ON OUR LANDS, ON OUR BODIES.

Climate Change, Gender, and Sexual and Reproductive Health
in Rural and Indigenous Communities in Brazil, Kenya, and Tanzania

Photo: WeWorld

Kenya

Climate Challenges on Sexual and Reproductive Health:
Insights from Isiolo, Kwale and Narok Counties

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Highlights

ENVIRONMENTAL STRESS

- Across Narok, Isiolo, and Kwale, 85% of women reported noticeable changes in climate conditions. Key climate hazards include drought, floods, and extreme heat.
- Specific impacts vary by location: in Isiolo, nearly 80% reported reduced access to drinking water and related health issues; in Narok, 80% faced crop damage; in Kwale, around 70% experienced both crop losses and livestock illness.

INDIRECT IMPACTS OF CLIMATE CHANGE ON DAILY LIFE

- Climate change is disrupting food systems, with 64% of women reporting difficulty accessing nutritious food—linked to reduced agricultural yields (45%), rising food prices (38%), and lost income (35%). As a result, women shoulder a heavier burden of unpaid labour, including water collection, caregiving, and securing food.
- Displacement is an increasingly common response, especially in Isiolo (40%), eroding community ties.

CLIMATE DRIVEN MULTIPLE STRAINS ON WOMEN

- Women face disproportionate impacts, as climate-related stress heightens family responsibilities and increases exposure to gender-based violence. A vast majority reported reduced access to health services (91%), negative effects on pregnancy outcomes (89%), and worsened menstrual health management (83%).
- Despite limited access to family planning (75%), more than half of respondents (52%) still exercise reproductive autonomy, primarily through long-acting contraceptives like injectables and implants.
- Water scarcity is a central challenge, undermining food security, personal health, including menstrual, hygiene, and safety for women and girls.

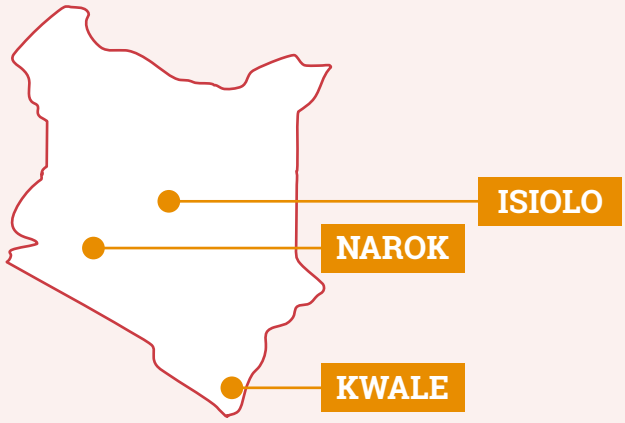
MATERNAL HEALTH UNDER CLIMATE STRESS: INTERSECTING VULNERABILITIES AND SYSTEMIC GAPS

- Access to healthcare is undermined by structural and climate-related barriers, including lack of transport (39%), damaged infrastructure (29%), and long distances to facilities (25%).
- About 80% of women experienced pregnancy-related difficulties, linked to stress from economic losses (46%), increased physical workload (39%), exposure to extreme heat (23%), and illness (21%).
- Women's healthcare autonomy remains limited—many require male permission to seek services, while economic and educational barriers further restrict their access and decision-making.

1. Understanding the Context

DEMOGRAPHIC AND ECONOMIC CHARACTERISTICS OF THE THREE COUNTIES

Kenya is a country of great diversity—not only in its landscapes and climate zones, but also in the socio-economic profiles of its regions. This study was carried out in three Kenyan counties—Narok, Isiolo, and Kwale—selected for their social and ecological diversity (pastoralist, coastal, and semi-arid contexts), and the varying impacts of climate change.



- **Narok County**, located in the south-west, is home to over 1.13 million people (City Population, 2023), most of whom belong to the Maasai community. The county's economy is largely driven by livestock rearing, crop farming, and tourism—especially given its proximity to the Maasai Mara National Reserve. **Narok also has one of the higher per capita incomes among Kenyan counties,** indicating a relatively strong local economy (ibid.).

- **Isiolo County**, by contrast, has a much smaller population of around 283,000 people and is one of the more sparsely populated counties in Kenya (Kenya National Bureau of Statistics, 2023). It is **situated in the arid and semi-arid lands (ASALs) of the north, and its economy is primarily pastoralist**—around 80% of residents depend on livestock. The remaining population engages in small-scale farming, trade, or informal labour. Isiolo is also emerging as a potential hub for tourism and agri-business, owing to its strategic location and growing infrastructure.

- **Kwale County**, located along the southern coast, had a population of under 866,820 in the 2023 census (Citypopulation, 2024). It is predominantly agricultural, producing crops such as cassava, sugarcane, cashew nuts, and mangoes. Tourism is also significant, particularly around Diani Beach, one of Kenya's most popular coastal destinations. Fishing and artisanal mining add further diversity to the local economy. A recent report by the Kenya National Bureau of Statistics (KNBS) reveals that **Kwale has one of the highest poverty rates in Kenya, standing at 71.4%, significantly above the national average** (Kenya National Bureau of Statistics, 2022).

CHANGING CLIMATE: LOCAL REALITIES IN NAROK, ISIOLO, AND KWALE

Climate change has affected all three counties, though in different ways, due to their geographic and economic diversity.

- In **Narok**, recurring droughts and unpredictable rainfall have had serious effects on agriculture, tourism, and pastoralism (RLS, 2022). As a semi-arid area, the county is especially vulnerable to the reduction in water sources and degradation of grazing lands, which in turn affect livelihoods.

- **Isiolo**, located fully within Kenya's ASAL region, is among the hardest hit by climate change. The county faces frequent droughts, erratic rainfall, and water scarcity (Ministry of Devolution, 2025). These challenges severely undermine food security and public health, particularly among pastoralist communities. However, Isiolo has developed a climate adaptation plan focused on building water infrastructure, promoting disease surveillance for livestock, and supporting women and youth in climate resilience efforts[1].

- **Kwale** experiences a monsoonal climate, with two main rainy seasons. Rising temperatures, longer dry spells, and seasonal flooding have begun to disrupt farming activities, degrade soil quality, and endanger freshwater ecosystems. The coastline is also increasingly at risk from sea-level rise and coastal erosion (MoALF, 2016).

SOCIAL STRUCTURES, FAMILY ORGANISATION AND GENDER DYNAMICS

The social and cultural fabric of Narok, Isiolo, and Kwale reflects a mixture of historical values and contemporary influences, with significant implications for family life and gender relations.

