

# Climate and Care: Advancing Sexual and Reproductive Health in Africa's Climate Change Agenda



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## CONTEXT

Climate change is a threat multiplier in sub-Saharan Africa, deepening existing inequalities and disproportionately affecting the safety and well-being of the most vulnerable women and girls across the continent. Access to sexual and reproductive health and rights (SRH) services is a critical yet often overlooked dimension of this vulnerability. Access to SRH is an integral component of universal health coverage and crucial in the attainment of the Sustainable Development Goals.



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Across the region, however, SRH services remain underfunded, inconsistently delivered, and highly fragile, conditions that worsen during climate shocks. Extreme weather disrupts health systems, obstructing prenatal care, family planning services, and efforts to prevent gender-based violence precisely when they are most needed. A 1°C rise in temperature in the week before a child's delivery increases the likelihood of stillbirth by 6%. Water scarcity and poor sanitation compromise menstrual hygiene, and climate-induced poverty heightens risks of gender-based violence and harmful practices such as child marriage. Other effects from climate shocks include higher rates of human trafficking and sexual exploitation, especially in the wake of displacements caused by flood, drought, and desertification.

Despite these realities, SRH remains largely absent from national climate adaptation and disaster risk reduction strategies. Globally, only a few Nationally Determined Contributions under the Paris Agreement reference SRH, and fewer allocate budgets for it. While the 2024 United Nations Climate Change Conference, COP29, provided much-needed recognition of climate-SRH linkages, SRH's greater integration into climate action is urgently required.

This policy brief assesses the extent to which SRH is embedded in climate policy frameworks and financing mechanisms in eight African countries—Ethiopia, Kenya, Malawi, Niger, Rwanda, Tanzania, Uganda, and Zambia. Despite political commitments to gender equality and health-system strengthening, countries rarely embed SRH in their climate policies, financing frameworks, or monitoring systems. This omission undermines resilience, as access to family planning, maternal care, adolescent health, and gender-based violence prevention are critical for communities to withstand climate shocks. Donor projects fill gaps, but without national integration these efforts remain fragmented and unsustainable. With new climate planning cycles and global stocktakes underway, the window to act is now. Aligning climate and SRH is essential for resilient, equitable development.

This policy brief offers recommendations to strengthen integration, while also highlighting opportunities for cross-country learning and collaboration to accelerate progress and protect women and girls at the frontlines of climate impacts.

## METHODS

This policy brief is based on a structured review of national climate, health, and development policy documents from eight sub-Saharan African countries: Ethiopia, Kenya, Malawi, Niger, Rwanda, Tanzania, Uganda, and Zambia. Our analysis focused specifically on sexual and reproductive health, examining the extent to which SRH is recognised, integrated, and financed within climate-related policy frameworks.

We reviewed a total of 58 policy and strategy documents, including Nationally Determined Contributions (NDCs), national adaptation plans (NAPs), climate change strategies, health and SRH sector plans, disaster risk management policies, and selected climate finance documents (Table 1). We identified documents through government websites, UNFCCC submissions, and development partner repositories.

### We examined whether and how policies did three things:

1. Acknowledge climate-related risks to SRHR services, such as maternal health, family planning, adolescent health, and gender-based violence response.
2. Include SRH within climate adaptation or resilience actions.
3. Provide costed actions, budget lines, or financing mechanisms linking climate change and SRH.

We completed a qualitative and comparative analysis, emphasizing policy intent, coherence across sectors, and SRH's visibility within national climate planning and financing frameworks.

**Extreme weather disrupts health systems, obstructing prenatal care, family planning services, and efforts to prevent gender-based violence precisely when they are most needed.**

**TABLE 1: POLICIES REVIEWED**

Country	Number of Climate-Related Policies Reviewed
Ethiopia	10
Kenya	9
Malawi	4
Niger	7
Rwanda	10
Tanzania	6
Uganda	8
Zambia	4
<b>Total Policies Reviewed</b>	<b>58</b>

## RESULTS

### **Climate policy frameworks increasingly recognise health—but not SRH—creating a gap in safeguards for vulnerable groups.**

