an evidence gap that is essential to understand the extent of the unmet need.

86. *Singh, S., Sundaram, A., Hossain, A., Puri, M. C., Sathar, Z., Shekhar, C., Crowell, M., & Moore, A. M. (2020). Abortion service provision in South Asia: A comparative study of four countries. Contraception, 102(3), 210–219.* https://doi.org/10.1016/j.contraception.2020.05.015

## Despite High Prevalence and Known Linkage to Climate Events, Gender-Based Violence (GBV) is Often a Secondary Focus of Programming

GBV was widely recognized across landscape assessment actors as an exacerbated issue due to climate impacts, but there is a gap in programming that meaningfully integrates GBV prevention, response, and survivor support into climate resilience or SRHR frameworks. 79% of survey respondents indicated GBV as an intended program focus across the region. However, it was rarely mentioned as a core programmatic focus in those surveyed and organizations interviewed; nor measured as a main indicator in MEL frameworks. So, while it was the most prevalent programming target in the region, this may be misleading.

We found that addressing climate-related GBV was often aspirational or secondary, with minimal concrete integration into programming. Specific metrics or resources for documentation around impact on GBV were limited or not present. Interviewees frequently cited downstream impacts of GBV reduction as a hopeful outcome of their work, or noted a GBV-aware approach to program implementation, but lacked clear and specific incorporation of addressing GBV as a central component of their programming. Many organizations cited limited referral pathways to GBV support, lack of technical training and limited capacity on their teams to fully integrate GBV. For example, organizations that distribute dignity kits during floods and emergencies often see them as a harm reduction strategy for GBV by including menstrual health products and clothing items that support mobility, flashlights and whistles that women can use for safety, or information about GBV that leads to community awareness.[87] While these items may lead to harm reduction for GBV, without adequate local GBV-specific service partners, safe spaces, targeted outreach and education (including to men and boys), or tracking of evidence, the direct impact on reducing GBV will be limited - or altogether unknown. There is an opportunity to fund more specific GBV-focused capacity building, targeted programming, policy advocacy, tracking of evidence and service strengthening.



*"We work with communities affected by floods and landslides every year. But we still don't have a clear GBV response in our emergency plan... it's something we talk about, but haven't resourced properly."*

**ANONYMOUS INTERVIEW PARTICIPANT**
NEPAL

*"It's not just the funding, it's also the capacity. When we started working on climate change in Pakistan, we hadn't worked on any actual climate change programme. We were quite reluctant on working on SGBV. Pakistan was one of the implementing countries [for the funded program], and SGBV was part of it, but our teams, our health providers, were reluctant even on speaking the word gender based violence, because of the sensitivity. Our other local partner in Pakistan, helped to rescue us, because they were doing that work for over 20 years. So they trained our senior management, they trained our health service providers, and they taught them how to provide those key services and key work on SGBV, and then we learned so that's how we added that into our programming."*

**ANONYMOUS INTERVIEW PARTICIPANT**
PAKISTAN

87. ***Cox's Bazar. (2025). Dignity Kits Guidance Note.*** https://rohingyaresponse.org/wp-content/uploads/2025/07/Dignity-Kits-Guidance-Note-2025.pdf

## A Need to Understand Climate Change and Infertility

Climate change has been shown to impact male and female fertility through both direct impact on reproductive systems and indirect pathways such as heightened stress and reduced health system access. A recent study encompassing 174 countries found that semen quality has declined from 2000 to 2019, possibly due to ongoing temperature increases.[88] Another systematic review indicates that this is partially due to air pollution, exposure to toxic chemicals, and excessive heat exposure.[89] Heat affected sperm have also been shown to impact the quality of the embryo formed.[90] Women's reproductive systems may also be impacted with hazards such as heat exposure affecting menstrual cycles and follicle size.[91] Air pollution exposure has been shown to decrease chances of pregnancy and increase chances of pregnancy loss.[92] Fortunately, there is a strong existing focus on heat and air pollution research and programming in the South Asia region, with a specific focus on maternal health. There is an opportunity to expand existing research to better understand causal pathways and the risk that climate change presents to pre-conception, fertility, and pregnancy loss.

## Low Gender and Sexuality Diversity in Programming Doesn't Reflect Realities

The vast majority of climate-SRHR programs are focused on cisgender, heterosexual women, even in contexts of high gender-based marginalization. Very few programs involved men, despite their known influence on SRHR decision making and service access. Even fewer programs at the intersection mention gender-diverse people or LGBTQ+ populations. This is concerning, given evidence that shows that LGBTQ+ people face greater health risks during extreme climate events, due to their higher baseline degree of social vulnerability.[96] Fortunately, youth and adolescents were a relatively well represented target population within South Asian climate-SRHR programming, based on the survey data, interviews and desk research.

## Ongoing Research into Reproductive Cancer Should Integrate a Climate Change Lens

There is an emerging body of evidence indicating that climate change is likely to impact cancer across the cancer continuum from formation through screening, diagnosis, treatment, and survivorship.[93] Breast cancer leads as the top by incidence across South Asia, with ovarian cancer coming in at third.[94] A recent study in the MENA region on women's reproductive cancers (breast, cervical, ovarian, and uterine) and increasing heat, showed significant correlation between prolonged exposure to high ambient temperatures and all four cancer types studied.[95] The prevalence of breast, ovarian, and cervical cancers were markedly influenced by temperature increases. Only 4% of programming submitted via survey indicated a programming focus that included reproductive cancers, with none of the programming mentioned cancer directly as a core component to their work. This is unsurprising, as the region faces many complex, large scale health system needs and overall poor access to cancer screening and treatment. Yet, there is a sizable opportunity to support already ongoing research into reproductive cancers in the region to include more specific focus on climate change related factors, which will help understand the scale and impact of climate change on reproductive cancers in the region.

*"Girls, youth from minority and marginalized communities are always the first to face exclusion during climate crises. Our work through arts and storytelling ensures they are not just seen as victims, but as leaders of change."*

**DANISH SAMUEL**
EXECUTIVE DIRECTOR
THE YOUNG CHANGEMAKERS, PAKISTAN

88. *Qian, J., Mo, C., Si, Y., Zhang, Q., Chen, Y., Zhu, J., Wang, Y., & Ma, J. (2025). Temperature change and male infertility prevalence: an ecological study. BMC Public Health, 25(1).* https://doi.org/10.1186/s12889-025-22934-7

89. *Segal, T. R., & Giudice, L. C. (2022). Systematic review of climate change effects on reproductive health. Fertility and Sterility, 118(2), 215–223.* https://doi.org/10.1016/j.fertnstert.2022.06.005

90. *Tokat, M. A., Bilgiç, D., Yağcan, H., & Demirdağ, C. (2023). A factor whose effects on fertility are overlooked: Climate change and its consequences. Reproductive BioMedicine Online, 47, 103551.* https://doi.org/10.1016/j.rbmo.2023.103551

91. *Tokat, M. A., Bilgiç, D., Yağcan, H., & Demirdağ, C. (2023). A factor whose effects on fertility are overlooked: Climate change and its consequences. Reproductive BioMedicine Online, 47, 103551.* https://doi.org/10.1016/j.rbmo.2023.103551

92. *Tokat, M. A., Bilgiç, D., Yağcan, H., & Demirdağ, C. (2023). A factor whose effects on fertility are overlooked: Climate change and its consequences. Reproductive BioMedicine Online, 47, 103551.* https://doi.org/10.1016/j.rbmo.2023.103551

93. *Hiatt, R. A., & Beyeler, N. (2022). Women's cancers and climate change. International Journal of Gynecology & Obstetrics, 160(2), 374–377.* https://doi.org/10.1002/ijgo.14407

94. *Jain, U., Rahim, F., Jain, B., Komanduri, A., Arkalgud, A., Sabet, C. J., Hammond, A., Tshering, P., Patel, T. A., Sirohi, B., Jain, P., Khan, S. Z., Gunasekera, S., Shilpakar, R., Stanikzai, Z., Chowdhury, A. R., Swami, N., Dee, E. C., & Gyawali, B. (2024). Cancer burden across the South Asian Association for Regional Cooperation in 2022. BMJ Oncology, 3(1), e000466.* https://doi.org/10.1136/bmjonc-2024-000466

95. *Kheir-Mataria, W. a. E., & Chun, S. (2025). Climate change and women's cancer in the MENA region: assessing temperature-related health impacts. Frontiers in Public Health, 13.* https://doi.org/10.3389/fpubh.2025.1529706

96. *Mann, S., McKay, T., & Gonzales, G. (2024). Climate Change-Related Disasters & the Health of LGBTQ+ Populations. The Journal of Climate Change and Health, 18, 100304.* https://doi.org/10.1016/j.joclim.2024.100304

## Lack of Disability Representation in Programming

Although the climate crisis poses heightened risks for persons with disabilities—such as barriers to evacuation during floods, heat sensitivity, and health service disruption— challenges unique to people with disabilities were not integrated into SRHR program design or resilience planning in the region. Only 3 programs (4%) explicitly mentioned supporting people with disabilities. There is a small, vocal contingency conducting research and advocacy at this intersection in the region, from organizations like the National Indigenous Disabled Women Association Nepal (NIDWAN); However, the work needs further expand across the region and integrate into both policy and programming to prevent compounded marginalization and worsening mortality for disabled people due to climate change.[97]

*"People living outside of Kabul are facing the worst climate situations... people with disabilities in remote areas are more impacted because they cannot access services... We don't have enough knowledge or understanding still about the situation of women with disabilities, and the impacts from their end."*

**HAJI AHMAD SHAH "AZAMI"**
EXECUTIVE DIRECTOR
COMMUNITY CENTER FOR THE DISABLED (CCD)
AFGHANISTAN

## Urban Health Systems Strengthening is Underaddressed

Rural communities were the predominant focus of climate-SRHR programming in South Asia. The survey results reflect this as well, as 58% of the programs surveyed had an exclusively rural focus, 5% of programs had an exclusively urban focus, 20% had a mixture of rural and urban focus sites, and the remaining 16% represent nationwide focus. Interviewees mirrored this sentiment often citing rural and remote areas as the most urgently in need of focus due to full inaccessibility during climate disasters, higher maternal mortality rates, and intensified gendered power dynamics that can exacerbate SRHR access. INGOs and donors in the region have historically prioritized strengthening rural health systems. While justified in part by the scale of rural vulnerability, this does suggest a gap in addressing the distinct risks and barriers faced by urban and peri-urban populations—especially in rapidly growing informal settlements where climate hazards and SRHR needs are intensifying. UN-Habitat estimates that in 2022 there were over 303 million people living in slums[98] or informal settlements in urban environments in South Asia, representing approximately 16% of the regions total population (44% of the urban population).[99] Acute urban climate issues such as heat islands, air pollution, and water scarcity are real and intensifying. However, the work addressing these issues is often siloed within disaster risk, happening at more localized levels, not framed through an SRHR or gender equity lens and less likely to receive attention from funders at the climate and SRHR nexus. Additionally, issues at the intersection of migration, gendered health disparities, or poverty are often underreported or politically sensitive in urban environments. There is undoubtedly a strong need for climate resilient SRHR in rural environments, however as South Asia continues to move towards rapid urbanization, with much of that growth expected in informal settlements, it would be short-sighted to under-invest in urban-focused programming.[100]



**97.** *Stein, P. J. S., Stein, M. A., Groce, N., Kett, M., Akyeampong, E. K., Alford, W. P., Chakraborty, J., Daniels-Mayes, S., Eriksen, S. H., Fracht, A., Gallegos, L., Grech, S., Gurung, P., Hans, A., Harpur, P., Jodoin, S., Lord, J. E., Macanawai, S. S., McClain-Nhlapo, C. V., . . . Van Susteren, L. (2024). Advancing disability-inclusive climate research and action, climate justice, and climate-resilient development. The Lancet Planetary Health, 8(4), e242–e255.* https://doi.org/10.1016/s2542-5196(24)00024-x

**98.** *Urban Indicators Database. (2025). Housing, Slums and Informal Settlements. Data.unhabitat.org.* https://data.unhabitat.org/pages/housing-slums-and-informal-settlements

**99.** *Trading Economics. (2024). South Asia - Urban Population (% Of Total) - 2024 Data 2025 Forecast 1960-2023 Historical.* https://tradingeconomics.com/south-asia/urban-population-percent-of-total-wb-data.html

**100.** *Trading Economics. (2024). South Asia - Urban Population (% Of Total) - 2024 Data 2025 Forecast 1960-2023 Historical.* https://tradingeconomics.com/south-asia/urban-population-percent-of-total-wb-data.html

## The SRHR Impacts of Air Pollution are Underaddressed in Bangladesh, India, Nepal and Pakistan

Air pollution is a critical, growing and gendered health risk —especially in urban areas of India, Pakistan, Nepal, and Bangladesh— with clear linkages between maternal and neonatal health risks (e.g., low birth weight, stillbirths, preterm births).[101] Climate-fuelled extreme heat significantly exacerbates the health risks of air pollution. However, there are few programs that specifically address the impact of air pollution on women's reproductive health and neonatal health. Work happening at the air pollution and SRHR intersection is largely focused on scientific research studies and data collection. This represents a major gap and an opportunity for converting well-established evidence into implementation innovation.

