

# Gender Equality and Sexual and Reproductive Health Interventions in Climate Change Commitments and Financing



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## SUMMARY

A review of climate and health-related policies across eight sub-Saharan African countries—Ethiopia, Kenya, Malawi, Niger, Rwanda, Tanzania, Uganda, and Zambia—shows that gender equality and sexual and reproductive health (SRH) are increasingly acknowledged in national climate commitments, yet their integration into climate policy and financing remains limited.

Most countries recognise that climate change deepens gender inequalities and disrupts access to essential health and SRH services, but few have translated this awareness into concrete, costed, or monitored interventions. Policy coherence among climate, health, and gender frameworks is still weak. Gender is often treated as a cross-cutting issue, while SRH is rarely framed as a key component of climate resilience or adaptation. Financing for SRH within climate-related investments is minimal. National budgets and climate finance proposals seldom include explicit SRH actions, and cross-sector collaboration among environment, health, and gender institutions is inadequate. Consequently, most gender and SRH-responsive climate initiatives depend on external donor support rather than sustainable domestic financing. Nonetheless, African countries have emerging opportunities for multisectoral coordination of strategic, sustainable efforts for integrated interventions.

The ongoing revision of Nationally Determined Contributions (NDCs), health national adaptation plans, and gender action plans presents a window for mainstreaming SRH into climate finance. Achieving inclusive, equitable, and resilient climate responses requires deliberate alignment of policy frameworks, joint budgeting, and stronger institutional coordination to uphold the health, rights, and agency of all people in a changing climate.

**Women and girls are particularly vulnerable to climate impacts because they are primarily responsible for securing water, food, and energy for their households—resources that are increasingly scarce and unreliable due to climate shocks brought on by shifting weather patterns, resulting in more or longer droughts, floods, and other weather events.**

## BACKGROUND

Climate change is increasingly recognised as a significant threat multiplier that deepens existing social and economic inequalities. Its impacts are not uniformly experienced: Women, men, boys, and girls face different climate-related risks due to their varying social roles, responsibilities, and access to resources and services. In sub-Saharan Africa, these disparities are especially pronounced. Structural gender inequalities, weak health systems, and limited social protections worsen women and girls' vulnerability to climate-induced shocks such as drought, flood, displacement, and resource scarcity.

Women and girls are particularly vulnerable to climate impacts because they are primarily responsible for securing water, food, and energy for their households—resources that are increasingly scarce and unreliable due to climate shocks brought on by shifting weather patterns, resulting in more or longer droughts, floods, and other weather events.<sup>1</sup> These responsibilities intensify under environmental stress, increasing the burden of unpaid care work and often forcing girls to drop out of school. In parallel, climate-induced poverty, displacement, and instability are fueling higher incidences of forced child marriage, transactional sex, human trafficking, and gender-based violence (GBV).<sup>2</sup>

These gendered vulnerabilities are closely intertwined with gaps in health systems, particularly around sexual and reproductive health (SRH). Services such as family planning, maternal and newborn care, prevention of sexually transmitted infections (STIs), and GBV response are often fragile and become even more inaccessible during climate emergencies. Across sub-Saharan Africa, high rates of adolescent pregnancy, early marriage, and maternal mortality reflect these intersecting vulnerabilities. For instance, 46% of girls in West and Central Africa and 38% of girls in East and Southern Africa are married before age 18, and maternal mortality averages 545 deaths per 100,000 live births—far higher than global rates.<sup>3</sup>

The situation is even more critical in fragile and conflict-affected areas. In these settings, weak institutions, displacement, and repeated climate disasters leave mobile populations—refugees, internally displaced persons, and nomadic communities—with little access to consistent SRH care.<sup>4</sup> Despite the clear connection between climate shocks and gender and SRH vulnerabilities, most national adaptation and resilience strategies do not reflect or respond to this nexus.<sup>5</sup>

Global discourse increasingly acknowledges the links between climate, gender, and SRH. Gender equality and SRH are essential components of climate resilience. They equip individuals and communities with the knowledge, autonomy, and resources needed to manage risk, adapt to change, and recover from shocks. However, only a small number of countries' Nationally Determined Contributions (NDCs) under the Paris Agreement explicitly reference SRH, and even fewer include tangible actions or budget allocations to address these issues.<sup>6</sup>

Regional bodies such as the African Union (AU), East African Community (EAC), Common Market for Eastern and Southern Africa (COMESA), and Southern African Development Community (SADC) have issued calls for more gender-responsive climate action. However, the integration of gender and SRH across national climate policies remains inconsistent and is rarely embedded in climate budgeting processes, monitoring and evaluation systems, or multisectoral coordination mechanisms.

This study focuses on eight sub-Saharan African countries—Ethiopia, Kenya, Malawi, Niger, Rwanda, Tanzania, Uganda, and Zambia—to assess the extent to which they integrate gender and SRH into their climate policies, plans, and financing. It examines the coherence of their climate, health, and gender policy frameworks; prioritization of SRH in climate-related investments; and effectiveness of cross-sector coordination. Our findings aim to inform more inclusive, equitable, and resilient climate responses that uphold the health, rights, and agency of women, men, girls, and boys.

## METHODS

We analysed climate- and health-related documents of eight countries in sub-Saharan Africa—Ethiopia, Kenya, Malawi, Niger, Rwanda, Tanzania, Uganda, Zambia. In total, we reviewed 58 documents. (See annex.) They are categorized into:

- *National climate frameworks* such as the Climate Resilient Green Economy Strategy (2011-2019), NDCs (2021), and the Long-Term Low Emissions Strategy (2020-2050).
- *Health/SRH policies* such as the Health National Adaptation Plan II (2021-2025) and Health Sector Transformation Plan II Mid-Term Review (2023).
- *Gender and climate action plans and programmes* such as the Climate Change Gender Action Plan (2024) and Scoping Report—Ethiopia’s Response to Climate Change and Gender (2020).
- *Climate finance reporting* such as the Green Climate Fund FPO58 annual reports (2020-2023).

Our assessment criteria focused on three pillars: 1) health-climate linkages (including SRH), 2) gender responsiveness, and 3) financing mechanisms. For the health/SRH category, we scrutinized documents for references to climate-sensitive diseases such as malaria, disruptions to maternal care, and mental health impacts. We evaluated gender integration through targets for women’s leadership, budget transparency, and inclusion of marginalised groups. We analyzed climate financing by tracking allocations to health/SRH and gender-specific projects in national budgets and international funds like the Green Climate Fund.

## RESULTS

### Integration of Sexual and Reproductive Health in Climate Change Frameworks

Our cross-country analysis of Ethiopia, Kenya, Malawi, Niger, Rwanda, Tanzania, Uganda, and Zambia reveals notable progress on the integration of health into climate policies, yet SRH integration remains weak to nonexistent in national climate



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frameworks. Tanzania is a rare exception—its Health National Adaptation Plan (HNAP, 2023-2030) explicitly references maternal and newborn health, GBV prevention, and adolescent reproductive health in the context of climate vulnerability. In contrast, countries like Ethiopia, Kenya, Rwanda, Uganda, and Zambia make brief, often generic references to maternal or child health without positioning SRH as part of their climate adaptation responses. Key areas such as access to family planning, prevention of early marriage and STIs, GBV services, and support for adolescent health are largely invisible in climate strategies. This absence reflects a broader fragmentation between health and climate policy frameworks and overlooks the specific needs of women, girls, and marginalised groups during climate-induced crises such as drought, displacement, and food insecurity.

The financing landscape similarly exposes major gaps in addressing the SRH-climate nexus. While countries like Ethiopia and Rwanda have included gender-related budget lines in their Climate Change Gender Action Plans (ccGAPs), climate budgets have little to no dedicated funding for SRH services. Health systems may receive general climate adaptation resources, but SRH services—such as climate-resilient maternity care, contraceptive supply chains, and mobile reproductive health services for displaced populations—are not budgeted for explicitly. No country we reviewed cited examples of SRH-specific projects supported through major climate financing mechanisms such as the Green Climate Fund (GCF) or Adaptation Fund. Moreover, most countries lack the tools and systems to monitor how climate finance supports health or gender-responsive programming, further weakening accountability.

Given the lack of tools and systems, monitoring and data are equally insufficient to hold countries accountable for their commitments and track

**Most countries lack the tools and systems to monitor how climate finance supports health or gender-responsive programming, further weakening accountability.**

progress. While some countries—such as Kenya, Ethiopia, and Rwanda—acknowledge the importance of collecting sex-disaggregated data, SRH indicators are absent from climate monitoring frameworks. Without data on how climate change is affecting access to reproductive health services, maternal mortality, or GBV risks, it becomes nearly impossible to design targeted, evidence-informed responses. This lack of evidence further limits governments' ability to track progress, secure appropriate funding, and respond effectively to the compounded vulnerabilities faced by women, youth, and other at-risk groups.

Despite these challenges, countries have opportunities to strengthen integration by explicitly including SRH in climate adaptation and gender policies; leveraging climate finance mechanisms to support SRH investments; formalizing intersectoral coordination between ministries of health, gender, and environment; and revising national monitoring frameworks to include SRH-sensitive indicators and collect and use sex- and age-disaggregated data. Additionally, governments and development partners can prioritize meaningful engagement of youth and women's organisations, particularly SRH advocates, in national climate processes. By seizing such opportunities, African countries can ensure that climate responses are not only more effective but also more equitable and inclusive, especially for women and girls on the frontlines of climate change.

