

# THE NEED FOR INTEGRATED CLIMATE CHANGE ACTION IN SEXUAL AND REPRODUCTIVE HEALTH AND GENDER BASED VIOLENCE PROGRAMMING

EVIDENCE AND RECOMMENDATIONS FOR THE ARAB REGION



# **TABLE OF CONTENTS**

AB	ABBREVIATION/ACRONYM LIST			
EX	ECUT	IVE SUMMARY	7	
I.	BACKGROUND			
	I.A	UNFPA's three transformative results (3TRS) and climate change value proposition	11	
	I.B	The Arab States regional context and UNFPA's mandate in the region	12	
	I.C	Objective of this report	14	
II.	MET	HODOLOGY	15	
III.	GLOBAL EVIDENCE ON THE LINKAGES BETWEEN CLIMATE CHANGE AND UNFPA's 3TRs			
	III.A	Climate change and ending preventable maternal and newborn mortality and morbidity	18	
	III.B	Climate change and ending unmet need for family planning	19	
	III.C	Climate change and GBV	20	
IV.	ARAB REGION EVIDENCE ON CLIMATE CHANGE IMPACTS AND THE LINKAGES WITH THE 3TRs			
	IV.A	Climate change impacts and contextual evidence on SRH and GBV in the Arab region	23	
	IV.B	Review of intersections between climate change impacts and 3TRs in the Arab region	24	
	IV.C	Nationally Determined Contributions (NDCs) and SRHRR and gender analysis from the Arab region	25	
	IV.D	Stakeholder interviews for UNFPA initiatives, and other best practices and tools from the region	26	
		Thematic findings from stakeholder interviews	26	
		Best practices report from the Arab region (external to UNFPA)	28	
		Adapting tools for data on climate change impacts	29	
V.	RECO	OMMENDATIONS	30	
	V.A	Research recommendations	31	
		Climate change and reducing maternal deaths and unmet family planning needs (SRHRR)	31	
		Climate change and GBV	33	
	V.B	Programme recommendations	34	
		Climate change impacts and maternal health and unmet need for family planning (SRHRR)	34	
		Climate change impacts and GBV	36	
VI.	. CONCLUSION			
REFERENCES				

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"The need for integrated climate change action in sexual and reproductive health and gender based violence programming. Evidence and recommendations for the Arab region."



### FOREWORD

Climate change is the greatest environmental challenge of our time and is a major threat to the vision of human-centred sustainable development as outlined in the International Conference on Population and Development (ICPD) Programme of Action. Climate change has also emerged as one of the most complex and important factors in the Arab region with dire impacts on water scarcity, food security and human health. The increasing frequency of natural disasters and extreme weather events is exacerbating the social, political, and economic challenges and is rendering the region even more vulnerable to instability and conflict.

Extreme events fundamentally challenge the ways in which societies access, benefit from and interact with the environment with impacts on natural resources, food security, infrastructure, social and health services, and livelihoods. The indirect impacts of extreme weather events affect communities and the health and rights of women and girls, especially those who may already be vulnerable to multiple and intersecting forms of discrimination. In the Arab region, climate change-related extreme events, such as droughts and flooding, impact on sexual and reproductive health and reproductive rights (SRHRR) and gender-based violence (GBV) risks by exacerbating existing gender inequalities and unequal social and gender norms.

The pace of climate change, expected to accelerate over the next decade, alongside gender inequalities, extremism, and acute and protracted crises may make it more challenging to achieve the 2030 Agenda for Sustainable Development including the ICDP Programme of Action in the Arab Region. In effect, climate change, gender equality, and SRHRR are inextricably linked. SRHRR has to be considered a key component of climate adaptation and resilience action and of climate justice. UNFPA's value proposition on climate change outlines a multipronged approach via four pillars to integrate SRHRR into climate adaptation strategies, and thereby deliver for women and young people.

This paper aims to review the existing evidence based on the linkages between climate change and SRHRR and intends to outline UNFPA opportunities for engagement with counterparts in governments and other organisations. The paper formulates recommendations in support of strengthening resilience to climate change for women and girls across various levels of operation and programmatic areas. Women and girls can be effective change-makers for climate resilience as their participation and involvement in sustainability initiatives is leading to more effective climate action.

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6

## **ABBREVIATION / ACRONYM LIST**

CEDAW	Committee on the Elimination of Discrimination against Women
CSW	Commission on the Status of Women
СОР	Conference of the Parties
COY	Conference of Youth
DRR	Disaster Risk Reduction
FGM	Female genital mutilation
GBV	Gender-based violence
GCC	Gulf Cooperation Council
ICPD	International Conference on Population and Development
ICRC	International Committee of the Red Cross
IDP	Internally displaced people
IPCC	Intergovernmental Panel on Climate Change
IPV	Intimate partner violence
NDC	Nationally Determined Contributions
OR	Odds ratio
QMUL	Queen Mary University London
RR	Relative risk
SDG	Sustainable Development Goals
SRHRR	Sexual and Reproductive Health and Reproductive Rights
TR	Transformative results
UNDP	United Nations Development Programme
UNFCCC	United Nations Framework Convention on Climate Change
UNFPA	United Nations Population Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
VP	Value Proposition
WHO	World Health Organisation
YOUNGO	Youth Constituency of the UNFCCC

### **EXECUTIVE SUMMARY**

Climate change increases the frequency and severity of extreme events, such as droughts, heat waves, floods and wildfires. Extreme events fundamentally challenge the ways in which societies access, benefit from and interact with the environment with impacts on natural resources, food security, infrastructure, social and health services, and livelihoods. The indirect impacts of extreme events affect communities and the health and rights of women and girls, especially those who may already be vulnerable to multiple and intersecting forms of discrimination. In the Arab region, climate change-related extreme events, such as droughts and flooding, impact onsexual and reproductive health and reproductive rights (SRHRR) and gender-based violence (GBV) risks by exacerbating existing gender inequalities and unequal social and gender norms. Across the region, different forms of GBV, such as intimate partner violence, female genital mutilation, sexual violence, and child marriage are prevalent, and the capacity of women and their communities to cope depends on the local socioeconomic, political and geographic context.

The UNFPA strategic plan (2021-2025) has committed to a mandate of achieving three transformative results (3TRs) by 2030: 1) ending preventable maternal and newborn mortality and morbidity; 2) ending the unmet need for family planning; and 3), ending GBV and all harmful practices. It is recognized that the three outcomes are interconnected. UNFPA has also committed to integrating the effects of megatrends, such as the interactions between climate change and UNFPA's mandate. To this end, UNFPA has put forward a value proposition on climate change which outlines a multi-pronged approach to integrate SRHRR into climate adaptation strategies, and deliver for women and young people. The first pillar of the value proposition outlines what UNFPA can offer to strengthen resilience to climate change by empowering women and girls to take control of their bodies, protect their rights, make choices and realise their potential, strengthening the resilience and ability of communities to adapt and recover from climate change impacts. In the second pillar, UNFPA outlines interventions aimed to strengthen and build more climate-resilient health and protection systems that can maintain the delivery of essential and life-saving sexual and reproductive health and reproductive rights and protection services in ever-changing environmental conditions. The third pillar outlines the interventions to ensure better preparedness and response in emergencies, strengthening systems and services that can meet the SRHRR needs of those impacted, displaced and at risk of climate crises. Finally, the fourth pillar outlines the activities that UNFPA undertakes to build stronger data systems for climate vulnerability, ensuring that climate-related vulnerability assessments and actions are informed by disaggregated population, health and gender data to reflect the multiple and differentiated impacts of the climate crisis, including assessments on the impacts on women's and girls' SRHRR.

The UNFPA Climate Change value proposition is intended to outline UNFPA opportunities for engagement with

counterparts in governments and other organisations and to support the mainstreaming of interventions that strengthen resilience to climate change for women and girls across various levels of operation and programmatic areas.

