PATHFINDER

TECHNICAL BRIEF | JANUARY 2022

Accelerating Women-Led Climate Resilience in Bangladesh

Background

In 2017, the Government of Bangladesh (GOB), through the Ministry of Health and Family Welfare (MOHFW), reaffirmed its strong commitment to delivering lifesaving health services to hard-to-reach populations, especially vulnerable women and children. The 4th Health, Population, and Nutrition Sector Program (HPNSP) aims to improve equity, quality, and efficiency—to drive significant improvements in a range of critical health areas, including reproductive, maternal, newborn, and child health (RMNCH), as well as nutrition.

To support the GOB's efforts ensuring no communities are left behind—and to accelerate progress toward achieving Universal Health Coverage and Bangladesh's Sustainable Development Goal targets by 2030—Pathfinder International has generated new evidence and developed innovative approaches for addressing urgent, growing, and interconnected needs.

A sexual and reproductive rights information session in Sylhet district PHOTO: Ridwanul Mosrur, Bangladesh

Responding to Worsening Threats and Inequity

Women's life expectancy, unemployment, and relative loss of assets are all disproportionately affected by natural disasters.[3] Climate-related disasters account for more than 90 percent of all major recorded events between 1998 and 2017.[4]

Nearly every year, Bangladesh is exposed to extreme natural disasters—such as cyclones, tidal surges, floods, and riverbank erosion—that displace hundreds of thousands of people in the densely populated low-lying basins and flood-plain areas of Bangladesh's major rivers.[1] Rising sea levels and floods affect the quality of fresh water as well as agricultural productivity and yield. These disasters rob households of their incomes,[2] their homes, their education, and their health. Climate change exacerbates these challenges, making flooding more unpredictable and monsoons more extreme. Fragile disaster preparation efforts and rural health systems are increasingly pushed to their limits.

At the center of this worsening storm, one population is disproportionately affected by climate- and disaster-related risks: women and girls.

There is significant overlap between populations who have an increased vulnerability to climate change and those who face barriers to the realization of their sexual and reproductive health and rights (SRHR). Women and girls living in Bangladesh—which ranks seventh in the world among countries suffering most from extreme weather events[5]—feel these connections acutely.

When access to natural resources is increasingly compromised, women and girls are forced to spend more time and travel greater distances for water and energy sources, often at the expense of their physical safety and education.

Floods lead to food and nutritional insecurity as well as displacement, heightening women's and girls' risk of experiencing gender-based violence (GBV), child marriage, and early pregnancy.

As climate and other natural disasters facilitate the outbreak and spread of diseases, health systems struggle to deliver services women and girls need, including high-quality sexual and reproductive health (SRH) care.

This dramatic worsening of SRHR and SRH outcomes only exacerbates existing gender inequity—silencing women's voices and blocking women from participating in disaster-management efforts to rebuild, fortify, and increase the resilience of their communities.

Closing Critical Gaps

While previous studies have explored Bangladesh's disaster-affected households' socioeconomic impoverishment, health disadvantages, causes of displacement, and adaptation and livelihood strategies, only a few studies have focused on the adverse effects of displacement on the availability, accessibility, and use of RMNCH. Moreover, there is a scarcity of information about the availability, accessibility, acceptability, and acceptance of SRH services—including voluntary family planning (FP) and support for survivors of GBV[6]—among displaced people.

Such evidence is essential for developing preventative and adaptive interventions that support the MOHFW's strategic goals and ensure the most disaster-affected communities in one of the world's most climate-vulnerable countries have reliable access to quality health services and are resilient to future shocks.

In addition to this lack of actionable evidence, Bangladesh faces another obstacle. While the HPNSP prioritizes SRHR for hard-to-reach populations generally, it does not include specific strategies for addressing disaster-induced SRHR issues. As a result, operational plans from the GOB lack specific interventions to ensure SRHR services during disasters.

In 2019, Pathfinder set out to help address these gaps, building evidence and advancing a programmatic approach to climate adaptation that views resilience through lenses of gender and health—focusing on the role that access to contraception and other RMNCH interventions play in shaping the future of individuals and the strength of the health systems that support them.