**Countries have opportunities to strengthen integration by explicitly including SRH in climate adaptation and gender policies.**

## COUNTRY CASES: SEXUAL AND REPRODUCTIVE HEALTH



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### ETHIOPIA

Ethiopia's climate policy landscape shows a moderate but evolving commitment to integrating health considerations in key documents such as the National Adaptation Plan (NAP-ETH, 2019) and the ccGAP (2024). However, the policies fall short in terms of SRH integration. They contain no articulation of how climate change disrupts access to contraception, maternal care, and adolescent health services or how it worsens the risks for GBV. The NAP-ETH does not mention any core SRH concerns. Instead, it narrowly frames adaptation in the health system around disease surveillance and physical infrastructure, with no acknowledgment of SRH services. Despite the inclusion of health ministries and gender focal points in planning processes, SRH-specific institutions and actors are consistently excluded. Monitoring and evaluation frameworks lack SRH indicators altogether, and gender-related targets tend to be vague and underdeveloped. The ccGAP offers a slight improvement, referencing maternal and child health and reproductive health strategies, but it fails to connect them to climate risks or adaptation priorities.

### KENYA

Kenya's policy landscape demonstrates varied levels of integration of maternal and newborn health (MNH) and family planning into its health and development policies but leaves significant gaps in climate-related frameworks. Core development policies such as the Third Medium Term Plan (2018-2022), Population Policy for National Development (2013), Vision 2030, and health sectoral policies like the Kenya Health Policy 2014-2030 and Population, Health and Environment (PHE) Policy Guidelines (2022) treat health as a foundational pillar for socioeconomic transformation, highlighting infrastructure expansion, service delivery, and universal coverage. Health policies set clear targets for the integration of MNH, such as declines in maternal and neonatal mortality, and flagship programmes like Beyond Zero.

On the other hand, while climate-specific strategies like the Updated NDC (2020) and National Adaptation Plan (2015-2030) reference health as a vulnerable sector and outline adaptation actions, they are mainly limited to communicable disease control. They neglect broader health determinants

such as maternal health, noncommunicable diseases, and services tailored to gender-based vulnerabilities. Climate-related frameworks also fail to mention MNH, despite its high sensitivity to climate shocks such as food insecurity, disease outbreaks, and poor water and sanitation, underscoring a missed opportunity for health-inclusive adaptation planning.

Pilot initiatives under the PHE Policy Guidelines—such as the World Wide Fund for Nature- and Danish International Development Agency-supported projects—are noteworthy for connecting SRH to resilience building in vulnerable communities. The Population Policy for National Development (2013) recognises reproductive rights as a driver of gender equality and social progress but lacks an explicit link to climate adaptation or vulnerability reduction. Family planning receives strong focus in population and health policies, where it is seen as critical to demographic management, maternal health, and sustainable development. The PHE Policy Guidelines position family planning as essential for healthy timing and spacing of pregnancies and ecosystem sustainability. The Population Policy for National Development goes further by setting ambitious family planning targets and stakeholder roles. Yet, family planning is entirely absent from climate change policies despite its relevance to climate resilience through reducing pressure on ecosystems and enhancing community adaptive capacity.

## MALAWI

Malawi's policy documents demonstrate the country's growing awareness of climate change's health implications and the steps it has taken to strengthen its health systems. Malawi is promoting SRH through its participation in regional agreements and the establishment of a Directorate for Reproductive Health within the Ministry of Health. However, the integration of SRH within its climate change policies and commitments remains limited. The Updated NDCs (2021) include public health and HIV/AIDS as cross-cutting concerns but do not explicitly address maternal health, family planning, adolescent health, or GBV. The National Climate Change Management Policy (2016) and the National Disaster Risk Management Policy (2015) reference public health risks broadly but do not connect them to SRH needs or challenges during climate-related emergencies.

A few exceptions exist outside core climate policies, such as the Her Future Her Choice project supported by Global Affairs Canada and Oxfam, which prioritizes adolescent reproductive health, GBV prevention, and access to SRH services. However, these initiatives are not embedded within the national climate policy framework and are largely donor driven, limiting their sustainability and systemic impact. Similarly, the Climate Resilient Health and Well-Being project makes some effort to address gender-responsive service delivery and the needs of vulnerable populations but falls short of comprehensively integrating SRH, particularly in terms of family planning, adolescent-specific services, and GBV prevention.

## NIGER

Niger's policy landscape reflects a strong foundational commitment to health and SRH, particularly through targeted reproductive health strategies and national health planning frameworks. The Reproductive Health Law (2006) and the Integrated National Reproductive Health Strategy underscore the centrality of SRH and family planning in reducing maternal mortality and advancing women's empowerment. These policies promote access to essential services, especially for women and adolescent girls, with an emphasis on rights, equity, and quality of care. The Family Planning Costed Implementation Plan 2030 further deepens this commitment by targeting contraceptive access, adolescent-responsive services, and reduced unmet need for family planning. Despite their strengths, none of these strategies explicitly integrates climate resilience considerations, limiting their responsiveness to climate-induced service disruptions.

Conversely, climate policies such as the National Adaptation Plan (NAP) and the National Climate Change Adaptation Action Plan (NAPA, 2006) do acknowledge the health sector's vulnerability and propose broad measures like early warning systems and resilience building. Yet they lack explicit reference to SRH, family planning, or differentiated health impacts for women, adolescents, and marginalised groups. The result is a missed opportunity for synergy between Niger's robust reproductive health framework and its climate resilience efforts.

## RWANDA

Rwanda has demonstrated a strong political will to address climate change through comprehensive policy frameworks, including the NDCs, the National Environment and Climate Change Policy (2019), and the National Strategy for Transformation (NST1, 2017-2024). These frameworks acknowledge the health sector's vulnerability to climate risks such as malaria, diarrhoeal diseases, and malnutrition, and directs some adaptation funding towards public health system strengthening. However, while Rwanda's climate strategies recognise broad health impacts, they do not explicitly address how climate-related disruptions affect access to essential SRH services such as antenatal care, safe delivery, family planning, and protection from GBV, especially during emergencies.

The National Environment and Climate Change Policy offers an indirect reference to SRH through its discussion of demographic trends and population pressures, which are framed in the context of environmental sustainability and the potential for leveraging the demographic dividend. While this language suggests the relevance of reproductive health and family planning, the policy stops short of articulating clear strategies or investment pathways to integrate SRH into environmental or climate-related interventions. Similarly, the National Disaster Risk Reduction and Management Policy (2023) acknowledges that disasters compromise access to health services but does not extend its analysis to include reproductive health needs or maternal and adolescent health services, which are particularly vulnerable in times of crisis.

The ongoing formulation of Rwanda's ccGAP, which has the potential to close this gap, is a promising development. The participatory process behind the ccGAP, involving stakeholders from the ministries of gender, health, and environment, signals an opportunity to integrate SRH into climate resilience planning through a gender lens. If this process results in concrete strategies, budget allocations, and monitoring mechanisms, it could transform Rwanda's approach to climate and health policy. However, until this plan is finalized and operationalized, SRH integration remains a future ambition rather than a current practice.

Moreover, the lack of a HNAP further limits coordinated efforts to mainstream health and SRH into Rwanda's climate change agenda. Although

broader development strategies such as Vision 2050 and the NST1 aim to improve maternal and child health and consider population dynamics, they are not explicitly aligned with climate adaptation efforts.

## TANZANIA

Tanzania's policy landscape reveals growing but uneven integration of health into climate change strategies, while the inclusion of SRH remains fragmented and largely underdeveloped. Several key policies, including the HNAP draft (2025-2030) and the Health Sector Strategic Plan V (HSSP V, 2021-2026), explicitly identify the health sector as vulnerable to climate change. The National Five Year Development Plan (FYDP, 2021/22-2025/26) outlines significant investments in health-system strengthening, maternal health, and youth well-being but fails to explicitly link them to climate vulnerabilities or adaptation needs. Importantly, SRH integration across these policies is limited. The HNAP frames maternal health, GBV, and adolescent health as climate relevant, particularly in the context of emergencies and service disruptions. However, it does not address other SRH-related issues such as family planning, menstrual hygiene, and HIV and STI prevention.

The National Climate Change Response Strategy (2021-2026) references the heightened vulnerability of pregnant women and caregiving burdens faced by women during climate shocks, along with increased risks for GBV. Yet, it lacks concrete SRH actions, indicators, or budget lines. The FYDP includes strong targets on maternal health and adolescent services but does not frame them within the climate adaptation discourse or link them to resilience efforts. HSSP V and the 2007 National Health Policy are largely silent on the SRH-climate intersection, reflecting a significant policy blind spot. Monitoring frameworks in these policies provide general health targets but do not offer the strategies and indicators required to track SRH resilience in a changing climate. Additionally, Tanzania has yet to mobilize climate financing in support of SRH, and current allocations to health systems rarely extend to reproductive services or adolescent health.