## Active Climate-SRHR Programming is Uneven Across the Region, with Nepal Strongly Overrepresented while Afghanistan, Bhutan, Maldives and Sri Lanka are Notably Sparse

Of the 68 program submissions across the region, we only received 9 total (13%) from Afghanistan (3), Bhutan (2), Maldives (1), and Sri Lanka (3). We conducted a disproportionate number of our in-depth interviews (23%) with participants from aforementioned countries to try to better understand the nature and status of programming at the climate resilience and SRHR nexus in each country. The lack of programming is not from a lack of need, as is more thoroughly detailed in the country profiles in Appendix 1. From these interviews, we learned that:

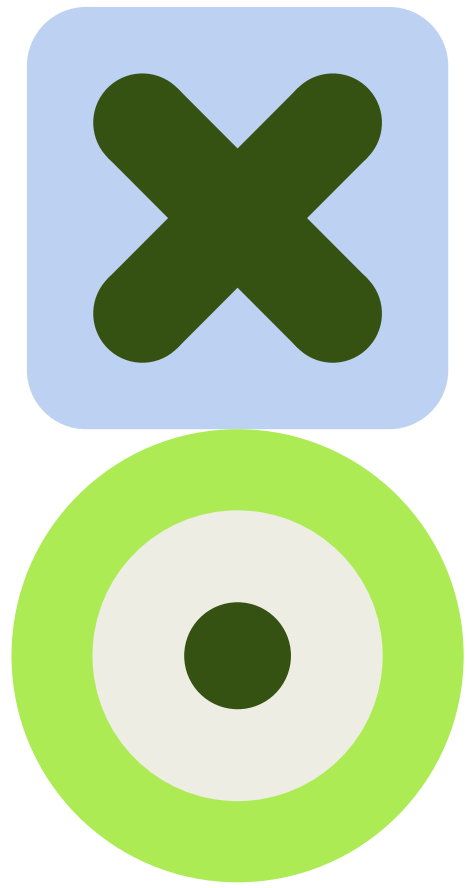
- Afghanistan's ongoing humanitarian crisis, international sancitons, and restrictions on women and girls' rights create a harsh backdrop to push the needle forward on anything encompassing women's SRHR.
- Bhutan's work seems to be in a nascent foundational phase, as early actors build local awareness and literacy around climate-health intersections and why they matter.
- Maldives is focused on building evidence, targeted global advocacy, and policy foundations as the island nation continues to navigate and prepare for sea level rise.
- Sri Lanka's programming centered community-driven approaches that emphasized sustainability through their integrated health systems.

The low number of programming also likely stems from relatively limited philanthropic funding pools, as well as the smaller populations. To put this in perspective: If we normalized the number of programs out of 68, we would expect from each country by the size of each country's population, we would expect to see no more than one program from any of these four countries. Using this same logic, we would expect to see 50 programs entirely from India (we only saw 16) and just 1 program from Nepal (which had the most submissions from, at 23 programs). Regardless, more work needs to be done across all of South Asia to prepare what is the most populous and simultaneously one of the most climate vulnerable regions in the world for what is to come.

**101.** *Jabbar, S. A., Qadar, L. T., Ghafoor, S., Rasheed, L., Sarfraz, Z., Sarfraz, A., Sarfraz, M., Felix, M., & Cherrez-Ojeda, I. (2022). Air Quality, Pollution and Sustainability Trends in South Asia: A Population-Based Study. International Journal of Environmental Research and Public Health, 19(12), 7534.* https://doi.org/10.3390/ijerph19127534

## Missing Innovative Approaches to Health Systems Strengthening

There is a high need for climate-proofed health infrastructure, training of frontline workers, and resilient SRHR service delivery during climate crises in South Asia. However, very few programs included service delivery adaptations such as WASH infrastructure, technology solutions, mobile clinics, or energy resilience (e.g., solar power). For example, only 6% of programs surveyed mentioned a digital component. This highlights a major gap considering that the World Bank estimated 42.85% of South Asians were using the internet in 2021[102], which has only accelerated since then. One of the outliers is MSS Pakistan, who are leveraging digital health partnerships to explore remote delivery of SRHR services in flood-prone districts, including exploratory programs with gynaecological consultations via mobile clinics. They are also actively training health providers to respond to gender-based violence during climate emergencies, an area previously met with resistance due to social stigma. While there is innovation happening at this intersection in the region, most of the work is stalled at early-stage pilots. There is a strong opportunity to vertically integrate climate-SRHR elements into existing large-scale health systems strengthening investments.



**102.** *Trading Economics. (2022). South Asia - Individuals using the internet (% of population).* https://tradingeconomics.com/south-asia/individuals-using-the-internet-percent-of-population-wb-data.html



# Barriers & Opportunities to Advance Climate-Resilient SRHR Programs in South Asia

Research Question

# What are the barriers that programs at this intersection are facing? What is getting in the way of scaling promising work?

## Frontlines Organizations Struggle to Access Conventional Philanthropic Capital

The majority of active organizations working at this intersection are small, grassroots organizations operating on shoestring budgets. 56% of programs received less than $50,000 USD for the total program duration and 79% of the organizations had annual operating budgets that are under $1M USD. These organizations are on the frontlines of the climate-SRHR crisis; they are often the first to respond and the most trusted by communities. Yet these frontline organizations struggle to access philanthropic funding due to rigid eligibility criteria, short project-based cycles, and resource-intensive due diligence and/or reporting requirements that favor larger, international actors. They frequently cited the challenge of finding the long-term, flexible funding they need to drive an ongoing impact in the climate-vulnerable regions where they work. Short-term, siloed funding hampers organisations' ability to build capacity, local leadership, and measure long-term impact. Small grants of longer duration, paired with capacity building and network connection, were frequently cited by grassroots leaders as key to advancing innovative, impactful work at the intersection. Additionally, lack of attention to knowledge exchange and collective learning is a missed opportunity. Climate hazards will inevitably disrupt programs, and not every solution will succeed in every context. There is a need for mechanisms which normalize open discussion of these nuances, so "failure" becomes data to build resilience, rather than a mark against organizations.

**Opportunities to address this include:**

- Support frontline organizations with longer-term, flexible, and core support grants to help stabilize organizations between larger project grants and prevent collapse of institutional capacity.
- Regional or thematic pooled funds (e.g., climate–SRHR innovation funds) for a collective of INGO and grassroots organizations focused on knowledge-sharing, peer-learning, networking, and joint advocacy. This pooled fund could be governed by a local consultant/secretariat who would be tasked with portfolio administration and reporting to alleviate the due diligence and reporting requirements that pose a burden to smaller organizations.
- Establish incubator-style programs that combine seed capital + technical support + mentorship to help grassroots orgs build the financial and institutional capacity to compete for larger grants in the future.

*"A major, major attitude shift is needed where SRHR is acknowledged as a human right, and also the disproportionate impact of lack of access to SRHR on vulnerable groups. This is very critical at this juncture when we are dealing with this poly crisis globally. Please hold space for the partners to come back and tell you that this did not work out because we are dealing with something that we have never dealt with before. It's a changing environment. A couple of months ago in the heart of Pakistan we had a hailstorm of the kind we have never experienced before. So having open and flexible channels of conversation, communication alongside mentorship, and a space where you connect us not with other funders but like-minded organizations building networks of solidarity, because that's how we will be able to build a global, regional and local movement to get us all out of this crisis"*

**HIRA AMJAD**
FOUNDER & EXECUTIVE DIRECTOR
DASTAK FOUNDATION



## Fragmented Funding Limits Climate–SRHR Integration

Every organization engaged in this assessment, both large and small, highlighted that while their work is an act of harm reduction and service to their communities, it is not happening or financed at the scale needed to avert forthcoming catastrophic health impacts for women in their country or the region.

Organizations also consistently identified siloed funding as the primary obstacle to the broader integration, impact measurement, and scaling of climate-resilient sexual and reproductive health and rights (SRHR) programs. Many organisations noted that they struggle to help their funders and collaborators understand the importance of linking these two areas. SRHR funders and government stakeholders largely continue to fund or implement programs and service delivery without taking into account adjustments that are needed to address new climate-related challenges; climate stakeholders typically do not devote their adaptation resources to SRHR (or health systems more broadly), despite the disproportionate climate burden that women and girls bear on their health. Small organizations shared that they navigate siloed funding by cobbling together funding from multiple sources or, more commonly, by receiving funding from feminist funders, who are typically more supportive of integrated approaches. There is a powerful opportunity for donors and governments to drive impact by incentivizing intersectional, cross-sector planning that links SRHR and climate action. Rather than focusing on narrow, discipline-specific goals, strategic investments can support the development of integrated program frameworks that recognize how positive health outcomes and climate adaptation outcomes are fundamentally intertwined.

**Opportunities to address this include:**

- Supporting grassroots leaders to co-create short films, digital stories, and testimonials can bring donor audiences closer to the lived realities of climate shocks disrupting women's health, making abstract data visceral and urgent.
- Commissioning a predictive modeling of SRHR outcomes under 1.5°C vs. 3°C warming to help donors and key stakeholders see the tangible costs of siloed funding and build a shared case for integrated investment strategies.
- Applying a climate lens to existing health interventions. For example, training programs that equip community health workers and other first responders with climate-hazard response skills.
- Developing SRHR–Climate Policy Integration Toolkits for advocates and officials enables SRHR priorities to be embedded in NAPs, NDCs, and disaster plans, ensuring systemic recognition and financing of women's health in climate adaptation.

*"Bangladesh is at risk of not meeting its SDG targets unless climate resilience and women's health are adequately funded. Donors must understand how dire the situation is. A large section of the population will fall so far behind that they will not be able to be pulled back, and that will impact the overall development and sustainability of the country."*

**SHAHEEN ANAM**
EXECUTIVE DIRECTOR, MANUSHER JONNO FOUNDATION (MJF), BANGLADESH

*"SRHR is not a siloed issue; it's systemic. It goes beyond health services and intersects deeply with the lived experiences of women and girls—whether through climate change, financial insecurity, or social inequities. That's why at the core of our work is health leadership and resilience, working on issues of financial inclusion, resilience building and women leadership for the improved lives and health wellbeing of the people we serve. Pathfinder has evolved from standalone SRHR initiatives to holistic, intersectional approach—because the challenges our communities face are not vertical or isolated. They are interconnected, and our solutions must be too."*

**MADIHA LATIF**
PAKISTAN COUNTRY DIRECTOR
PATHFINDER, PAKISTAN



# Limited Technical Capacity in Climate Resiliency Programming and Evaluation

Many smaller organisations cited a lack of multi-sectoral technical expertise that limits their ability to integrate climate change and SRHR initiatives effectively. Many frontline organizations working at this intersection started out as women's health or feminist organizations: they began doing climate resilience work as a necessary facet of meeting the needs of their communities under new crises. Therefore, they often lack internal technical climate expertise. When combined with the limited technical capacity for program design and MEL that smaller organizations often face, the lack of climate expertise compounds these challenges, often resulting in weak impact monitoring around climate-related indicators, vague theories of change and impact pathways for climate-SRHR programs, and limited credibility with climate-focused stakeholders. For example, most MEL at this intersection rely on traditional SRHR metrics, missing dimensions like service continuity during climate-related extreme weather events.

Some organizations have been successfully using cross-sectoral collaboration to address these technical capacity gaps. For instance, when MSI Pakistan began incorporating climate-related work into their programs, they initially did not have any staff members who had been trained on climate change and how it interacted with SRHR. To address the capacity gap, MSI leveraged initial donor funding from the Australian Government's Australian NGO Co-operation Program (ANCP) to launch a program focused on strengthening SRHR resilience for women and girls in climate-affected areas. Rather than relying on costly formal training, MSI prioritized local knowledge sharing. Over time, MSI strategically hired staff with dual expertise in climate and SRHR, enabling the organization to develop its internal capacity in the climate-SRHR nexus through a gradual, context-responsive process.

*"Instead of getting them formally trained, we learn from the local partners. Local knowledge sharing is cost effective. It's time saving. It's efficient. It's already been piloted and tested in the local level, so we don't have to create something even from scratch or reinvent the wheel."*

**DR SYED KHURRAM AZMAT**
DIRECTOR TECHNICAL SERVICES &
DONOR PROGRAMMES
MARIE STOPES SOCIETY, PAKISTAN

Another example of success comes from the Institute for Global Health and Development (IGHD) at Aga Khan University in Pakistan, which demonstrates how collaboration can amplify research impact beyond internal capacity. IGHD strategically partners with global academic and research institutions at the climate-health intersection, while funders such as the Wellcome Trust provide not only financial backing but also technical collaboration. This has enabled large-scale initiatives like a  a cohort study of over 6,000 pregnant women across different ecological zones in Pakistan, designed to assess how extreme heat affects maternal health outcomes—including preterm birth, low birth weight, and pregnancy complications—and to investigate the underlying biophysiological pathways.

IGHD's cross-regional presence—in Pakistan, Afghanistan, Kyrgyzstan, Kenya, and Tanzania—strengthens knowledge sharing and resource exchange. Where advanced equipment is lacking locally, resource-sharing arrangements with international partners allow temporary access or remote use. This multi-layered partnership model has been central to scaling IGHD's work in climate resilience and women's health, bridging local realities with global expertise and bringing world-class interdisciplinary talent to solve inherently multidisciplinary crises.

**Additional opportunities to enhance the technical capacity of program partners include:**

- Fund a regional hub and technical assistance exchange that facilitates peer learning, south–south collaboration, and rapid access to cross-sector expertise, ensuring that smaller organizations can quickly access the tools and knowledge they need.
- Support the development of a Climate–SRHR Implementation Science Playbook that compiles best practices, case studies of proven interventions, and sample indicators to guide organizations in designing resilient, evidence-driven programs.
- Provide funding for dedicated "climate integration coaches" who offer grantees ongoing technical support and implementation know-how as they embed a climate-resiliency lens into their SRHR initiatives, bridging the gap between vision and execution.