1. In 2020, Bangladesh experienced four conjugative floods that devastated thousands of settlements, the outbreak of COVID-19, and cyclone Amphan.
2. In Bangladesh, disaster-induced loses of GDP is around 30 percent. Land damages induced by river- and coastal-bank erosion reaches nearly 70 percent.
3. The World Bank and the Global Facility for Disaster Reduction and Recovery, "Gender Dimensions of Disaster Risk and Resilience," 2021.
4. Centre for Research on the Epidemiology of Disasters UN Office for Disaster Risk Reduction, "Economic Losses, Poverty & Disasters 1998–2017," 2018.

Landscape Analysis of Community Resilience to Disasters by Addressing SRHR

From May–November 2021, Pathfinder Bangladesh supported Dhaka University to conduct a study in two climate-vulnerable districts—Gaibandha and Satkhira. The goal of the study was to sketch a holistic picture of socioeconomic and health stressors associated with disaster-related shocks and people's decision-making processes and actions related to disaster resilience—with careful attention to SRHR.

METHODOLOGY

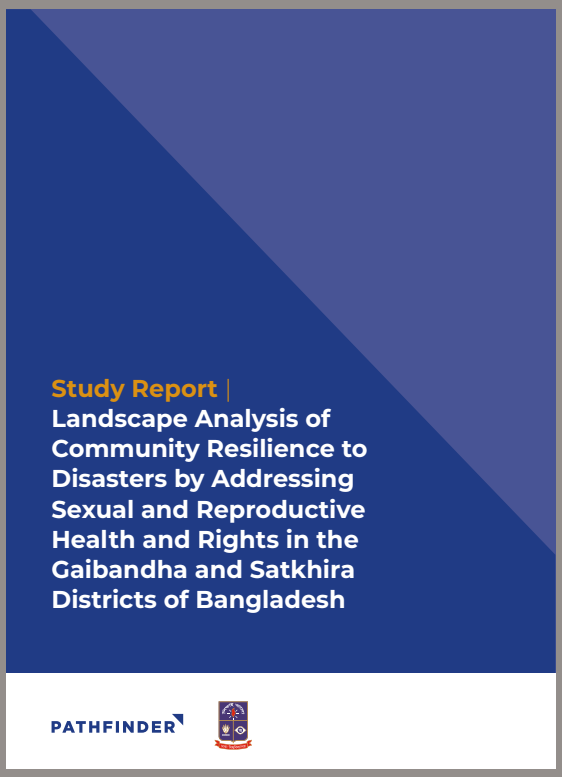
The study used a mixed-methods approach, combining qualitative and quantitative methods for data collection and analysis. Primary data was collected through sample surveys, key informant interviews (KIIs), and in-depth interviews (IDIs).

The research team carried out the quantitative survey in Gaibandha and Satkhira districts for an estimated 645 households. From each selected household, a married woman aged 18–49 years was interviewed. Where more than one eligible woman lived in a single household, the woman with the youngest child was approached for an interview. In general, the survey generated information on households' socioeconomic conditions, exposure to natural disasters, and women's FP and SRH needs, empowerment, social networks, and coping strategies. Additionally, the study provided information on women's perceptions about various stakeholders' support during disasters and the importance of integrating FP and SRH services with agriculture, nutrition, and disaster management programs.

KIIs were conducted with relevant individuals—such as those responsible for delivering health care, managing disasters, providing disaster-related supports—as well as individuals who volunteer to provide support during disasters, particularly young female and male volunteers. The research team conducted IDIs with vulnerable married women—pregnant women and postpartum mothers. Then, the team used information obtained through KIIs and IDIs to gain in-depth explanations relating to research objectives and to develop the narrative understanding of the quantitative results.

Key Findings

Findings suggest that disasters cause socioeconomic disadvantages, threaten food security, and create barriers to SRHR services for women in Gaibandha and Satkhira districts of Bangladesh. Furthermore, women and girls experience acute vulnerability related to SRHR, antenatal care, safe delivery, and postnatal care during disasters. A selection of key findings is provided on the following pages. For more, read the full report on pathfinder.org.