## UGANDA

Uganda's climate and development policy environment presents a mixed picture when it comes to the integration of SRH. Some policies show commendable attention to integration while others lag. The National Climate Change Policy (2015) and the National Population, Health and Environment Network (NAPHENET) Strategic Plan (2020/21-2024/25) demonstrate strong SRH integration. The Climate Change Policy acknowledges SRH as fundamental to climate resilience, explicitly referencing family planning, maternal health, and demographic trends. Similarly, the NAPHENET Strategic Plan adopts a rights-based and inclusive framework that integrates reproductive health, family planning, and gender equality into environmental sustainability and climate resilience programming, offering a progressive model for multisectoral integration.

In contrast, the updated NDC (2022) and Uganda Vision 2040 provide moderate levels of SRH integration. The NDC alludes to gender-responsive adaptation and social protection measures for women and girls, suggesting important entry points for SRH, but it stops short of defining concrete actions or allocating resources for SRH within climate adaptation. Vision 2040 includes reproductive health as part of Uganda's demographic transition and human capital development goals but lacks specificity on rights-based SRH services and how they will be protected or expanded in the face of climate change.

The most recent and operationally significant development in Uganda's climate-health policy landscape is the Health National Adaptation Plan (H-NAP) 2025-2030, which represents the clearest institutional acknowledgement of the intersection between climate change and SRH. The H-NAP recognises that climate change indirectly contributes to SRH-related challenges, including increased transmission of HIV and other STIs driven by reduced household incomes and limited access to preventive services. It also draws an explicit link between climate change and heightened risks of GBV, early marriage, sexual violence, and human trafficking—framing them as climate-sensitive health concerns. The H-NAP specifically identifies pregnant women and young children as groups facing heightened health risks from climate-related hazards, underscoring the maternal and reproductive dimensions of climate vulnerability. It further recognises that climate shocks disrupt supply chains and delivery systems for

essential reproductive health commodities, directly compromising access to SRH services.


Within its strategies, the H-NAP calls for joint multisectoral risk management that explicitly includes SRH alongside water, sanitation, nutrition, and air quality, with particular attention to women, girls, youth, persons with disabilities, and other marginalised groups. It also calls for periodic research to generate evidence on the interlinkages between climate change and health outcomes spanning SRH; reproductive, maternal, newborn and child health; mental health; gender; and nutrition.

Despite these meaningful references, SRHR commitments in Uganda's H-NAP remain largely cross-cutting in nature. They are not explicitly reflected in the monitoring and evaluation framework or the implementation plan, which limits their measurability and risks them being deprioritised during execution. Translating these acknowledgements into dedicated indicators, costed actions, and accountability mechanisms therefore remains a critical and urgent next step for Uganda.

## ZAMBIA

Zambia has made some progress in integrating health considerations into its climate-related policy landscape; however, the inclusion of SRH remains notably weak and inconsistent. While the National Adaptation Plan (NAP, 2023), the NDC 3.0 (2025), and the ccGAP acknowledge the health sector as vulnerable to climate change and emphasize gender as a cross-cutting issue, they rarely mention SRH in a substantive or strategic way. Maternal health, family planning, adolescent sexual and reproductive health, and GBV prevention and response—key pillars of SRH—are absent or only vaguely alluded to, particularly in the ccGAP, which briefly references reproductive health and fertility without offering actionable climate-linked commitments.

In terms of practical policy integration, Zambia's climate plans have no dedicated mention of SRH-specific actions, indicators, or financing. The NAP suggests incorporating climate risk into health sector planning but does not go so far as to include SRH. Furthermore, cross-sectoral linkages that could support a more integrated approach, such as those between health, disaster risk reduction, water, and energy, include general health considerations but neglect reproductive health dimensions entirely. Despite the Ministry of Health's presence in some



climate policy discussions, there is little evidence that SRH stakeholders, including organisations focused on women’s health and rights, have been meaningfully engaged in the development or implementation of climate strategies.

The lack of SRH-specific monitoring and evaluation frameworks further weakens accountability and tracking. Zambia’s climate policies do not include indicators that measure SRH outcomes, nor do they link climate finance mechanisms—such as those supported by the GCF and Adaptation Fund—to SRH programming. Even where climate and adolescent health vulnerabilities intersect, such as in the National Adolescent Health Strategic Plan, 2022-2026, the climate-SRH nexus remains underdeveloped, and these concerns are not reflected in the broader National Health Strategic Plan (2022-2026) or climate strategies.

### **Integration of Gender in Climate Change Policy Frameworks**

A cross-country assessment of climate policies across the study countries reveals that gender is increasingly recognised as a cross-cutting issue, though the depth and quality of its integration vary widely (Table 1). Most countries explicitly mention gender equality, women’s roles in rural development, and climate change’s disproportionate impacts on women and marginalised groups. Ethiopia, Kenya, and Rwanda have taken commendable steps by embedding gender equality as a guiding principle and core objective in their national climate policies, such as ccGAPs. Similarly, Tanzania’s and Uganda’s policies acknowledge gender vulnerability and the need for women’s participation in climate decision-making. However, many of the policies fall short of translating these principles into actionable, measurable, and well-resourced commitments.

A few countries have developed clear, gender-specific targets and action plans that promote women’s economic empowerment, leadership, and access to climate resources. For instance, Ethiopia’s ccGAP (2024) outlines specific interventions such as leadership training, participation quotas in green industries, and dedicated budgets for awareness raising. Kenya’s and Rwanda’s national adaptation plans (NAPs) also include gender-focused actions in key sectors like agriculture, water, and disaster risk reduction. However, in countries like Malawi, Niger, and Zambia, gender actions tend to be broad or poorly defined and lack concrete targets, timelines,

or implementation frameworks. In more advanced policy contexts, limited linkages between gender and key climate themes such as energy, infrastructure, or climate-smart finance can also be found.

Women’s participation and representation, particularly rural and Indigenous women, in climate policy processes are emphasized in nearly all national frameworks. Countries like Uganda and Kenya promote stakeholder engagement as a central principle and highlight the importance of women’s inclusion in climate governance structures. Nevertheless, implementation is often ad hoc or project-based, with insufficient documentation on the actual level of women’s participation or influence in shaping national climate priorities. Furthermore, intersectionality—addressing the differentiated vulnerabilities faced by women with disabilities, young women, or those from minority ethnic communities—is rarely addressed in a structured manner, limiting the inclusivity of gender integration efforts.

Monitoring and evaluation frameworks across the countries reveal gender’s inconsistent treatment. While some policies mention the need for sex-disaggregated data and gender-sensitive indicators (such as Ethiopia, Rwanda, and Kenya), systematic approaches to integrating such data into monitoring systems remain weak. In most countries, indicators that track the outcomes of gender-specific climate actions are either missing or lack clarity on methodology and accountability mechanisms. This absence undermines countries’ ability to assess the effectiveness of gender interventions and course-correct during implementation.

On gender-responsive climate financing, practices are promising but limited. Countries such as Ethiopia and Rwanda have included budget lines for gender-related activities in their sectoral adaptation plans. However, comprehensive gender budgeting across the full spectrum of climate finance—from proposal design to disbursement and reporting—is absent in most contexts. None of the countries we reviewed presents a clear share of total climate finance allocated specifically to gender activities. Additionally, while some plans mention tools like gender budgeting frameworks or gender impact assessments, their operationalisation remains weak due to lack of technical capacity, resources, or political prioritization.

**TABLE 1. Summary Comparing Progress in Gender and Climate Change Integration Across Study Countries**

Country	Gender Recognition in Climate Policies	Gender-Specific Actions & Targets	Sex-Disaggregated Data & Indicators	GBV & Harmful Norms Addressed	Participation & Governance	Gender Budgeting / Financing
Ethiopia	High	Partial (ccGAP only)	Some (ccGAP)	Weakly	Promoted, weak capacity	Limited
Kenya	Moderate	Some (NDC, CCAP)	Emerging	Limited	Mentioned, uneven	Emerging
Malawi	Moderate	Limited	Largely absent	No	Weak	None
Rwanda	Moderate	Minimal	None	No	Emerging	None
Tanzania	Moderate	Few	Weak	No	Limited	Not tracked
Uganda	High	Yes (NDC)	Yes (NDC)	Yes (some policies)	Strong in NDC	Included in NDC
Zambia	Moderate	Limited	Absent	No	Limited	Unclear

With the policy landscape increasingly recognising gender as a cross-cutting issue in climate change policy, countries can take clear steps to institutionalize gender focal points in all climate-relevant ministries, backed by clear mandates and resourcing. This institutionalization includes national policies that adopt transformative approaches that challenge discriminatory norms, promote legal and economic empowerment, and explicitly address gender issues. It also includes strong cross-sector coordination mechanisms—linking gender, agriculture, health, energy, and environment—

to deliver integrated programming, as well as investment in building national capacity to conduct gender analyses, design gender-responsive budgets, and track gender outcomes through robust data systems. With these improvements, climate action in the region can become more inclusive, effective, and equitable, benefiting women and communities on the frontline of climate impacts.

## COUNTRY CASES: GENDER



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### ETHIOPIA

Ethiopia's ccGAP (2024) provides a solid foundation for gender-responsive climate action. Policies such as the National Adaptation Plan (NAP-ETH, 2019) and the Scoping Report - Ethiopia's Response to Climate Change and Gender (2020) recognise climate change's disproportionate impacts on women and marginalised groups and call for inclusive approaches. However, gender integration often remains incidental, focused on participation rather than transformation. While the ccGAP includes specific gender targets, limited budget allocations, and some gender indicators, other policies lack measurable actions, financing strategies, and robust monitoring frameworks. Institutional mechanisms for gender mainstreaming are in place but weakened by limited capacity and enforcement. Critically, the policies overlook GBV, SRH, and harmful sociocultural norms, key factors that influence women's resilience to climate shocks. Intersectionality has also received limited attention, leaving out the unique needs of women with disabilities, Indigenous women, and other vulnerable groups.