- In **Narok**, society is heavily shaped by Maasai traditions. **Extended families and clan-based systems play a central role in community life**, and age-set structures still influence social roles. While Christianity is the dominant religion, the Maasai community has a rich cultural heritage that includes various mystical beliefs and practices, such

1 Available at: https://repository.kippra.or.ke/items/91127116-8eee-4b5b-849c-47d2c1480875

as divination, traditional healing, and ancestor veneration (Purko et al., 2024). Gender inequality remains a serious issue—particularly regarding education, inheritance rights, and bodily autonomy. Female genital mutilation (FGM) is still practised in some communities, despite legal prohibitions and ongoing awareness campaigns.

- **Isiolo** is one of Kenya's most **ethnically diverse counties**, home to groups such as the Borana, Somali, Turkana, Samburu, and Meru. Social life is structured around ethnic communities and religious affiliations, with both Islam and Christianity well represented (Boye & Kaarhus, 2011). Family units are often extended, and **community networks are critical for survival**, especially during crises. In this context, **women can play a pivotal role in resilience strategies**: among the Borana, for example, the concept of *marro*—a reciprocal food-sharing system centred around women—ensures that families support each other in times of need[2]. However, gender disparities are evident, with **women and girls often excluded from key decision-making spaces and facing limited access to education and reproductive healthcare**. Practices such as early marriage, teenage pregnancy, and female genital mutilation continue to pose serious health risks, contributing to high maternal and neonatal mortality. **Over 68% of residents live in remote settings with few, understaffed facilities**. Health services are limited, especially in rural areas where most of the population lives. Acute malnutrition is also a major ongoing public health concern in the county (Knowledge Hub, 2025).

- In **Kwale**, family structures are in transition. **While nuclear and extended families remain common, recent surveys show that around 20% of households are now headed by single parents** (NCPD, 2022). The county is predominantly Muslim, and religious values often guide social norms, including family roles. There is a rising trend of female participation in education and income-generating activities, although gender-based inequalities persist. For example, early marriage, gender-based violence, and limited economic opportunities for women continue to be major challenges. **Only 9% of women in Kwale own land, and even fewer occupy leadership roles** (Missiniam, 2024). Initiatives such as gender-responsive budgeting are being introduced at county level to address these disparities and promote the inclusion of women, youth, and persons with disabilities in local development planning.

1.2. Study Design and Methodology

This study was designed not only to generate evidence, but also to centre local voices, lived realities, and diverse knowledge systems. From the outset, **local teams from each of the three counties—Narok, Isiolo, and Kwale—played a leading role** in the study's design and implementation. Their proximity to the communities, understanding of local dynamics, and trust-based relationships were instrumental in shaping a process that was both grounded and responsive.

To ensure contextual relevance, the research question was defined through a bottom-up process during three focus group discussions—one in each county (Narok, Isiolo, and Kwale). Participants were asked to identify, within the broader umbrella of sexual and reproductive health, the dimension they considered most critical to address in the context of climate change. Maternal health emerged as the priority focus. Accordingly, the central question became:

How do climate change-related factors affect reproductive and maternal health in rural Kenyan communities, particularly through the pathways of poverty and infrastructural disruption?

To answer this question, focus group discussions, key informant interviews, and a structured quantitative questionnaire were conducted. Rather than applying a uniform framework, this work deliberately sought to **highlight both the common threads and the contextual specificities** that shape SRH across pastoralist, semi-arid, and coastal settings. This approach allowed for a more nuanced understanding of the realities faced by women and communities in these counties, while resisting generalisations. The use of a **mixed-methods design**, combining qualitative and quantitative tools, enabled the study team to explore both the mechanisms and the lived experiences behind climate-related health vulnerabilities.

2 Marro is a traditional women's social support network, practiced among the Borana in Kenya and Ethiopia. It functions as an informal deeply embedded mechanism for ensuring household food security, particularly during times of hardship. At its core, marro is a reciprocal, voluntary system of solidarity among women—encompassing friends, neighbours, and extended families—across all age groups, economic statuses, and livelihood backgrounds. While most women engage with the network on an as-needed basis, it serves as a daily survival mechanism for poorer and elderly women. Marro operates through both bonding (local) and bridging (long-distance) social networks, enabling the exchange of essential resources—such as food, labour, or small amounts of cash—grounded in trust, mutual aid, and community cohesion. Beyond addressing immediate material needs, the practice reinforces social ties and collective resilience, making it a cornerstone of women's adaptive strategies in climate-vulnerable pastoralist settings (Anbacha & Kjosavik, 2018).

FOCUS GROUP DISCUSSIONS (FGDs)

Objective: To explore knowledge, practices, and access to maternal and reproductive health services under climate stress.

Sample: Two focus groups per county (Narok, Kwale, Isiolo), one with women under 25 and one with women over 25, each composed by 6–10 women with diverse profiles, including pregnant women, mothers, teachers, nurses, farmers, Traditional Birth Attendants (TBAs), and community leaders.

KEY INFORMANT INTERVIEWS (KIIs)

Objective: To gain expert and community-based perspectives on how climate shocks impact maternal health and access to health services.

Sample: Experts on climate change and environmental risk (including WeWorld staff where applicable), maternal health professionals (midwives, nurses, sub-county health officials), traditional caregivers (TBAs, CHPs), and local health administrators.

STRUCTURED QUANTITATIVE QUESTIONNAIRE

Objective: To collect relevant data on maternal health outcomes, care-seeking behaviour, household conditions, and the perceived impact of climate events.

Sample: 50 women aged 18+ in each county, including women who gave birth in the past 36 months, covering both facility-based and home deliveries.

Tools	Description
Key Informant Interviews	Health Staff (n=1) Traditional Birth Attendant (n=1) Midwife (n=1) Climate Change Expert (n=1) Health Officer (n=1) Project Officer (n=1)
Focus Groups	3 Focus Groups with young mothers (<25 years): - Narok (n=8) - Kwale (n=8) - Isiolo (n=8) 3 Focus Groups with mothers (>25 years): - Narok (n=8) - Kwale (n=8) - Isiolo (n=8)
Quantitative Survey	Narok (n=55) Isiolo (n=50) Kwale (n=52)

A Closer Look at the Quantitative Sample

A total of **157 women participated in the survey**. In Kwale County, participants were drawn from two sub-counties: Matunga, with 24 respondents, and Msambweni, with 28 respondents. Isiolo County was represented solely by Isiolo Central, which accounted for 50 respondents. From Narok County, the sample was distributed across three sub-counties: Narok North (9 respondents), Narok South (24 respondents), and Narok Central (22 respondents), totaling 55 participants. Fig. 1 below describes age distribution.

- **FAMILY STRUCTURE: 80% of the sample is married**, 15% never married, 4% divorced, 1% widowed. All the respondents have children. The average number of children is 2.7, while the average number of household members is 6.7.