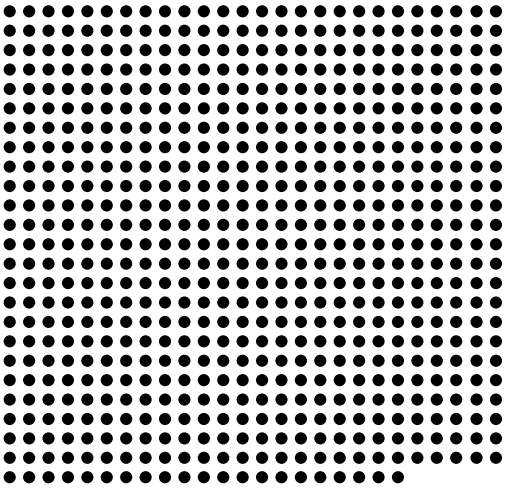
5. Global Climate Risk Index 2021.

6. SRHR includes many essential elements of a GBV response—for example, post-exposure prophylaxis for HIV, emergency contraception, appropriate family planning in the context of intimate partner violence, contraception and healthy timing of spacing of pregnancy in the event of child marriage, treatment for sexually transmitted infections, CCP, and safety planning during pregnancy.

SOCIOECONOMIC PROFILE

SATKHIRA | GAIBANDHA

SURVEY RESPONDENTS

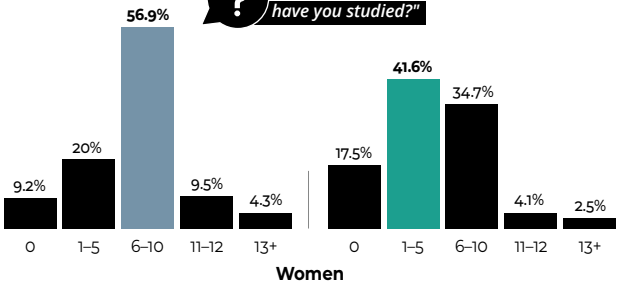


645 Women Aged 18–47
(one from each household)

EDUCATION

SATKHIRA | GAIBANDHA

"How many years have you studied?"



(as reported by respondents)

Most women completed **6–10 years** | Most women completed **1–5 years**

Proportion of women with **NO EDUCATION** in Gaibandha was almost

2x higher

than in Satkhira

OCCUPATION

SATKHIRA | GAIBANDHA

"What is your main occupation?"

93% housewives | **89%** housewives

Majority of women in both districts were **HOUSEWIVES** and prominently involved in **HOUSEHOLD TASKS**

Percentage of respondents **NOT** involved in **INCOME-GENERATING ACTIVITIES**

83.4% | **90.9%**

SPOUSE OCCUPATION

Spouses of respondents in both districts predominately work in **PHYSICAL LABOR-INTENSIVE FIELDS**. The top 3 occupations:

SATKHIRA	GAIBANDHA
1 Agricultural day labor	1 Agricultural day labor
2 Small business	2 Day labor (non-agriculture)
3 Fishing	3 Works own/leased land

Despite the fact that the majority of households make their living off the land, most **OWN NO LAND** for agriculture—

75.4% own no land | **90.3%** own no land

> **"Every year there is a flood here. We are poor people. We don't have a house. We have to struggle with what we earn. I am very weak since I lost my baby, but we can't afford to visit a doctor again."**
>
> —25-year-old woman from Kolmakhali village of Satkhira district

SOCIOECONOMIC PROFILE

HOUSEHOLD FINANCES

SATKHIRA	GAIBANDHA

What is the average monthly income for your household?

SATKHIRA	GAIBANDHA
11,616 BDT	10,223 BDT

What is the average monthly expenditure for your household?

SATKHIRA	GAIBANDHA
10,580 BDT	8,722 BDT

In the month before the survey, a significant proportion of respondent households—

SATKHIRA	GAIBANDHA
48.8%	68.0%

experienced **HIGHER EXPENDITURE THAN THEIR INCOME**

To cope with income/expenditure imbalances, respondents reported various strategies, including:

Taking loans from relatives/friends, the bank, and microlenders

Taking children out of school to help with work

Stop taking necessary health care

FOOD SCARCITY

SATKHIRA	GAIBANDHA

In the past year, were there any months when you did not have enough food for your family's needs?