Most evidence on the effects of climate change impacts on SRHRR and GBV on women and girls is available at the global level. UNFPA's Arab States Regional Office (ASRO) is interested in expanding UNFPA's research work on climate change in the Arab region, in line with UNFPA's mandate and value proposition, feeding into evidence-based programming. To inform this expansion, the project aims to: a) review the existing evidence base on the interlinkages between climate change and the 3TRs both, globally, as well as within the Arab region; b) identify both evidence gaps and existing best practices by drawing on published evidence and key informant interviews; and c), to the extent possible, offer research recommendations based on the evidence review and programme recommendations in line with the value proposition.

The evidence review from the Arab region revealed limited research studies at the intersection between climate change impacts (droughts, water insecurity, flooding) on UNFPA's 3TRs mandate. Four case studies (Jordan, Syria, Somalia, Irag) included primarily qualitative studies with small samples. Jordan was the first country in the Arab region to recognise the importance of and integrate a gender equality perspective in its National Climate Change Policy. Also, the 17 Member States of the League of Arab States (LAS) who endorsed the Arab Declaration in advance of the 66th Session of the Commission on the Status of Women (CSW66) indicated their strong interest and commitment to combat the negative impacts of climate change on women and girls in the region. Based on the review, recommendations for consideration are listed below.



8

"Climate change increases the frequency and severity of extreme events, such as droughts, heat waves, floods and wildfires. Extreme events fundamentally challenge the ways in which societies access, benefit from and interact with the environment with impacts on natural resources, food security, infrastructure, social and health services, and livelihoods."

The report ensures that the recommendations align with and draw on the pillars of UNFPA's climate change value proposition so as to effectively incorporate climate change considerations, adaptation and resilience, across the humanitarian-development-peace nexus to address climate change impact. The recommendations are not based on an analysis of programmes beyond the nine key informant interviews and require further contextualisation and refinement by UNFPA country offices.

### Research recommendations for maternal health (TR1) and unmet need for family planning (TR2) include:

- a. Strengthening the evidence base on the interlinkages between different climate hazards (droughts or flooding) and SRHRR (maternal health and unmet family planning needs) by developing case studies across different contexts of the Arab region. This can be done using qualitative approaches, and by leveraging existing climate and demographic health datasets to examine the associations using large representative datasets.
- b. Integrating SRH and climate indicators (if not included) into UNFPA vulnerability assessments in the Arab region to assess a country's current situation for preparedness, adaptation, disaster response, recovery and resilience-building. This evidence will help stakeholders use the data for advocacy efforts, and utilise data to design appropriate preparedness and adaptation interventions before a disaster or slow-onset climate event has struck;
- Leveraging existing tools that are used to capture food insecurity or population mobility in climateaffected contexts in the region in order to integrate SRH data;

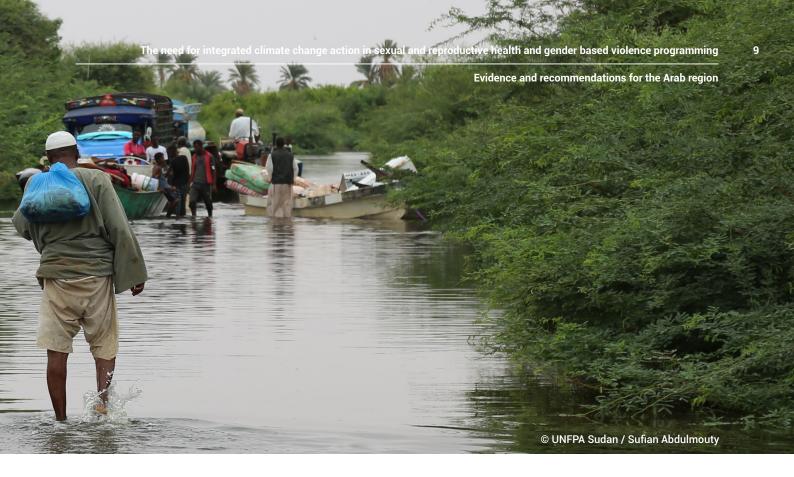
d. Mapping or identifying and evaluating low-cost climate resilient interventions that can address the negative effects of climate change impacts on maternal health and unmet need for family planning.

#### Research recommendations for GBV (TR 3) include:

- a. Establishing the evidence on the linkages between climate change and GBV, including harmful practices in the Arab region. This includes qualitative and quantitative methods to explore the mechanisms and underlying drivers of GBV in the context of the climate crisis;
- Conducting assessments of norms and practices that inform of the violence risks women and girls may face in relation to climate-induced disasters (both acute and slow-onset event) in the region;
- c. Identifying promising interventions and best practices globally and within the region to strengthen knowledge sharing on effective climate-resilient, gender responsive programmes;
- d. Mapping national and regional policies, laws and frameworks and governance mechanisms to support the integration of gender-responsive climate action into systems and structures in the Arab region.

### Programme recommendations for maternal health (TR1) and unmet need for family planning (TR2) include:

 Developing a regional framework for assessment to work through if and how countries in the Arab region frame and understand their current programmes as contributions to climate change adaptation and identifying what can be amplified or created to strengthen that work;



- b. Confirming women's leadership and participation in climate-related governance processes to ensure that gender dimensions of SRHRR remain at the centre of policy discussions in the Arab region;
- c. Engaging and empowering young people to be part of the solution, in part by building on existing regional and country youth networks in the Arab region to integrate "youth-responsive climate action";
- d. Building on existing efforts in the Arab region to ensure a voluntary and rights-based approach to unmet need for family planning that is implemented in a culturally appropriate way, in order to prevent unplanned pregnancies and, improve maternal and child health;
- e. Mapping and identifying regional- and country-level stakeholders in climate, health and gender, including the contributions different actors can make. All UNFPA programme officers, in particular gender officers/focal points in the Arab region, need to become familiar with climate change issues, while climate focal points at UNFPA need to consider applying a gender/SRH lens to their work through an understanding of the impacts of climate change on maternal health and unmet family planning and other SRH needs;
- f. Leveraging social protection systems to help survivors of disasters and people facing climate emergencies to alleviate financial barriers so that they can access SRH services in humanitarian and development contexts
- g. Developing a communications guide explaining what gender-responsive climate action means for a country in the Arab region and how SRHRR and GBV can contribute to country commitments to the COP agreements.

#### Programme recommendations for GBV (TR3) include:

- a. Designing inclusive programmes or adapting, as appropriate, existing GBV and livelihood programmes to address both GBV and climate change impacts, with local women and girls at the centre of the strategy to ensure co-benefits for both sustainable development and GBV response and prevention;
- b. Promoting strategic cross-sectoral partnerships and cooperation at global, regional, national and local levels to ensure that climate change and GBV sector responses are coordinated, integrated and based on GBV expertise and experience with designing climate resilient programmes;
- Ensuring that GBV considerations and the linkages to C. climate change are embedded in relevant work plans/ assessments/decisions in the Arab region. This includes influencing the NDCs, national adaptation plans, climate change policies, disaster risk reduction and preparedness, and understanding how to access climate change funds to support GBV prevention and response. Further, the GBV community must also build on its understanding of the global, regional and national systems, policies and funding streams related to climate change. Because these systems are often included within and guided by development processes, this means that GBV actors working in humanitarian crises will need to link to development action;
- d. UNFPA's Arab region country offices should utilise existing NDC analyses and/or related work on climate change and GBV in order to design and coordinate advocacy efforts with national decisionmakers and policy makers.

The need for integrated climate change action in sexual and reproductive health and gender based violence programming

Evidence and recommendations for the Arab region

# I. BACKGROUND

### I. BACKGROUND

Climate change is the greatest environmental challenge of our time [1] and is a major threat to the vision of human-centred sustainable development as outlined in the International Conference on Population and Development (ICPD) Programme of Action<sup>1</sup>. Communities are experiencing more frequent and severe extreme weather events, such as heat waves and floods, as well as the degradation of natural ecosystems that are increasing cycles of poverty, food, and water insecurity, zoonoses and vector-borne diseases, mental health issues and physical insecurity, including violence [1]. While, globally, everyone is affected by climate change, but women and girlsespecially those from marginalised groups and those who experience multiple and intersecting forms of discrimination, on account of their ethnicity, disability or migrant status in low-and middleincome countries (LMICs), face heightened risks.