For Ethiopia to move from recognition to transformation, its future efforts must embed gender equality as a central pillar in its policies—backed by data, funding, and institutional accountability—to ensure climate responses are inclusive, equitable, and effective.

### KENYA

Kenya's climate change policies show moderate progress in integrating gender. Key national frameworks such as the National Policy on Gender and Development (2019), Population Policy for National Development (2013), and the Kenya Health Policy (2014-2030) affirm the country's commitment to gender equality and outline strategies to reduce gender-based vulnerabilities. The NDC 2.0 (2020) explicitly recognises the differentiated impacts of climate change on women, youth, and vulnerable groups, and commits to adaptation measures that promote gender-responsive finance, technologies, and livelihoods. Similarly, the National Climate Change Action Plan (2018-2022) reinforces this commitment by emphasising inclusion across sectors and planning levels. However, gaps persist in translating these commitments into concrete climate action. While documents like the Third Medium Term Plan (2018-2022) acknowledge gender, actionable mechanisms for implementation are often weak or absent. More recent strategies—such as the National Climate Change Strategic Plan (2023-2027)—lack explicit gender integration altogether, signaling a step back in mainstreaming efforts.

To strengthen the impact of climate responses, Kenya must deepen gender integration across all climate frameworks, establish clearer accountability

mechanisms, and ensure financing and monitoring systems reflect gender-specific needs and outcomes.

## MALAWI

Malawi has made visible progress in recognising gender as a cross-cutting issue in its climate-related policies, but implementation remains limited. Malawi's Updated NDCs (2021) explicitly acknowledge the gender-differentiated impacts of climate change and commit to mainstreaming gender through instruments like a forthcoming ccGAP. The NDCs identify women, particularly in agriculture and rural settings, as disproportionately affected by climate change and in need of targeted support. However, they lack measurable gender-specific targets, indicators, or budgets. Issues such as GBV, harmful social and cultural norms, and women's participation in climate governance receive minimal attention.

Going forward, Malawi could strengthen its climate framework by operationalising the proposed Gender Action Plan with clear targets, indicators, and financing, and by embedding mechanisms to address structural gender inequalities and enhance women's leadership in climate decision-making. This would support a shift from high-level recognition of gender issues towards accountable and transformative climate action.

## NIGER

Niger has shown commendable political commitment to integrating gender into its climate change policies, positioning women as central actors in climate resilience. The Gender and Climate Change Action Plan (PAG-CC, 2023-2027) marks a significant step in promoting women's participation in climate governance, advocating for gender-responsive budgeting, and encouraging the use of sex-disaggregated data. It reinforces the view of women—particularly in agriculture and other rural livelihoods—as agents of change who should be empowered to access climate finance and decision-making spaces. The NDC (2021) reflects growing gender sensitivity, especially in vulnerable sectors like agriculture, water, and health. However, these documents make no mention of SRH. Gender equality is embedded in Niger's Constitution (2010) and national development strategies, including the Sustainable Development and Inclusive Growth Strategy–Niger 2035 and Economic and Social Development Plan (2022-2026), which support

efforts to eliminate discrimination, creating an enabling environment for gender mainstreaming in climate policy. Nevertheless, implementation gaps persist. Many plans acknowledge gender without detailing actions for specific groups like adolescent girls or displaced women.

Moving forward, Niger must establish gender targets, promote women's leadership, integrate SRH into its policies frameworks, and fund grassroots women's organisations to ensure inclusive, equitable, and locally driven climate responses.

## RWANDA

Rwanda has made commendable progress in integrating gender into its national policy frameworks and is gradually extending this commitment to its climate change agenda. The NDCs recognise gender as a cross-cutting issue, calling for disaggregated data and the promotion of gender equality. However, practical implementation is limited, with few sector-specific strategies, indicators, or dedicated funding mechanisms. The National Environment and Climate Change Policy (2019) stands out by recommending and supporting the development of an Environment and Natural Resources Gender Mainstreaming Strategy, signaling institutional intent. Rwanda's most promising initiative is its ongoing development of a ccGAP, led by the Ministry of Environment, with wide stakeholder inclusion. It presents a key opportunity to embed intersectional, gender-responsive actions across climate sectors. Nonetheless, other national strategies like the National Strategy for Transformation (2017-2024) and disaster management policies acknowledge gender mainly in governance or social protection terms and lack direct links to climate resilience. Sectoral plans in agriculture, energy, and urban development also miss opportunities to address gender-differentiated needs and roles.

Overall, while Rwanda shows strong political will, more concrete actions, financing, and accountability mechanisms are needed to ensure gender commitments translate into transformative climate resilience outcomes.

## TANZANIA

Tanzania's climate and development policy frameworks increasingly recognise the gendered dimensions of climate change, though integration is uneven across sectors. The National Climate Change

Response Strategy (2021-2026) leads in this area by explicitly acknowledging the disproportionate impact of climate shocks on women, including through increased caregiving burdens, exposure to GBV, and unequal access to resources. It sets a clear objective to promote gender-responsive climate interventions and outlines targets for mainstreaming gender into climate actions by 2026. Similarly, the Five Year Development Plan (2021/22-2025/26) includes gender-specific development measures—such as enhancing girls’ education and women’s economic empowerment—though they are not directly tied to climate resilience. In contrast, health sector policies such as the Health Sector Strategic Plan (2021-2026) and the outdated National Health Policy (2007) fail to address gendered climate vulnerabilities or propose adaptation strategies that are inclusive of women’s health needs. Across all policies, mechanisms to ensure women’s participation in climate governance, systematic use of sex-disaggregated data, and gender-responsive budgeting are weak. While some policies mention GBV and harmful norms, concrete strategies to address them within climate responses are absent.

To move from recognition to action, Tanzania must embed gender equality across all climate sectors, link it to financing, and strengthen institutional accountability.

## UGANDA

Uganda’s climate policy framework shows moderate to strong integration of gender, with some policies demonstrating notable progress while others fall short of full operationalisation. The updated NDC (2022) stand out for its high level of commitment, explicitly promoting gender-responsive implementation. It emphasises the appointment of gender and climate specialists across institutions, collection of sex-disaggregated data, and women’s enhanced participation in climate decision-making, highlighting gender equity as essential for inclusive and sustainable development. The National Climate Change Policy (2015) also recognises gender as a cross-cutting issue, calling for capacity strengthening and strategies to reduce women’s climate vulnerabilities. Similarly, the National Population, Health and Environment Network Strategic Plan (2020/21-2024/25) uses a population, health, and environment approach to address GBV, early marriage, and other sociocultural barriers. However, other key frameworks like the National Policy for Disaster Preparedness and Management (2011) and Uganda Vision 2040 provide only limited

integration, acknowledging women’s vulnerabilities without clearly identifying gender-responsive strategies. The Second National Family Planning Costed Implementation Plan (2020/21-2024/25) applies a strong gender lens to SRH but lacks linkage to climate resilience.

To advance from intent to impact, Uganda must embed gender equity across all climate and development policies through measurable targets, consistent financing, and stronger institutional accountability mechanisms.

## ZAMBIA

Zambia’s climate policy framework—based primarily on review of the NDC 3.0 (2025)—shows moderate attention to gender equality, with recognition of women’s and marginalised groups’ heightened vulnerability to climate impacts. The NDC identifies gender as a cross-cutting issue and calls for inclusive approaches in adaptation and mitigation. However, the NDC identifies no gender-specific goals, measurable targets, or clear accountability mechanisms. Women’s participation in climate governance, particularly at community and rural levels, is acknowledged but not operationalised through institutional measures or financing. The NDC does not include provisions for sex-disaggregated data collection or gender-sensitive indicators to track progress, and its guidance on gender-responsive budgeting is vague. While the ccGAP references the need for gender-responsive finance, its implementation framework and linkages to broader climate financing mechanisms remain unclear. Importantly, the policy does not address structural barriers such as harmful social norms or GBV that limit women’s adaptive capacity. It shows alignment with international frameworks such as the Convention to Eliminate All Forms of Discrimination Against Women (CEDAW) and the United Nations Framework Convention on Climate Change (UNFCCC) Gender Action Plan but does not translate these frameworks into actionable measures.

Zambia could strengthen gender integration by translating high-level commitments into actionable measures through clearly defined targets, indicators, and financing mechanisms, strengthening implementation of the Gender Action Plan, and embedding sex-disaggregated data and accountability systems within climate governance. Aligning national policies more explicitly with CEDAW and the UNFCCC Gender Action Plan would support more transformative, inclusive, and measurable climate action.

## Integration of Financing for Gender and Sexual and Reproductive Health in Climate Change Frameworks

Our cross-country assessment of financing for gender and SRH in climate policies and commitments across the review countries reveals significant gaps in both recognition and financial integration (Table 2). Despite increasing discourse on the interlinkages between climate change and SRH, particularly in relation to gender equality, population dynamics, and health system resilience, very few national climate policies explicitly acknowledge or allocate resources to SRH within their climate action frameworks. While some countries reference maternal and child health, these mentions are often limited to narrative statements without accompanying budget lines or investment strategies tied to climate financing.