SATKHIRA	GAIBANDHA
73.2% experienced food scarcity	83.1% experienced food scarcity

In almost

90%

of cases, households experienced **FOOD SCARCITY DUE TO DISASTERS**

Yet only a fraction of respondent households received **DISASTER RELIEF SUPPORT** after the most recent disaster—

SATKHIRA	GAIBANDHA
1/5	2/5

> **“The biggest problem is that, in our world of scarcity, we can't afford to spend too much time getting services. Because it costs money to get health care. Even if we get free government services, we can't afford other expenses including travel.”**

— 22-year postpartum mother from Ashasuni upazila of Satkhira district

GENDER

CHILD MARRIAGE

SATKHIRA	GAIBANDHA
What was your age at first marriage?	
72.6%	**73.4%**
married before age 18	**married before age 18**

The incidence of child marriage was **STRIKINGLY HIGH** in study areas

WOMEN'S DECISION-MAKING

SATKHIRA	GAIBANDHA

Among women who earned income, the vast majority **DID NOT MAKE DECISIONS FOR THEMSELVES** about how their income will be used—

SATKHIRA	GAIBANDHA
97.2%	**90.6%**
did not make decision alone	**did not make decision alone**

Majority of respondents reported household decisions made by:

SATKHIRA	GAIBANDHA
Husband	Husband and wife jointly

This pattern was also found in making decisions on major household purchases, visiting family or relatives, and a child's health care. Overall—in all cases—respondents alone had a **MINIMAL ROLE IN THE FAMILY DECISION-MAKING**.

WATER COLLECTION*

SATKHIRA	GAIBANDHA
How long does it take to collect water for a day?	
27	**<2**
minutes	**minutes**

On average, it takes a household in Satkhira approximately

13x longer

to collect water than a household in Gaibandha

VIOLENCE AGAINST WOMEN

SATKHIRA	GAIBANDHA
Do you think that the risk of violence against women increased during disaster?	
89.9%	**79.4%**
said "yes"	**said "yes"**

Percentage of respondents who **EXPERIENCED VIOLENCE** during the most recent disaster:

SATKHIRA	GAIBANDHA
41.8%	**44.4%**

Forms of **HARASSMENT** experienced during the most recent disaster:

SATKHIRA	GAIBANDHA
1 Verbal (40%)	1 Verbal (41.6%)
2 Mental (26.5%)	2 Mental (31.9%)
3 Physical (20.9%)	3 Physical (22.8%)
4 Sexual (7.7%)	4 Sexual (7.8%)

Who was responsible for the violence when it occurred?

Among respondents who reported experiencing violence during the most recent disaster

42.2%

in both districts reported their **HUSBAND** was responsible for the violence and that it occurred **IN THEIR OWN HOME**

Respondents perceived physical violence by husbands against women to be justified in several situations:

47.4%	ARGUES WITH HIM	53.4%
45.5%	DOES NOT OBEY ELDERS	55.6%
41.2%	NEGLECTS THE CHILDREN	44.4%
35.7%	REFUSES SEX WITH HIM	31.9%
32.0%	GOES OUT WITHOUT TELLING HIM	37.5%
21.8%	BURNS FOOD	12.2%