This is particularly true as climate change disproportionately impacts those living in poverty. Women constitute the majority of the world's people living in poverty and are dependent on threatened natural resources [2]. When disasters strike, women and girls have fewer options and less flexibility to escape in facing an emergency; for example, in the case of floods, they are less likely to be able to swim or climb than men and boys [3] and are less able to access relief and assistance, which further threatens their livelihoods, wellbeing and recovery, thereby creating a vicious cycle of vulnerability to future disasters [4]. These effects are exacerbated by socioeconomic factors and harmful social and gendered norms that prevent women and girls from having access to the same social, economic and political resources as men [5][6]. Being pregnant entails an added layer of vulnerability. The Intergovernmental Panel on Climate Change (IPCC) considers pregnant women to be a vulnerable population in the context of climate change due to socioeconomic factors and traditional gender expectations [7]. At the same time, women and girls can be effective change-makers for climate resilience. Their participation and involvement in sustainability initiatives is leading to more effective climate action [5].

As articulated in the UNFPA value proposition<sup>2</sup>, there is a strong foundation of international commitments to act on the issue. These include the integration of gender and sexual and reproductive health and reproductive rights (SRHRR) in the Sendai Framework for Disaster Risk Reduction (DRR)<sup>3</sup> and the recognition of the salience of SRHRR and measures to respond to GBV in emergencies. Moreover, addressing gender inequalities and securing environmental sustainability are global priorities in such international legal commitments as the 2030 Agenda for Sustainable Development; the Paris Agreement<sup>4</sup> to the United Nations Framework Convention on Climate Change (UNFCCC<sup>5</sup>); the Gender Action Plan and the Lima Work Programme on Gender. In 2018, the Committee

on the Elimination of All Forms of Discrimination against Women (CEDAW) enacted its first general recommendation 37<sup>6</sup> recognizing the need to address climate change and GBV both to protect and safeguard women and vulnerable populations, and also to ensure violence prevention in the aftermath of disasters. The momentum generated from ICPD25, which led to over 1,400 voluntary commitments made by governments, multilateral agencies, civil society organizations, the private sector and many other stakeholders, as well as the 25th anniversary of the adoption of the Beijing Platform of Action in 2020, show how partnerships can be strengthened and synergies harnessed to confront global challenges, including addressing climate change impacts on women and girls. In effect, climate change, gender equality, and SRHRR are inextricably linked. SRHRR has to be considered a key component of climate adaptation and resilience action and of climate justice [8].



# I.A UNFPA's three transformative results (3TRS) and climate change value proposition

In its 2022-2025 strategic plan, UNFPA has committed to achieving three transformative results (3TRs) by 2030:

- 1. Ending preventable maternal and newborn mortality and morbidity;
- 2. Ending unmet need for family planning; and
- 3. Ending GBV and all harmful practices.
- Based on commitments in the International Conference on Population and Development (ICPD) Programme of Action and reinforced by the Nairobi Summit on ICPD+25
- 2 UNFPA's value proposition: https://esaro.unfpa.org/sites/default/files/pub-pdf/unfpa\_and\_the\_climate\_crisis\_2020.pdf

- 5 UN General Assembly, United Nations Framework Convention on Climate Change: resolution / adopted by the General Assembly, 20 January 1994, A/RES/48/18.
- 6 UN Committee on the Elimination of Discrimination against Women (CEDAW) General Recommendation No. 37 on Gender-related dimensions of disaster risk reduction in the context of climate change CEDAW/C/GC/37

<sup>3</sup> United Nations Office for Disaster Risk Reduction (UNDRR) Sendai Framework for Disaster Risk Reduction 2015-2030 <a href="https://www.undrr.org/publication/sendai-framework-disaster-risk-reduction-2015-2030">https://www.undrr.org/publication/sendai-framework for Disaster Risk Reduction 2015-2030</a>

<sup>4</sup> Paris Agreement to the United Nations Framework Convention on Climate Change, Dec. 12, 2015, T.I.A.S. No. 16-1104

It is recognized that these three outcomes are interconnected. Furthermore, the UNFPA strategic plan has committed to integrating the effects of megatrends, such as climate change, demographic shifts, inequalities and digitalisation, into programming efforts<sup>7</sup>.

In December 2020, UNFPA launched its *value proposition* (*VP*) *on climate change*, outlining **four pillars** of programmatic work connecting the promise of the ICPD and climate change adaptation and resilience, to achieve gender-transformative responses for women, girls, young people and vulnerable communities. These pillars outline a multi-pronged approach that addresses programming gaps and ensures appropriate action on climate change at various levels:

- VP Pillar 1: Services. Ensure a healthy empowered population including women, girls, and young people whose SRHRR are addressed and fulfilled by addressing climate change impacts on these rights.
- VP Pillar 2: Systems. Strengthen and build more climate-resilient health and protection systems to respond to climate impacts while ensuring the continuity of SRHRR services and stronger protection services for GBV responses.
- VP Pillar 3: Humanitarian preparedness and response. Ensure risk reduction, enhanced preparedness, and strengthened emergency response. Drawing on the humanitarian and development nexus approach, UNFPA is working to ensure better preparedness and response in emergencies as well as meeting the SRHRR needs of those impacted, displaced and at risk of climate crises.
- VP Pillar 4: Data and evidence. Strengthen data systems for climate vulnerability and adaptive capacity. Climate-related vulnerability assessments and actions must be informed by disaggregated population, health and gender data to reflect the multiple and differentiated impacts of the climate crisis, including assessment of the impact on SRH.

In addition, UNFPA has developed a climate strategy that is anchored around three pillars that aim to support the achievement of the 3TRs:

- 1. The Climate Change Value Proposition ("what" we propose to deliver in our programmes),
- 2. UNFPA Social and Environmental Standards ("how" we strengthen and mainstream social and environmental sustainability and accountability in programmes), and
- 3. UNFPA's Environmental Efficiency Strategy ("how" we make our operation greener).



I.B The Arab States regional context and UNFPA's mandate in the region

UNFPA's mandate and value proposition are at the core of UNFPA's mission globally, including in the Arab region.

Sharing a common language and history, the Arab region is characterised by a high level of diversity in development made up of high and middle-income and least developed countries [9]. Additionally, there are notable disparities across and within countries in the region when it comes to income, political stability, humanitarian crises and socio-cultural and gender norms. The region, already vulnerable, was affected by Covid-19 and, increasingly by climate change, demographic changes and migration. The region also includes a number of countries in complex and prolonged humanitarian crises- in 2021, an estimated 65 million people required humanitarian assistance [10]. This figure was projected to increase with the socio-economic consequences of the COVID-19 pandemic, impacting vulnerable populations and those in need of humanitarian assistance. The region has faced severe water scarcity prior to the ongoing climate crisis and continues to face a water crisis [11]. At present, 61% of the population experience "high "or "very high" water stress since nine of the world's ten most water-stressed countries are located within the region [11]. Wet season rain storms are projected to become more intense. Although rains will be less frequent, they will be more intense, with implications of flash flooding when heavy rains occur over ground hardened by drought8.

7 UNFPA strategic plan, 2022-2025 (DP/FPA/2021/8) https://www.unfpa.org/unfpa-strategic-plan-2022-2025-dpfpa20218

8 WISER MENA Scoping Report: Opportunities for improved weather and climate information in the Middle East and North Africa region: <u>https://www.metoffice.gov.uk/binaries/content/assets/metofficegovuk/pdf/business/international/wiser/wiser-mena-scoping-study-external-v2.pdf</u>

"The Intergovernmental Panel on Climate Change (IPCC) considers pregnant women to be a vulnerable population in the context of climate change due to socioeconomic factors and traditional gender expectations."