The countries we reviewed acknowledge health as a vulnerable sector in climate policies, especially in national adaptation plans (NAPs), Climate Change Gender Action Plans (ccGAPs), and Nationally Determined Contributions (NDCs). However, SRH is rarely mentioned explicitly. Health references typically focus on disease control (such as malaria and waterborne diseases) or maternal and child health, without extending to other critical areas such as family planning and prevention of early marriage, sexually transmitted infections, and gender-based violence (GBV). This omission reflects

**Although Ethiopia and Rwanda have gender-related budget lines in their ccGAPs, no country has dedicated budget lines for SRH services within their climate frameworks, whether national budgets or international funds.**

a broader fragmentation between health and climate policies, leaving the specific needs of women, girls, and marginalised populations invisible in national climate responses. During crises such as drought, flood, displacement, and food insecurity, these gaps further expose vulnerable groups to heightened risks without adequate policy safeguards.

### **Gender mainstreaming in climate policies does not explicitly focus on SRH priorities, neglecting important health needs.**

Several countries (Ethiopia, Rwanda, Kenya, Zambia) have developed ccGAPs or gender-responsive budgeting approaches in climate frameworks. These strategies often emphasize women’s participation in climate governance, access to resources, or livelihood support. However, these gender-related actions do not include SRH services. In effect, gender is framed mainly in terms of economic empowerment rather than health rights. Excluding SRHR from gender-focused climate policies overlooks the central role that reproductive health, bodily autonomy, and access to essential services play in shaping women’s adaptive capacity, resilience, and ability to participate meaningfully in climate action. Without explicit integration of SRHR, gender-responsive climate policies risk reinforcing structural inequalities and failing to address the health vulnerabilities that climate change exacerbates for women, girls, and adolescents.

### **Monitoring and evaluation frameworks exclude SRH indicators, limiting accountability and ability to track progress.**

Even where policies call for sex-disaggregated data (Kenya, Ethiopia, Rwanda), SRH indicators are absent from climate monitoring systems. This absence means there is no way to track, report, or hold governments accountable for SRH outcomes in climate action, leaving reproductive health invisible in data-driven decision-making. The lack of SRH metrics also makes it difficult to measure how climate-related shocks worsen the vulnerabilities faced by women, youth, and at-risk populations, leading to an accountability deficit in national and international reporting systems.

**Ministries of health, environment, gender, and finance largely operate in silos, preventing the development of bankable, multisectoral projects and limiting SRH's alignment within national climate finance architectures.**

**Financing mechanisms do not include SRH, constraining integration and contributing to critical gaps in service delivery.**

Climate finance allocation across the countries we studied shows major shortfalls in addressing SRH. Although Ethiopia and Rwanda have gender-related budget lines in their ccGAPs, no country has dedicated budget lines for SRH services within their climate frameworks, whether national budgets or international funds (such as the Green Climate Fund and Adaptation Fund). Where health or gender is mentioned, SRH is either lumped under general health services or excluded altogether. This lack of inclusion signals that SRH is still seen as a separate health issue, not an integral part of climate resilience. Health systems sometimes benefit from general adaptation resources, but climate-resilient reproductive health services—such as maternity care during disasters, contraceptive supply chains, and mobile SRH clinics for displaced communities—are not funded.

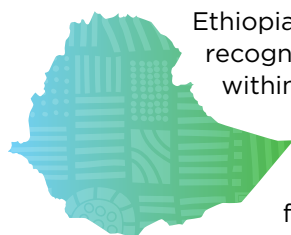
**Uneven multisectoral coordination on climate-SRH linkages limits effectiveness.**

Across the eight countries we reviewed, coordination on efforts for climate-SRH integration remains fragmented and uneven. While Kenya and Uganda stand out with dedicated Health NAPs (HNAPs) and stronger multisectoral collaboration, efforts elsewhere are progressing but remain insufficient. Tanzania and Ethiopia have emerging frameworks but face integration and implementation gaps. Rwanda leverages its One Health approach to promote cross-sectoral coordination between human, animal, and environmental health systems but lacks concrete climate-health action. Malawi, Niger, and Zambia show little to no integration of SRH into their climate policies despite high vulnerability to the effects of shocks. All countries face a common challenge in the absence of

dedicated coordination tools such as SRH-climate budget codes, cross-ministerial costed action plans, and joint impact assessments. Ministries of health, environment, gender, and finance largely operate in silos, preventing the development of bankable, multisectoral projects and limiting SRH's alignment within national climate finance architectures.