- **LEVEL OF EDUCATION AND OCCUPATION:** Most respondents reported having completed primary or lower secondary education, with **Grade 8 (23%) and Form 4 (20%)**[3] being the most common levels attained. Only a small proportion had pursued post-secondary or tertiary education. Approximately **half of the respondents identified as housewives**, while the remainder are engaged in informal occupations such as market vending, farming, or casual labour.

- **ASSETS:** Among the respondents, 74% have either a radio or a television, 31% own an electric stove, and only 25% have a refrigerator.

- **LIVELIHOODS: 46% of women live in households that operate land for agricultural purposes**. Among these, 71% sell their products on the market, while the remainder is used for subsistence. Additionally, 60% keep livestock or poultry, and among them, 80% earn income from livestock production. Only one respondent has economic activity in the field of fishing.

3 In Kenya, the education system traditionally followed the 8-4-4 structure, which included eight years of primary education, four years of secondary education, and four years of university. Under this system, Grade 8 represents the final year of primary school. Students in Grade 8 are typically around 13 or 14 years old and complete their primary education by sitting for the Kenya Certificate of Primary Education (KCPE) examination. On the other hand, Form 4 is the final year of secondary school. It is usually completed by students aged 17 to 18 and concludes with the Kenya Certificate of Secondary Education (KCSE) examination, which determines eligibility for university or other forms of higher education.

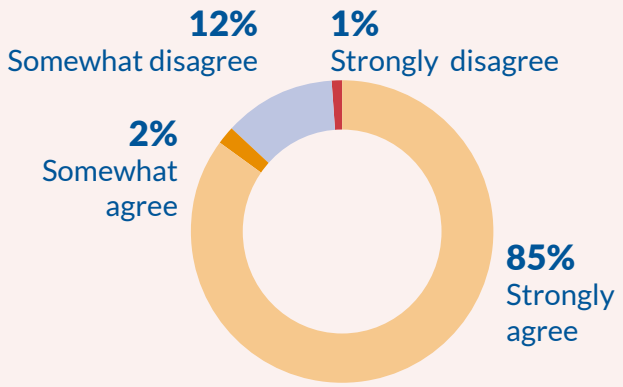
2. Key Takeaways from the Findings

ENVIRONMENTAL STRESS

Data from Narok, Isiolo, and Kwale reveal a strong community awareness of climate change and its impacts, particularly among younger generations. **85% of respondents strongly agree that climate conditions have noticeably changed in recent years** (Figure 1). This awareness is not merely theoretical but deeply rooted in lived experience: people encounter extreme heat, prolonged droughts, unpredictable rainfall, and flooding as part of their daily reality. For many, **climate variability is not an abstract scientific idea but a concrete, ongoing challenge that shapes their livelihoods, health, and survival strategies. Rather than being seen as unusual or temporary, these changes are understood as inevitable structural shifts in their environment.**

Qualitative data further show that, even when terms like "climate change" or "global warming" are not explicitly used, respondents frequently link worsening access to water, pasture, and food security directly to environmental changes. This reflects a grounded, experiential understanding of how a changing climate is impacting the natural resources they rely on.

Figure 1.
Percentage (%) of respondents who agree/disagree with the statement *"climate has changed in the last years"*



"Maybe they don't know the causes, but they say: the river is not as it was; this is climate change for them"
- Key informant interviewed

- **HOW CLIMATE CHANGE MANIFESTS:** Focus group discussions across the three counties consistently identified **drought, floods, and extreme heat as the primary climate-related hazards affecting local communities**, though their intensity and perceived impact vary by context (Figure 2). In Isiolo, drought is highly dominant, driving migration, food insecurity, and severe water shortages. Narok is also experiencing increasing drought conditions, which mainly result in livelihood losses and seasonal migration among pastoralist communities. **Kwale faces the most critical threat from drought, which not only depletes natural resources but also heightens conflicts over access to pasture and water, especially in the inland areas.** Alongside drought, heavy rains and floods further challenge these communities, albeit with varying intensity. Floods are a critical hazard in Kwale, frequently washing away bridges and disrupting essential health referral systems. In Isiolo, floods are considered a moderate threat but still cause significant damage to infrastructure and service delivery. **Narok experiences floods particularly after drought periods, where washed-out roads often cut off access and isolate communities. Extreme heat and wildfires add further stress, particularly in Isiolo, where extreme heat contributes to heat stress, physical exhaustion, and increased malaria risk; wildfires are also reported.** In Kwale, these hazards are present mainly in the inland zones, while coastal areas are less affected. Conversely, extreme heat is rarely emphasised as a concern in Narok, with wildfires only occasionally mentioned.

Table 1.
Climate Hazards in the Three Counties

Climate Hazard	Isiolo (arid and semi-arid)	Narok (semi-arid)	Kwale (coastal + inland)
Increased intensity and frequency of droughts	Highly dominant – leads to migration, food insecurity, and water scarcity	Increased– mostly linked to livelihood loss and migration	Most critical hazard. These conditions also reduce natural resources and increase the risk of conflicts over pasture and water.
Heavy rains & floods	Moderate hazard – floods wash away bridges, disrupt referral systems	Present– especially after droughts, cutting off access roads	Critical hazard – floods wash away bridges, disrupt referral systems
Extreme heat and wildfire	Extreme heat cited as additional stressors (heat stress, malaria risk, physical exhaustion). Wildfire mentioned.	Rarely emphasised	Present in inland zones; coastal areas less affected. Wildfire mentioned.

- **CLIMATE CHANGE EXPERIENCED IMPACTS:** In these counties, climate change has led to several significant consequences, including the loss of livelihoods, damage to infrastructure, and diminished access to water (Figure 3). These impacts disproportionately affect pastoralist and agricultural communities, who rely heavily on natural resources for their survival. The situation is particularly severe **in Isiolo, where nearly 80% of respondents reported reduced access to drinking water due to climate change, alongside related injuries and illnesses**. Additionally, over 60% of people indicated that their livestock had either died or fallen ill because of shifting climatic conditions. **In Narok, almost 80% of respondents experienced crop damage attributed to climate change, while in Kwale, close to 70% reported both crop losses and livestock illness.** Moreover, a notable number of respondents in both Kwale and Isiolo (60%) reported damage to their dwellings, highlighting the wider vulnerability of housing infrastructure to extreme weather events.

