

PATHFINDER

Readying Health Facilities for Climate-Driven Emergencies

Making women's health a climate-adaptation priority



Summary

Bangladesh and Pakistan experience some of the most frequent and severe climate-driven disasters in the world. The impact of these disasters on health systems is exacerbating the already fragile state of women's health. Over the past four years, Pathfinder's **Advancing the Leadership of Women and Girls Towards Better Health and Climate Change Resilience** program (referred to as the Women-Led Climate Resilience program in this brief) supported almost 800 health facilities across the two countries to ensure continued access to sexual and reproductive health (SRH) services during and in the aftermath of climate emergencies.

Introduction

In countries experiencing the most detrimental impacts of climate change—like Bangladesh and Pakistan—poverty, weak health systems, and the risk of natural disasters place a disproportionate burden on women to manage their health while preparing for evolving challenges. Women and girls already contend with limited access to health care due to patriarchal structures that limit their decision-making power, restrict access to essential services and mobility, and reinforce SRH-related stigma. As extreme heat, pollution, and rising sea levels lead to increases in vector-borne diseases and other health issues, the health of women and girls becomes more vulnerable. Damage to health facilities caused by climate disasters poses further obstacles to care, heightening the risk of pregnancy and childbirth complications.

In readying health facilities to serve women through climate emergencies, Pathfinder's Women-Led Climate Resilience program provided a variety of support, including:

- Training health providers on Minimal Initial Service Package (MISP) for SRH in crisis situations
- Conducting supervisory site visits at health facilities
- Supporting health facility renovations
- Facilitating disaster management committee meetings
- Strengthening collaboration with local government authorities
- Developing facility-level contingency plans and community networks

This approach contributed to health facilities and communities being better prepared to respond to climate crises and emergencies, with **measurable gains in health system resilience and service delivery** across climate-affected settings.

Project Overview

Pathfinder's Women-Led Climate Resilience program strengthened health systems, enhanced women's and young people's leadership, and improved community resilience to climate change. The program worked alongside women and girls in low-resource communities to develop the tools, knowledge, networks, and resources they need to ensure reliable access to quality health care, build foundations for economic growth, and strengthen their communities and health systems so they are resilient to future shocks. Takeda Pharmaceutical Limited's Global Corporate Social Responsibility Program supported the initiative from 2022–2025 across five districts of Bangladesh (Sylhet, Sunamganj, Netrokona, Kishoreganj, and Cox's Bazar) and six districts of Pakistan's Sindh and Khyber Pakhtunkhwa provinces (Badin, Sanghar, Thatta, Umerkot, Charsadda, and Kambar Shahdadkot), serving over 1.2 million people.



Implementation

Baseline Health Facility Assessments

The program sought to understand what challenges were hindering health facilities from offering services to women and girls in climate-affected area. In close collaboration with district and sub-district health authorities, the program undertook assessments at 789 health facilities—297 in Bangladesh and 492 in Pakistan. Baseline data collection took place in Bangladesh in June 2022 and Pakistan in November 2022. To measure emergency preparedness, the program adapted questions from the World Health Organization's [climate change facility checklist](#). Characteristics of the surveyed health facilities include:

- Most health facilities surveyed were in rural areas (93% in Bangladesh; 67% in Pakistan)
- Most facilities only provided outpatient services (95% in Bangladesh; 76% in Pakistan)
- Most facilities offered oral contraceptives (91% in Bangladesh; 86% in Pakistan), injectable methods (67% in Bangladesh; 81% in Pakistan)[LL1] [MB2], and emergency contraception (53% in Bangladesh; 50% in Pakistan)

Health Facility Contingency Planning

The findings from the baseline surveys were clear: infrastructure, supplies, and services are critically vulnerable during climate emergencies, yet few facilities had contingency plans in place. The program supported the development of comprehensive contingency plans for health facilities in partnership with provincial and district health authorities. This marked a significant milestone, as it was the first time structured emergency guidance was created, distributed, and introduced to health facility staff.

In Pakistan, the program worked with Department of Health, Peoples' Primary Healthcare Initiative, and the Provincial Disaster Management Authorities in Sindh province on contingency plans for 492 health facilities. These plans ensure continued provision of essential medicines and supplies for nearby communities; clearly define the roles of health facility staff particularly when it comes to responding to disasters; and sustain referral linkages with public and private health providers, emergency services, disaster management authorities, and nearby community climate champions.