Countries in the Arab region still face challenges in ensuring universal health care for all. This also applies to SRH, with discrimination based on sex, nationality, displacement status or marital status. Services related to maternal health, family planning, and the prevention and treatment of sexually transmitted infections and HIV/ AIDS are not fully integrated within primary health care. Accessibility and quality vary across countries, among social classes and from urban to rural areas [10]. In terms of economic protection systems and programmes, women are often left uncovered by contributory social insurance schemes. Weighted for population, the female labour force participation rate in the region is slightly over 20%, compared to a global rate of 48% [12]. As in other regions, women in Arab countries are more likely than men to carry out unpaid work, including childcare, cooking and household chores. Also, women are more likely than men to work in vulnerable employment and in the informal sector [13].

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Numerous forms of GBV such as IPV, FGM, sexual violence, and child marriage are prevalent. However, this varies considerably across countries in the region [6]. An estimated 35.4% of women have experienced IPV [13]. The prevalence of FGM in women and girls is higher in Somalia, with lower levels in Morocco, Tunisia, or Algeria [12] [14]. In Sudan, a third of all women are married before age 18, while the rates are lower in Algeria (3%) and unavailable in countries such as Tunisia, or Qatar [12]. The contraceptive prevalence rate for modern methods is less than 60% in two-thirds of the Arab countries, while the unmet need exceeds 10% in threequarters of these countries. In Egypt, Iraq, Palestine, Somalia, Sudan and Yemen, the total fertility rate is still high, exceeding three children per woman of reproductive age [9]9. Climate change- related, slow-onset events, such as droughts, and irregular, sudden-onset events, like flooding, are increasingly "multiplying" SRH and GBV risks in the region, given already existing gender inequalities and harmful social and gender norms [6].

### Further, UNFPA undertook a systematic assessment of ICPD positioning as reflected

in the 175 Voluntary National Reviews (VNRs) submitted from 2016-2020. This was done to strengthen engagement in the VNR process to track countries' progress on the SDGs, and to support the achievement of the 3TRs<sup>10</sup>. Of the 17 VNRs from the Arab region that were analysed, 41%(n=7) spoke about reproductive health, and one (Tunisia) referenced both SRH and GBV. Tunisia is the only country whose VNR referenced abortion (safe and unsafe), since it is the only country in the region to have legalised abortion. A few countries outlined reproductive health strategic plans. Jordan's National Strategy for Reproductive Health/Family Planning (2013-2018), for example, aims to strengthen reproductive, maternal and child health services to ensure a demographic transition by 2040. Algeria has seen a positive trend in reproductive health outcomes thanks to universal access to healthcare services.

A majority of these countries referenced maternal health in their VNRs (88%). Some countries have already seen a reduction in maternal mortality or have outlined the ways in which they will reduce maternal mortality by 2030. In Egypt, the reduction in the maternal mortality ratio was due to the increased percentage of women who received antenatal health services and the increased percentage of births attended by a skilled health care provider. Similarly, Morocco's decrease in maternal mortality is largely due to more developed health services, the promotion of free childbirth services at public hospitals, and an increase in births attended by skilled health professionals. Algeria has implemented the National Plan for the Accelerated Reduction of Maternal Mortality (2015-2019).

<sup>9</sup> UNFPA strategic plan, 2022-2025 (DP/FPA/2021/8) Annex 4: Global and regional programmes Arab States regional programme (2022-2025)

<sup>10</sup> UNFPA: A systematic assessment of the positioning of key ICPD themes within 175 Voluntary National Reviews presented at the High-Level Political Forum from 2016- 2020.





### I.C Objective of this report

The pace of climate change, expected to accelerate over the next decade, alongside gender inequalities, extremism, and acute and protracted crises may make each of the 3TRs more challenging to achieve in the Arab region. This is because "compounding" the risks together make women and girls more vulnerable by reducing their already diminishing access to social, political, and economic resources. Hence the need to strengthen the evidence analysis on the impact of climate change across UNFPA's mandate for the 3TRs, making it all the more important to address the impacts of climate change through programmes that focus on adaptation and resilience across the humanitarian-development nexus.

Most of the evidence on the effects of climate change impacts on SRHRR and GBV on women and girls is available at the global level. UNFPA's Arab States Regional Office (ASRO) is interested in expanding the organisation's research work on climate change in the Arab region in keeping with UNFPA's mandate and value proposition, by feeding into evidence-based programming. To inform this expansion, the project aims to:

- a. review the existing evidence base on the linkages between climate change and the 3TRs, globally, as well as from the Arab region,
- b. identify both evidence gaps and existing best practices drawing on published evidence and key informant interviews; and
- c. offer research recommendations based on the evidence review and programme recommendations in line with the value proposition.
- d. The report ensures that the recommendations align and draw on the pillars of UNFPA's value proposition to effectively incorporate climate change considerations, adaptation and resilience across the humanitarian-development-peace nexus in order to address the impacts of climate change in the Arab region.

15

# II. METHODOLOGY

### II. METHODOLOGY

We conducted an evidence review, alongside nine brief key informant interviews with stakeholders from UNFPA ASRO and other agencies in the region – UNICEF Middle East and North Africa (MENA), World Health Organisation Eastern Mediterranean Regional Office (WHO EMRO) – to triangulate findings.



Using systematic keyword searches, the evidence review drew on different sources including quantitative and qualitative peer-reviewed literature, and relevant grey literature, such as reports from international and non-governmental organisations (NGOs), presenting a synthesis of the evidence. For two of the three transformative results (ending maternal mortality and reducing GBV), we drew on global, peer-reviewed published systematic reviews. For the climate change and reducing GBV linkage, there are the two recent global, peer-reviewed systematic reviews from 2021 and 2022 [15][16]. For the climate change and maternal health linkage, we drew on a systematic review co-authored by the lead author of this report that is currently being prepared<sup>11</sup> for submission to a peer-reviewed journal.

For the climate change and ending unmet need for family planning linkage, we drew on the Women Deliver report (2022) [8], while identifying other relevant studies through web searches, keyword searches in academic databases, and review of references in key papers. This evidence reviews and synthesis incorporated global evidence with some regional perspectives (where available), as well as those based on case studies.

We conducted key informant interviews to gather information and country level research documents that relate to the linkages between climate change and the 3TRs. We also solicited opinions on gaps in the evidence and future programming recommendations. We secured verbal consent to include interview findings in this document. In general, there was limited published evidence on climate change and the 3TRs at the regional level, but global findings were triangulated with available country level documents to make it relevant to the Arab region.

The programmatic recommendations are based on an evidence review of the intersection between climate change and the 3TRs in the context of the Arab region, as well as key informant interviews and align with UNFPA's value proposition. They are meant to offer initial guidance for country offices as they prepare to implement the value proposition for addressing the negative impacts of climate change on the 3TRs and to strengthen resilience and adaptation. As these recommendations are not based on an analysis of programmes beyond the nine key informant interviews, they require further contextualisation and refinement by country offices.

References to literature throughout the text are indicated in numbers in brackets, e.g. [1], and can be found in their respective numerical order in the References section of this paper.

"We conducted key informant interviews to gather information and country level research documents that relate to the linkages between climate change and the 3TRs."

17

# III. GLOBAL EVIDENCE ON THE LINKAGES BETWEEN CLIMATE CHANGE AND UNFPA'S 3TRs

### III. GLOBAL EVIDENCE ON THE LINKAGES BETWEEN CLIMATE CHANGE AND UNFPA'S 3TRs

As there is limited evidence between climate change impacts and UNFPA's 3TRs in the region, this report draws on global evidence to showcase the direct and indirect pathways of impact between climate change and the 3TRs. These pathways form the basis of research and implementation<sup>12</sup> and are followed by examples of studies from the literature that show the impact of climate change on the 3TRs. The purpose of summarising the global evidence is to demonstrate that quantitative and qualitative evidence of the linkage exists in different geographic regions. These studies can inform future quantitative and qualitative research in the Arab region and can form the basis of cross-country comparison and knowledge sharing.