Ethiopia and Kenya have made modest efforts to recognise SRH-related health priorities within their broader gender or health actions. Ethiopia's ccGAP includes budget estimates for gender-responsive health infrastructure and training, but it does not allocate funding specifically for SRH components such as family planning, adolescent health, and GBV services. Kenya's National Adaptation Plan references population health concerns and gender-sensitive health responses in climate-vulnerable regions but, again, its link to SRH is neither explicit nor budgeted. Uganda and Tanzania make broad references to health and gender in their climate strategies but omit financing mechanisms or programmatic focus on SRH.

None of the eight countries systematically leverage climate finance mechanisms such as the GCF, Adaptation Fund, or other bilateral or multilateral sources to address SRH-climate intersections. Additionally, none of the climate proposals or programmes that we reviewed from these countries included SRH as a funding objective or outcome area. Most climate finance allocations prioritise sectors like agriculture, water, energy, and

infrastructure, with limited allocations to health and none to SRH. Even where development partners like the World Bank or international research consortia, such as Accelerating Impacts of CGIAR Climate Research in Africa (AICCRA) and the Alliance of Bioversity International and the International Center for Tropical Agriculture (Bioversity-CIAT), support health and gender-linked climate projects, SRH components are largely absent or not well defined in financing frameworks.

Institutional readiness to integrate SRH into climate budgeting is also limited. None of the countries assessed has established dedicated mechanisms to enable SRH's mainstreaming within climate investment portfolios. Moreover, gender-responsive budgeting—where it exists—tends to prioritise women's economic empowerment and access to productive resources rather than health rights and services. We also found a notable absence of coordination between ministries of finance, health, gender, and environment in defining, costing, and tracking investments that address the SRH-climate nexus.

This landscape provides key opportunities for countries to strengthen their financing, beginning with explicitly articulating SRH priorities within national climate and adaptation plans and supporting them with clear costing frameworks and budget lines aligned with national climate finance architecture. Countries could also explore integrating SRH outcomes into proposals for international climate funds, especially in the context of building climate-resilient health systems. Strengthening collaboration between ministries of health, gender, and environment, alongside technical partners and civil society organisations working on SRH, would be instrumental in designing bankable, multisectoral projects. Lastly, by adapting data systems and monitoring and evaluation frameworks to track climate finance's impact on SRH indicators, countries will establish the evidence base they need to inform future investments and accountability.

**None of the eight countries systematically leverage climate finance mechanisms such as the GCF, Adaptation Fund, or other bilateral or multilateral sources to address SRH-climate intersections.**

**TABLE 2. Cross-Country Assessment of Financing for Sexual and Reproductive Health in Climate Commitments**

Country	Explicit SRH Budgeting in Climate Finance?	International Funding Activity	Key Gaps and Observations
Ethiopia	None	No SRH-focused projects through the GCF, Adaptation Fund, or Climate Investment Funds; gender and health budgets do not allocate funds for SRH	SRH is excluded from climate health costing; ccGAP lacks SRH results and indicators despite Ministry of Health inclusion
Kenya	Minimal	FLLoCA promotes gender and inclusion, but SRH is not integrated; climate-health donor projects rarely include reproductive care	SRH missing in devolved climate financing frameworks; no SRH-specific funding or tracking mechanisms
Malawi	None in national budgets; some donor led	GCF-funded health projects include gender sensitivity but not SRH; strong SRH support from donors like Canada and SIDA	SRH not integrated in climate-health budgets or national adaptation plans; no gender-SRH indicators in results frameworks
Niger	None	Climate finance (such as from the World Bank and GCF) funds WASH and agriculture; SRH is excluded	Climate-health link acknowledged but SRH not costed or included in adaptation plans or budget structures
Rwanda	Minimal	Strong health and SRH frameworks (Vision 2050, NST1); no reproductive health funding in NDC or National Environment and Climate Change Policy	SRH financing siloed in health strategies; climate policies do not allocate funds or indicators for reproductive health
Tanzania	None	Health and gender adaptation supported by donors like UNICEF and the Irish Embassy; SRH is excluded from climate proposals	SRH not integrated into HNAP, NCCRS, or FYDP; gender financing exists (10% LGA rule) but does not specify SRH
Uganda	None	FP-CIP II provides a costed SRH plan (non-climate); no SRH included in climate proposals to the GCF or in NDCs	Strong PHE narrative but no SRH investments in climate strategies; climate-health integration lacks financing detail
Zambia	None	Health is referenced in NDCs and adaptation policies, but no SRH-focused funding comes from climate sources	Gender budgeting mentioned (ccGAP), but SRH is not part of funded activities; no climate-SRH indicators or monitoring

**Notes:** FLLoCA: Financing Locally Led Climate Action. GCF: Green Climate Fund. LGA: Local Government Authority. SIDA: Swedish International Development Cooperation Agency. WASH: water, sanitation, and hygiene.

## COUNTRY CASES: FINANCING FOR GENDER AND SEXUAL AND REPRODUCTIVE HEALTH



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### ETHIOPIA

While Ethiopia's climate policies have made strides in recognising health and gender dimensions, financing for SRH remains entirely absent, leaving a critical gap in adaptation planning. None of the key national climate documents explicitly allocate resources to SRH within climate change budgets. The NAP-ETH (2019) includes general cost estimates for adaptation in sectors like health, agriculture, and water but does not identify or budget for specific SRH components such as family planning, maternal and adolescent health, or the prevention of GBV. While the health sector receives adaptation funding, these allocations do not encompass reproductive health services or climate-resilient SRH infrastructure.

The recently released ccGAP (2024) introduces promising gender-responsive financing elements. For example, it allocates ETB 6 million for awareness campaigns in disaster risk reduction and includes costed actions to promote women's participation and leadership in climate adaptation. However, these interventions stop short of addressing SRH.

Even though the Ministry of Health and the Health Extension Program are acknowledged as key actors, their role in ensuring SRH access during climate shocks or among climate-displaced populations is not supported with dedicated resources. The ccGAP includes some health-sector investments such as disease surveillance and climate-resilient facilities, but they are not explicitly tied to SRH outcomes like safe childbirth, access to contraception, or prevention of climate-exacerbated GBV.

Moreover, Ethiopia's climate finance mechanisms do not currently support SRH-focused projects. Climate documents make no reference to SRH initiatives funded by international mechanisms such as the GCF, Adaptation Fund, or Climate Investment Funds. Although development partners such as the World Bank/International Development Association, AICCRA/International Livestock Research Institute, and Bioversity-CIAT are acknowledged for supporting gender and health-climate programmes, none of these contributions extend to SRH integration. This absence reflects a broader invisibility of SRH issues in both domestic and donor-financed climate projects.

Ethiopia has missed opportunities in financial planning and budget integration. For instance, the country lacks gender-climate budget tagging mechanisms that capture SRH expenditures and its results-based financing frameworks have no SRH indicators. Our analysis also found no evidence of cross-sectoral budgeting that aligns climate adaptation with SRH outcomes such as investments in health systems that provide reproductive health services in climate-vulnerable areas. These gaps suggest that the current climate finance ecosystem is not equipped to identify, prioritise, or track investments in SRH, despite the heightened vulnerability of women, girls, and adolescents to climate-related health risks.

Ethiopia could strengthen its climate response by explicitly integrating sexual and reproductive health into climate policies, budgets, and financing mechanisms, aligning the ccGAP with health sector mandates, and introducing budget tagging and indicators that enable tracking and accountability for SRH outcomes in climate adaptation.

## KENYA

In Kenya, SRH's integration into climate financing frameworks remains minimal despite growing recognition of the gendered impacts of climate change. Kenya's flagship Financing Locally Led Climate Action (FLLoCA) programme provides substantial, devolved climate finance to both national and county governments, prioritising inclusive citizen engagement and targeted support for vulnerable populations. However, the programme does not explicitly incorporate or allocate funds for SRH interventions, including access to reproductive health services or prevention of GBV during climate crises.

Kenya's national policies, such as the Climate Change Act (2016) and the National Climate Change Action Plan (2023-2027), acknowledge the need for gender-sensitive climate responses. Yet, this recognition has not translated into concrete budget lines or programming that integrate SRH within climate adaptation or mitigation strategies. As a result, key elements of reproductive health—such as maternal care, adolescent SRH, and access to contraception—remain overlooked in both planning and financing for climate resilience.

SRH's omission in climate finance mechanisms like the FLLoCA represents a missed opportunity to address critical interlinkages between population

dynamics, reproductive health, and community resilience. Women's ability to access SRH services significantly influences household vulnerability, adaptive capacity, and participation in climate action. Ignoring SRH in climate finance frameworks risks perpetuating gender inequalities and weakening the effectiveness of adaptation efforts, particularly in climate-vulnerable counties with limited health infrastructure.

Kenya could strengthen climate finance effectiveness by explicitly integrating sexual and reproductive health into national and devolved climate financing frameworks through dedicated budget lines, SRH-sensitive indicators, and programming that addresses maternal health, adolescent SRH, and prevention of GBV in climate-vulnerable counties.

## MALAWI

Malawi has made initial strides towards gender-responsive climate financing but a comprehensive and integrated approach to funding SRH within climate frameworks remains underdeveloped. The updated NDCs (2021) make high-level reference to health and gender but do not include dedicated budget lines, measurable targets, or specific financing for SRH-related interventions.