Similarly, in Bangladesh, after sharing the findings from assessment of 341 health facilities with the government, Pathfinder identified risk mitigation areas. The program then worked with Union Disaster Management Committees, facility management committees, women's groups, and schools to develop community risk reduction and school safety plans, incorporating contingency planning and allocating resources for health facilities to enhance climate-induced disaster preparedness and response. The plans included several capacity-strengthening initiatives and infrastructure upgrades:

FEATURED RESOURCE

Toolkit for Applying a Gender-Transformative Approach to Women-Led Climate Resilience

This toolkit helps users develop gender-transformative interventions for promoting women's leadership in building climate resilience and expanding access to quality health care.



- **Revitalization of disaster management committees:** Having a core set of staff responsible for developing and implementing the contingency plans at health facilities was key to ownership of the initiatives. Those health facility staff forming disaster management committees led to improvements at their facilities.
- **Supportive supervision:** To ensure sustainability and capacity strengthening through the health system, the program worked closely with the district health officials. With support from the program, district and sub-district health authorities carried out more than 1,600 supportive supervision visits. Discussions about issues the health facilities faced during supervisory visits promoted health facility management to take the lead in enhancing service provision—an unexpected outcome of the program.
- **Facility renovations:** Structural improvements were made in some health facilities, including the installation of submersible water supplies, construction of washrooms and water basins, and the development of approach roads—enhancements that significantly improved the functionality of these facilities. Some facilities invested in “green” initiatives to lessen environmental impacts.
- **Trainings on MISP:** The MISP acts as a blueprint for the delivery critical care in crisis, establishing groundwork for integrated, long-term SRH services as communities recover. The program trained 823 service providers, including facility-based providers and community health workers, on MISP, equipping them to respond effectively during emergencies.

Government Buy-In

Through collaborative workshops in both countries, contingency plans are being incorporated into centralized emergency planning mechanisms managed by district-level government bodies. This ensures the plans are institutionalized, receive government resources, and that health facilities have access to government-managed emergency hotlines and stock lists. Referral mechanisms are also established between public and private health facilities—when services at one clinic are down, another clinic can step in to serve clients in an emergency.

Women’s Leadership

A cornerstone of the program strategy was women’s leadership. Across both countries, the program mobilized more than 1,000 women—from teens to mothers and grandmothers—who serve as Climate Champions. These Champions have engaged directly in the contingency planning process. Through their seat on decision-making bodies in their districts, they have advocated for attention to the health needs of women and girls during climate emergencies.

Due to their involvement, the contingency plans specifically prioritize the continuation of SRH and maternal and newborn health services—often the first services to be disrupted when a crisis hits. These women bridge the gap between communities and health facilities, bringing vital community perspectives to facility-based services and connecting residents with the care they need.

Performance

Endline Survey

To capture improvements in health system resilience resulting from these initiatives, a random sample of program-supported facilities were selected for an endline assessment in September 2025: 102 health facilities in Bangladesh and 100 health facilities in Pakistan. Basic descriptive statistics and paired t-test analyses were performed on the dataset. Ethics review and approval was obtained from the National Bioethics Committee for Research in Pakistan and University of Dhaka in Bangladesh.

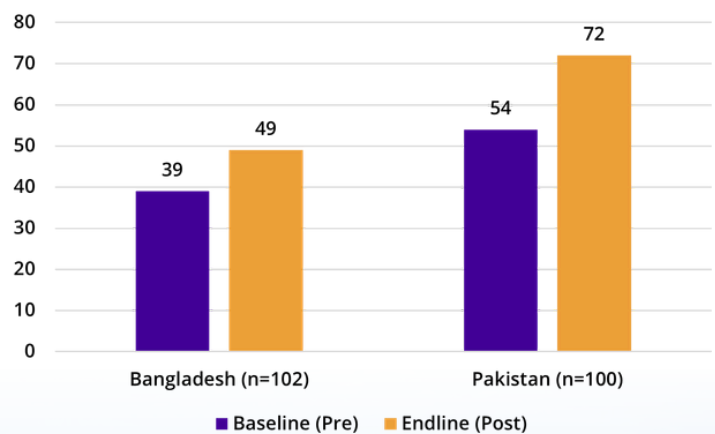
The assessment showed a statistically significant increase in emergency preparedness scores in both countries: Bangladesh increased mean score by 10 points ($p < 0.001$) and Pakistan increased mean score by 18 points ($p < 0.001$).