III.A Climate change and ending preventable maternal and newborn mortality and morbidity

A <u>direct impact</u> of climate change on *maternal health* is through an increase in vector-borne infectious diseases (e.g., malaria, zika) that results in maternal illness and low birth weight babies [17]. Climate-related events can affect access to clean water that is essential for safe pregnancy, safe births and personal hygiene. Increased temperature or heat waves and air pollution can result in higher rates of miscarriage, pre-term birth and poorer neonatal outcomes [18][19]. <u>Indirect impacts</u> include the effects of extreme events, such as droughts on crop failure, livestock mortality and increased food prices resulting in food insecurity and poor maternal nutrition [20].

Drawing on systematic reviews and other studies, what follows <u>includes examples</u> of studies that offer evidence of these linkages:

### Heat and pre-term birth, low birth weight and stillbirths

- A number of systematic reviews have documented this linkage and most studies show that heat worsens maternal and neonatal outcomes. A recent 2021 systematic review on heat waves and pre-term birth, that reviewed 47 studies (mostly from high income countries -- only two were from low-and middleincome countries) showed that for every one-degree Celsius increase in temperature, the likelihood of pre-term birth increased by 5% [22]. This was similar to a meta-analysis of eight studies, all done in high income countries (notably the US and Australia), that suggested an increase of one degree Celsius in the week before delivery corresponds with a 6% greater likelihood of stillbirth [24]. In sub-group analyses, estimates of associations between heat and stillbirth were higher in black and Hispanic women and in younger women. These estimates of associations between heat and stillbirth were also higher for male fetuses.
- A quantitative study from Colombia using almost 1.5 million birth records, found that exposure to moderate heat waves during the third trimester of pregnancy reduces the birthweight of the infant by 0.04 kg and lowers Apgar scores by 0.2-0.6 percentage points [23].

#### Hypertension and malnutrition

 Two studies from coastal areas in Bangladesh [25][26] have documented the negative impacts of salinised water intake on pregnancy outcomes indicating that hypertension increased and blood pressure was exacerbated during the dry season when water levels were lower. Both papers cited a number of causes for drinking water salinisation. These included decreased water flow in the rivers due to increased demand and general rising sea levels due to anthropogenic climate change. Moreover, the two papers noted that the situation is likely made worse by extreme weather events such as coastal surges from storms [25][26].

<sup>12</sup> Please note that some of the evidence on the first two pathways (maternal health and family planning) are drawn from an analysis done by Queen Mary University and UNFPA, 2021 [17].

 Two studies from Ethiopia showed a higher prevalence of malnutrition among pregnant women in drought- prone areas. Researchers used midupper arm circumference (MUAC) measurements to calculate the prevalence of malnutrition among pregnant women. They found that 24% of pregnant or lactating women in the Rayitu District of Ethiopia [27] and 40% of pregnant women in the Konso district [28] were malnourished.

#### Access to maternal health services

- In southern Mozambique, during normal times, 46% of women live within a one-hour walk of a primary health centre, and that that decreases to 37% during periods of floods. On an average day, the longest commute to a primary health centre in this area was 7.9 hours. Floods caused this commute time to increase substantially to 9.9 hours [29].
- In Bangladesh, women who live in an area that flooded four times between 2011 and 2014 have decreased odds of receiving ante-natal care from a medical provider in comparison to women who live in areas that only flooded once during the same timeperiod [30].
- A study in the Philippines that examined the impact of Typhoon Haiyan on obstetrics admissions at two hospitals found that having a disaster plan in place determined whether there was a decrease in the number of women giving birth in the hospital [32].



### III.B Climate change and ending unmet need for family planning

Climate change impacts can affect *unmet need for family planning* by *directly* limiting access to essential SRH services. Extreme weather events disrupt healthcare facilities and infrastructure and interrupt medical supply chains, directly limiting access to SRH services [33] [21]. Reduced access to skilled birth attendants and emergency obstetric care, as well as to contraception and



safe abortion services can result in increases in sexually transmitted infections, unwanted pregnancies and maternal and neonatal death. Moreover, the economic consequences for households of climate-related shocks can *indirectly* limit access to paid-for SRH services on grounds of affordability [8]. Additionally, the impacts of climate change can affect national investment in other areas of development, including the health sector, by diverting funding for health and SRH to climate-related responses ( either adaptation or response to climaterelated disasters, such as droughts, floods) [8].

Drawing on a comprehensive review by Women Deliver [18] on the linkages between climate change impacts and SRHRR, and other peer-reviewed papers, the following sample studies show how extreme events have impacted upon SRH outcomes, particularly unmet need for family planning, primarily using qualitative methods [8].

- In Bangladesh, increasing incidence of flooding have led to low stocks of contraceptives at health facilities in rural and remote areas [34].
- In Pakistan, a lack of female doctors in temporary camps prevented women from seeking health services post-flooding, due to the social stigma of engaging with, and a fear of sexual harassment from, male doctors [35].
- In Thailand, pregnant women displaced due to flooding delivered infants with significantly lower birth weights than infants born to women who were not displaced by a natural disaster. The study also found birth weight increased with perceived social support, which otherwise might be lost during displacement [36].
- In New Orleans, the African-American community experienced decreased fertility rates following Hurricane Katrina in 2005, likely brought on by effects such as financial instability and displacement [37].
- In Puerto Rico, in 2017 in the aftermath of Hurricane Maria, health specialists reported they lacked the necessary water supply and sanitised surgical instruments needed for deliveries [37].
- In rural Nicaragua, during Hurricane Mitch, women in the most affected regions lacked comprehensive pregnancy and post-partum care, and the economic damage from crop loss indirectly influenced couples to delay childbearing [38][39].
- In Mozambique, the El Niño-induced drought limited water supply for personal hygiene and also limited the supply of the absorbent plant traditionally used for menstrual blood by girls and women. Crop failure due to climate change can also affect sexual and reproductive health [40].
- A study in Tanzania found that when climate-related setbacks such as droughts contribute to food insecurity, female Tanzanian agricultural workers resorted to transactional sex in order to survive. This, in turn, contributed to higher rates of HIV infection [41].



#### **III.C Climate change and GBV**

Climate change can also impact GBV and harmful practices, but it should be noted that not all pathways described here have been empirically tested. For instance, as climate change impacts the availability of and access to resources and means of livelihood, the risk of GBV is exacerbated. Women and girls from marginalised communities may experience this impact acutely due to social and gender norms that perpetuate multiple and intersecting forms of gender inequalities and discrimination. Their lesser economic power and dependence on climate-sensitive work can challenge their resilience when it comes to to efforts to reduce the effects of climate change [16]. Furthermore, women and girls are particularly vulnerable to the impact of climate change since climate disasters can disrupt access to health services, and access and financing to essential GBV services [15]. Climate change also cuts across the humanitarian-development-peace nexus insofar as it creates new humanitarian emergencies and exacerbates those that already exist, compounding the risks of GBV for women and girls and contributing to increases in levels of IPV, child marriage and sexual violence.

A 2022 systematic review on extreme weather events and GBV explored several types of extreme events (i.e., storms, floods, droughts, heatwaves, and wildfires) and different types of GBV experiences [15]. It included 41 studies. Most quantitative studies were cross-sectional or ecological in design and rated as poor in guality. In comparison, the qualitative studies were rated to be of reasonable quality. The overarching finding was that despite limitations in the data, there is evidence that extreme weather events are associated with increases in different types of GBV, particularly IPV. Another 2021 systematic review on climate-related hazards, disasters and violence against women and girls included 37 studies [16]. It explored several types of disasters caused by natural hazards (climatological, geophysical, hydrological and meteorological) and different forms of GBV. Eleven out of the 20 quantitative studies found a positive association with disaster exposure and at least

one type of violence, IPV in particular. This review also emphasised a lack of good quality quantitative studies, specifically around study designs and the measurement of variables. Also highlighted was the review's limited geographic scope, which revealed a gap in the evidence from Arab region member states.