Table 2. Climate Change Consequences [4]

Impact	Isiolo (%)	Kwale (%)	Narok (%)	Total % (out of 157)
Injury/Illness	82%	69%	11%	53%
Dwelling damaged	60%	60%	24%	47%
Crops damaged	44%	69%	76%	64%
Unusually high pest and diseases	4%	25%	13%	14%
Unusually high level of livestock disease	6%	6%	15%	9%
Livestock died or became sick due to extreme heat or lack of water	62%	4%	36%	34%
Poor fishing yields	0%	6%	0%	2%
Livestock lost or contracted illness	22%	8%	7%	12%
Drinking water source damaged or reduced	82%	17%	42%	47%
Loss of electricity or water supply	22%	38%	5%	22%
Other	4%	0%	4%	3%
I do not know	0%	4%	2%	2%

- **LIVELIHOOD LOSSES:** Pastoralist communities in Isiolo, Narok, and Kwale heavily **rely on livestock, but climate change is undermining this way of life**. In Isiolo, severe droughts are destroying pastures, forcing **men to migrate with herds and leaving behind women and children in largely abandoned villages.** With livestock markets collapsing, families lose their main economic support. Narok faces soil degradation due to overgrazing and erratic rainfall, disrupting agriculture and encouraging a shift to livestock, though cultural barriers to selling animals[5] hinder financial resilience. In Kwale, pasture scarcity is growing, especially inland, leading to seasonal migrations and environmentally harmful coping strategies like charcoal burning. Even coastal tourism, and associated revenues, is suffering due to climate variability.

- **REDUCED AGRICULTURAL PRODUCTION:** In Isiolo, agriculture is minimal due to the arid climate, but even the little subsistence farming that exists is entirely wiped-out during droughts, exacerbating food insecurity. In Narok, soil erosion and overgrazing have reduced productivity, leading to more reliance on livestock. Respondents noted **an increasing need for chemical inputs such as pesticides due to the emergence of new pests, creating new health risks for women, especially pregnant ones who are now spraying fields without protective clothing.** Kwale's inland areas are experiencing frequent crop failures from erratic rains, while coastal zones are beginning to feel the strain. Although saline intrusion is known to reduce land productivity (Raburu et al., 2025; Oiro & Comte, 2018), this issue did not emerge in the quantitative data, as the respondents from Kwale do not reside in the areas most affected by it.

- **INFRASTRUCTURE DESTRUCTION:** Extreme weather, particularly heavy rains, is undermining the already fragile infrastructure of these counties. Narok emerges as the most affected: **respondents report that bridges and roads are likely to be washed away during heavy rains, cutting off entire villages for weeks at a time. Schools and even small clinics have become inaccessible. Women in labour often cannot reach referral facilities, leading to an increased reliance on Traditional Birth Attendants and home deliveries.** In Isiolo, floods follow long drought periods, overwhelming dry soils and destroying bridges, pathways, and homes[6]. Inland Kwale experiences less dramatic but still significant impacts, where rural road networks deteriorate during rainy seasons, making basic services harder to reach.

4 When answering this question, respondents could select all options that applied.

5 The Maasai's reluctance to sell livestock during times of crisis stems from the fact that animals are considered a form of security against severe droughts, which typically occurred every 8–12 years in the past. Although Maasai herders are aware that selling animals early in a drought could reduce losses, the lack of a reliable early warning system makes it difficult to distinguish delayed rains from the onset of a true drought. Consequently, they tend to delay sales until drought conditions are certain, by which time markets are often overburdened and livestock prices have dropped sharply (Bekure et al., 1991). More recent studies confirm that this pattern persists, despite growing awareness of climate variability. Uncertainty in rainfall patterns and limited access to trusted forecasting tools continue to hinder early sales (Rodich et al., 2023), while institutional barriers, such as low uptake of insurance schemes, poor infrastructure, and gendered exclusion, further constrain adaptive responses (Bostedt et al., 2023).

6 One notable case reported involved the use of military helicopters to deliver food and medicine because all ground routes became impassable after flash floods.

- **RESTRICTED WATER ACCESS:** Water scarcity is a growing crisis in all three counties. In Isiolo, drought dries up water sources, **forcing women to travel long distances in unsafe conditions**. Narok households face similar seasonal shortages, with **women often sacrificing healthcare to prioritise water collection**. In inland Kwale, long treks expose women to exhaustion and violence. Though coastal areas are less affected, participants also highlighted the problem of **water contamination**, due, for example, to flooding, which can lead to infections and diseases that particularly affect women and children.

"Fetching water now takes hours, and women return exhausted or attacked." - Key informant interviewed

INDIRECT IMPACTS OF CLIMATE CHANGE ON DAILY LIFE

Climate change is not only transforming the physical environment but also **generating a cascade of indirect effects that extend deeply into family structures and community systems**. While the immediate impacts—such as droughts, floods, and extreme heat—are visible and acute, it is the more subtle and long-term consequences that gradually undermine the social and economic fabric of rural areas. The impingement on vital resources, indeed, leads to food insecurity and displacement. The latter, in turn, disrupts education and the working population, while declining work capacity reduces income, which in turn exacerbates food insecurity and health challenges. Each factor reinforces the others, trapping families in a feedback loop of vulnerability. Ultimately, **climate change operates not only as an environmental threat but also as a slow-burning social and economic crisis—gradually dismantling household stability and eroding the social systems that have long sustained rural communities.**

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FOOD INSECURITY AND ILLNESSES: Climate-related shocks such as droughts and floods are driving both food insecurity and a rising burden of disease. Droughts lead to crop failure and livestock loss, while floods often contaminate water sources, creating a dangerous cycle of malnutrition and illness. According to survey results, **64%** of respondents struggle to access nutritious food, with key causes including **declining agricultural output (45%), rising food prices (38%), climate-related income loss (35%), flood damage to crops and storage (26%)**, and the **disappearance of climate-sensitive crops (22%)** (Figure 4). As droughts reduce dietary diversity, floods trigger outbreaks of waterborne diseases, while damaged infrastructure cuts off access to health services—making treatable conditions potentially fatal. The cumulative effect of repeated climate shocks and prolonged illness weakens household resilience over time. Hygiene is further compromised by seasonal increases in houseflies during the rains, which contribute to food contamination and the spread of infections.

Table 3.
Barriers to Nutritious Food Access [7]

Difficulty	%
Droughts/irregular rainfall reduced food production	45 %
Food prices increased	39%
Income loss due to climate events made it harder to buy products	35%
Floods destroyed crops or food storage	26%
Certain fruits/vegetables no longer grow in the area	22%
Increased pests or plant disease	3%
Other	3%
Fish became less available	1%

- **INCOME EROSION AND INCREASED HOUSEHOLD LABOUR BURDEN:** Climate-related stressors are steadily eroding household income and threatening the sustainability of rural livelihoods. **As livestock perish and crops fail, families lose their main sources of income.** Even when some production persists, damaged roads and flooded infrastructure often block market access, forcing households to sell productive assets at low prices—an emergency strategy that weakens long-term resilience. Declining income limits families' ability to afford school fees, healthcare, or invest in adaptation. At the same time, **as basic resources**

7 When answering this question, respondents could select all options that applied.

like water and food become harder to access, household labour demands—especially for women and older children—grow significantly. More time is spent collecting water, caring for the sick, and seeking food, leaving less time for education[8] or income generation. Even when work is available, overall productivity declines, especially when able-bodied household members migrate due to climate pressures.