Bangladesh

In Bangladesh, improvements in emergency preparedness scores were driven by these top three factors [percent increase from baseline]:

- Storage of power supplies and equipment being above ground level [28%]
- Availability of written emergency staffing plans [14%]
- Availability of written protocols for communicating shock-related health risks [14%]

Pre-Post Emergency Preparedness Score, by Country



Pakistan

In Pakistan, improvements in emergency preparedness scores were driven by these top three factors [percent increase from baseline]:

- Availability of written plans for emergency maintenance and restoration of waste management systems [58%]
- Availability of emergency back-up generators that can cover critical services [53%]
- Availability of written quality monitoring plans for drinking and washing water [49%]



The project conducted 19 key informant interviews in Pakistan and 25 key informant interviews in Bangladesh as part of our endline assessment. Here are some examples of the feedback we received.

“Our health facility has become more capable of service delivery, especially during climate shocks, as roofs and water lines were repaired, new gender-specific latrines built, and basin-tap systems reinstalled by [the project], which has improved the facility’s hygiene and accessibility.”

—FACILITY STAFF, BANGLADESH

“We have clear guidelines for managing emergencies now. During the last flood warning, our team coordinated effectively with the district administration.”

—MEDICAL OFFICER, PAKISTAN

“After receiving MISP training, I have been providing various services to adolescent girls and women during disasters.”

—HEALTH PROVIDER, BANGLADESH

“We now have a written emergency plan. Our backup generator is functional, and fuel is available.”

—FACILITY MANAGER, PAKISTAN

Challenges

Unfortunately, challenges in the availability of SRH services remain: There were no meaningful improvements in the two-month supply of “tracer”¹ commodities for SRH; only three out of four surveyed facilities, both in Bangladesh and Pakistan, had the appropriate “tracer”¹ commodities for SRH at endline. We did see an increase in the availability of emergency contraception in surveyed facilities, both in Bangladesh (from 53% to 63%) and Pakistan (from 50% to 75%), which will help prevent unintended pregnancies during climate crises.

Power failures also remained a significant challenge, making it difficult to maintain the cold chain for vaccines and operate fans during extreme heat. While some health facilities had a back-up generator, not all facilities had the resources to purchase one.



[1] A sample of contraceptive commodities used to monitor the overall performance and availability of SRH services, including: condoms, oral contraceptives, injectables, implants, intrauterine devices, and emergency contraception.

Lessons and Recommendations

Program support, such as training sessions, revitalization of disaster management committees, and joint supervisory visits improved the preparedness of health facilities to serve communities during disasters. The continued leadership of local government is crucial for strengthening capacity, improving service delivery, and ensuring adequate budget allocations going forward. Existing SRH gaps show the need for advocacy to strengthen SRH services in health facilities that are prone to floods, cyclones, and other climate crises. The continued involvement of women who serve as champions on local disaster risk reduction committees will be essential to continued momentum.

- **Institutionalize emergency preparedness across all levels the health system:** Findings from the health facility assessment highlighted the benefits of the program's health system strategy for emergency preparedness, including the introduction of written plans, backup power, and pre-season briefings. However, implementation was uneven. Therefore, district-wide emergency preparedness protocols need to be standardized and institutionalized, including pre-monsoon reviews, generator and fuel reserve checks, and contingency planning.
- **Strengthen health workforce through continuous capacity building:** Across districts, the training of healthcare staff provided by the program was widely praised and considered invaluable, but staff turnover and the need for refreshers were common concerns. For that reason, refresher courses on MISP, inter-personal communication, and gender-based violence case management need to be institutionalized.
- **Build long-term sustainability through district ownership:** Overall, the program demonstrated a positive impact; however, there are concerns about sustaining progress after the program's end. Responsibility for emergency planning, coordination, training, and outreach should be transitioned to district health offices with budget lines embedded in Annual Development Plans.

Conclusion

These initiatives have deepened the recognition that health facilities must equip themselves to assist vulnerable communities in the face of disasters induced by climate change. Working closely with local government authorities and disaster management committees improved the emergency preparedness of project-supported facilities. Going forward, health system collaboration and the engagement of women champions with district-level disaster risk reduction and health planning mechanisms will be essential to ensure sustainability of interventions.

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For nearly 70 years, Pathfinder International has been a catalyst for systems transformation, inclusive growth, and resilient communities. With a global footprint spanning Africa, South Asia, and the Middle East, we invest in women and girls by expanding access to essential health products and services, unlocking leadership pathways, and strengthening economic participation. By partnering with civil society, governments, and the private sector, we scale women-led innovations that deliver sustainable systems of support, while generating measurable impact with the goal to ensure every woman has the agency to shape her future and lead a healthy, fulfilling life.

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