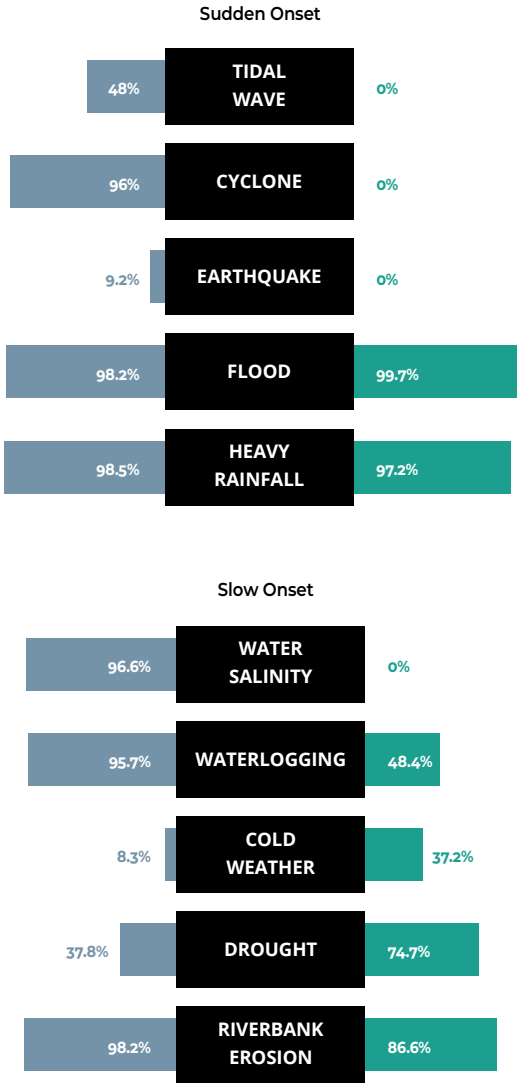
**A responsibility largely borne by women*

DISASTERS

EXPERIENCE WITH NATURAL DISASTERS

SATKHIRA | GAIBANDHA

What natural disaster has your household faced in past five years?



DISPLACEMENT

SATKHIRA | GAIBANDHA

Disaster-induced displacement is a **COMMON AND RECURRENT EVENT** for many respondent households. A significant proportion have been displaced at least once in last 5 years—

25.2% | **85.6%**

How much financial loss has your household suffered during the most recent natural disaster?

37,852 Tk | **64,683** Tk

EFFECTS

Top effects of the most recent disaster as perceived by respondents:

Loss of livelihood/income

Stress/anxiety/fear

Destruction to home

Communications down

Homelessness

Reduced access
to services, including **HEALTH CARE**

DISASTERS

GENERAL ILLNESS

The incidence of illness **DURING THE LAST DISASTER** was almost

13% higher

among households in Gaibandha than Satkhira

SATKHIRA	GAIBANDHA

TOP 5 ILLNESSES experienced by members of the respondents' households:

SATKHIRA	GAIBANDHA
1 Headache/common cold/ cough/fever (48.6%)	1 Headache/common cold/ cough/fever (61.6%)
2 Diarrhea (23.1%)	2 Diarrhea (44.1%)
3 Skin diseases (9.5%)	3 Dysentery (28.8%)
4 Weight loss (8.9%)	4 Malnutrition-related diseases (15.9%)
5 Malnutrition-related diseases (8.3%)	5 Skin diseases (14.7%)

TOP SOURCE of health care services to recover from illness:

SATKHIRA	GAIBANDHA
36.6%	**70.0%**
Pharmacy	**Pharmacy**

Percentage of respondents who **DID NOT** receive any health services to recover from illness:

SATKHIRA	GAIBANDHA
27.7%	**3.6%**

PREPAREDNESS FOR FUTURE DISASTERS

MORE THAN

50%

of respondents in both districts perceived that their households are **NOT PREPARED** to cope with the effects of future natural disasters

ROLE OF COMMUNITY

32%

of respondents received support, i.e.:

financial

physical

mental

food and water

medical aid

space for living

from outside of their family members, illustrating the importance of involving community members and volunteers to identify needs and improve resilience of disaster- affected households

TOP SOURCES of help during sudden death/illness, in both areas:

community leaders
neighbors
friends

Healthcare providers also highlighted how the involvement of **VOLUNTEERS AND COMMUNITY PEOPLE** with local healthcare providers can play an important role in disaster management and SRH services delivery:

"We have a few people here who work as volunteers. They work under various NGOs. Some of them also do volunteer as individuals. Due to our lack of government manpower, we provide some services and health equipment (such as pills, condoms, IUDs, injections, etc.) in remote areas through them during any disaster."

—FPI of Syamnagar union of Satkhira district

SRHR

KNOWLEDGE OF SRHR

Narratives of qualitative results suggest that, in general, women in both districts have a **LIMITED UNDERSTANDING** of SRHR:

"I know little about reproductive health and rights."

—17-year-old married study participant from Uttar Dhighalkandi village of Gaibandha district

What are your main sources of information about the importance of using SRHR services?