Included below are some study <u>examples</u> of these linkages:

#### Droughts and heat waves

- In Sub-Saharan Africa, analysis of 19 Demographic Health Survey (DHS) data suggested there was a link between outbreaks of drought and reported instances of a controlling partner and experiences of physical and sexual violence, and that this association was more evident among adolescent girls and unemployed women. Drought, however, was not associated with reported emotional violence. There was heterogeneity in findings across countries. Also, drought appeared to serve as a protective against some forms of violence in Uganda, Namibia, and Tanzania [41]. In Namibia, which has a high prevalence of drought, women living in droughtprone areas were less likely to report a controlling partner and physical violence. In Uganda and Tanzania, countries with a very low prevalence of drought (7.9% and 0.7%, respectively), drought appeared to be associated with reduced reporting of emotional violence.
- In Spain, strong statistical evidence indicated by the p-value associated heat waves between 2008-2016 with increased risk of spousal violence (relative risk (RR)=1.02; p<0.001) and intimate partner femicide (RR=1.40; p=0.048), one-to-three days after an extreme heat event [42].
- In Australia, there was some evidence of increased domestic violence during severe drought years. Service providers concluded that financial pressures associated with the drought contributed to increased alcohol and drug consumption by men as a coping mechanism, and that this resulted in increased violence against women. The research noted that the violence – mainly emotional and physical abuse, financial control and isolation of women – was initially reported by the service providers rather than directly conveyed by the women [43].

#### Hurricanes, tsunamis, and cyclones

 In the USA, in 2008, exposure to Hurricane lke was deemed to have significantly increased g the odds of boys physically (odds ratio (OR) =3.19; p<0.01) or sexually assaulting (OR=3.73; p<0.01) dating partners [44]. Yet exposure to Hurricane Katrina had no effect on the risk of non-partner sexual violence among girls (aged 12–18) and female university students [45][46]. The study authors on Hurricane Katrina postulated that the sense of community on campus and the available social support served as protective factors against sexual violence among young women.

- In India, there was strong evidence that the odds of spousal violence was higher among women living in states severely (OR=1.98; p<0.001) and moderately (OR=1.85; p<0.001) affected by tsunamis compared with those living in unaffected states [47].
- In Vanuatu in 2011, there was a 300% increase in new domestic violence cases after two tropical cyclones [5].

Qualitative literature from research conducted by NGOs complements the academic literature. The research documents forms of non-partner violence like sexual exploitation, sexual harassment, sexual assault and rape that may occur as a result of climate-related events.

- For instance, in South Asia, post-2004 tsunami, sexual harassment against women, rape, and domestic abuse were reported [48], [49].
- In Kenya, the drought forced many girls to engage in transactional sex or to be forced into early marriages [50].
- In Nepal, sexual harassment and exploitation were used to intimidate women and prevent them from engaging in ecosystem restoration activities [5].



The global examples cited above also associate the risk of increased violence with a decrease in police protection and a lack of law enforcement dealing with domestic disputes. Thus, the risk of violence might not be triggered solely by the direct adverse impacts of extreme weather events and/or disasters on people's mental health and family well-being and economic security but can also be attributed to safeguarding and protective system failures [51].

IV. ARAB REGION EVIDENCE ON CLIMATE CHANGE IMPACTS AND THE LINKAGES WITH THE 3TRs

### IV. ARAB REGION EVIDENCE ON CLIMATE CHANGE IMPACTS AND THE LINKAGES WITH THE 3TRs



### IV.A Climate change impacts and contextual evidence on SRH and GBV in the Arab region

Future projections indicate that countries in the Arab region will experience sea level rises, water scarcity, plus increased frequency and greater intensity of extreme weather events such as heat waves, sand and dust storms, flash floods, rockslides and heavy rains [9]. The region is expected to become hotter and drier under projected future climate predictions<sup>13</sup>. Egypt, Libya, Morocco and Tunisia are the most exposed to sea-level rises. In Egypt's Nile Delta, some 1,500-to-2,600 km2 of land is projected to be exposed to flooding by 2100, with a projected sea-level rise of 0.75 m [52].

Despite the progress made on addressing GBV and harmful traditional practices, GBV prevalence remains a serious issue in the Arab region. Acute and protracted crises have also been shown to affect gender and social norms, gender discrimination and inequality and the SRHRR of women and girls [18]. This has resulted in limited access to healthcare services (e.g., contraception or abortion services), GBV and other harmful practices and human rights violations [8]. Common challenges to achieve SRHRR in the Arab region include the low rate of accessibility to health and social services, especially among the constituencies that most need these services; gaps in the availability of a skilled health care workforce; and the general weakness of the financial support and domestic resources available or allocated to health care [8].

Persistent cultural barriers to gender equality and sensitivity to the human rights agenda also remain challenges for the implementation of the UNFPA mandate across the region, where there is a high prevalence of female genital mutilation (FGM) - 50 million cases accounting for one-quarter of the global total. Some 40 million child brides were married before the age of 18 [6]. Moreover, the region's legal environment governing access to SRH services is below international standards [10]. An assessment of humanitarian needs in Somalia in February 2022, for example, found that child marriage accounted for 59% of GBV cases reported to service providers. Many also involved FGM14. Because of the dual crises of conflict and water scarcity, early marriage in Syria has increased, as families marry off their daughters to ease their economic burden [53].

It is increasingly apparent that raising male awareness by actively getting men involved can contribute significantly to ending violence against women. A study on understanding masculinities in the Arab region was carried out in Egypt, Morocco, Lebanon and Palestine in 2017. It revealed that a majority of the men surveyed supported a wide range of inequitable, traditional attitudes towards GBV and that they maintained control of household decisions. The study showed that many men in the region continue to uphold rigid norms that perpetuate violence against women or confine them to conventional roles, and that they act on these attitudes in ways that cause harm to women and children [8]

A considerable decrease in maternal deaths in the Arab region notwithstanding, the regional aggregated average is estimated at 151 deaths per 100,000 live births. There are wide disparities - from 3 per 100,000 live births in the United Arab Emirates to 829 per 100,000 live births in Somalia. Considering the social, economic, political and demographic changes in the region, ending preventable maternal deaths remains a major challenge. The contraceptive prevalence rate is less than 60% in two-thirds of the Arab countries, while unmet need exceeds 10% in three-quarters of these countries [8]. In Egypt, Iraq, Palestine, Somalia, Sudan and Yemen, the total fertility rate is still high, exceeding three children per woman of reproductive age. The Arab region offers relatively low benefit coverage for mothers with newborns. With a 31.6% coverage rate, Arab countries are below the lower-middle income average of 33.3%, and behind the global average of 44.9% [10].

<sup>13</sup> World Bank Climate Change Knowledge Portal (CCKP, 2020). Climate Data-Projections URL: https://climateknowledgeportal.worldbank.org/country

<sup>14</sup> UNICEF press release, June 2022 Child marriage on the rise in Horn of Africa as drought crisis intensifies,



### IV.B Review of intersections between climate change impacts and 3TRs in the Arab region

A search of the peer-reviewed literature and reports from international organisations, including UNFPA and NGOs, found limited data and research in the Arab region on the intersection between climate change impacts (droughts, water insecurity, flooding) on UNFPA's 3TRs mandate. The few studies described below are primarily qualitative with limited samples from a small subset of countries. There remains, however, the endorsement by 17 Member States of the League of Arab States (LAS) of the Arab Declaration<sup>15</sup> in the lead up to the 66th Session of the Commission on the Status of Women (CSW66). That undertaking to combat the devastating impact of climate change results on women and girls in the region proposes forward-thinking measures to advance gender equality and women's empowerment through climate action.