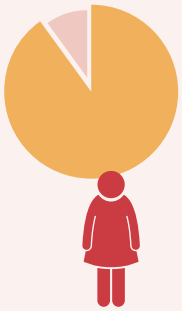
- **DISPLACEMENT AND SOCIAL INSTABILITY:** Displacement has increasingly become a common coping strategy for families facing recurrent climate shocks: **in Isiolo**, in particular, **2 out of 5 (40%) respondents have migrated due to climate change, while in Narok, more than 1 in 4 (27%) have done so** (Figure 5). Forced to abandon their permanent homes, many move into temporary shelters or settle in unfamiliar areas where established social support networks are weak or entirely absent. Consequently, **numerous households live in a state of semi-permanent displacement—never fully settled, perpetually anticipating the next move.** This chronic instability undermines community cohesion and restricts access to essential services, severely limiting prospects for long-term adaptation. Indeed, long-standing support systems fracture as extended families become physically separated, weakening social bonds. In addition, as pasturelands and water points become scarcer, families are forced to seek resources elsewhere, leading to competition with nearby communities. Pastoralists clash with farmers, and even different ethnic groups engage in conflicts over shrinking grazing corridors. According to respondents, **tensions that were once occasional are becoming more frequent and intense, with livestock raids and retaliatory violence undermining traditional systems of cooperation**[9].

Table 4.
Respondents who migrated due to climate change

Response	Isiolo	Kwale[10]	Narok
Yes	40%	12%	27%
No	60%	85%	73%

CLIMATE-DRIVEN MULTIPLE STRAINS ON WOMEN

While climate change affects entire households, its impacts are often most acutely experienced by women, whose responsibilities within families typically expand during times of environmental stress. Together with the heightened burden of unpaid domestic work, it also influences multiple aspects of sexual and reproductive health: **9 out of 10 women reported that climate change has impacted access to health services** (91%) and **pregnancy outcomes** (89%), while **more than 4 in 5 (83%) also agreed that it affects menstrual health and hygiene management** (MHHM). At the same time, qualitative data **highlight an increased exposure to violence and a worsening of psychological well-being among women**.



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8 Indeed, education too is significantly affected as families adapt to the pressures of a changing climate. When households are forced to migrate in search of pasture or safer living conditions, children's education is often interrupted. Frequent transfers between schools become common, and many children—especially those old enough to contribute to household tasks—eventually drop out. The demands of daily survival frequently take precedence over schooling: children are kept at home to help fetch water, tend to livestock, or support household income-generating activities.

9 For example, a key informant in Kwale has stated the movement of pastoralist communities has triggered conflicts with residents, including incidents where grass was deliberately poisoned to prevent others from grazing their livestock in the same areas.

10 3% of the respondents answered "I don't know".

Table 5. Percentage of respondents who agree/disagree with the statement: "climate change affects..." [11]

Statement	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
Access to health services	71%	20%	5%	4%
Pregnancy outcomes	74%	15%	8%	3%
Family planning	50%	25%	14%	11%
Menstrual hygiene and health	56%	27%	13%	4%
Access to sanitary products	46%	26%	15%	13%

- **INCREASED WORKLOAD:** One of the most immediate effects of climate stress is **the sharp rise in unpaid labour required to maintain household survival**. As water sources dry up or become unsafe, collecting water often takes an entire day. Fuelwood is also becoming harder to find due to deforestation and land degradation, pushing women to travel longer distances with heavier loads. **This burden falls disproportionately on women, who are often expected to continue with demanding domestic and farm work even during late pregnancy, increasing fatigue and health risks. The impact is not only physical: the constant strain reduces time for rest, self-care, and social participation.** Over time, this erosion of personal resilience undermines women's well-being and, by extension, the adaptive capacity of the entire household, given their central role in sustaining daily life and broader resilience.

"I've observed several critical areas where climate change is affecting women's reproductive well-being. One thing I see clearly is that women are now doing much heavier work, even during pregnancy. This is made worse by the patriarchal structure around land ownership - it's the men who decide how land is used, even for small kitchen gardens. So many women are forced to work in other people's fields just to earn some income." - Key informant interviewed

"Our workload has increased a lot, both at home and in our work. Many of us have had to take on new roles like raising chickens to try and bring in extra income." - Woman interviewed

- **HIGH LEVELS OF PSYCHOLOGICAL STRESS:** The emotional and psychological toll of climate change is particularly pronounced among women, especially mothers. Across numerous accounts, **women reported a persistent sense of exhaustion as they attempt to balance increasingly burdensome domestic responsibilities**—such as fetching water, sourcing food, and caring for children or the elderly—within a context of deepening scarcity and uncertainty. Unpredictable rainfall patterns, the fear of losing livestock or harvests, and the daily struggle to secure basic necessities generate chronic stress and anxiety. **This burden is especially acute for mothers, many of whom expressed psychological distress when unable to meet their children's nutritional needs.** In some cases, women associated mental strain with physical symptoms, such as diminished breast milk production following childbirth—an outcome they attributed to both stress and inadequate nutrition. **The ongoing effort to locate water was also frequently identified as a major contributor to mental fatigue, with few sustainable solutions available.** Additionally, climate-induced displacement—particularly during flood events—exacerbates psychological hardship. **The trauma of leaving one's home, uncertainty about the future, and the breakdown of social support networks all contribute to deteriorating mental health,** especially among women and children.

- **INCREASED RISK OF GENDER-BASED VIOLENCE:** Qualitative data indicates that **climate-induced scarcity and displacement significantly heighten insecurity, creating conditions that increase the risk of gender-based violence (GBV) both within and outside the household.** When drought necessitates migration or floods destroy homes, families are often forced to relocate to temporary shelters or informal settlements. These environments typically lack privacy, safety, and social cohesion, leaving women and girls particularly vulnerable to abuse and exploitation. Economic hardship, often resulting from livestock deaths or crop failure, can further exacerbate household tensions, with stress manifesting in increased incidences of intimate partner violence. In this context, **early marriage emerges as a harmful coping mechanism, with some families viewing it as a way to "reduce the burden" during periods of acute food insecurity.** Water scarcity also plays a role in fueling domestic conflict: wom-

11 When answering this question, respondents could select all options that applied.

en spend long hours queuing at distant water points, often leaving home before dawn. These prolonged absences can lead to suspicion or mistrust within the household, sometimes escalating into verbal abuse or even physical violence from partners or other family members.