Friends/relatives/neighbors

Local-level government health center and workers

Backyard meeting/home visit

NGO health workers

In both districts, **USE OF FORMAL SRH SERVICES**—delivered by trained providers and from known (registered/assigned) health facilities—was **LIMITED**

Factors that significantly affected use:

Unaffordability

Unavailability

Inaccessibility

Disaster-induced damages

COVID-19

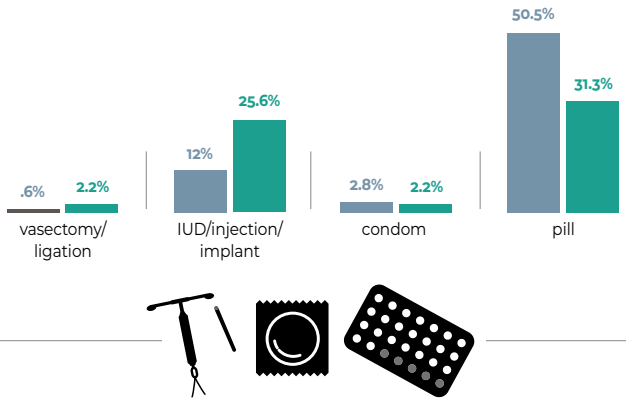
CONTRACEPTIVE USE

SATKHIRA | GAIBANDHA

Percentage of respondents who were **CURRENTLY USING ANY METHOD OF CONTRACEPTION** to delay or avoid pregnancy:

64.9% | **61.6%**

What method of contraception are you currently using?



Narratives of qualitative results suggest that respondents did not always receive the services they needed:

"I receive birth control pills and condoms from government health workers but not regularly."

—21-year-old married woman from Uttar Dighalkandi village of Gaibandha district who was pregnant for third time

TOLL OF DISASTERS

SATKHIRA | GAIBANDHA

Percentage of respondents who reported that natural disasters affect **WOMEN'S REPRODUCTIVE HEALTH**:

93.3% | **74.1%**

SRHR

PREGNANCY AND ANTENATAL CARE

SATKHIRA	GAIBANDHA

Percentage of respondents who were **PREGNANT** during the most recent disaster:

9.8% | **20.0%**

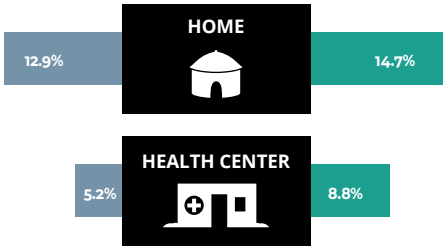
Percentage of respondents who were pregnant and received the WHO-recommended **FOUR OR MORE ANTENATAL CARE VISITS** during the most recent disaster:

18.5% | **18.1%**

A sizable proportion received **NO ANTENATAL CARE**—

30.2% | **23.1%**

Where did you give birth during the disaster?



(Question "not applicable" to 81.8% of respondents in Satkhira and 76.6% in Gaibandha)

Those who gave birth at home received delivery care assistance predominantly from either **RELATIVES/LOCAL AGED WOMEN** or from **TRADITIONAL BIRTH ATTENDANTS**

TOLL OF DISASTERS ON SRHR

SATKHIRA	GAIBANDHA

Percentage of respondents who reported that natural disasters affect **WOMEN'S REPRODUCTIVE HEALTH**:

93.3% | **74.1%**

Disasters affect use of these SRHR-related services according to respondents:

- family planning
- menstrual regulation
- pregnancy registration
- ANC from a trained provider
- health center for delivery care
- delivery with trained providers
- postpartum maternal care
- postpartum family planning
- sexually transmitted infection, HIV, and AIDS services

Reasons respondents identified for their **LIMITED USE** of health centers and skilled care for antenatal, delivery, and postnatal services during disasters:

- didn't feel the importance of care
- costs beyond capacity
- fear of Covid-19 infection
- long-distance/travel inconvenience
- lack of information
- disaster-induced difficulties
- family tradition
- previous experience

VALUE OF INTEGRATION

Service providers and community members perceived the importance of integrating SRHR issues into agriculture/nutrition programs. Such integration could facilitate the delivery of services with limited staff, while also helping to reduce stigma related to utilization of SRH services.