# Traditional Notions of Monitoring, Learning, and Evaluation are Falling Short in a Changing Climate and are Stymying Replication and Scale

Traditional monitoring, evaluation, and learning (MEL) frameworks are ill-suited to capture resilience in the face of climate volatility. Implementing SRHR interventions in a changing climate means that environmental conditions evolve during the evaluation period, often unpredictably. Programs may face floods, droughts, or heatwaves that disrupt services in ways no logframe could anticipate. Under these conditions, static impact measures capture little about whether interventions are adaptable or resilient.

At the same time, many promising grassroots innovations remain stuck in the pilot phase because they lack the robust, context-sensitive evidence required to secure sustained funding and political buy-in. Without longitudinal studies or rigorous documentation of adaptation processes, even highly effective community-led models (e.g. integrating SRHR into flood preparedness, or training women as local climate data collectors) remain invisible in policy discussions and unattractive to mainstream funders. The result is a cycle where innovations are piloted repeatedly but fail to progress to replication or institutionalization, despite demonstrating real impact in their local contexts.

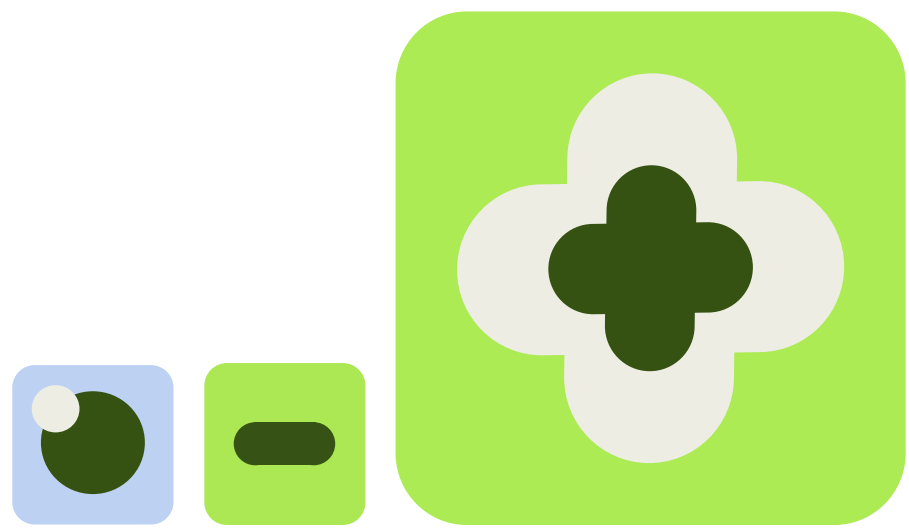
Instead, what is urgently needed is an evaluate approach rooted in implementation science that focuses on what works programmatically, what doesn't, and how programs adjust under stress. A critical missing piece is that while much attention is given to technical innovations (new tools, service delivery models, or digital platforms), far less emphasis is placed on the organizational and process innovations required to make those solutions effective. This underscores the need for MEL systems that not only measure what works, but also unpack why it works, under which conditions, and with which capacities in place in order for initiatives to be considered ready for replication and scale.

*"We did the assessment from our own corpus because there is limited funding available for action research and implementation. There needs to be a fund to do the research and build the evidence that - yes, this program works and it can be replicated in other countries or states. Whatever evidence building we are doing, we're doing from our own corpus — there should have been some funding which could have supported it."*

**BEAUTEY KUMARRI**
PROJECT LEAD
SWASTI HEALTH CATALYST, INDIA

**Opportunities to surface and support these on the ground learnings include:**

- Funding evaluations of complete or near-complete grassroots pilots to capture results, generate credibility, and provide the evidence base needed for broader replication and scaling.
- Supporting small-scale pilots with resources for testing, proof of concept, and evidence generation, while also providing a pathway for successful models to progress toward scale.
- Investing in MEL systems with regular review cycles that can adapt as conditions change, recognizing that implementation pathways will evolve and evaluation frameworks must remain flexible.
- Offering "learning grants" that tie funding to documenting pivots and adaptive strategies, re framing resilience and responsiveness as markers of program success.
- Backing partnerships that integrate grassroots data into formal systems (HMIS, DRR dashboards, etc.) so local evidence informs budgets and planning.
- Supporting the development of shared monitoring, evaluation, and learning tools will allow diverse actors at the climate–SRHR intersection to generate comparable data and aggregate their findings. A unified evidence base strengthens advocacy, helps track systemic progress, and builds the case for scaling community-driven solutions.
- Driving broader accountability by integrating climate-SRHR actions into existing accountability tracking dashboards for SRHR such as Family Planning 2030 (FP2030) and Partnership for Maternal, Newborn and Child Health (PMNCH).



# Disjointed Advocacy Efforts Slow Policy Change

Across South Asia, community-based and national organizations are making important policy inroads at the climate–SRHR intersection. Examples include integrating menstrual health into urban heat response plans to securing budget lines for SRHR in disaster preparedness frameworks. These wins are the product of years of trust-building, evidence generation, and persistence in policy spaces that have historically been siloed.

Despite this progress, advocacy remains fragmented. Many organizations are working in isolation, without coordinated platforms to align on joint demands or to share strategies across districts and countries. As a result, successful approaches are not consistently documented or replicated, and lessons learned in one context rarely inform action elsewhere. SRHR also remains largely absent from national adaptation planning processes, which makes it difficult for local partners to unlock public financing for climate-induced SRHR and women's health needs. This is in part because SRHR and gender advocates often lack the sustained resources required to participate in climate adaptation policy forums, thereby limiting their ability to influence agendas at both the national and global levels. The absence of cross-border convening spaces further weakens collective power and reduces the visibility of marginalized voices in decision-making.

**Opportunities to strengthen advocacy and policy influence include:**

- Funding regional movement-building coalitions (e.g., ARROW, Share-Net, SRHR & Climate Justice Coalition) to embed SRHR into National Adaptation Plans (NAPs), Health National Adaptation Plans (HNAPs) disaster management frameworks, and national climate financing proposals.
- Supporting cross-border and cross-district exchanges to replicate successful advocacy strategies and amplify impact across the region.
- Providing consistent funding for grassroots SRHR and gender advocates to participate in climate adaptation forums at national, regional, and global levels, including dedicated travel grants for global convenings like COP. Included this would be pre-conference trainings to ensure regional groups have coordinated messaging and aims.



*"We have started realising that while the grassroots led work is really, really important, what we learn from that work also needs to reach national and global advocacy spaces. So much that happens at global levels dictates what happens at local government levels. So, I think donors and funders also need to really value the grassroots wisdom, the grassroots practices that are there in terms of climate resilience, in terms of disaster management, but also find ways to support so that that knowledge can reach advocacy spaces. So, not only funding active grassroots work, but invest in advocacy, in ensuring that these voices reach those spaces."*

**AYESHA AMIN**
FOUNDER & CEO
BAITHAK CHALLENGING - TABOOS, PAKISTAN

# Last Mile Gaps in SRHR Delivery Persist for Remote Populations

In South Asia's climate-vulnerable regions, the greatest gaps in sexual and reproductive health and rights (SRHR) lie at the last mile. Rural and remote communities who are often the hardest hit by extreme heat, floods, and displacement are routinely cut off from contraception, safe childbirth services, menstrual health supplies, and GBV protection when physical infrastructure collapses.

Yet, examples across the region illustrate what is possible for last mile service delivery. For example, the rural state of Meghalaya in northeast India has long struggled providing affordable, quality healthcare to its many remote areas; especially during its long rainy season. In 2021 the Government of Meghalaya with World Bank support launched a drone delivery service that delivers essential medications and supplies which is expected to benefit more than 3 million people across the state - with an explicit priority around meeting women's health needs.[103] In Pakistan, MSS is piloting mobile gynecological consultations and digital SRHR outreach in flood-affected zones, while youth-led organizations in Sri Lanka are using mobile storytelling platforms and WhatsApp helplines to maintain contact with isolated communities. These innovations allow for rapid deployment and continuity of care during emergencies that spread the reach of critical SRHR services to populations otherwise left behind due to geography, gender norms, or infrastructure collapse.

**Additional opportunities to close last mile service delivery gaps include:**

- Scaling innovative delivery models such as digital health platforms, mobile clinics, remote diagnostics, drone delivery, and mobile messaging systems to extend SRHR services during climate shocks.
- Strengthening system preparedness by investing in early warning systems, climate-readiness standards for rural health centers, and pre-positioning of SRHR supplies in disaster-prone regions.
- Integrating the full spectrum of women's health needs into remote access solutions so continuity of care goes beyond single-issue interventions.
- Leveraging local pilots for scale, such as drone-enabled medicine delivery in Meghalaya (India), mobile gynecological services in Pakistan, and digital SRHR outreach in Sri Lanka, adapting successful models across geographies.



**103.** *World Bank Group. (2023). Drones deliver medicines to distant health centers in rural Meghalaya. World Bank.* https://www.worldbank.org/en/news/feature/2023/07/18/drones-deliver-medicines-to-distant-health-centers-in-rural-meghalaya

# Conclusion

The findings from this landscape assessment make clear that South Asia stands at a pivotal moment where accelerating climate risks threaten to erode hard-won gains in women's health and rights. Across the region, floods, droughts, and heatwaves are disrupting the systems that sustain sexual and reproductive health, from supply chains to service delivery to the safety of health workers themselves. Yet amid these risks, there is also remarkable innovation and leadership—particularly from community-based and locally-led organizations that are adapting their work to safeguard women's health and autonomy under changing conditions.

This assessment reveals a rapidly evolving but uneven field. Most organizations engaging in the climate–SRHR nexus are not traditional climate actors; they are health, rights, and gender equality organizations that have been forced to adapt their programs in response to environmental realities. Their creativity and local credibility have driven important policy and service delivery gains, from integrating SRHR into disaster management frameworks to advancing menstrual health in urban heat response plans. However, progress remains fragmented. Funding is inconsistent and often indirect. Historically used monitoring systems are not set up to capture what is working and why to sustain SRHR under various climate threats. Lastly, the full range of SRHR services, particularly contraception, remains under-integrated within climate-resilient delivery models.

There is a notable opportunity to move from scattered one-off pilots to sustained, system-wide, coordinated change. This will require donors to fund with precision and patience: targeting specific climate hazards, generating evidence on their SRHR impacts, and investing in adaptable, community-led service delivery. It means embedding SRHR within national climate and health policy frameworks, supporting coalitions that amplify regional advocacy, and rethinking monitoring and evaluation to value learning as much as outcomes. Above all, it calls for a financing ecosystem that empowers local actors: the women, health workers, and grassroots organizations who are already innovating daily in the face of crisis. With strategic investment, shared learning, and coordinated action, the region can transform vulnerability into leadership, creating a model for how women's health and rights can be protected and strengthened in the era of climate change.

# Appendices

## Appendix 1: Country-Level Background and Climate-SRHR Policy Analysis

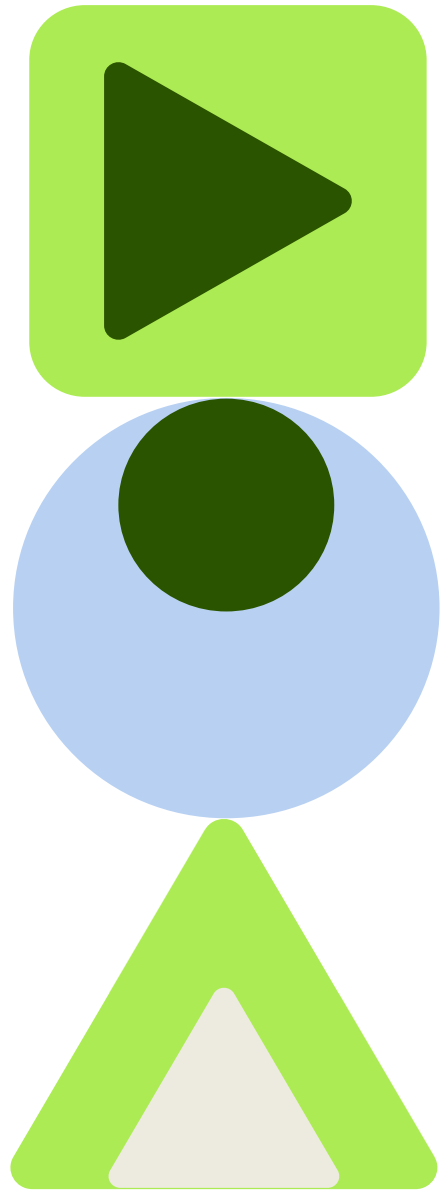
- Afghanistan
- Bangladesh
- Bhutan
- India
- Maldives
- Nepal
- Pakistan
- Sri Lanka

## Appendix 2: List of Identified Organizations Implementing Innovations

## Appendix 3: List of Key Informants Interviewed

## Appendix 4: List of all Organizations that Responded to the Survey

## Appendix 5: Survey Tool



## Afghanistan

### The State of SRHR

Afghanistan globally ranks in the top 30 for climate risk, gender inequality, and total fertility rates. The state of SRHR in Afghanistan has sharply deteriorated since 2021, following the Taliban's return to power, resulting in unprecedented restrictions on women's rights, severely limiting access to education, employment, and healthcare.[104] Women and girls face systematic barriers to SRHR services, including bans on travelling without a male guardian, exclusion from secondary and higher education, and the dismantling of protection mechanisms for gender-based violence survivors.[105]

Afghanistan remains one of the most dangerous places in the world to give birth, with maternal mortality rates among the highest globally. Recent estimates indicate that one woman dies every two hours from pregnancy or childbirth-related causes, most of which are preventable with skilled care.[106] The risk is heightened for the women giving birth each month in remote regions, where health facilities are scarce and safe delivery options are limited.[107] Funding shortfalls and the abrupt cessation of international aid have led to the closure of many clinics, reducing access to skilled birth attendants and lifesaving interventions.[108] In the absence of critical investments, projections warn that the maternal mortality ratio could rise by 50%, reaching up to 963 deaths per 100,000 live births in 2025.[109]

Access to contraception, antenatal care, and postnatal services has also diminished. Legal and policy barriers, coupled with the Taliban's edicts, have severely restricted the availability of family planning and SRHR education.[110] Humanitarian organisations, including UNFPA and WHO, continue to operate mobile health teams and community-based facilities, but insecurity, funding gaps, and Taliban-imposed restrictions limit their reach.[111] The cumulative effect is a profound SRHR crisis, with Afghan women and girls facing mounting risks to their health, autonomy, and dignity.