Here are some examples of studies in the region conducted by external research partners working with UNFPA that show the effects of extreme weather events on the SRHRR and GBV risks faced by women and girls:

 In Syria, a multi-year drought that started in early 2009 triggered the migration of over a million people from rural areas to semi-urban and urban areas. Men were primarily those leaving, driven to find alternative sources of income. Women were forced to become heads of household, many of whom ended up malnourished, without land to their names, exposed to GBV. Girls were taken out of school. The water crisis also led to an increase in different types of domestic violence. Compounded by a lack of accessibility to services, especially in remote areas, the effect was to increase female vulnerability to violence [54].

- Research by <u>UNFPA Syria</u><sup>16</sup> showed a spike in GBV reported incidents among affected households during extreme weather conditions and heavy snowfall in northwest Syria in January 2022. The cause was attributed to a combination of the loss of tents that served as shelter and an increase in psychological distress and unemployment that prevented husbands from providing basic needs for their households. Female head of households were also exposed to sexual exploitation and abuse when attempting to meet basic needs such as securing new tents, furniture, heating supplies and/or food for their households [53].
- In Somalia, drought and flood conditions in 2019 caused the internal displacement of 2.6 million people. This made women and girls' more vulnerable to GBV since they were forced to reside in camp facilities with weak protection mechanisms. IPV, sexual violence, and FGM reportedly increased in this setting [55].
- Amidst a serious on-going <u>drought with the</u> <u>likelihood of famine<sup>17</sup></u> in Somalia, an August 2022 survey by Plan International showed that 34% of those surveyed in the Sool, Sanaag and Togdheer regions of Somaliland believed security risks to girls and women had increased as a result of the drought and acute food insecurity. The most commonly cited dangers were rape, sexual harassment, domestic violence, child, early and forced marriage and unions, and FGM. These negative effects of drought on women and girls were recently reinforced in a <u>Horn</u> of Africa drought appeal<sup>18</sup>.
- UNFPA Jordan's **research**<sup>19</sup> showed that women experiencing multiple vulnerabilities, whether as refugees or living in non-urban areas, can be more affected by challenges arising specifically from climate change effects such as water scarcity. For instance, but especially in certain refugee camps, water scarcity in Jordan appears to have been the cause of increased incidences of various forms of GBV, including spousal violence, and sexual harassment. This is because refugee women have the gendered responsibility of fetching and collecting water, an onerous task which often entails walking long distances and can place them at risk for verbal abuse and sexual harassment [56]. Worth noting too is that in refugee and non-refugee settings in the country, discriminatory gender and social norms impact and shape the roles and responsibilities of men and women, affecting their access to resources and their decision-making power. This in turn diminishes the ability of women and girls to adapt to and recover from climate-related events. This research highlighted how unequal gender norms are an underlying macro-level driver of GBV in refugee and non-refugee settings [56].

- 17 Reliefweb Somalia: Drought 2015-2022 https://reliefweb.int/disaster/dr-2015-000134-som
- 18 UNFPA Horn of Africa drought appeal: https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA%20Horn%20of%20Africa%20Drought%20Crisis.pdf

<sup>15</sup> Please see declaration here: https://arabstates.unwomen.org/sites/default/files/2022-02/CSW66%20Regional%20Declaration%20-%20Final%20-%20EN%20rvd. pdf

<sup>16</sup> UNFPA Syria - Socio-economic assessment: <u>https://docs.google.com/document/d/19MBd-h8Qu7vRxQpQ8VMTVt8GqY-SnoR\_/edit</u>

<sup>19</sup> UNFPA Jordon publication 'Climate change and gender-based violence in Jordon' <u>https://jordan.unfpa.org/en/publications/climate-change-and-gender-based-violence-iordan</u>

In Iraq, drought-induced crop failure and freshwater scarcity due to climate change have led to food insecurity and livelihood losses. Women have been disproportionately affected by climate change. Preexisting gender roles and inequality have meant that women in Irag often lack the livelihood options and resources of men. In the Hawizeh marshes<sup>20</sup>, for example, women are adversely affected by water shortages and drought conditions, and forced to search for other water sources in distant areas to provide for families and livestock [57]. As noted previously, when livelihoods deteriorate, men migrate to cities in search of jobs leaving women to support their families and livestock, adding an extra burden of responsibility in times of stress. All the more reason why livelihood strengthening programmes should consider the implications for gender roles in the country.



### IV.C Nationally Determined Contributions (NDCs) and SRHRR and gender analysis from the Arab region

NDCs submitted by countries every five years outline their future intentions to reduce emissions as well as detailing their national plans for dealing with the effects of climate change. In partnership with Queen Mary University, London (QMUL), UNFPA has conducted two reviews. One, a systematic content analysis<sup>21</sup> in 2021, examined the extent to which the first 50 NDCs made reference to SRHRR. The analysis also explored references to themes directly related to SRHRR: gender, health, population dynamics, human rights, participation, and considerations for vulnerable groups [17]. The second systematic content analysis in 2022 (forthcoming) is a gender analysis of NDC contributions. It has a regional focus and includes a section on GBV.

Included here are the main findings from the two analyses:

The 2021 UNFPA and QMUL [17] analysis initially applied to all 23 countries of the East and Southern African region. This was subsequently extended to include 27 countries from four other UNFPA regions: Arab States, Asia Pacific, Western and Central Africa, and Latin America and the Caribbean.

Key relevant findings of this report [17]:

- a. Since only six of the 50 NDCs included references to aspects of SRHRR, this suggests there is scope for covering the full SRHRR range. Maternal health was the most cited area of SRHRR, with access to family planning services, GBV, and people living with HIV also referenced;
- BV is a key issue that should be addressed in climate change adaptation policy. Despite being known to increase during times of stress and scarcity and following disasters, only one of the reviewed NDCs referred to GBV. Clearly, adapting to a changing climate must include action on GBV;
- c. Thematic areas directly related to SRHRR are frequently described and often intersect. Many of the references simultaneously address aspects of gender, health and vulnerability, while intersections represent key entry points for greater inclusion of SRHRR in climate policy;
- d. Increased recognition and action on the gender, health and human rights impacts of climate change offer synergistic benefits for SRHRR and the achievement of the SDGs. More substantial and meaningful inclusion of these important and intersecting areas in climate policy will have synergistic benefits for SRHRR;
- e. The inclusion of SRHRR and population dynamics in climate policy must be human rights-based and reflect the ICPD Programme of Action22. Some NDC references such as controlling population size may not be consistent with ICPD principles. Climate policy must be underpinned by a rights-based voluntary approach to reproductive choices, and not just on population numbers or targets; and
- f. An intersectional approach that explicitly considers existing barriers and inequalities will best promote the full realisation of SRHRR with corresponding benefits for climate adaptation and resilience. Many individuals that face barriers to accessing SRH services and the realization of their SRHRR are

<sup>20</sup> Iraq: link

<sup>21</sup> UNFPA ESARO: Sexual and Reproductive Health and Rights in National Climate Policy <a href="https://esaro.unfpa.org/en/publications/sexual-and-reproductive-health-and-rights-national-climate-policy">https://esaro.unfpa.org/en/publications/sexual-and-reproductive-health-and-rights-national-climate-policy</a>

<sup>22</sup> https://www.partners-popdev.org/icpd/ICPD\_POA\_summary.pdf

disproportionately affected by climate change. An intersectional approach is essential to tackle these inequalities and to leverage the power of SRHRR to help strengthen adaptive capacity and resilience to climate change.