> **"Integration of FP services into disaster management programs will be very beneficial for both service providers and receivers. The two programs will be able to help each other by delivering each other the messages."**

—Upazila Program Officer of Phulchori in Gainbandha

PHOTO: Ridwanul Mosrur, Bangladesh

Recommendations

Based on these findings—which demonstrate the adverse effects of disasters in Gaibandha and Satkhira districts on women's SRHR, their healthcare service utilization, their coping strategies, and their households—the research team provides the following recommendations for partners, implementers, funders, and other stakeholders interested in advancing women-led climate resilience programs:

Enhance collaboration across the SRHR ecosystem

The integration of agriculture, nutrition, and local government programs with health and FP programs may effectively increase healthcare coverage and make SRHR services available to all. This is particularly true in disaster-affected areas that face shortages in health workforces, where coordination is possible between various government agencies and non-governmental organizations—including civil society organizations (CSOs) and CBOs.

For future interventions, Pathfinder recommends efforts to enhance collaboration between advocacy communities focused on (a) climate change, (b) health, and (c) women's rights. The establishment of a dedicated network of actors—focusing on SRHR and climate change—can strengthen dialogue, collaboration, activities, and processes among diverse stakeholders, including women-led CSOs and CBOs. Pathfinder recommends developing a comprehensive plan that includes a mechanism for coordination before, during, and after disasters.

Advance gender-responsive and gender-transformative climate action

Where communities experience a high prevalence of child marriage, have a limited understanding of SRHR, and are dependent on informal channels for SRHR-related information, social awareness, and media campaigns can prove beneficial. Pathfinder recommends involving local volunteers, youth champions, influential local leaders, and services providers of government and nongovernmental agencies in campaigns focused on the adverse effects of child marriage. Furthermore, to reduce baseline levels of GBV and the overall prevalence of violence against women, intra-crisis action is needed. Consider creating opportunities to increase women's role in family decision-making, offering ecologically supportive income-generating activities that involve women and girls, and raising awareness about the effects of GBV and solutions for addressing it.

Promote gender-transformative climate action by addressing the linkages between climate change and SRHR. Seize opportunities to strengthen these linkages within the Gender Action Plan under the United Nations Framework Convention on Climate Change (UNFCCC), the Women and Gender Constituency (of the UNFCCC), and through the climate National Adaptation Plans development process.

Set targets for inclusive, gender-balanced, multi-sectoral stakeholder participation in climate policy. Use gender-responsive climate action as the starting point for addressing SRHR. It is essential to include women-focused CSOs and people in all their diversity in participatory policy processes.

High rates of gender inequity are evident with approximately 30% of women reporting regularly occurring violence. However, there is increased risk during disasters as highlighted by 41.8% and 44.4% of women (in their respective districts) reporting gender-based violence during the most recent disaster.

Build resilient health systems

Due to the alarmingly low utilization of quality antenatal, delivery, postnatal, and other SRHR-related care during disasters, consider making special arrangements to increase RMNCH coverage and service utilization. Recognizing that transportation and geographic access emerged as a key barrier to accessing care during disasters, Pathfinder recommends investing in multi-option response systems to ensure continuous access to essential services. Examples include delivering SRH services at home, through telemedicine, and by boats, and involving trained birth attendants based in communities.

In addition, high-impact community distribution practices, such as the advanced distribution of misoprostol for prevention of postpartum hemorrhage and the advanced distribution of chlorhexidine for neonatal cord care, may be valuable when a climate event is forecasted.

In addition, consider disaster-affected populations' increased dependency on pharmacies and alternative care providers. Involving and building the capacity of drug sellers at pharmacies may improve the quality and utilization of basic health services, especially in disaster-prone areas.

Invest in health systems to address the underlying causes of vulnerability to climate change. Investments in resilient health systems—with a focus on SRHR—provide opportunities to address persistent barriers to the realization of the right to health while addressing underlying causes of vulnerability to climate change.