**104.** *Ashna, M. (2024). Violations of Health Rights Under Taliban Rule: Impacts on Afghan Women's Physical and Mental Health . Interdisciplinary Association for Population Health Science.* https://iaphs.org/violations-of-health-rights-under-taliban-rule-impacts-on-afghan-womens-physical-and-mental-health/

**105.** *Hassan, T. (2024, December 19). World Report 2025: Rights Trends in Afghanistan. Human Rights Watch.* https://www.hrw.org/world-report/2025/country-chapters/afghanistan

**106.** *Jazeera, A. (2023, December 27). 'Dying every two hours': Afghan women risk life to give birth. Al Jazeera.* https://www.aljazeera.com/gallery/2023/12/27/photos-dying-every-two-hours-afghan-women-risk-life-to-give-birt

**107.** *Maruf, F., Tappis, H., Augustin, R., van den Akker, T., & Tam, Y. (2025). Potential Impact of Maternal and Newborn Health Improvements in Afghanistan: Projection of Mortality to 2030. Maternal and Child Health Journal.* https://doi.org/10.1007/s10995-025-04108-4

**108.** *Farge, E. (2025, February 4). UN warns maternal deaths in Afghanistan may rise after US funding pause. Reuters.* https://www.reuters.com/world/asia-pacific/un-warns-maternal-deaths-afghanistan-may-rise-after-us-funding-pause-2025-02-04/

**109.** *INTERSOS. (2022, May 4). Afghanistan has one of the highest maternal mortality rates. Health crisis is worsening.* http://intersos.org/en/afghanistan-has-one-of-the-highest-maternal-mortality-rates-health-crisis-is-worsening/

**110.** *Endler, M., Hassan, L., Gemzell-Danielsson, K., Babak, S., & Sohail, R. (2023). "I hope to all the world they don't forget women of Afghanistan": An interrupted survey among doctors in Afghanistan. International Journal of Gynecology & Obstetrics, 163(2), 402–408.* https://doi.org/10.1002/ijgo.14979

**111.** *World Health Organization. (2025). WHO and partners provide lifesaving support for mothers and newborns in Bamyan Province, Afghanistan. Regional Office for the Eastern Mediterranean.* https://www.emro.who.int/afg/afghanistan-news/who-and-partners-provide-lifesaving-support-for-mothers-and-newborns-in-bamyan-province-afghanistan.html

# Afghanistan

## The Impact of Climate Change

Afghanistan stands among the countries most vulnerable to the impacts of climate change, despite contributing minimally to global greenhouse gas emissions. They are ranked 12th most vulnerable out of more than 180 countries in the Notre Dame Global Adaptation Initiative (ND-GAIN) Country Index.[112] And recent data shows that over 11 million people in Afghanistan are considered at high risk from severe climate impacts according to community-level risk analysis.[113] Since 1950, the nation's average temperature has risen by 1.8°C, surpassing the global average increase and accelerating the frequency and severity of natural disasters such as droughts, floods, and landslides.[114] These climatic shifts have compounded Afghanistan's persistent humanitarian and economic crises, which are already exacerbated by decades of conflict, political instability, and chronic underdevelopment.

The agricultural sector, which supports approximately 80% of the Afghan population, has been hit hardest.[115] Recurrent and prolonged droughts—Afghanistan's worst in four decades—have devastated crop yields and livestock, threatening food security for millions.[116] In 2023, Afghanistan entered its third consecutive year of drought-like conditions, with 60% of the population reliant on rainfed agriculture facing acute risks due to shifting precipitation patterns and declining water availability.[117] Desertification now affects over 75% of the land in the northern, western, and southern regions, further degrading soil and reducing agricultural productivity.[118]

Water scarcity has become a pressing concern, with glacier retreat and reduced snowpack in the central highlands diminishing river flows and groundwater recharge. These changes have led to chronic shortages of safe drinking water, with 80% of Afghans lacking reliable access.[119] The resulting stress on natural resources has triggered widespread displacement, as families are forced to migrate in search of survival. In 2023 alone, nearly 9 million people were affected by climate hazards, with over half a million displaced by floods and droughts.[120]

The social consequences are profound: food insecurity, poverty, and migration are rising, while competition for dwindling resources threatens to exacerbate local conflicts.[121] Vulnerable groups, particularly women and children, are disproportionately affected, facing heightened risks from both environmental and socio-economic stressors. Despite the urgent need for adaptation and resilience-building, Afghanistan's access to international climate finance remains limited due to its political isolation and ongoing instability, leaving its population increasingly exposed to the intensifying impacts of climate change.[122]



**112.** *CRC. (2025). Afghanistan | ND-GAIN Index. Gain-New.crc.nd.edu.* https://gain-new.crc.nd.edu/country/afghanistan

**113.** *AAN. (2025). Afghanistan Climate Vulnerability Assessment. Afghanistan Analysts Network.* https://www.afghanistan-analysts.org/en/recommended-reading/afghanistan-climate-vulnerability-assessment/

**114.** *Rodriques, S. (2023, November 28). Afghanistan is on the brink of climate catastrophe, we must act now. UNDP.* https://www.undp.org/afghanistan/blog/afghanistan-brink-climate-catastrophe-we-must-act-now

**115.** *FAO. (2011). More than 80 percent of the Afghan population relies on agriculture for their livelihoods.* https://www.fao.org/fileadmin/user_upload/emergencies/docs/CAP2011_Afghanistan.pdf

**116.** *OCHA. (2023, August 1). Afghanistan: The alarming effects of climate change .* https://www.unocha.org/news/afghanistan-alarming-effects-climate-change

**117.** *UNOCHA. (2025, January 9). Afghanistan: Humanitarian Update, November 2024.* https://www.unocha.org/publications/report/afghanistan/afghanistan-humanitarian-update-november-2024

**118.** *FAOUN. (2021). Combating land degradation and biodiversity loss by promoting sustainable rangeland management and biodiversity conservation in Afghanistan.* https://openknowledge.fao.org/server/api/core/bitstreams/699891ef-b05f-4f6a-bfa1-39718f73392f/content

**119.** *Rodriques, S. (2023, November 28). Afghanistan is on the brink of climate catastrophe, we must act now. UNDP.* https://www.undp.org/afghanistan/blog/afghanistan-brink-climate-catastrophe-we-must-act-now

**120.** *BR-Recorder. (2025). Over 500,000 Afghans displaced due to climate disasters in 2024: IOM. Business Recorder.* https://www.brecorder.com/news/40350477/over-500000-afghans-displaced-due-to-climate-disasters-in-2024-iom

**121.** *Relief Web. (2023, February 28). Climate, Peace and Security Fact Sheet: Afghanistan, February 2023 - Afghanistan.* https://reliefweb.int/report/afghanistan/climate-peace-and-security-fact-sheet-afghanistan-february-2023

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# Afghanistan

## The Status of Climate-SRHR Policy

In recent years, Afghanistan's policy landscape regarding SRHR and maternal and child health has faced significant challenges, particularly following the Taliban takeover in August 2021. For example, a 2023 evaluation of SRHR programming in Afghanistan, particularly regarding removing policy barriers for women and girls to exercise their rights, found that while SRHR may be referenced, there is little substantive policy content or actionable framework supporting these rights in official documents.[123] However, there is some evidence of programmatic work, such as the maternal and child health home-based handbook, which compiles essential health information for pregnant women and new mothers.[124]

Afghanistan was in the process of finalizing their NAP in 2021, before it stalled upon the Taliban's return to power.[125] Afghanistan's NDCs focus primarily on community resilience, agriculture, water, and livelihoods, with no evidence of dedicated investment or policy commitments linking climate action to SRHR.[126] Humanitarian and development programs by international actors may address SRHR and basic health needs, but these are not embedded in or driven by national climate policy commitments.[127] Gender disparities are more commonly acknowledged in Afghanistan's climate discourse, though still not always in formal policy. For example, recent assessments and reports (such as the 2024 Norwegian Afghanistan Committee report) emphasise that climate change is worsening existing gender inequalities and call for gender-sensitive approaches in adaptation strategies.[128]

**123.** *Sweden, F., & Copenhagen, T. (2023). Evaluation of MSI Reproductive Choices Afghanistan, with a focus on the project funded by Sweden Final Report.* https://cdn.sida.se/app/uploads/2023/07/11105643/DE2023_12_62646en.pdf

**124.** *World Health Organization . (2021). Promoting maternal and child health care in Afghanistan. Regional Office for the Eastern Mediterranean.* https://www.emro.who.int/afg/afghanistan-news/promoting-maternal-a-child-health-care-in-afghanistan-2.html

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**126.** *Kabul Now. (2025, March 16). Global Environment Facility Approves $10 Million to Combat Climate Change in Afghanistan.* https://kabulnow.com/2025/03/global-environment-facility-approves-10-million-to-combat-climate-change-in-afghanistan/

**127.** *UN Women. (2024). AFGHANISTAN GENDER COUNTRY PROFILE 2024.* https://www.unwomen.org/sites/default/files/2024-06/Gender-country-profile-Afghanistan-en.pdf

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## Bangladesh

### The State of SRHR

Bangladesh has made significant strides in advancing SRHR over the past two decades, with a remarkable reduction in maternal mortality from 406 in 1985 to 115 deaths per 100,000 live births by 2023.[129] This progress reflects sustained investments in health systems, improved access to essential services, and expanded outreach, particularly in urban and peri-urban areas. However, persistent inequities remain, especially among women in remote, rural, and low-income communities, where access to life-saving care during pregnancy and childbirth is still limited.[130] The government's National Strategy for Maternal Health (2019–2030) and ongoing partnerships with humanitarian organisations have focused on strengthening health infrastructure, training providers, and scaling up family planning and postnatal care, aiming to reduce preventable maternal and neonatal deaths further.[131]

Despite these gains, challenges endure. Social and cultural taboos around SRHR, particularly in rural areas and among adolescents, hinder comprehensive sexuality education and awareness.[132] Young women, especially those in urban slums and marginalized communities, continue to face barriers to accessing contraception, safe abortion, and quality reproductive health services, with knowledge gaps and stigma impeding service uptake.[133] The influx of Rohingya refugees has placed additional strain on health systems, necessitating targeted interventions to address heightened risks of maternal morbidity, gender-based violence, and unmet contraceptive needs in humanitarian settings.[134] While digital platforms and community-based initiatives are improving awareness and service delivery, sustained investment, policy reform, and multisectoral collaboration are essential to ensure equitable SRHR for all Bangladeshis, particularly the most vulnerable.[135]



**129.** *CEIC Data. (2025). Bangladesh BD: Maternal Mortality Ratio: Modeled Estimate: per 100,000 Live Births.* https://www.ceicdata.com/en/bangladesh/social-health-statistics/bd-maternal-mortality-ratio-modeled-estimate-per-100000-live-births

**130.** *The Daily Star. (2025, April 8). Maternal health at risk amid threats of funding cuts.* https://www.thedailystar.net/health/news/maternal-health-risk-amid-threats-funding-cuts-3866521

**131.** *Directorate General of Health Services (DGHS), & Directorate General of Family Planning (DGFP). (2019). Government of the People's Republic of Bangladesh Ministry of Health and Family Welfare.* https://dghs.portal.gov.bd/sites/default/files/files/dghs.portal.gov.bd/page/b854defc_b4ca_4a77_b6de_1f8cfcc281c2/2025-04-10-10-53-bad53858a0ac0faccce06c86d7a65f77.pdf

**132.** *Bin-Habib, S., Eshna, R. H., & Hosen, I. (2024). Promoting Sexual and Reproductive Health Rights (SRHR) to the Adolescents in Bangladesh: Policy Prospects and Challenges. Cognizance Journal of Multidisciplinary Studies, 4(10), 76–106.* https://doi.org/10.47760/cognizance.2024.v04i10.006

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# Bangladesh

## The Impact of Climate Change

Bangladesh is considered the 18th most vulnerable country to climate change in the Notre Dame Global Adaptation Initiative (ND-GAIN) Country Index. and the period from 2024 to 2025 has starkly underscored this reality.[136] Nearly 80% of Bangladesh's land is classified as floodplain, and therefore, almost 80% of the population lives exposed to recurring, often severe, flooding.[137] Additionally around 70 million people—close to half the country[138]—live in flood-prone areas, such as within two kilometers of the country's rivers and deltaic zones In these two years, the nation endured a sequence of severe climate-related disasters, including the landfall of Cyclone Remal in May 2024[139], catastrophic flash floods in the Haor region, extensive riverine floods in the Jamuna Basin, and unprecedented flooding across the eastern districts. These events collectively affected nearly 18 million people[140]—approximately 45% of the population—disrupting livelihoods, damaging infrastructure, and exacerbating food and water insecurity.[141]