"In some cases, men misinterpret women's absences while fetching water as signs of infidelity or idleness, leading to conflict, mistrust, and even gender-based violence" - Key informant interviewed

"Economic hardship and stress caused by climate hazards make women and girls more vulnerable to gender-based violence, including forced marriages, sexual violence, and partner violence. For example, discussions about how the father, as the breadwinner, can provide often escalate into violence because the economic situation is worsening." - Key informant interviewed

- **DIFFICULT ACCESS TO FAMILY PLANNING: Three out of four respondents (75%) report that climate change is also affecting access to family planning services**. These challenges do not occur in a vacuum; rather, climate stress amplifies **existing social and gender-based vulnerabilities**. In many communities, **family planning decisions remain under male control**, with women often needing permission from their husbands to seek contraception. Cultural and religious norms may further restrict women's autonomy, contributing to inconsistent or limited uptake of reproductive health services. At the same time, however, there are signs of **growing awareness and agency among women**. When asked about their use of family planning, **just over half (52%) of women reported currently using a method to delay or prevent pregnancy**. Among these, the vast majority rely on **long-acting methods: injectables (46%) and implants (46%)** are used at nearly equal rates. **Oral contraceptives (6%)** are less commonly reported, and **condom use remains very limited (2%)**, reflecting both social stigma and limited male involvement in contraceptive responsibility.

- **HOW CLIMATE CHANGE DEEPENS MENSTRUAL INJUSTICE:** Prolonged droughts are severely disrupting menstrual health and hygiene. When local water sources dry up, available water is prioritised for drinking and cooking, leaving little for personal hygiene. As a result, girls are often forced to walk long distances—sometimes several kilometres—to reach water points, increasing both physical strain and exposure to unsafe or threatening environments. The situation is worsened by the **limited availability of affordable menstrual products**. In some cases, families reported that adolescent girls engaged in **transactional sex** to obtain them—a dangerous coping strategy linked to higher risks of **unintended pregnancy**, **sexual violence**, and **sexually transmitted infections**, while also undermining girls' possibility to stay in school. Some women also reported that **extreme heat** appears to affect **hormonal balance**, leading to irregular menstrual cycles, while others noted that **menstrual pain worsens in high temperatures**, especially among adolescents and women of reproductive age.

"Girls miss school during their periods because there is no water to wash with. They feel ashamed because they smell or cannot clean their clothes." - Key informant interviewed

Water Scarcity as a Cross-Cutting Burden in Women's Lives

Driven by climate change, **the lack of reliable and safe access to water is one of the most disruptive factors affecting women's daily lives**—and, by extension, the well-being of entire families. **Only approximately 40% of respondents reported relying on safe water sources, such as protected wells, while 3% on piped water** (Figure 7). **The majority, however, depend on less secure sources, including streams or rivers (26%), unprotected wells (23%), and water ponds (7%), all of which pose significant risks to health and hygiene.**

Table 6. Water Source

Water Source	Isiolo	Kwale	Narok	Total (%)
Protected well	44%	63%	5%	37%
Stream/river	36%	29%	15%	26%
Unprotected well	14%	2%	51%	23%
Water ponds/ pan	4%	4%	13%	7%
Other	0%	2%	9%	4%
Piped water	2%	0%	7%	3%

In addition, **2 out of 3 women (61%) reported having difficulties accessing water for hygiene purposes**. Main barriers include water sources drying up (38%), longer distances to water sources (34%), and the unsafety of water sources (21%) (see Figure 8).

Table 7. Reasons for difficulty in accessing water for hygiene [12]

Main Reasons for Difficulty	%
Water source dried up	38%
Long distance to water source	34%
Water source was not safe	21%
Income loss due to climate change events making water unaffordable	15%
Other	8%
Restriction due to gender or cultural norms	1%

The testimonies gathered highlight how **fetching water becomes a physically demanding, time-consuming, and often hazardous responsibility**, with wide-ranging impacts on hygiene, maternal care, psychological well-being, and personal safety. During droughts, this activity can consume an entire day, leaving little or no time for income-generating activities, education, or adequate rest. When water is limited, families are forced to prioritise drinking and cooking needs, often at the expense of personal hygiene. This has immediate negative effects on women's health, especially during menstruation and the postpartum period. **Health facilities are also affected; clinics frequently run out of water during droughts, undermining hygiene standards and patient care.** In some cases, women are even instructed to bring their own water supplies to hospitals, which further discourages them from seeking necessary medical attention.

> *"Mothers prioritise fetching water and firewood, sometimes traveling all day with 20-liter jerricans. They cannot go for scheduled health services because all their time is spent just looking for water."* - Key informant interviewed

> *"During the dry season, water collection can lead to abortion because of lifting heavy containers and walking long distances,"* - woman interviewed

> *"After childbirth, if there is no clean water, the mother and the baby are prone to infection. She cannot keep herself or the baby clean, and this is dangerous."* - Key informant interviewed

Fetching water is not only physically demanding but also fraught with danger. Women and girls often must traverse bushy, wildlife-rich, or isolated areas, exposing them to risks such as wild animal attacks and sexual violence. Furthermore, **due to the gendered division of labour, while men rest after fieldwork, women must continue with household responsibilities—milking animals, preparing food, and caring for children—without a break.** The persistent scarcity of water is a constant source of anxiety and humiliation. **Women describe how the uncertainty of whether they will find water the next day causes significant mental distress, which in turn affects their physical health. When clean water sources are too distant, families sometimes resort to collecting contaminated water from rivers, leading to outbreaks of**

12 When answering this question, respondents could select all options that applied.

waterborne diseases. This lack of access to safe water undermines every aspect of family health, exacerbating the risks of malnutrition, infection, and delayed recovery after illness or childbirth.

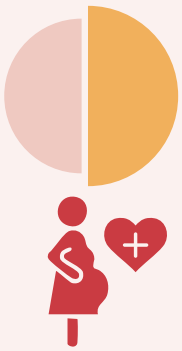
"When men return, they rest. Women must still fetch water, cook, and maintain the home. This overload worsens their physical and psychological stress." - Key informant interviewed

"You think the whole day and night about where you will get water. It affects your milk production after delivery because of the stress." - woman interviewed

"When the borehole is dry, we take river water, even if it is dirty. It leads to infections, but what choice do we have?" – woman interviewed

MATERNAL HEALTH UNDER CLIMATE STRESS: INTERSECTING VULNERABILITIES AND SYSTEMIC GAPS

In this climate-stressed context, women's sexual and reproductive health—particularly maternal health—faces mounting risks. The cumulative effects of environmental degradation, water scarcity, displacement, and food insecurity are not only reshaping livelihoods but also deeply affecting the conditions under which women conceive, give birth, and care for their children. **Maternal health is indeed embedded within a complex framework where gender dynamics, intersections with a healthcare system that often struggles to meet population needs, and the evolving roles of Traditional Birth Attendants—who themselves face economic pressures—interact with highly vulnerable infrastructure and inadequate access to reliable information.** Together, these factors create a multifaceted set of challenges that compromise maternal outcomes and the well-being of families.