The US\$37 million GCF-supported Climate Resilient Health and Well-Being for Rural Communities in Southern Malawi project, implemented by Save the Children Australia, is a notable attempt to link climate and health financing. This project focuses on building climate-resilient health care infrastructure, disease surveillance, and health workforce training, with an emphasis on gender-responsive service delivery. However, the project's outcomes and budgetary frameworks do not explicitly prioritise or track SRH, making its contributions to SRH indirect and insufficiently visible. In addition, the US\$60 million World Bank-funded Health Emergency Preparedness and Resilience Program aims to integrate climate-health strategies into national systems and support vulnerable populations. While this effort reinforces the health sector's resilience, its connection to SRH—including maternal health, family planning, adolescent health, and GBV prevention—is not explicit.

Donor-funded programmes continue to fill Malawi's SRH financing gap, albeit mostly outside formal

climate finance structures. Notable examples include:

- Her Future Her Choice project: Funded by Global Affairs Canada and implemented by Oxfam Malawi, it provides robust SRH services and GBV prevention for adolescent girls and young women.
- Innovations in Health, Rights and Development: Supported by the Government of Canada and implemented by Farm Radio International and CODE, the project improves SRH awareness and service access through youth-focused communication.
- Youth Initiative for Community Development project: Funded by the Commonwealth Foundation, this project strengthens youth engagement in SRH policy and budget processes, indirectly contributing to gender accountability in health.
- The SADC's SRH, HIV, and AIDS Governance project: Supported by the Swedish International Development Cooperation Agency and implemented through Malawi's parliament, it reinforces rights-based SRH governance.

While donor initiatives have stepped in to provide targeted SRH support, it remains fragmented and largely disconnected from Malawi's national climate priorities. Overall, Malawi needs to strengthen the integration of SRH into climate finance by moving beyond fragmented, donor-driven initiatives towards explicit SRH budget lines, measurable targets, and accountability mechanisms within national climate frameworks and investments.

## NIGER

Niger has made progress on integrating gender considerations into its climate policies, but financing for SRH within these frameworks remains limited and largely implicit. National strategies like the Gender and Climate Change Action Plan (2023-2027) promote gender-responsive budgeting and increased access to climate finance for women but do not explicitly allocate resources for SRH services. Similarly, while the NDC (2021) and NAP recognise health and gender vulnerabilities, they lack clear financing mechanisms or budget lines for SRH. The National Health and Social Development Plan and the Family Planning Costed Implementation

Plan (2030) emphasise maternal health and family planning but fail to integrate climate risks or adaptation financing to ensure the continuity of SRH services during climate crises.

Despite these gaps, Niger has several opportunities to strengthen SRH integration into climate finance. The country can enhance its climate resilience by embedding SRH into national and donor-funded climate finance proposals, particularly those submitted to the GCF. Future climate plans should include costed SRH components such as mobile clinics and reproductive health training for health workers. Additionally, SRH can be mainstreamed into multisectoral climate-health projects through stronger inter-ministerial coordination and partnerships. Decentralised budgeting mechanisms also offer potential for advancing community-level SRH priorities, especially for vulnerable populations like adolescent girls and displaced women. However, these mechanisms require clear policy direction, dedicated funding, and strengthened accountability systems.

Niger could strengthen its climate resilience by explicitly integrating sexual and reproductive health into climate policies and financing through costed SRH components, clearer budget lines, and stronger coordination between climate, health, and finance institutions at both national and decentralised levels.

## RWANDA

Rwanda has shown strong political commitment to gender equality, robust health systems, and climate resilience. However, the explicit integration and financing of SRH within climate policy frameworks remains minimal and largely indirect. For example, in Rwanda's NDCs, health is allocated 3% of the estimated US\$5.3 billion adaptation investment required through 2030. This allocation focuses on climate-sensitive conditions like malaria, diarrhoeal diseases, and malnutrition, with no explicit mention or reference to SRH services. Budget lines and targets for SRH are absent.

The National Environment and Climate Change Policy (2019) acknowledges population dynamics and the demographic dividend, indirectly highlighting the importance of reproductive health. But it lacks concrete financing mechanisms or strategies to support SRH integration within climate resilience planning. Rwanda's broader national strategies, such as the National Strategy

for Transformation (NST1) and Vision 2050, include health and gender priorities. These frameworks address SRH financing through broader health sector reforms but do not integrate SRH within the context of climate finance. For example, NST1 targets increased contraceptive uptake and reduced maternal mortality but the policy frames them under general health objectives, disconnected from climate adaptation resources.

Rwanda does not yet have a Health National Adaptation Plan (HNAP), a tool many countries use to identify and finance health priorities. Without a HNAP, SRH continues to be sidelined in climate-related budgeting processes, limiting the ability to respond effectively to gendered health impacts of climate change.

Rwanda could strengthen climate resilience by explicitly integrating and financing sexual and reproductive health within climate policies and investment frameworks, including the NDCs and future health adaptation planning instruments, to ensure that SRH priorities are systematically linked to climate risks, budgets, and accountability mechanisms.

## TANZANIA

Tanzania has made significant strides in articulating its climate priorities, particularly through national policies and international commitments. Most of its climate finance is directed towards traditionally prioritised sectors such as energy, agriculture, water, infrastructure, forestry, and conservation. These sectors attract significant international funding, including from the GCF and Adaptation Fund, but health—especially SRH—continues to be underrepresented in climate finance proposals and disbursements.

Early signs of gender-responsive climate financing are emerging within Tanzania's policy landscape. A recent public statement by the country's Vice President during the 2024 Climate Forum and the 35th UNFCCC Standing Committee on Finance highlighted a new requirement: All Local Government Authorities must allocate 10% of their own-source revenue to support women, youth, and people with disabilities in adapting to climate impacts. While this action is a progressive step towards inclusion, the financing mechanism does not specifically address or track investments in SRH services such as family planning, adolescent reproductive health, maternal care, or GBV

prevention—areas that are highly vulnerable to climate shocks.

A closer look at Tanzania's national policies reveals additional gaps. The National Climate Change Response Strategy (2021-2026) references climate-smart health systems but does not include any budget allocations or costed interventions related to SRH. The draft HNAP (2025-2030) includes commendable objectives such as health worker training and early warning systems, with attention to maternal health services—but it lacks a financing framework to support SRH-specific actions. Other key strategies, such as the Health Sector Strategic Plan V (2021-2026) and National Five Year Development Plan (2021/22–2025/26), include SRH goals but treat them as general development objectives, with no link to climate resilience or adaptation funding.

At the international level, some development partners are helping bridge the gap between health, gender, and climate. Agencies such as UNICEF, the World Health Organization, and the Irish Embassy have supported projects integrating climate resilience with health and gender programming. However, these efforts are largely funded through health or humanitarian streams rather than through formal climate finance instruments like the GCF, Adaptation Fund, and Climate Investment Funds.

Tanzania could strengthen inclusive climate resilience by explicitly integrating and financing SRH within national and decentralised climate finance frameworks, including by clarifying SRH eligibility under the 10% local government allocation rule and embedding costed SRH actions and indicators within climate and health adaptation strategies.

## UGANDA

Uganda's policy landscape shows broad recognition of the importance of SRH, especially in relation to population dynamics, fertility reduction, and health systems strengthening. However, explicit and sustained financing commitments for SRH within climate-related frameworks remain limited, fragmented, or weakly articulated across most national policies.

The Uganda Vision 2040 outlines a commitment to reducing fertility rates and expanding reproductive health services as part of the country's transformation agenda. It also emphasises the development of a universal health insurance system

and improved delivery of health services at the household level. Despite this strong narrative, the policy lacks costed interventions or specified budgets dedicated to SRH, leaving a significant gap between ambition and implementation.

The National Climate Change Policy (2015) and updated NDC (2022) acknowledge the vulnerability of women, girls, and other at-risk populations to climate impacts. Yet, they do not translate these concerns into financing strategies that include SRH services such as family planning, maternal health, or adolescent reproductive care. Neither policy integrates SRH into adaptation or mitigation actions through dedicated budget lines or financing mechanisms. Similarly, the National Policy for Disaster Preparedness and Management (2011) considers the broader health implications of displacement and climate-related disasters, including the risk of disease outbreaks, but omits funding for SRH-specific interventions such as maternal and newborn care, family planning, and GBV prevention, which are critical services during emergencies.

The Second National Family Planning Costed Implementation Plan (FP-CIP, 2020/21-2024/25) stands out as the only framework with a detailed and budgeted approach to SRH. It allocates funds to increase access to contraception, improve service quality, promote community engagement, and enhance male involvement in family planning. However, it operates in isolation from climate policy frameworks and does not account for the climate-related vulnerabilities that can disrupt SRH service delivery. The National Population, Health and Environment Strategy, which promotes a PHE approach, provides a conceptual entry point for multisectoral coordination. Yet, it falls short in terms of concrete financial commitments or cost estimates specifically tied to SRH outcomes, limiting its effectiveness in mobilising resources and guiding investment.

Uganda could strengthen climate resilience by explicitly integrating and financing sexual and reproductive health within climate and disaster risk frameworks, aligning SRH costed plans such as the FP-CIP with climate adaptation financing, and establishing dedicated budget lines and accountability mechanisms that link SRH service delivery to climate risks and emergencies.