The frequency and intensity of extreme weather events have increased, with cyclones and floods causing widespread displacement and loss of life. September 2024 saw some of the worst flooding in Bangladesh's history, submerging vast tracts of agricultural land, destroying homes, and forcing mass internal migration. The coastal zones, particularly near the Bay of Bengal, have been hit hardest by rising sea levels and storm surges that continue to erode land and salinise freshwater resources.[142] This salinisation has reduced crop yields, threatened fisheries, and undermined food security for millions, while also increasing the prevalence of waterborne diseases and exacerbating maternal and neonatal health risks due to drinking water salinity.[143]

Heatwaves are becoming more frequent and severe, exposing outdoor workers to dangerous conditions and reducing productivity. The number of days with a heat index above 35°C has risen sharply, especially in southern and central regions, posing additional risks to public health and critical infrastructure.[144] Children are among the most affected, with climate-induced hazards disrupting education and increasing vulnerability to malnutrition and disease.[145] In response to these challenges, Bangladesh has accelerated its climate adaptation and resilience efforts.The government's Delta Plan and National Adaptation Plan guide disaster risk reduction, sustainable resource management, and climate-resilient infrastructure development.[146] In 2025, new initiatives were launched to mainstream climate adaptation into development planning, including a $20.7 million project supported by the UNDP and a $400 million loan from the Asian Development Bank to enhance resilience and cut emissions in critical sectors.[147,148] However, the intensifying cost of climate change (according to the World Bank, Bangladesh incurs annual economic costs from climate change impacts and natural disasters estimated between $1 billion annually.[149] Tropical cyclones alone cause about $1 billion in losses annually) is proving extremely difficult to keep up with.[150]

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# Bangladesh

## The Status of Climate-SRHR Policy

The Bangladesh National Strategy for Maternal Health 2019–2030 is a cornerstone policy providing an in-depth, evidence-based framework for improving maternal and newborn health nationwide.[151] The strategy is dynamic, with periodic reviews and updates, and is designed to address both the health system and broader social determinants such as urbanisation, women's education, and economic changes. SRHR is given substantive attention in both standalone and cross-sectoral policy documents, including the National Human Rights Strategic Plan (2024–2029), which explicitly addresses barriers to HIV services, including stigma, discrimination, and gender-based violence, with actionable steps for legal reform, public education, provider training, and community mobilization.[152]

An analysis of the country's National Adaptation Plan (2023–2050) shows that it identifies gender responsiveness as a guiding principle, emphasising the inclusion of gender considerations throughout its development and implementation processes, and it outlines strategies to build resilience.[153] The NAP emphasises inclusivity, referencing women, gender-diverse people, youth, and other disadvantaged groups in its adaptation processes. The NAP also acknowledges that climate-induced disasters exacerbate SRHR challenges, such as limited access to lifesaving services, increased gender-based violence, and higher rates of child marriage. While the plan is gender-responsive and acknowledges the need for inclusive health systems, it does not propose direct, costed interventions or programs specifically targeting SRHR within its climate adaptation strategies. As of the latest cycle (2023), Bangladesh's NDC does not actively prioritise or budget for SRHR within its climate adaptation or mitigation targets.[154] The HNAP recognises the need to strengthen health system resilience, including the capacity to address climate-related health risks for women and vulnerable groups.[155] Explicit, detailed, and costed SRHR interventions are not included and SRHR is subsumed under broader health system resilience, rather than being a central, named pillar.

Bangladesh has been proactive in integrating gender into its climate policies. For example, Bangladesh's Climate Change Strategy and Action Plan explicitly address women's health vulnerabilities and Bangladesh's major climate policy frameworks (including the Bangladesh Climate Change Strategy and Action Plan, Mujib Climate Prosperity Plan, and National Plan for Disaster Management) all recognize gender as a cross-cutting issue and have begun integrating gender-responsive approaches.[156] Additionally, the Climate Change and Gender Action Plan (ccGAP) outlines strategic actions to address the specific needs of women and marginalised groups in the context of climate change.[157] However, practical integration into cross-sectoral adaptation strategies is still a gap in Bangladesh, and implementation remains uneven.[158] Overall, the integration of SRHR into climate adaptation policy is still underdeveloped, with recommendations lacking detailed implementation plans.[159]

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# Bhutan

## The State of SRHR

Bhutan has made notable progress in advancing sexual and reproductive health and rights (SRHR) over the past few years, achieving maternal mortality rates among the lowest in South Asia.[160] The maternal mortality ratio declined to 53 deaths per 100,000 live births in 2023, reflecting a sustained commitment to improving maternal health and nearing the global Sustainable Development Goal (SDG) target of 70.[161] The government's health system provides a comprehensive range of family planning methods, including injectables, oral pills, condoms, intrauterine devices, and sterilisation, all offered free of charge at public facilities.[162] Contraceptive prevalence has grown steadily, although unmet need for family planning persists, particularly among adolescents and women in remote, hard-to-reach regions, where rugged terrain and limited resources challenge service delivery.[163]

Efforts to strengthen SRHR have included the integration of comprehensive sexuality education in schools and monastic institutions, with support from international partners to address sensitive topics and empower youth.[164] However, gaps remain in the integration of SRHR with HIV/STI services and the monitoring of reproductive, maternal, newborn, child, and adolescent health data.[165] Despite progressive legislation, Bhutan faces ongoing challenges in ensuring equitable access to SRHR services for marginalised populations due to human resource shortages, facility constraints, and budget limitations.[166]

## The Impact of Climate Change

Bhutan has seen the impacts of climate change intensify markedly since 2023, with cascading effects on its environment, economy, and society.[167] The nation's unique geography—characterised by steep mountains, glacial lakes, and river valleys—renders it especially vulnerable to climate-induced hazards.[168] Recent years have witnessed accelerated glacier retreat, with glaciers receding at rates of 30–60 meters per decade, fueling the formation and expansion of glacial lakes.[169] This has sharply increased the risk of Glacial Lake Outburst Floods (GLOFs), which threaten downstream communities, hydropower infrastructure, and agricultural land.[170] Hydropower—Bhutan's economic mainstay—faces mounting risks from both reduced water availability in dry seasons and infrastructure damage from floods and landslides.[171]

Extreme weather events have become more frequent and severe. Between July and August 2024, Bhutan experienced a series of flash floods, landslides, and intense monsoon rains, resulting in the displacement of hundreds of residents and the destruction of homes and farmland.[172] Notably, the 2024 monsoon brought rainfall slightly below average, but localised downpours triggered damaging floods in Thimphu, Bumthang, and Paro.[173] These events highlight the increasing unpredictability of Bhutan's climate, with erratic rainfall patterns and temperature anomalies becoming the norm. Agriculture, which employs nearly half the workforce, has been hit hard by climate variability. Studies in 2024 show declining yields of staple crops like paddy and maize, particularly in districts exposed to droughts, flash floods, and hailstorms.[174] The combination of extreme weather, invasive vegetation, and shifting precipitation patterns has reduced pasture productivity and food security in rural areas.[175]

The social impacts of climate change are uneven. Vulnerable groups, such as women-headed households in regions like Bumthang, face disproportionate hardship due to limited resources and economic immobility.[176] Climate-induced hazards have driven internal displacement and heightened the need for robust disaster response systems.
In response, Bhutan has accelerated adaptation efforts, mainstreaming climate resilience into national planning and investing in early warning systems, water management, and climate-smart agriculture.[177]


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# Bhutan

## The Status of Climate-SRHR Policy

Bhutan's policy documents explicitly mention MCH and SRHR, addressing these with considerable substance and depth. The National Health Policy (2025) explicitly mandates providing comprehensive quality maternal and child health care services, including family planning and institutional delivery.[178] Also, it details regulatory frameworks, quality assurance, and the roles of health professionals, showing a systemic approach to maternal and child health. Bhutan has launched broad initiatives like the Comprehensive Mother and Child Health Programme and the Bhutan Every Newborn Action Plan (BENAP) 2025–2029 that go beyond clinical care to address social determinants.[179,180] SRHR is framed as a human right and a core component of sustainable development and gender equality, and the National Family Planning Standard document defines reproductive health broadly, aligning national practices with international standards.[181,182] There is substantial government investment and international partnership in SRHR and maternal health, including specific budget allocations, technical support, and monitoring mechanisms to ensure effective implementation and accountability.[183]

Bhutan's first NAP, prepared in line with its Climate Change Policy 2020, is designed to protect people's health, lives, and livelihoods by building adaptive capacity and enhancing resilience.[184] The NAP emphasises the special needs of vulnerable groups. It aims to integrate adaptation actions into all levels of development planning, and the health chapter addresses climate-sensitive health risks, including vector- and water-borne diseases, mental health, and impacts on health infrastructure. It recognises that women and children are disproportionately affected by climate change, especially in terms of health and access to services. However, the NAP does not use the term SRHR explicitly or detail sexual and reproductive health services as a standalone adaptation priority. It does highlight the vulnerability of pregnant women and children to climate-induced health risks, such as malnutrition, disease outbreaks, and disasters; calls for strengthening maternal and child health services as part of climate-resilient health systems; and emphases continued access to essential health services, including for reproductive, maternal, newborn, and child health, during climate-related disasters and disruptions.

Bhutan's NDC recognises the disproportionate impacts of climate change on women and vulnerable groups, referencing the need for gender-responsive adaptation and the enhancement of women's welfare and environmental health.[185] It also aligns with the Climate Change Policy 2020, which calls for gender mainstreaming in climate action. As with the NAP, explicit integration of SRHR does not appear, with commitments framed broadly under health, gender, and vulnerable groups. That said, there is ongoing investment in technical capacity, coordination, and monitoring systems to ensure that adaptation planning addresses the needs of women, girls, and marginalised populations.[186]



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# India

## The State of SRHR

India's landscape for SRHR reflects both significant progress and persistent challenges. The country has achieved a notable reduction in its maternal mortality ratio (MMR), declining from 362 in 2000 to 80 per 100,000 live births in 2023.[187] Yet, it still recorded the second-highest number of maternal deaths globally last year, with 19,000 women dying from pregnancy-related causes—an average of 52 deaths every day.[188] This underscores ongoing gaps in access to quality maternal healthcare, especially in rural and marginalised communities.

Efforts to expand family planning services have yielded improvements, with modern contraceptive use rising to 56.5% in 2019–21 and unmet need for family planning dropping to 9.4%.[189] The government's Mission Parivar Vikas and the introduction of new contraceptive methods have increased access, but disparities remain, particularly among adolescents, the poorest households, and in certain high-fertility states.[190] The burden of family planning continues to fall disproportionately on women, with low male participation and persistent provider bias. Comprehensive Sexuality Education (CSE) is gaining traction through pilot initiatives and policy advocacy, but widespread implementation faces cultural resistance and inconsistent delivery. Projects like "Project X" have demonstrated that well-designed CSE can dramatically improve knowledge, attitudes, and reporting of abuse among adolescents, but scaling such programs remains a challenge.[191,192]

While India's policy framework recognises SRHR as a fundamental human right and aligns with the Sustainable Development Goals, achieving equitable access requires overcoming entrenched social norms, expanding adolescent-friendly services, and investing in health systems to reach the most vulnerable populations.[193]

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# India

## The Impact of Climate Change

In 2024, India experienced extreme weather on 322 out of 366 days—nearly 88% of the year—surpassing previous records and highlighting a worsening trend.[194,195] These events included heatwaves, floods, cyclones, and erratic monsoon patterns, resulting in severe human and economic losses. Over 3,200 deaths were attributed to extreme weather in 2024, with lightning, floods, and heat waves being the leading causes.[196] In addition, nearly 2 million hectares of crops were ruined, and more than 80,000 homes were destroyed, underlining the vulnerability of both rural and urban populations.[197]

The summer of 2025 was marked by early onset and record-breaking temperatures, with frequent and prolonged heatwaves affecting large swathes of the country.[198] About 76% of India's population now lives in districts classified as high or very high risk from extreme heat, straining public health, agriculture, and infrastructure.[199] The electricity demand surged by 15% in May 2024, reaching an all-time high, as households and industries struggled to cope with rising temperatures.[200] This surge in energy demand has exposed gaps in infrastructure and increased reliance on coal, despite ongoing efforts to expand renewable energy capacity.[201] Monsoon variability remains a critical concern. While the 2024 monsoon brought more rain than the previous year, it did little to offset the impacts of earlier droughts and erratic rainfall, which left nearly a quarter of the country affected by drought between September 2023 and August 2024.[202] The unpredictability of rainfall has led to both devastating floods and water shortages, threatening food security and rural livelihoods.

India's adaptation response has gained urgency, with the government developing a comprehensive National Adaptation Plan that priorites climate-resilient agriculture, urban water management, and green infrastructure.[203] However, a lack of international climate finance and the scale of adaptation required remain significant challenges.[204]

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# India

## The Status of Climate-SRHR Policy

India's national policy documents on SRHR and MCH contain substantial commitments, frameworks, and actionable programs, though some gaps remain in implementation and rights-based approaches. India's National Health Policy 2017 (currently in operation) explicitly prioritises the availability of free, comprehensive primary health care services for all aspects of reproductive, maternal, child, and adolescent health.[205,206] The Government of India has adopted the Reproductive, Maternal, New-born, Child and Adolescent Health (RMNCH+A) framework, which addresses major causes of mortality and morbidity among women and children. India's policy documents recognise SRHR as a human right and include commitments to improve access to abortion and contraceptive services.[207] Despite comprehensive frameworks, there are documented gaps in the realisation of SRHR, particularly for marginalised groups.[208] National laws and policies leave much room for action, and there have been violations of autonomy and reproductive rights, especially among women from marginalised communities.