50% of women reported **difficulties in attending antenatal and postnatal care visits.** The main barriers include **lack of transport** for nearly 2 in 5 respondents (39%), **climate-related factors** such as floods or heavy rains damaging roads or bridges for almost 1 in 3 (29%), **and the distance to health facilities**, which was too great for 1 in 4 (25%)

- **ACCESS TO HEALTH FACILITIES WORSENED BY CLIMATE CHANGE:** Families in these regions face multiple structural and social barriers that make access to essential health services highly unequal. For instance, **50% of women reported difficulties in attending antenatal and post-natal care visits. The main barriers include lack of transport for nearly 2 in 5 respondents (39%), climate-related factors such as floods or heavy rains damaging roads or bridges for almost 1 in 3 (29%), and the distance to health facilities, which was too great for 1 in 4 (25%)** (Figure 9). Therefore, maternal health services appear to be increasingly compromised by the effects of climate change, particularly in rural areas where access is already limited. Extreme weather further isolates families from health facilities: floods often destroy roads and bridges, isolating clinics for weeks, while droughts trigger migration, disconnecting pregnant women from stable care. Under these conditions, **some must walk 15–30 km to reach health centres, often malnourished and without support**. The physical remoteness of many rural communities compounds these challenges: **in some areas, families rely on motorbikes or must wait for ambulances to arrive from up to 70 kilometres away—delays that can have fatal consequences**[13]. Additionally, poor service quality—such as a lack of skilled staff, medicines, and hygiene—further discourages care-seeking. For many families, **skipping maternal care is not a choice, but a response to risk, cost, and low expectations of adequate treatment**. As climate pressures increase, women's ability to access safe maternal healthcare continues to decline, with serious consequences for both mothers and children.

"Even if a mother reaches the clinic, sometimes there are no drugs, no midwife, and no ambulance for referrals. They just tell you to wait or send you to a bigger hospital, but that hospital is far away." - woman interviewed

"There are big delays in women accessing clinics. Ideally, they should come between 1 and 16 weeks of pregnancy, but many arrive much later. The distances to health facilities are huge. The nearest emergency centre, is about 30 kilometres away. For specialist care, we have to go to a hospital which is another 70 kilometres further. The road network is very poor, especially during the rainy season, which makes it even harder to reach services. There are no local taxis or transport options — so for emergencies, we have to rely on ambulances coming all the way from 70 kilometres away." - Key informant

- **INCREASED DIFFICULTIES DURING PREGNANCY:** Data show that **80% of women reported experiencing challenges during pregnancy**, with multiple, often interconnected, factors contributing to these difficulties. **Increased stress and anxiety linked to drought and reduced harvest income were cited by 46%, while 39% of women reported engaging in more physically demanding work**—particularly due to changes in farming activities and the need to travel longer distances to collect water. Additional stressors included **exposure to extreme heat (23%) and illnesses linked to climate (21%),** which further compromised maternal well-being. Focus group discussions reinforced these findings, offering insight into the lived experience behind the numbers. Women described **heat stress as a potential cause of intrauterine fetal death**, while **food insecurity was repeatedly cited for reducing breast milk production**, increasing infant malnutrition risks. Despite these pressures, pregnancy rarely leads to reduced workloads; **most women continue with physically demanding tasks, heightening the risk of fatigue and complications.** Concerns also emerge around women's **exposure to harmful substances in their work environments,** such as during pesticide use in agriculture, often without adequate protective equipment. These conditions further endanger maternal and reproductive health, compounding the physical toll of daily labour with potential long-term toxic exposures. Respondents also raised concerns about the health of young children, noting that **high climatic variability leads to frequent illness among children under five**, which in turn becomes a source of psychological stress for mothers.

Table 8. Difficulty in attending antenatal and post-natal care visits [14]

Main Reasons for Difficulty	%
No transport available	39%
Floods or heavy rains damaged roads or bridges	29%
Health facility was too far	25%
Drought or heat made it physically difficult to travel	17%
I did not feel it was necessary	12%
I had no one to accompany me / childcare issues	8%
I was too sick or weak to travel	5%
My partner/family did not allow me to go	4%
Health facility was damaged due to extreme event	1%
Other	1%

13 For example, some women reported travelling to health centres on motorbikes in late pregnancy, exposing both themselves and their newborns to serious risks.

14 When answering this question, respondents could select all options that applied.

Table 9. Difficulty during pregnancy [15]

Main reasons for difficulty during pregnancy	%
Stress or anxiety about drought, harvests or income	46%
More physical work due to changes in farming or water collection	39%
Too much heat made me feel unwell	23%
Illnesses linked to climate	21%
Could not access medicines or care due to damaged infrastructure	9%
Other	3%

"The increased workload during pregnancy is especially tough. We have heard of many women having miscarriages because they are so physically exhausted from working long hours on the farms and walking long distances to fetch water. Poor nutrition also makes things worse, causing complications in pregnancy. Some women have even given birth prematurely because their bodies are so worn out. Common health problems we face during pregnancy include anemia, infections, and urinary tract infections." - woman interviewed

"The physical strain from this heavy workload - often hidden during pregnancy - along with having to ride motorbikes over rough terrain, are major reasons why we're seeing so many miscarriages. Men still expect women to keep up with housework and farming, regardless of whether they're pregnant or breastfeeding. It puts women at serious risk. Another serious issue connected to climate change is exposure to harmful chemicals. These days, women - including those who are pregnant - are involved in spraying pesticides on crops. That didn't happen in the past. Now, they often do it without any protective clothing, exposing themselves to infection and toxic substances." - Key informant interviewed

- **GENDER NORMS, ECONOMIC HARDSHIP AND LACK OF INFORMATION:** Barriers to reproductive and maternal healthcare are shaped not only by climate change but also by restrictive gender norms and economic hardship. Many women require **husbands' permission** to seek care, limiting their autonomy in making essential health decisions. Consequently, women frequently lack both the financial resources and decision-making power to arrange transport or access care independently. Cultural norms can also delay **antenatal care**, sometimes reinforced by **Traditional Birth Attendants (TBAs)**, who may see formal health services as a threat to their income or status[16]. The lack of **education and reliable information** exacerbates all these challenges. Many families are unaware of when and why preventive care is necessary or what services are available to them. **Misconceptions around family planning, antenatal visits, and immunisation** persist, particularly in remote communities with limited access to health education. Key informants also highlighted that **many women are unaware of basic nutritional needs during pregnancy** and lack the knowledge to make the most of locally available food resources.