## ZAMBIA

Zambia has not yet incorporated SRH into its climate financing frameworks, either through domestic policy instruments or international climate funds such as the GCF and Adaptation Fund. The NDC 3.0 (2025) lacks any dedicated financial commitments for health or SRH. While it highlights climate adaptation needs across several sectors, it fails to include SRH among them and does not contain costed actions, indicators, or performance measures linking climate impacts to reproductive health vulnerabilities. Zambia's National Adolescent Health Strategic Plan acknowledges climate-related vulnerabilities affecting young people but does not establish financing mechanisms or propose ways to align SRH service delivery with climate adaptation objectives. As a result, it remains disconnected from the broader climate finance architecture.

Zambia could strengthen inclusive climate action by explicitly integrating and financing SRH within climate policies and funding proposals, including NDC implementation and engagement with international climate funds, through costed SRH actions, clear indicators, and accountability mechanisms that link reproductive health needs to climate vulnerabilities.

**Rwanda, despite lacking a formal HNAP, demonstrates promising multisectoral collaboration through its One Health approach, which encourages cooperation across human, animal, and environmental health sectors.**

## Multisectoral Coordination on Climate-Gender-Sexual and Reproductive Health Linkages

Our review of the eight sub-Saharan African countries reveals both emerging progress and persistent gaps in integrating climate change considerations into national health systems. However, national responses vary widely. Kenya and Uganda are among the frontrunners in this area. Both countries have dedicated HNAPs and embed climate-health actions into broader climate policy frameworks. Kenya's approach is particularly holistic, linking climate change to public health, disaster preparedness, infrastructure resilience, and early warning systems, with an emphasis on vulnerable populations. Uganda's HNAP (2025-2030) outlines clear pathways for climate-sensitive disease surveillance, intersectoral collaboration, and health system preparedness.

Tanzania is close behind, with a draft HNAP (2025-2030) and strong integration of climate change into sectoral health strategies such as the Health Sector Strategic Plan V (2021-2026). Tanzania demonstrates relatively robust multisectoral coordination, with collaboration across health, environment, and planning ministries. However, institutional and financial gaps remain, and the draft HNAP has not yet been finalised or implemented.

Ethiopia has a technically sound HNAP II (2024-2028), identifying specific health vulnerabilities and proposing sectoral interventions. It reflects a growing understanding of climate-health linkages, but integration within other national health planning frameworks is inconsistent. While Ethiopia emphasises gender-responsive adaptation in its ccGAP (2024), climate-health integration at the operational level still requires strengthening.

Rwanda, despite lacking a formal HNAP, demonstrates promising multisectoral collaboration through its One Health approach, which encourages cooperation across human, animal, and environmental health sectors. Yet, climate-health linkages in policy documents are mostly indirect or weak, with few concrete actions or indicators. The health sector recognises the impact of environmental pressures, but translating this recognition into climate-resilient health planning is still limited.

In contrast, Malawi, Niger, and Zambia show weak to nonexistent integration of climate change in their national health policies. These countries are highly vulnerable to climate-sensitive diseases and environmental hazards but lack dedicated climate-health strategies. Malawi's Health Sector Strategic Plan III (2023-2030) acknowledges some vulnerabilities, but it lacks financing and policy coherence. Niger's policies make no reference to climate and health linkages. In Zambia, while policy documents make general references to resilience, climate change is not systematically mainstreamed into health planning, and cross-sector collaboration mechanisms are poorly defined.

Countries can strengthen climate-gender-sexual and reproductive health linkages by taking advantage of strategic opportunities:

- Finalise and scale up HNAPs in countries like Tanzania and Ethiopia, with a stronger focus on SRH, adolescent health, and maternal care.
- Develop national climate-smart health strategies in Malawi, Niger, Rwanda, and Zambia using peer country models such as Kenya or Uganda.
- Operationalise the One Health framework (especially in Rwanda and Tanzania) to serve as a foundation for integrated planning.
- Mainstream SRH into climate-health agendas, positioning services like family planning and menstrual hygiene as resilience interventions during climate shocks and emergencies.
- Strengthen national disease surveillance systems to incorporate climate data, weather forecasts, and early warning triggers.
- Leverage regional coordination platforms like the AU, the SADC, and the EAC to harmonise regional approaches, share innovations, and co-invest in transboundary climate-health risks.

## COUNTRY CASES: MULTISECTORIAL COORDINATION



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### ETHIOPIA

Ethiopia has made commendable progress in recognising climate change as a significant public health issue through the development of its HNAP II (2024-2029). This document outlines the direct and indirect impacts of climate change on health, including rising vector-borne diseases, malnutrition due to food insecurity, and water-related illnesses. It further outlines adaptation strategies such as strengthening surveillance systems, enhancing health infrastructure resilience, and improving institutional coordination. However, this progress is not yet fully institutionalised across the country's core health sector plans like the Health Sector Transformation Plan II. These mainstream documents lack comprehensive climate-health planning, suggesting a need to better embed climate resilience within routine health programming and budgetary frameworks.

### KENYA

Kenya demonstrates one of the most advanced examples of climate-health integration in the region. It has developed a Climate-Smart Health Strategy (2024-2029) that clearly defines health-related climate risks and proposes measures such as upgrading health facilities for climate resilience, establishing early warning systems, and building the capacity of health professionals. Kenya's health policies also promote multisectoral collaboration, especially under the One Health approach, bringing together the health, environment, and agriculture sectors. However, despite this strong foundation, the intersection with sexual and reproductive health and rights remains underdeveloped within the climate-health nexus.

## MALAWI

In Malawi, climate change is only marginally referenced in health sector policies. The Health Sector Strategic Plan II (2017-2022) recognises the burden of diseases like cholera and malaria but does not link these issues explicitly to climate change. Malawi lacks specific strategies and programmes aimed at preparing the health system for climate-related challenges. Furthermore, it has no health-specific climate adaptation policy, leaving the health sector exposed and reactive. Considering Malawi's increasingly frequent experiences with climate shocks such as floods and droughts, this gap presents a critical vulnerability that must be addressed in future health sector planning.

## NIGER

Niger's health policies and development plans do not recognise climate change as a health issue despite the country's high exposure to climate-related hazards such as extreme heat, water scarcity, and vector-borne disease outbreaks. The Health and Social Development Plan (2022-2026) focuses heavily on service coverage and maternal health but does not mention climate-health risks or corresponding adaptation strategies. As a result, Niger has no formal mechanism to link its health sector with national climate change responses, presenting a significant policy gap. The absence of climate-health frameworks leaves communities—especially women and children—vulnerable to the compounding effects of climate and health stressors.

## RWANDA

Rwanda has demonstrated a strong commitment to health system development and universal health coverage through documents like the Fourth Health Sector Strategic Plan (2018-2024) and the National Reproductive, Maternal, Neonatal, Child, and Adolescent Health Policy (2018). However, these policies do not systematically account for climate risks. Although Rwanda's overarching frameworks like the One Health approach and National Strategy for Transformation (2017-2024) acknowledge environmental threats, they fall short of providing actionable strategies for climate resilience within the health system. This missing link between climate risk and public health limits Rwanda's capacity to plan for rising burdens of disease, especially in the contexts of urbanisation and ecosystem change.

## TANZANIA

Tanzania is a regional frontrunner in integrating climate considerations into the health sector. The Health Sector Strategic Plan V (2021-2026) explicitly identifies climate change as a driver of health risks, including malaria resurgence, floods, and food insecurity. It proposes concrete actions such as training health workers on climate-health linkages, improving infrastructure resilience, and mainstreaming climate awareness in service delivery. Additionally, a draft HNAP (2025-2030) institutionalises these approaches. However, gaps remain in financing and implementation, and the connection with SRH is only partial—mainly through maternal health and GBV concerns. Further alignment with climate finance mechanisms and cross-sector coordination is needed to ensure sustainability.

## UGANDA

Uganda displays a strong recognition of the links between climate and health, anchored in its HNAP (2025-2030). This document identifies climate-exacerbated health risks such as vector-borne and waterborne diseases and outlines adaptation strategies across surveillance, infrastructure, and human resource development. The Ministry of Health collaborates with other sectors like water, agriculture, and disaster management through a One Health platform, although implementation challenges persist. Uganda's health policy framework acknowledges maternal and child health vulnerabilities but lacks comprehensive integration of SRH services within the climate-health agenda. The country has opportunities to align SRH more explicitly with adaptation and health system strengthening efforts.

## ZAMBIA

Zambia's National Health Strategic Plan (2017-2021) mentions environmental health in general terms but provides limited attention to climate change as a distinct public health issue. While national climate change strategies refer to health impacts, the country's health sector lacks a dedicated adaptation plan or policy. Few, if any, structured investments have been made in climate-resilient infrastructure or early warning systems in the health space. Despite policy references to universal health coverage and epidemic preparedness, climate vulnerability

remains a blind spot. Integrating climate change into Zambia's upcoming health sector plans and exploring co-benefits with gender equity and SRH could improve resilience.

## CONCLUSION AND RECOMMENDATIONS

This study assessed the extent to which gender and SRH are integrated into climate change policies and financing, as well as cross-sectoral coordination and implementation, across eight sub-Saharan African countries—Ethiopia, Kenya, Malawi, Niger, Rwanda, Tanzania, Uganda, and Zambia. The results highlight progress and existing gaps that need attention.