Close remaining evidence gaps

Invest in research to address evidence gaps and integrate the analysis of SRHR and climate data. Greater investment in research, with an intersectional lens, on the social and gender dimensions of climate change and action is needed, so the evidence base and argument can be strengthened and incorporated in global policies, plans, and programs. Climate-related sex-disaggregated data need to be systematically collected and analyzed.

Promote resilient livelihoods and nutrition

Due to households' frequent exposure to disasters and their adverse effects on livelihoods, Pathfinder recommends working to provide alternative income opportunities at the local level—to minimize disaster disadvantages and socio-economic impoverishment. In addition, governments and relevant non-government organizations should consider developing a compressive workplan involving volunteers and community members to address economic hardship as part of its emergency response during disasters.

PHOTO: Rajesh Kumar, Pakistan

Looking Ahead: Pathfinder's Expanding Work in Women-Led Climate Resilience (WLCR)

Generating actionable evidence is just one way Pathfinder supports country partners whose work is being reshaped by natural disasters and the climate crisis. In Bangladesh and several other countries—India, Myanmar, Niger, Pakistan, and Tanzania—Pathfinder leverages its experience as a pioneering implementer of cutting-edge, rights-based, multi-sectoral programs that support women to enhance resilience.

Goals of Pathfinder's Approach to Women-Led Climate Resilience

- Enhancing women's and girls' agency to make decisions about their health and lives.
- Supporting girls to stay in school to gain knowledge and decrease the risk of early pregnancy.
- Preventing early marriage in the face of economic hardship due to displacement and job loss.
- Maintaining access to skilled GBV-response services through disaster and recovery, in addition to reducing baseline levels of violence against women through intra-crisis action.
- Diversifying livelihood options.
- Increasing the ability of women and girls to participate in the governance of sustainable natural resource management.
- Building partnerships with health and non-health organizations that serve women and girls to boost SRHR outcomes while addressing livelihood and economic needs.

Pathfinder's work in WLCR accelerates investments in preventative and adaptive interventions for communities and health systems that promote gender equity and women's agency to increase resilience and decrease vulnerability to disaster-induced shocks and stressors. Pathfinder views WLCR through the lenses of gender and health, focusing on the role that access to contraception and other lifesaving RMNCH interventions play in shaping the future of individuals and the strength of the health systems that support them.

Single-sector health models are not progressing quickly enough or achieving the broad coverage and efficiency necessary to meet the needs of communities and the women, youth, and other marginalized groups in Bangladesh who are most vulnerable to disasters.

PHOTO: Ridwanul Mosrur, Bangladesh

Bangladesh Program Highlight

Advancing the Leadership of Women and Girls Towards Better Health and Climate Change Resilience | 2022–2025

GOAL: Working with local community-based organizations to ensure women and girls in low-resource, climate-vulnerable settings have reliable access to quality health services and that communities and health systems are resilient to future shocks.

DISTRICTS: Sylhet, Sunamganj, Kishoreganj, and Netrokona

- Empowering women and girls with the tools, knowledge, networks, and resources to survive and thrive through today and tomorrow's health needs and crises.
- Building resilient, adaptable quality health systems able to meet the primary health needs of low-resource communities and withstand emergency shocks.
- Developing an integrated collaboration, learning, and adaptation framework providing support for implementation and evidence for decision making, advocacy, and social good.

“In times of disaster, we try to do our best. However, delivering services during a disaster is a huge challenge.”

—Family Planning Inspector of Uria village in Gaibandha district of Bangladesh

The Landscape Analysis of Community Resilience to Disasters by Addressing Sexual and Reproductive Health and Rights in Gaibandha and Satkhira Districts was designed by the Department of Population Sciences at the University of Dhaka, with Pathfinder International’s Monitoring, Evaluation, and Learning team, and funded through Pathfinder's Pathfinding Fund.

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The contents of this publication are solely the responsibility of Pathfinder International.
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PATHFINDER INTERNATIONAL BANGLADESH
5th Floor, Shezad Palace, 32 Gulshan Avenue North C/A
Dhaka – 1212, Bangladesh | +88 01908837980-4

PATHFINDER INTERNATIONAL USA
9 Galen St, Watertown, MA 02472, USA | +1 617 924 7200

pathfinder.org | @pathfinderInt:

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