"Patriarchy also plays a big role. Many women don't have the autonomy or financial means to organise transport or to make sure someone can accompany them during labour. I've personally witnessed mothers dying in childbirth, from severe bleeding. Those are moments I will never forget." - Key informant interviewed

"Sometimes you have the will to go to the hospital, but you have no fare, no food to carry, no money for the drugs they will ask you to buy" - woman interviewed

"Many mothers do not understand why they should start antenatal care early. Some think it is only for delivery. They also don't know about family planning or fear it will harm them." -woman interviewed

15 When answering this question, respondents could select all options that applied.

16 Indeed, services like antenatal care, family planning, and skilled deliveries are often seen as threats to their role. The core of the issue, however, is not solely cultural; it is also economic. For many TBAs, conducting deliveries is a primary source of income, which can influence their stance on when and how antenatal care is sought.

3. Conclusions and Recommendations

In Narok, Isiolo, and Kwale, **climate change is intensifying existing inequalities and putting mounting pressure on sexual and reproductive health**. Women across these counties report clear environmental changes—particularly drought, floods, and extreme heat—that are affecting water access, food security, livelihoods, and increasing their unpaid care and domestic labour. Despite the significant challenges posed by these environmental shifts, **women continue to demonstrate resilience and resourcefulness in managing their reproductive health and supporting their communities**. For example, many engage in informal economic exchanges that strengthen social networks and economic resilience, and exercise reproductive autonomy, primarily through long-acting contraceptive methods. While structural barriers such as damaged infrastructure, distance to health facilities, and cultural norms requiring male permission persist, **the agency of these women remains evident as they adapt and respond to secure resources and wellbeing for themselves and those around them.**

To respond to these intersecting and urgent challenges, and to build upon and amplify existing good practices, a final consultation was held with key informants[17] from all three counties, who shared their priorities and proposed a series of concrete, locally informed recommendations[18], which are presented in the following section.

FOR DONORS

- **Scaling Financial Support for Climate-Responsive SRHR:** Donors should provide dedicated funding mechanisms that explicitly link climate change adaptation with sexual and reproductive health and rights (SRHR), ensuring that investments reach marginalised and climate-vulnerable populations, particularly women and girls.
- **Mobilising Technical Assistance and Innovation:** Donors should offer financial and technical assistance for the design and implementation of climate-resilient health infrastructure and mobile SRHR services, especially in arid, semi-arid, and informal settlement areas.
- **Strengthening Public–Private Partnerships:** Donors should incentivise and support collaborations between governmental bodies and private actors to develop climate-adaptive infrastructure—such as solar-powered water systems and health clinics—that directly benefit women's wellbeing and access to services.
- **Investing in Research on Climate–SRHR Linkages:** Support should be channelled into interdisciplinary research to better understand the multi-dimensional impacts of climate change on SRHR, with data disaggregated by gender, age, geography, and vulnerability. The evidence generated can inform global and local adaptation strategies.
- **Protecting Education and Child Wellbeing:** Donors should ensure that climate adaptation funding includes provisions to safeguard children's access to education and psychosocial support during climate change induced crises, recognising the gendered impacts of school dropouts and early marriage.

17 The participants in the meeting were as follows: a Health Administrator, a County Government Officer, an expert in Public Administration and Leadership, a Communications Officer specialising in Women's Empowerment, Environment and Health Support, two representatives from the Northern Ministry of Health (MOH), and a Youth Representative involved with various international organisations.

18 Although the three counties differ in context, the challenges identified throughout the study reveal a series of recurring and interrelated patterns. Many of these challenges are structural, transcending local specificities and pointing to broader systemic issues that cut across geographical and administrative boundaries. In response, we have developed a consolidated set of recommendations designed to address these cross-cutting challenges through systemic interventions. At the same time, we acknowledge the need for contextual sensitivity, and thus these recommendations are intended to serve as a flexible framework—adaptable to the particular needs, capacities, and priorities of each county.

FOR POLICYMAKERS[19]

- **Mainstreaming Climate–SRHR into Policy and Budgeting:** Governmental bodies should integrate SRHR into national and county-level climate policies, with dedicated budget lines for climate-resilient health services. SRHR must be recognised as a core component of climate adaptation strategies.

- **Inclusive and Context-Specific Curriculum Reform:** Education ministries, in collaboration with county governments, should incorporate climate and SRHR education into school curricula to raise awareness from an early age, challenge harmful gender norms, and equip young people with the tools to make informed decisions in a changing environment.

- **Supporting Women's Economic Resilience:** Governments should promote community-based financing schemes (e.g. table banking, savings groups) and natural resource management initiatives that strengthen women's economic agency in the face of climate shocks and stresses.

- **Ensuring SRHR in Emergency Response Plans:** SRHR services—including access to menstrual products, antenatal care, contraception, and maternal health—must be prioritised in emergency preparedness and response frameworks alongside food, water, and shelter.

- **Promoting Gender-Responsive Health Systems:** National health systems must be equipped and mandated to deliver SRHR services that address the specific needs of women, girls, and vulnerable groups through a rights-based and social justice lens.

FOR CIVIL SOCIETY ORGANISATIONS (CSOs)

- **Community Awareness and Behavioural Change Campaigns:** CSOs should lead locally tailored awareness campaigns that link climate change and SRHR, using accessible language and community media. These campaigns must focus on reaching marginalised groups such as adolescent girls, persons with disabilities, and people living in poverty.

- **Engaging Community and Religious Leaders:** CSOs should partner with men's associations, elders, and faith-based leaders to hold community dialogues and awareness sessions. These efforts can challenge harmful gender norms and promote the shared responsibility for care and health, especially in times of climate stress.

- **Mapping Vulnerabilities and Tailoring Services:** Organisations working at community level should conduct participatory mapping exercises to identify women's presence, needs, and mobility patterns, particularly in relation to water points, informal settlements, and disaster-prone zones. This data can guide targeted interventions.

- **Providing Safe and Accessible SRHR Facilities:** Together with humanitarian actors, CSOs should establish or support safe spaces and mobile health units that ensure continuity of essential SRHR services during climate-induced displacement, floods, or droughts.

- **Advocating for Integrated and Equitable Climate Policies:** CSOs should actively engage in national and regional policy dialogues to ensure climate and SRHR issues are addressed in an integrated manner. Advocacy should push for inclusive governance structures and accountability mechanisms that reflect the voices of women and youth.

19 Such as National and County Government Officials, Education, Health and Agriculture Ministries, Local Authorities, Public Health Agencies, and other relevant legislative bodies.

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