**COUNTRY CASES**

**ETHIOPIA**



Ethiopia has made progress in recognising gender and health within its climate policy landscape, notably through its ccGAP, which introduces gender-responsive financing elements such as costed actions for awareness campaigns and women's leadership in adaptation. The National Adaptation Plan (NAP-ETH) also recognises gender and health as priorities. While SRH services and indicators are not explicitly included in these efforts, Ethiopia's experience in institutionalising gender-responsive climate planning offers a strong entry point. Building on this foundation, Ethiopia could link gender, health, and climate resilience into climate finance and monitoring systems, positioning itself as a continental leader in SRH integration.

**KENYA**



Kenya offers a model for integrating health into broader development strategies, anchored in Vision 2030, the Kenya Health Policy, and the Population, Health and Environment (PHE) Policy Guidelines. These frameworks set clear targets on maternal and newborn health, universal health coverage, and family planning. The PHE Policy Guidelines further highlight family planning as essential for both public health and ecosystem sustainability, and support it with pilot projects linking SRH to resilience. While climate-specific policies (such as the NAP and NDC 3.0) focus more narrowly on communicable disease, Kenya's PHE experience provides a tested

framework that could be scaled to climate finance. Strengthening the link between SRH and flagship programmes such as Financing Locally Led Climate Action (FLLoCA) would demonstrate how integrated SRH and climate solutions can work in practice.

## MALAWI



Malawi has mobilised substantial climate finance for health, including US\$37 million from the Green Climate Fund-supported Climate Resilient Health and Well-Being Project—one of Africa’s most ambitious health–climate initiatives. The Health Sector Strategic Plan III highlights climate–health linkages, although maternal health, family planning, adolescent SRH, and GBV prevention are absent. Malawi advances SRH mainly through broader health and donor-driven health programmes like Her Future Her Choice and Innovations in Health, Rights, and Development (iHEARD), but these efforts operate largely outside of national climate policies. Malawi’s success in securing adaptation financing offers lessons for other countries, but without explicit SRH–climate integration, reproductive health risks remain sidelined despite the country’s high vulnerability to climate shocks.

## NIGER



Niger has a robust SRH policy base, anchored in its Reproductive Health Law, Integrated National Reproductive Health Strategy, and FP2030 Implementation Plan. These frameworks prioritise family planning, maternal care, and adolescent health. Climate strategies such as the NAP and NDC recognise health vulnerabilities and promote gender-responsive approaches but omit explicit SRH commitments or financing. The Gender and Climate Change Action Plan advances gender budgeting but stops short of embedding SRH into its activities. Niger’s robust SRH commitments present an opportunity: By systematically aligning

reproductive health with climate action and finance, the country has the potential to serve as a regional model for how robust SRHR policies can drive climate resilience.

## RWANDA



Rwanda demonstrates strong political commitment to gender equality and climate action, anchored in its NDCs, National Environment and Climate Change Policy, and National Strategy for Transformation (NST1). These frameworks address health vulnerabilities such as malaria, diarrhoeal diseases, and malnutrition, with 3% of adaptation finance allocated to health. However, SRH—including maternal care, family planning, adolescent health, and GBV prevention—remains absent from climate budgets. Rwanda has a notable opportunity with its ccGAP, developed through a participatory process involving the health, gender, and environment ministries. This policy and process provide an entry point for cross-sectoral strategies and dedicated financing. The lack of a HNAP and explicit SRH budget lines, however, highlight a gap between political will and operational integration of SRH in climate action.