India has committed to integrating climate resilience into its policies through various programs and strategies, such as the National Action Plan on Climate Change (NAPCC).[209] This recognises that climate change disproportionately affects vulnerable groups, including women, children, and the elderly, especially regarding health and food security. It notes that women are particularly vulnerable due to existing social inequities and household responsibilities, and acknowledges the risk of increased malnutrition and health impacts. However, the plan's references to health are general, focusing on climate-sensitive diseases, vector-borne illnesses, and the need for strengthened health systems and surveillance. The NAPCC does not explicitly name or address SRHR, although it references gender and the vulnerability of certain groups to climate change, which can be tangentially related to SRHR. Additionally, maternal health is not explicitly mentioned.

At a state level, a few Indian states are emerging as leaders in incorporating gender into their State Action Plans on Climate Change (SAPCCs), a potential entry point for SRHR; however, explicit mention of SRHR cannot be found. Kerala stands out for its climate resilience strategies involving community participation and decentralised governance through local panchayats. Kerala's approach to gender and health in climate policy is among the country's most advanced.[210] Odisha has mainstreamed gender in its climate policies, particularly in agriculture and allied sectors, and the State's fisheries and agricultural policies emphasise women's participation, education, vocational training, and social benefits—all of which are important for SRHR outcomes.[211] Gujarat has also been identified as a State that recognises the importance of gender mainstreaming in climate adaptation, though explicit SRHR integration is still lacking.

India's National Action Plan on Climate Change and Human Health (NAPCCHH), and its updated NDC to the UNFCCC, recognise the health impacts of climate change and prioritise vulnerable groups such as women and children.[212,213] However, they stop short of making explicit, comprehensive policy commitments to the intersection of climate change and SRHR. The NAPCCHH and related HNAPs do not include specific, costed interventions for SRHR or address rights-based or gender-transformative approaches to health adaptation. In broader climate policies, climate finance, adaptation, and health strategies do recognise health and gender vulnerabilities, but SRHR is not named as a priority sector or investment focus. For example, India's Draft Climate Finance Taxonomy (2024–25) prioritises clean energy, energy efficiency, transport, agriculture, disaster risk management, and health infrastructure.[214] While "health" is included as a vulnerable sector, there is no explicit mention or classification of SRHR or related services (contraception, safe abortion, GBV prevention, comprehensive sexuality education) as eligible for climate finance or adaptation investment.

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# Maldives

## The State of SRHR

The Maldives has made considerable progress in sexual and reproductive health and rights (SRHR) over the past decades, achieving one of the lowest maternal mortality rates in South Asia, with the figure declining to 32 deaths per 100,000 live births in 2023.[215] This improvement is attributed to expanded access to maternal health services and sustained investments in the health sector. However, significant gaps remain, particularly in family planning and contraceptive access. More than 30% of women who wish to avoid pregnancy still lack access to contraceptives, with the highest unmet need among youth and marginalised groups.[216] Alarmingly, 1 in 10 pregnancies are unplanned each day, underscoring persistent barriers despite decades of family planning programs.[217]

While a range of modern contraceptive methods is available through public and private sectors, emergency contraception remains limited, and sociocultural factors continue to restrict access for unmarried individuals.[218] Comprehensive sexuality education is not systematically provided in schools; instead, life-skills-based HIV education is offered, and efforts to integrate broader sexuality education face resistance due to cultural and religious sensitivities.[219] While legal protections exist, harmful practices such as female genital mutilation (FGM) persist in some communities, and there is no specific law banning FGM.[220] Environmental factors, including climate change and rapid urbanisation, also pose emerging risks to maternal and reproductive health, contributing to complications such as stillbirth and premature births.[221] Despite these challenges, the Maldives continues to prioritise SRHR in its national health strategies, aiming to reduce maternal and neonatal mortality further, expand adolescent-friendly services, and address health inequities.[222]

## The Impact of Climate Change

The Maldives, a nation of over 1,190 low-lying islands, faces escalating threats from climate change, with approximately 80% of the country's land area sitting less than one meter above sea level, making it one of the world's most at-risk countries for sea-level rise and extreme weather events.[223] Recent projections warn that sea levels could rise by 0.5 to 0.9 meters by 2100.[224] The impacts are already being felt: 2024 saw a record 91 cases of flooding and storm surges across the archipelago, leading to the inundation of land, damage to homes, and the displacement of residents.[225] Coastal erosion and saline intrusion have intensified, threatening the habitability of islands and the sustainability of freshwater resources.[226] The tourism and fisheries sectors, which together account for nearly half of the nation's GDP and employment, are under severe threat. Coral reefs, vital for coastal protection and marine biodiversity, are suffering from bleaching and degradation due to rising ocean temperatures. If global warming exceeds 2°C, nearly all shallow reefs are projected to disappear, undermining both tourism and food security.[227] Extreme weather events, including unpredictable rainfall, heavy winds, and storm surges, have become more frequent, disrupting transportation, damaging infrastructure, and hindering economic activity, particularly in fishing communities.[228] Food security is increasingly precarious, as saltwater intrusion and flooding reduce arable land and threaten local agriculture.

In response, the Maldives has accelerated adaptation measures. The government launched its National Adaptation Plan in 2024, supported by international partners, to enhance climate resilience through improved infrastructure, water management, and renewable energy adoption.[229] However, high public debt and limited access to climate finance remain significant barriers to scaling up these efforts.[230]


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## Maldives

### The Status of Climate-SRHR Policy

The Maldives has developed a comprehensive National Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Strategy and Action Plan 2020–2025.[231] This document is the primary guiding framework for the country's efforts in these areas and was developed through a participatory process involving multiple stakeholders. The RMNCAH Strategy and Action Plan is explicitly aligned with other major national policy documents, including the Strategic Action Plan (SAP) 2019–2023 and the Health Master Plan (HMP) 2016–2025.[232] These plans highlight RMNCAH as a key health priority. The government's commitment is further demonstrated by endorsing protocols and guidelines that meet human rights standards, including freedom from discrimination, coercion, and violence in family planning services. There are dedicated national policies and guidelines for various aspects of SRHR, including reproductive health care, family planning, abortion, infertility, pre-conception care, menopause, cervical cancer prevention (including HPV vaccination), and adolescent health, that are supported by implementation standards, regular budget allocations, monitoring mechanisms, and designated personnel.[233]

As of 2024, the government is actively developing a comprehensive NAP in partnership with the UN Environment Programme (UNEP) and with funding from the Green Climate Fund.[234,235] Whether the NAP will include support for the climate-SRHR intersection remains to be seen. The Maldives' Third NDC (2025) focuses significantly on health as a climate adaptation priority but does not reference SRHR, reproductive health, or maternal and child health as specific areas for climate adaptation action.[236] There is also no evidence of concrete policy commitments, targets, or budget allocations that address the specific vulnerabilities or needs at the climate-SRHR intersection.

A 2025 scoping study and an advocacy brief highlight that the Maldives government has yet to adequately incorporate measures addressing the impacts of climate change on vulnerable groups—especially women—into policies and decision-making.[237] The studies found that the interlinkages between climate and SRHR are not being addressed during the formulation of climate change, disaster risk reduction, or management plans and policies. Broader investment climate reviews for the Maldives (2022 and 2024) discuss open policies for foreign investment but do not mention targeted support or incentives for projects specifically linking climate adaptation and SRHR.[238,239]

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# Nepal

## The State of SRHR

In Nepal, by 2023, the maternal mortality rate had declined by over 71% since 2000, reaching 142 deaths per 100,000 live births—a marked improvement, though still above the Sustainable Development Goal (SDG) target of 70 by 2030.[240] Neonatal mortality has also dropped, now at 16.6 per 1,000 live births, and the stillbirth rate stands at 13.5 per 1,000 births  representing a 55% reduction in the stillbirth rate over this period.[241] These advances are the result of expanded maternal health services, government investments, and targeted policies such as the Safe Motherhood and Reproductive Health Rights Act of 2018, which enshrines access to SRHR as a legal right.[242,243]

Despite these gains, access to quality SRHR services remains uneven, especially in rural and marginalised communities. Family planning is recognised as a human right, but unmet need persists, with budget allocations for family planning remaining below 1.5% of the health budget in recent years.[244] Adolescents and young people face heightened risks, including early marriage (37% of girls marry before 18) and early childbearing, compounded by limited access to comprehensive sexuality education (CSE) and adolescent-friendly health services.[245] While CSE is included in policy frameworks, its implementation is inconsistent, with only 48% of adolescents utilising adolescent-friendly health services and just 21% of girls accessing family planning.[246] Furthermore, funding cuts and restrictive policies have created gaps in SRHR service provision, especially for safe abortion and marginalised populations.[247]



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# Nepal

## The Impact of Climate Change

Nepal has experienced a dramatic intensification of climate change impacts since 2023, with extreme weather events and glacial retreat posing escalating threats to its people, economy, and environment.[248] In 2024, the country endured some of the heaviest monsoon rainfall in over 50 years, resulting in catastrophic floods and landslides that claimed more than 240 lives and displaced thousands.[249] The Kathmandu Valley alone received over 320 mm of rain in a single day, overwhelming infrastructure and triggering widespread destruction of homes, bridges, and transportation networks.[250] These events were not isolated; official records show that deadly floods and landslides have become more frequent and severe, with late September 2024 marking one of the deadliest periods in recent times.[251]

Scientific analyses confirm that human-induced climate change has made such extreme rainfall events nearly 70% more likely and 10% more intense, amplifying the risks associated with Nepal's annual monsoon.[252] The country's fragile topography and rapid urbanisation have further exacerbated the devastation, particularly in densely populated and poorly planned areas. Glacial retreat in the Himalayas has accelerated alarmingly. Studies reveal that Nepal's glaciers are melting 65% faster than a decade ago, with iconic glaciers like Yala losing over a meter of ice annually and projected to disappear within decades if current trends persist.[253,254] The shrinking glaciers threaten water security for millions downstream, as meltwater is a critical resource for agriculture, hydropower, and daily consumption. The risk of glacial lake outburst floods (GLOFs) is also rising, with incidents in 2024 causing significant damage in high mountain communities.[255]

Agriculture, which supports the majority of Nepal's population, faces mounting challenges from erratic rainfall, droughts, and increased pest outbreaks. Climate-related disasters are estimated to cost the sector 1.5–2% of GDP annually, undermining food security and rural livelihoods.[256] Many marginalised and Indigenous communities in Nepal are hit hardest by climate change because they have fewer resources and support to help them cope or recover as they often live in areas that are more exposed to dangers like floods or landslides, and usually have less access to early warning systems, sturdy homes, or the money needed to rebuild after disasters.[257] In response, Nepal has expanded adaptation initiatives, including the implementation of its National Adaptation Plan and strengthened early warning systems.[258]

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# Nepal

## The Status of Climate-SRHR Policy

An analysis of Nepal's policy documents shows that SRHR and MCH are central to the country's health policy agenda, with robust frameworks, measurable targets, and dedicated programs. The Safe Motherhood and Reproductive Health Rights Act of 2018 enshrines the right to education, information, counselling, and services related to SRHR for women and adolescents.[259] The Nepal Safe Motherhood and Newborn Health Road Map 2030 sets clear, measurable targets for reducing maternal and newborn mortality and provides a framework for achieving these goals. It emphasises quality of care, equity, and a life-cycle approach, specifically addressing adolescent reproductive health, early marriage, and the continuum of care from pre-pregnancy to postnatal periods. National projects, such as "Achieving Universal Access to Sexual and Reproductive Health and Rights (SRHR)," have been launched to operationalise these commitments through system strengthening and targeted interventions.[260]

Nepal's NAP addresses climate change adaptation across nine thematic sectors, including health, and features cross-cutting commitments to gender equality and social inclusion (GESI).[261] While the NAP does not use the term SRHR explicitly or as a standalone priority, it does recognise the vulnerability of women, children, and marginalised groups to climate impacts, and the GESI section explicitly acknowledges that women, children, and marginalised groups face disproportionate climate risks. Nepal's HNAP 2023–2030 and the Climate Change Health Adaptation Strategy and Action Plan (2024) address key SRHR components such as the recognition of increased risks to MCH due to climate-induced disasters, such as floods and droughts, which disrupt access to antenatal and postnatal care, family planning, and essential health services.[262,263]

It also outlines a commitment to strengthen disease surveillance, emergency preparedness, and service delivery for climate-sensitive health risks, which includes reproductive, maternal, newborn, and child health. Nepal's NDCs, particularly the latest NDC 3.0 (2025), commit to developing gender-responsive, inclusive adaptation strategies at all levels.[264] The NDCs also note the need for enhanced capacity to ensure access to SRHR and protection systems, especially in climate-induced migration and disasters.[265] The NDCs do not systematically detail specific SRHR interventions (e.g., safe abortion, adolescent SRH, or menstrual health), but they provide an enabling policy environment for integrating these issues into local adaptation plans.[266]