The regional picture is one of systemic disconnects between climate, gender, and SRH agendas. While most countries have made political commitments to gender equality and health-system strengthening, they have not been translated into integrated policy frameworks or financing mechanisms that recognise SRH as a key pillar of climate resilience. International development partners often fill the gap through standalone SRH projects, but without national ownership or integration into climate finance systems, these efforts lack sustainability and scale.

### What are key barriers across the region?

- **Policy silos** between the health, environment, and gender sectors.
- **Low awareness** among policymakers and funders of the links between SRH and climate resilience.
- **Insufficient institutional capacity** to design and implement integrated financing proposals.
- **Lack of political prioritisation** of SRH in climate discourse.
- **Donor-driven fragmentation**, where SRH projects are often externally funded rather than mainstreamed into national budgets.

To ensure equitable and climate-resilient development, sub-Saharan African countries must move beyond rhetorical commitments to gender and SRH and adopt an approach that embeds these priorities into climate adaptation financing and implementation frameworks. The upcoming

climate planning cycles, donor negotiations, and global stocktakes offer critical opportunities to reshape how climate finance is planned, tracked, and delivered—with women, girls, and vulnerable populations at the center.

### Recommendations: Towards Integrated Gender and Sexual and Reproductive Health in Climate Action

Across all eight countries, gender is increasingly recognised as a cross-cutting priority in climate change policies. Most countries acknowledge the disproportionate vulnerability of women, girls, and marginalised groups to climate-related impacts. However, SRH is almost entirely missing from national climate policy narratives, strategies, and action plans. Where SRH is mentioned (such as in population and family planning documents), it is typically siloed from climate change frameworks, resulting in missed opportunities to enhance resilience and equity.

#### How can countries strengthen the integration of SRH in their climate policies?

- **Explicitly include SRH as a climate-resilience intervention** in future National Adaptation Plans (NAPs), Nationally Determined Contributions (NDCs), and Climate Change Gender Action Plans (ccGAPs), with clear targets and outcomes.
- **Frame SRH as an enabler of adaptive capacity**, not as only a health issue, particularly for adolescent girls, women, and displaced populations.

### Recommendations: Towards Sustainable Financing for Gender and Sexual and Reproductive Health in Climate Action

None of the eight countries has established dedicated budget lines for SRH within their climate finance architecture. Gender-responsive budgeting exists in frameworks like ccGAPs (Tanzania, Zambia), and some countries (Uganda, Malawi) have costed SRH implementation plans, but they are not integrated with climate finance streams such as the GCF, Adaptation Fund, or national climate budget allocations.



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### How can countries strengthen financing for gender and SRH in climate action?

- **Introduce gender and SRH tagging in climate finance budgets**, enabling tracking and accountability of resource flows.
- **Include SRH-linked investments** such as mobile health clinics, maternal care in emergencies, and contraceptive supply chains in national climate finance proposals to multilateral climate funds like the GCF and Climate Investment Funds.
- **Leverage and expand domestic financing mechanisms** such as local government allocations for women and youth (like Tanzania's 10% rule) to explicitly support SRH in climate-affected communities.

### Recommendations: Towards Stronger Multisectoral Coordination and Institutional Capacity

Weak inter-ministerial coordination between environment, health, gender, and finance ministries remains a major barrier. While there are some promising multisectoral approaches, such as

Uganda's Population, Health and Environment Strategic Plan, they often lack financing strategies and institutional mechanisms for sustained collaboration. Monitoring systems are weak, with a near-total absence of sex-disaggregated data, gender-sensitive indicators, and climate-SRH outcome tracking.

How can countries improve multisectoral coordination and institutional capacity?

- **Establish formal coordination mechanisms**, such as climate-health-SRH working groups, at the national level to co-develop integrated policies and proposals.
- **Strengthen the capacity of climate and health planners** to understand and prioritise SRH in adaptation and resilience programming.
- **Invest in data systems** that collect and report on gender, age, and SRH-related indicators within climate adaptation monitoring and evaluation frameworks.

## ANNEX: POLICY DOCUMENTS REVIEWED

Country	Policies
<b>Ethiopia</b>	<p>Climate Change Gender Action Plan (2024)</p> <p>Climate Resilient Green Economy (CRGE) Strategy (2011-2019): Implementation Progress Assessment Report</p> <p>FP058 Annual Performance Reports (CY2020-CY2023)</p> <p>Guidance for Building Climate Resilient Health System, 2024</p> <p>Health National Adaptation Plan (2024-2028)</p> <p>Health Sector Transformation Plan II (HSTP II) Mid-Term Review, 2023</p> <p>Long-Term Low Emission and Climate Resilient Development Strategy (LT-LEDS), 2021</p> <p>National Adaptation Plan (NAP-ETH), 2019</p> <p>Scoping Report – Ethiopia’s Response to Climate Change and Gender, 2020</p> <p>Updated Nationally Determined Contribution (NDC), 2021</p>
<b>Kenya</b>	<p>Climate Change Act (2016)</p> <p>Climate-Smart Health Strategy (2024-2029)</p> <p>Kenya Health Policy 2014-2030</p> <p>Kenya National Action Plan 2015-2030</p> <p>Kenya Vision 2030 (long-term plan)</p> <p>National Adaptation Plan (2015-2030)</p> <p>National Climate Change Action Plan (2018-2022)</p> <p>National Climate Change Strategic Plan 2023-2027</p> <p>National Disaster Risk Management Policy 2017</p> <p>National Policy on Gender and Development 2019</p> <p>Nationally Determined Contribution (NDC 2.0) (2020)</p> <p>Population, Health and Environment (PHE) Policy Guidelines 2022</p> <p>Population Policy for National Development 2013</p> <p>Second Nationally Determined Contribution (NDC 3.0) (2031-2035), updated 2025</p> <p>Third Medium Term Plan 2018-1022</p>
<b>Malawi</b>	<p>Health Sector Strategic Plan II (2017-2022)</p> <p>National Climate Change Management Policy (2016)</p> <p>National Disaster Risk Management Policy (2015)</p> <p>Updated Nationally Determined Contributions (NDCs), 2021</p>
<b>Niger</b>	<p>Economic and Social Development Plan (2022-2026)</p> <p>Family Planning Costed Implementation Plan 2030</p> <p>Gender and Climate Change Action Plan (PAG-CC) 2023-2027</p> <p>National Action Plan for Health and Climate Change (PANASH)</p> <p>National Adaptation Plan (NAP)</p> <p>National Climate Change Adaptation Action Plan (NAPA) 2006</p> <p>National Health and Social Development Plan (PNDS 2017-2021 and 2022-2026)</p> <p>National Health Policy</p> <p>National Population Policy 2019-2035</p> <p>Niger Nationally Determined Contribution (NDC), 2021</p> <p>Niger’s Integrated National Reproductive Health Strategy (SNISR)</p> <p>Reproductive Health Law (2006)</p> <p>Sustainable Development and Inclusive Growth Strategy–Niger 2035</p>

## ANNEX: POLICY DOCUMENTS REVIEWED (CONTINUED)

<p><b>Rwanda</b></p>	<p>Climate Change Gender Action Plans (ccGAPs)          Environment and Natural Resources Gender Mainstreaming Strategy          First National Strategy for Transformation (NST1, 2017-2024)          Fourth Health Sector Strategic Plan (2018-2024)          Long-Term National Development Plan/Vision 2050          National Adaptation Plan (NAP) and/or Health NAPs          National Disaster Risk Reduction and Management Policy, 2023          National Environment and Climate Change Policy (2019 and 2022-2026)          Nationally Determined Contributions (NDCs)          National Strategy for Transformation (NST1, 2017-2024)          National Reproductive, Maternal, Neonatal, Child, and Adolescent Health Policy (2018)          Population Health and Environment Strategy          Second National Strategy for Transformation (NST2: 2024-2029),</p>
<p><b>Tanzania</b></p>	<p>Health National Adaptation Plan (HNAP) 2025-2030          National Climate Change Response Strategy (NCCRS), 2021-2026          Health Sector Strategic Plan (HSSP V), 2021-2026          Nationally Determined Contribution (NDC), 2021          National Five Year Development Plan (FYDP) 2021/22-2025/26          National Health Policy 2007 (under review)</p>
<p><b>Uganda</b></p>	<p>Health National Adaptation Plan (2025-2030)          Ministry of Health Strategic Plan 2020/21 - 2024/25          Nationally Determined Contribution (NDC), updated 2022          National Development Plan 1 (NDP I, 2010-2015), NDP II (2015-2020), NDP III (2020/21-2024/25) (short-term NDPs)          National Population, Health and Environment Network (NAPHENET) Strategic Plan 2020/21-2024/25          The National Policy for Disaster Preparedness and Management, 2011          Second National Family Planning Costed Implementation Plan (FP-CIP II) 2020/21-2024/25          Uganda National Climate Change Policy, 2015          Uganda Vision 2040 (long-term National Development Plan, NDP)</p>
<p><b>Zambia</b></p>	<p>Climate Change Gender Action Plan (2018)          National Adaptation Plan (NAP, 2023)          National Adolescent Health Strategic Plan, 2022-2026          Nationally Determined Contribution (NDC) 3.0, 2025          National Health Strategic Plan (2017-2021)</p>

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