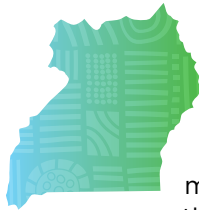
## TANZANIA



Tanzania is advancing health–climate linkages through its draft HNAP, Health Sector Strategic Plan V, and the National Climate Change Response Strategy, which highlight vulnerabilities such as malaria, cholera, and weak health systems. While maternal health, GBV prevention, and adolescent services are acknowledged, family planning, menstrual hygiene, and broader SRH concerns remain largely absent. Financing is the main gap, with climate funds prioritising energy, agriculture, and forestry over health. The requirement for local governments to allocate 10% of own-source revenue to women, youth, and people with disabilities for climate adaptation is a

promising innovation, though it does not yet cover SRH. With strong policy frameworks and local financing innovations, Tanzania has an opportunity to embed SRH into climate finance proposals and monitoring systems.

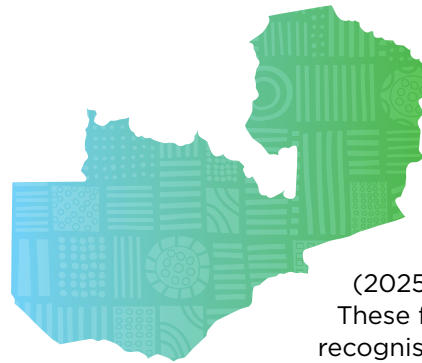
## UGANDA



Uganda is among the few African countries whose climate policy explicitly integrates SRH. The National Climate Change Policy highlights family planning and maternal health for resilience, while the National Population, Health, and Environment Network Strategic Plan advances a

rights-based Population, Health, and Environment (PHE) approach linking SRH, gender equality, and climate adaptation. These measures provide a progressive model for multisectoral integration. However, financing and implementation remain weak. The updated NDCs and Uganda Vision 2040 reference gender-responsive adaptation but lack costed SRH actions or budget lines. Disaster preparedness policies overlook maternal care, family planning, and GBV services, while the Second National Family Planning Costed Implementation Plan operates separately from climate frameworks. Uganda's recognition of SRH in climate resilience is a regional strength, but delivery lags without dedicated financing and coordination.

## ZAMBIA



Zambia's progress in embedding health and gender into climate policy is evident in its NAP, NDC 3.0 (2025), and ccGAP.

These frameworks recognise health as vulnerable to the effects

of climate shocks and gender as a cross-cutting priority, offering entry points for multisectoral resilience. The ccGAP promotes gender-responsive budgeting but has yet to elevate SRH. Maternal health, family planning, adolescent SRH, and GBV prevention are largely absent from climate commitments and financing. While the NAP prioritises health-system resilience, it lacks SRH-specific actions or budget lines, and the Ministry of Health Strategic Plan does not link SRH to adaptation finance. Stronger SRH engagement in climate planning and costed integration into budgets could translate gender commitments into inclusive climate-health outcomes.

**All countries face a common challenge in the absence of dedicated coordination tools such as SRH-climate budget codes, cross-ministerial costed action plans, and joint impact assessment.**



## Recommendations: Towards Climate Action That Integrates SRH

To position SRH as a core enabler of climate resilience, countries should:

- **Embed SRH in national climate frameworks** by explicitly including it in NAPs, NDCs, HNAPs, and ccGAPs, with measurable targets for maternal health, adolescent health, family planning, and GBV prevention.
- **Develop and scale climate-smart health strategies** that mainstream SRH into climate-health agendas, drawing on peer learning across countries to strengthen resilience during shocks and emergencies.
- **Integrate SRH into climate finance** by introducing tagging for gender and SRH in national budgets and ensuring proposals to the Green Climate Fund, Adaptation Fund, and other mechanisms include SRH-focused investments.
- **Institutionalise cross-sectoral collaboration** through formal climate-health-gender-SRH coordination platforms and by requiring health ministries' active participation in climate policy and financing processes.
- **Strengthen accountability and data systems** by embedding SRH-sensitive indicators and sex- and age-disaggregated data into monitoring and evaluation frameworks for climate adaptation.
- **Ensure inclusive governance and regional coordination** by engaging youth and women's organisations in national climate processes and leveraging regional platforms (such as the African Union, East African Community, and Southern African Development Community) to share innovations and co-invest in cross-border climate-health-SRH priorities.

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