The NAP and HNAPs outline multi-source financing strategies, including domestic budgets, international donors, and climate funds (e.g., GCF, Adaptation Fund, LDCF). Recent adaptation projects—such as those supported by the Adaptation Fund and World Food Programme—focus on building resilience in vulnerable communities, with indirect benefits for SRHR through improved health, nutrition, and access to services during climate shocks.[267]

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# Pakistan

## The State of SRHR

Pakistan's SRHR landscape shows a mix of progress and persistent challenges. The maternal mortality ratio has declined to 186 deaths per 100,000 live births, yet Pakistan remains among the top four countries globally for maternal deaths, recording approximately 11,000 maternal deaths in 2023 alone.[268,269] Improvements in maternal health are attributed to increased access to antenatal and postnatal care, but disparities remain stark between urban and rural areas, and among provinces.[270] Only one in three women can make autonomous decisions about their reproductive health, highlighting deep-rooted gender inequality and limited reproductive agency for women and girls.[271]

Family planning services have expanded, but the contraceptive prevalence rate (CPR) has stagnated at around 32–34%, with over 16% of women reporting unmet need for family planning.[272] The government has set an ambitious target to raise CPR to 50% by 2025, but achieving this requires overcoming substantial barriers, including service delivery gaps, sociocultural resistance, and funding constraints.[273] The adolescent birth rate remains high at 41 births per 1,000 girls aged 15–19, and more than 18% of women are married before age 18, exposing young women to increased health risks and limiting their educational and economic opportunities.[274]

Gender-based violence, early and forced marriage, and limited access to accurate sexuality education continue to harm the sexual and reproductive health and rights (SRHR) of many in the region — especially women, adolescents, and marginalized groups.[275] Despite strong policy promises and increased global advocacy, particularly after Pakistan's progressive statements at international platforms in 2023, progress on the ground has been inconsistent.[276] According to recent analysis, social stigma, lack of trained healthcare providers, and weak referral systems make it difficult for people to access essential SRHR services like contraception, maternal care, and support for survivors of violence. These challenges become worse during crises. For example, the 2022 floods in Pakistan disrupted health services across affected regions, leaving thousands—especially pregnant women and young girls—without access to urgent reproductive care.[277] The lack of coordinated emergency response for SRHR during natural disasters exposed deep gaps in preparedness and investment. A rights-based, inclusive approach involving youth, community workers, and local health providers is critical. For new investors or partners in the region, it's important to understand that strengthening SRHR systems—especially in times of crisis—requires not just funding, but long-term commitment to quality services, trained providers, and community engagement.


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# Pakistan

### The Impact of Climate Change

Pakistan ranks 41st most vulnerable globally in the ND-GAIN Country Index for 2025, reflecting both its high vulnerability to climate change and its low readiness to adapt.[278] Despite contributing less than 1% to global greenhouse gas emissions, Pakistan faces disproportionate consequences, including rising temperatures, erratic rainfall, and an increased frequency of extreme weather events such as heatwaves, floods, and droughts.[279,280] The 2022 floods in Pakistan resulted in the deaths of at least 1,739 people and approximately 7.9 to 8 million people were displaced.[281] The year 2024 saw a succession of climate disasters. In June, an extreme heatwave gripped large parts of the country, with temperatures soaring above 50°C and resulting in over 500 deaths within just six days.[282] This was followed by a devastating monsoon season in which flash floods destroyed more than 550 homes, caused at least 108 fatalities, and left hundreds more injured.[283] The provinces of Sindh, Balochistan, and Punjab were particularly hard-hit, experiencing widespread displacement, crop destruction, and infrastructure damage. In June 2025, heavy monsoon rains and flash floods killed at least 45 people in just a few days, underscoring the growing unpredictability and severity of seasonal weather patterns.[284]

These climate extremes have compounded Pakistan's existing challenges. The agricultural sector, which supports a significant share of the population, has suffered from both drought and flooding, leading to food insecurity and economic losses.[285] Water scarcity is becoming critical, with per capita water availability projected to fall below 860 cubic meters by 2025, pushing Pakistan into the category of a water-scarce nation.[286] Glacial retreat in the northern regions has increased the risk of GLOFs, further threatening communities and water resources.[287]

Pakistan has attempted to adapt its efforts, launching the National Adaptation Plan and integrating climate resilience into public investment and urban planning.[288] However, limited access to climate finance and the scale of required adaptation remain major obstacles.[289]

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# Pakistan

## The Status of Climate-SRHR Policy

Recent policy documents in Pakistan include SRHR and MCH in increasing detail, though the depth and integration vary. National Health Vision (NHV) 2016–2025 and Strategic Plans, such as the Lady Health Workers' Strategic Plan (2022–28), provide an overarching policy framework explicitly referencing maternal, newborn, and child health as central priorities and outlining integrated service delivery, capacity building, and essential health service packages.[290] While maternal and child health is discussed with clear targets (e.g., reducing maternal mortality, increasing skilled birth attendance, expanding antenatal care), SRHR is often addressed more generally or as a subset of maternal health.[291] The 2023 "Healthy Families in Pakistan" project, supported by international donors and the government, demonstrates substantive efforts to improve SRHR and MCH through curriculum development, facility upgrades, provider training, and community outreach.[292] While SRHR is referenced in national strategies, detailed action plans are often lacking, especially for youth, unmarried women, and marginalised populations. Policy documents tend to have less substantive discussion on comprehensive SRHR services, sexuality education, or rights-based approaches for all demographics.[293]

Pakistan's NAP addresses maternal and child health, gender, and social inclusion in the context of broader health, human capital, and vulnerability discussions.[294] SRHR is not explicitly named as a standalone sector or priority area. However, it recognises that climate change intensifies existing health challenges, particularly for vulnerable groups, and highlights the impact of climate risks on access to health services, nutrition, water, sanitation, and hygiene (WASH). It also identifies high fertility rates and unmet basic needs as drivers of vulnerability, noting that climate change exacerbates these challenges. It dedicates a section to "Gender, Youth, and Social Inclusion," recognising that women, girls, and marginalised groups face disproportionate climate impacts. The NAP also highlights the need for gender-responsive, participatory, and socially inclusive approaches in all adaptation measures.

Pakistan's climate change and disaster risk reduction (DRR) policies acknowledge the need to integrate SRHR, particularly in response to evidence from disaster-hit districts like Sindh. Policy briefs and advocacy efforts have recommended the explicit inclusion of SRHR in climate and DRR policies and the integration of climate considerations into health policies and action plans.[295] The Khyber Pakhtunkhwa's Climate & Health Adaptation Plan (2025) is Pakistan's first provincial climate-health adaptation plan, launched in January 2025.[296] The plan focuses on mitigating climate-related health challenges, such as the spread of vector-borne diseases (e.g., dengue, malaria) and the economic burden of climate-induced health issues, but does not mention SRHR or MCH. The 2021 Updated NDC recognises gender-sensitive programming as a guiding principle and lists gender equality as a cross-cutting theme.[297] The NDC commits to mainstreaming gender in climate action, with a focus on capacity building, legal reforms, women's participation in decision-making, and gender-disaggregated data collection. Health is identified as a priority sector, with references to climate impacts on vulnerable populations, but SRHR is not explicitly discussed as a standalone area. This trend is followed by the Climate Change Gender Action Plan (ccGAP).[298] While the ccGAP recognises the importance of gender-responsive health systems and the unique vulnerabilities of women, SRHR is not systematically integrated as a distinct focus.

Pakistan's national climate policy documents and public investment strategies increasingly recognise the need for gender-responsive and health-inclusive adaptation. However, explicit, large-scale government investment specifically targeting the intersection of climate change and sexual and reproductive health and rights (SRHR) remains limited in formal policy commitments. The focus remains on building evidence and advocating for policy coherence, with some pilot initiatives addressing the SRHR needs of women and girls during climate-related emergencies. Examples of these initiatives include: Marie Stopes Society pioneering the integration of SRHR services with climate resilience, particularly in response to the 2022 floods and the UNFPA's five-year, $59 million programme that explicitly addresses the risks of climate change and disasters to SRHR service delivery, with a focus on maintaining access to care for women and girls during crises.[299,300]

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# Sri Lanka

## The State of SRHR

In Sri Lanka, SRHR are largely approached through a medical lens—focusing primarily on clinical services such as maternal healthcare, contraceptive use, family planning, and disease prevention. However, this heavily medicalised approach often overlooks the broader rights-based dimensions of SRHR, such as informed consent, bodily autonomy, comprehensive sexuality education, and protection from discrimination. As a result, while medical services may be available, key aspects related to individual rights, choice, and empowerment are not fully addressed or integrated into policy and practice. Access and implementation of SRHR in Sri Lanka have also been coloured by conservative social elements, pressure, and colonial values that continue to shape social, political, and legal frameworks. For example, abortion laws in Sri Lanka are among the strictest in the world, only allowing termination of pregnancy in the circumstances where the mother's life is in danger (as per Section 303 of the Penal Code). A National Report entitled "Ethno-Religious Nationalism and Sexual and Reproductive Health and Rights in Sri Lanka: A social media, print media and policy review", published by WMC and Asian-Pacific Resource and Research Centre for Women (ARROW), noted the use of religion and ethnoreligious nationalism to shape the discourse on SRHR.[301] Despite all this, Sri Lanka has also made notable strides, such as providing universal access to education and achieving low maternal and infant mortality rates.[302]

## The Impact of Climate Change

Sri Lanka's exposure to climate change has intensified since 2023, manifesting in more frequent and severe extreme weather events, rising temperatures, and increasing threats to livelihoods and infrastructure.[303] The country, consistently ranked among the most climate-vulnerable in the world, has faced a series of climate shocks that underscore both its environmental fragility and the urgent need for adaptation.[304]

A succession of extreme weather events has marked the years 2024 and 2025. In early 2025, heavy rainfall, strong winds, and thunderstorms caused widespread floods and landslides across multiple districts, including Hambantota, Moneragala, Ratnapura, and Nuwara Eliya.[305] These disasters resulted in casualties, the displacement of thousands, and damage to nearly 300 homes. In the Eastern Province, repeated flooding in late 2024 and early 2025 devastated agricultural communities, destroying crops and cutting off access to clean water for days.[306] The frequency and intensity of such events have increased, with rainfall that once took 20 days now occurring in just three, highlighting the growing unpredictability and severity of the monsoon.[307] Heatwaves and rising temperatures have become a persistent threat, especially in urban areas like Colombo, where the urban heat island effect has intensified due to rapid development and loss of green cover. The number of days with "extreme caution" heat levels is projected to rise, with northern Sri Lanka identified as a future hotspot for extreme heat exposure.[308] This has direct consequences for public health, outdoor workers, and daily wage earners, reducing productivity and increasing economic hardship.[309] Coastal communities face additional challenges from sea-level rise, saltwater intrusion, and coastal erosion, which threaten freshwater supplies and the habitability of low-lying areas.[310] Agriculture, which employs over a quarter of the workforce, is increasingly vulnerable to erratic rainfall, droughts, and flooding, disrupting food production and rural livelihoods.[311]

In response, Sri Lanka has expanded adaptation efforts, including the development of high-resolution climate projections, the implementation of its National Adaptation Plan, and targeted investments in water management and green infrastructure.[312,313]

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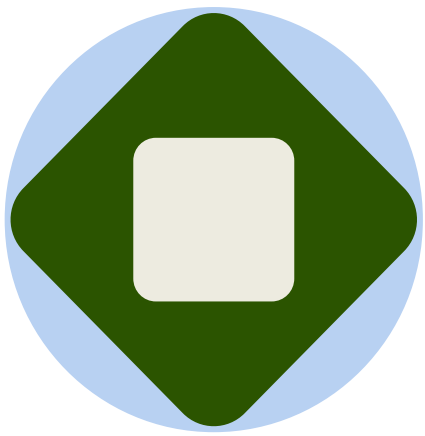
# Sri Lanka

## The Status of Climate-SRHR Policy

Sri Lanka's policy documents from 2022 to 2025 demonstrate substantive engagement in SRHR and MCH. The Maternal and Newborn Health Strategic Plan (2017–2025) is a comprehensive, multi-year policy document guiding maternal and newborn care in Sri Lanka.[314] It outlines a vision of eliminating preventable deaths among mothers, fetuses, and newborns. It emphasises evidence-based interventions throughout the life cycle, from adolescence through childhood and is integrated with global standards. The Population and Reproductive Health Policy sets out clear goals and strategies to improve reproductive health, gender equality, and access to quality services.[315] It includes mechanisms for implementation, coordination among government and non-government actors, and resource allocation, moving beyond token references to actionable policy. The Country Programme Document (CPD) 2022–2025 by UNFPA, in partnership with the Sri Lankan government, commits to advancing SRHR, gender equality, and youth empowerment. It[316] supports policy development, comprehensive sexuality education, and access to rights-based information and services for adolescents, youth, and vulnerable women.

A review of Sri Lanka's NAP (2016–2025) reveals that while the plan comprehensively addresses climate impacts across multiple sectors, including health, gender, and vulnerable populations, the support for SRHR is limited and primarily indirect.[317] Maternal and child health is included as a component of the broader health sector, with some attention to the vulnerability of pregnant women and children to climate-related health risks (such as malnutrition, heat stress, and disease outbreaks). The NAP is described as "gender-sensitive" and recognises women, children, and other vulnerable groups as being disproportionately affected by climate change. However, references to gender are broad and focus on participation and vulnerability, rather than on specific SRHR outcomes or services, SRHR, family planning, or reproductive rights is not mentioned as a distinct area of concern or action and there is no dedicated section or set of actions targeting the intersection of climate change and SRHR. Sri Lanka's HNAPs and NDCs between 2022 and 2025 indirectly support the climate–SRHR intersection through commitments to health system resilience and gender-responsive adaptation.[318] However, SRHR is not substantively addressed as a standalone priority or through specific adaptation actions. The intersection is recognised only through broader health and gender lenses, highlighting a significant policy gap that could be addressed in future updates to ensure comprehensive climate resilience for all, including SRHR.

Sri Lanka's Climate Prosperity Plan (2022) and related climate finance strategies outline ambitious investment needs—$26.5 billion by 2030 for climate mitigation and adaptation, and $100 billion by 2050 for net-zero emissions.[319] However, these investments are primarily focused on energy, infrastructure, and ecosystem resilience, with no explicit earmarking for SRHR-related outcomes. Recommendations have been made for Sri Lanka to improve the gender-responsiveness of its climate policy landscape.[320] Still, these remain primarily at the recommendation and planning stage rather than reflected in concrete, funded initiatives at the climate-SRHR intersection. Sri Lanka has made notable progress in updating its climate and gender policies, explicitly recognising the need to integrate gender and social inclusion into climate action. However, direct and active policy commitments or investments specifically targeting the intersection of climate SRHR remain limited and largely aspirational rather than operational.



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## APPENDIX 2 *List of Identified Organizations Implementing Climate-SRHR Programs in South Asia*

| Name of Organization | Locations of Operation |
|---|---|
| ActionAid International Nepal | Nepal, Bangladesh, Afghanistan |
| Asian-Pacific Resource and Research Centre for Women (ARROW) | Asia Pacific Region |
| Association For Alternative Development (AFAD) | Bangladesh |
| Badabon Sangho | Bangladesh |
| Bandhu Social Welfare Society | Bangladesh |
| Bangladesh Social Action Network (BSAN) | Bangladesh |
| Caritas India | India |
| Center for People and Environment | Bangladesh |
| Centre for Advocacy and Research (CFAR) | India |
| Centre for Environment and Energy Development | India |
| Centre for Social Policy Development (CSPD) | Pakistan |
| Child in Need Institute (CINI) | India |
| Citizens Association for Child Rights | India |
| DASTAK Foundation | Pakistan |
| Environmental Protection Trainings and Development Organization (EPTDO) | Afghanistan |
| Femfuture Collective | India |
| Forum for Dignity Initiatives (fdi) Pakistan | Pakistan |
| Gramin avam Samajik Vikas Sanstha | India |
| Hamdam Foundation | Pakistan |
| HRIDAY | India |
| Initiative for Right View | Bangladesh |
| Institute for Global Health and Development | Pakistan |
| Institute of Cultural Affairs (ICA) Nepal | Nepal |
| Ipas Nepal | Nepal |
| Islamic Relief Bangladesh | Bangladesh |
| JAGO NARI | Bangladesh |

| Name of Organization | Locations of Operation |
|---|---|
| Karishma Ali Foundation | Pakistan |
| Manusher Jonno Foundation (MJF) | Bangladesh |
| MMBSHS Trust | India |
| MSI Reproductive Choices | Afghanistan, Bangladesh, India, Nepal, Pakistan |
| National Indigenous Disabled Women Association Nepal (NIDWAN) | Nepal |
| Nepalese Youth for Climate Action (NYCA) | Nepal |
| Pariwortan Nepal, Dolakha | Nepal |
| Partners in Health and Development (PHD) | Bangladesh |
| Pathfinder International [Bangladesh] | Bangladesh |
| Pathfinder International [Pakistan] | India, Bangladesh, Pakistan, Egypt, Jordan, and a few countries in Africa |
| Januka Neupane [Individual] | Nepal |
| Physicians Association for Nutrition, India | India |
| Population Services and Training Center (PSTC) | Bangladesh |
| Population Services International [Pakistan] | Pakistan, India, Nepal |
| Practical Help Achieving Self Empowerment (PHASE) Nepal | Nepal |
| Pragya Group | Bangladesh, India, Nepal, Kenya, UK, US |
| President Chure Terai Madhesh Conservation Development Board | Nepal |
| Rural Support Program Network | Pakistan |
| SathSathai Foundation | Nepal |
| Selyn Foundation | Sri Lanka |
| Swasti | India, Sri Lanka, Bangladesh, Bhutan, Nepal, Philippines |
| The Young Changemakers | Pakistan |
| UNAMA | Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka |
| United For Impact | Nepal |
| United Nations Population Fund (UNFPA) Sri Lanka | Sri Lanka |
| Women Rehabilitation Centre (WOREC) | Nepal |

## APPENDIX 3 *List of Key Informants Interviewed*

| Organization Name | Interviewee Name | Country | Interviewed | Surveyed | Case Study |
|---|---|---|---|---|---|
| ARROW | Nica Castillo | Asia Pacific Region | ✓ | ✓ | |
| Badabon Sangho | Lipi Rahman | Bangladesh | ✓ | ✓ | ✓ |
| Baithak - Challenging Taboos | Ayesha Amin | Pakistan | ✓ | | ✓ |
| BRAC | Ripon Kumer Acharjya | Bangladesh | ✓ | | |
| Center for Reproductive Rights | Prabina Bajracharya | Asia | ✓ | | |
| Climate Intelligence Network | Geilee Skandakumar | Sri Lanka | ✓ | ✓ | ✓ |
| Community Center for Disabled | Ahmad Shah Azam | Afghanistan | ✓ | ✓ | |
| DASTAK Foundation | Hira Amjad | Pakistan | ✓ | ✓ | ✓ |
| EPTDO | Abdulhadi Achakzai | Afghanistan | ✓ | ✓ | ✓ |
| Femfuture Collective | Nitisha Pandey | India | ✓ | ✓ | ✓ |
| ICA Nepal | Ishu Subba, Enusha Khadka | Nepal | ✓ | ✓ | ✓ |
| IGHD | Dr. Jai K. Das, Syed Abbas Alamdar Jaffer | Pakistan | ✓ | ✓ | ✓ |
| Ipas Nepal | Khusbu Poudel | Nepal | ✓ | ✓ | ✓ |
| Karishma Ali Foundation | Sahrish Kashif | Pakistan | ✓ | ✓ | |
| Marie Stopes Society (MSS) Pakistan | Dr. Syed Khurram Azmat | Pakistan | ✓ | ✓ | ✓ |
| MJF | Shaheen Anama | Bangladesh | ✓ | ✓ | ✓ |
| Pathfinder | Madiha Latif | Pakistan | ✓ | ✓ | |
| Selyn Foundation - #BleedGood | Selyna Pieris, Shanuki De Alwis | Sri Lanka | ✓ | | |
| Swasti Health Catalyst | Beauty Kumari | India | ✓ | ✓ | ✓ |
| The Young Changemakers | Sobia Ali | Pakistan | ✓ | ✓ | ✓ |
| UNFPA Maldives | Jeehan Saleem | Maldives | ✓ | | |
| WOREC | Sunita Mainali | Nepal | ✓ | ✓ | ✓ |

## APPENDIX 4 *List Organizations Surveyed that Indicated Interest in Implementing Future Programming in Climate-SRHR in South Asia*

| Name of Organization | Locations of Operation |
|---|---|
| Bandhu Social Welfare Society (Bandhu) | Bangladesh |
| Centre for Sustainability and Climate Action | Bhutan |
| Climate Intelligence Network | Sri Lanka |
| College of Software Engineering, Kapilvastu-1, Taulihawa | Nepal |
| Community Center for Disabled | Afghanistan |
| Department of Environment, Forest and Climate Change | India |
| Everystory Lanka | Sri Lanka |
| Green Humans | India |
| Holistic Life Transforming and Empowering Community | India |
| ISC | Pakistan |
| KHPT | India |
| Live to Love International | Nepal, India, Germany |
| Noboprobhat Foundation, National Youth Task Force Of Bandhu social welfare society | Bangladesh |
| One door solution pvt. ltd | Nepal |
| OneStage-Registered as Charities Aid Foundation | India |
| Population Foundation of India | India |
| Project H0PE | Bangladesh, Indonesia |
| Purple Foundation | Nepal |
| Research and Development Solutions | Pakistan |
| Rise Up Foundation | Nepal |
| Risk Management Association of India | India |
| Royal College of Obstetricans and Gynaecologists | Bangladesh, India, Nepal, Pakistan, Sri Lanka |
| Sukaar Welfare Organization | Pakistan |
| The Centre for Public Imapact | Asia Region |
| The Family Planning Association of Sri Lanka | Sri Lanka |
| The News Minute | India |

| Name of Organization | Locations of Operation |
|---|---|
| ThinkWell Institute | Pakistan |
| Transparency International Pakistan | Pakistan |
| Tulashi Agro | Nepal |
| Youth Association for Development (YAD) | Pakistan |
| YPEER Asia Pacific Center | Afghanistan, Bangladesh, Bhutan, India<br>Maldives, Nepal, Pakistan, Sri Lanka |

## APPENDIX 5 *Survey Tool*

### Questions

1. Name of Organization:
2. Organization website link or social media profile (if available):
3. Name of point of contact for organization:
4. Email address for point of contact:
5. WhatsApp or Signal number for point of contact:
6. Location(s) of Operation (Please specify countries):

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- *Afghanistan*
- *Bangladesh*
- *Bhutan*
- *India*
- *Maldives*
- *Nepal*
- *Pakistan*
- *Sri Lanka*
- *Other:*

7. In what country is your organization headquartered?
8. What was your organization's 2024 annual budget? (A rough estimate is okay)

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- *<$25,000 USD*
- *$25,000 - $50,000 USD*
- *$50,000 - $250,000 USD*
- *$250,000-$500,000 USD*
- *$500,000 - $1M USD*
- *$1M-$5M USD*
- *$5-$10M USD*
- *$10M-$50M USD*
- *$50M-$100M USD*
- *>$100M USD*

9. Please select one of the following that best describes your organization:

---

- *My organization has implemented or is currently implementing programs at the intersection of climate resilience and women's health, including sexual and reproductive health and rights (SRHR), maternal and child health (MCH), HIV, child marriage, and/or gender-based violence (GBV). (Skip to #15)*
- *My organization is interested in implementing programs at the intersection of climate resilience and women's health, but is not currently implementing/has not implemented any such programs yet. (Skip to #8)*
- *My organization has no interest in implementing programs at the intersection of climate resilience and women's health*

10. **What aspects of women's health does your organization's current or past women's health-climate resilience programs focus on? (Select all that apply)**
**(The response will be linked to the organization's name)**

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- *Gender-based violence*
- *Contraceptive access and use*
- *Contraceptive commodity procurement and distribution*
- *Maternal and newborn health*
- *Abortion*
- *Infertility*
- *Reproductive cancers*
- *Access to reproductive healthcare services*
- *Prevention and treatment of sexually transmitted infections (STIs)*
- *Menstrual health and hygiene*
- *Reproductive rights and autonomy*
- *Infertility treatment and support*
- *HIV/AIDS prevention and treatment for women and girls*
- *Sexual and reproductive health in emergencies*
- *Reproductive health services for marginalized populations (e.g., LGBTQ+ individuals, refugees, migrants)*
- *Child marriage*
- *Gender-based violence, including FGM*
- *Advocacy and policy development for SRHR*
- *Equity and social justice in SRHR programming*
- *Reproductive justice and access to care for all individuals*
- *Other (Please specify)*

11. **Which climate hazards does your organization's current or past women's health-climate resilience programs focus on responding to? (Select all that apply)**
**(The response will be linked to the organization's name)**

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- *Heatwaves/extreme temperatures*
- *Rain shocks/heavy rains*
- *Floods from sea level rise and/or snow melts*
- *Droughts*
- *Wildfires*
- *Cyclones/ hurricanes/ typhoons*
- *Water Salinity*
- *Seasonal variation*
- *Other (please specify)*

12. **In 1-2 sentences, briefly describe how your organization's current or past women's health-climate resilience programs are working to address the impacts of climate change on the sexual and reproductive health and rights access and outcomes of women and girls'**

13. Please tell us about your organization's current or past women's health-climate resilience programs (Please respond to this question separately for each related program)

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a. Title of program

b. Year of program completion (If ongoing, please select "ongoing")

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- *Ongoing*
- *Before 2010*
- *2010*
- *2011*
- *2012*
- *2013*
- *2014*
- *2015*
- *2016*
- *2017*
- *2018*
- *2019*
- *2020*
- *2021*
- *2022*
- *2023*
- *2024*
- *2025*
- *Planned (the project is planned but not yet started)*

c. Length of program

---

- *<6 months*
- *6-12 months*
- *13-24 months*
- *> 24 months*

d. Location of program

e. Who are the primary funders of this program?

f. How much total funds did you receive for this program?

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- *<$10,000 USD*
- *$10,000 - $49,999 USD*
- *$50,000 - $99,999 USD*
- *$100,000 - $499,999 USD*
- *$500,000-$999,999 USD*
- *$1M-$4.9M USD*
- *>$5M USD*

g. Have you conducted Monitoring and Evaluation to measure the impact of this program?

---

- *Yes*
- *No*

h. Please attach any document or link that provides more information on this program, and M&E approach, and/or shows the impact this program has achieved

i. Do you have another program you would like to submit? (If yes, it restarted at the top of this question)

14. Please list any other organizations that you are aware of working at the intersection of climate resilience and women's health (include the name of the organization and a contact email if known)
15. Are you interested in being contacted for an interview to share more information on your organization's women's health-climate resilience programs?

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- *Yes*
- *No*