The forthcoming 2022 UNFPA and QMUL report reviewed 15 NDC documents for Arab region countries. These were submitted in or after 2020, specifically using a gender lens. For the Arab region, it was found that 11 of the 15 documents made some reference to gender. Seven NDCs describe women as a group vulnerable to the impacts of climate change, and most (10/14) cite gender-mainstreaming or gender-responsiveness as a means to address climate change impacts and ensure representation of women in NDCs. Of the 15 reviewed NDCs, five made specific reference to GBV. The Somalia NDC states that 70-80% of IDPs and camp-based refugees are women exposed to GBV. Both Jordan and Tunisia include a measure to support women exposed to GBV as a health-related adaptation pillar. A key intersection between health and gender issues is acknowledged as a real and growing issue for water scarce countries in the Arab region. Water scarcity affects health by limiting access to safe water for drinking and hygiene practices and increases the threat of contracting water-borne diseases such as cholera. Women and children are most vulnerable to the impacts of water scarcity given that their role in fetching potable supplies often forces them to travel long distances, requiring more time and exposing them to GBV risks .

NDC commitments from Jordan and Syria acknowledge that the impact of climate change on women. Each calls for gender-responsive measures that include greater participation by women with a focus on increasing the resilience of women, communities, and systems so that they can expand their ability to adapt. Jordan, it should be noted, was the first country in the Arab region to recognise both the importance of and to integrate a gender equality perspective in its National Climate Change Policy<sup>23</sup>. Good practice included in the policy is the development of a Road Map for Gender Equality and Climate Change. This was designed to support the government, particularly the National Committee on Climate Change, to advance its work on mainstreaming gender equality and women's empowerment by adopting gender-climate just solutions to help realize the NDCs.

"A key intersection between health and gender issues is acknowledged as a real and growing issue for water scarce countries in the Arab region."



IV.D Stakeholder interviews for UNFPA initiatives, and other best practices and tools from the region

# Thematic findings from stakeholder interviews

A high-level synthesis of themes that emerged from key informant interviews conducted with gender and health systems focal points at UNFPA country offices in ASRO (n=4), UNICEF MENA (n=3) and the WHO EMRO (n=2) follows. The interviews were conducted to gather information on UNFPA-led and other initiatives on climate change and the 3TRs intersection in the Arab region. Internal key informants referenced some UNFPA initiatives underway as summarised below:

#### **UNFPA climate and gender initiatives**

The issue of water scarcity, drought, and flooding emerged as common and critical climatic concerns in the course of the key informant interviews:

• Evidence generation. There is a critical need for more evidence at the intersection of climate change and the 3TRs to inform programme development in the Arab region. For instance, UNFPA Jordan, in partnership with the King Hussein Research Centre, produced a research brief on the linkages between climate change and GBV in early 2022. The findings

<sup>23</sup> The Jordan National Climate Change Policy (2013-2030) (JNCCP), the National Adaptation Plan (NAP) and Jordan's Third National Communication on Climate Change

The need for integrated climate change action in sexual and reproductive health and gender based violence programming



showed the effects of water scarcity on sanitation and menstrual hygiene due to cultural norms, especially in Jordan's refugee camps. Women and girls in the camps who were responsible for fetching water were exposed to sexual harassment and sexual violence. UNFPA Jordan is keen to expand its research portfolio at this intersection.

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- Women and youth as environmental champions. It is recognized that unequal social and gender norms have contributed to women's low participation in the labour force and public life, yet women can have a central role in contributing to climate action and as environmental champions. Moreover, young people can play a critical role in climate change advocacy efforts. Both UNFPA Jordan and UNFPA Palestine cited their work on engaging women and youth in climate change advocacy efforts as it relates to UNFPA's mandate.
- Coalition Building. Coalition building among NGOs working on climate and SRH and GBV is seen to build climate resilience. UNFPA Morocco is fostering coalition building between local climate and women-focused NGOs in order to mobilise funds and to advocate for change at the intersection of climate and gender. The UNFPA office has organised workshops to discuss the 3TRs and to create a vision and workplan for the programme of work.
- Engagement with UN processes on SDGs. UNFPA country offices in the Arab region are increasingly aware of the importance of integrating the UNFPA mandate in climate change-related work at all levels of UN planning processes and frameworks. UNFPA Palestine has contributed to the United Nations Sustainable Development Cooperation Framework (UNSDCF) Working Group, on natural resources management and climate change adaptation. The focus has been on integrating relevant UNFPA mandate areas on climate change in Palestine. This includes the Leave No One Behind approach, human rights, gender equality and youth participation.

Cross-learnings within and outside the region: There is an interest in learning from other regional offices with experience in building both climate resilience and disaster preparedness, as well as response and recovery from disasters like floods or cyclones. In keeping with this, UNFPA Palestine is looking to draw on lessons from UNFPA Bangladesh, given Bangladesh's history as a climate disaster "hotspot" arising from its vulnerability to frequent and severe extreme events. On the disaster response front, UNFPA Bangladesh is actively working with women, including funding women's organisations to work on early warning systems. It is also supporting grassroots organisations to raise community awareness about disaster risk among women. These interventions are based on research that showed how during the monsoons, women in Bangladesh never leave home because of social norms and caring responsibilities. This puts them at lethal risk of from the floods, which men are usually able to escape.

27

Tool development to assess climate impacts (e.g., droughts) on GBV risks. In humanitarian contexts, after a climate disaster, when a detailed assessment of GBV is often impossible, there is growing recognition of the value of using texts as an online tool to capture vital data. In this way, it is possible to assess the disaster impact on GBV prevalence and service provision, to understand the needs and concerns of GBV survivors and women and girls atrisk of GBV, to identify challenges in service provision, and to use the data for resource mobilisation and advocacy purposes. In Somalia, for example, high levels of food insecurity occurred in the wake of an intense period of drought that followed four consecutive failed rainy seasons. In October 2022, in response to the climate-induced drought, Somalia's GBV Area of Responsibility (GBV AoR) developed a questionnaire as an online tool to measure in greater detail the specifics of its impact on GBV incidents, survivors' needs and service provision (coverage and gaps). This is an ongoing initiative.



Overall, <u>the four main recommendations</u> to emerge from the informant interviews were:

- a. need to expand the evidence base at the intersections between climate change, health and GBV including FGM and child marriage in the Arab region;
- need to focus on women-led, girl-run, youth-led initiatives in the design and implementation of programmes;
- c. need to strengthen primary health services to improve health system resilience in the face of climate events;
- d. need to improve the measurement and indicators that record climate change impacts on maternal health, unmet need for family planning and GBV.

# Best practices report from the Arab region (external to UNFPA)

The availability of best practices in the Arab region on integrating climate change with the 3TRs is currently limited. However, a few examples do exist, and different tools have already been produced to inform future engagement on these issues.

 An <u>ongoing initiative<sup>24</sup></u> in Iraq, the Climate Action for Human Security project in Al Hawaizeh Marshlands, which is supported by the Regional Bureau for Arab States (RBAS) and funded by the Swedish International Development Agency (SIDA), is one such example. This national project aims to support the marshland communities against threats caused by climate change such as recurrent droughts. It has provided innovative solutions to the problem of supplying drinking water to the most vulnerable areas of the Hawizeh Marshes by installing solar-powered water treatment plants. The project also aims to diversify sources of livelihood through eco-tourism development projects that provide employment opportunities for men and women.

The project is part of the SDG-Climate Facility, a multi-partner platform focusing on the impacts of climate change on human security in the Arab region, especially in countries in crisis. UNDP, the League of Arab States , the Arab Water Council (AWC), the UN Office for Disaster Risk Reduction (UNDRR), the UN Environment Programme Finance Initiative (UNEP-FI), the UN Human Settlement Programme (UNHabitat) and the WFP are collaborating on this initiative to deliver climate-orientated solutions that address climate challenges, and to bring co-benefits across the SDGs.

 A UNDRR/Regional Office for Arab States 2021 <u>report</u><sup>25</sup> offers a compilation of best practices in the Arab States region and draws from documented experiences of mainstreaming gender in disaster risk reduction.

There are 25 case studies and five thematic areas:

- "A UNDRR/Regional Office for Arab States 2021
  report 25 offers a compilation of best practices in
  the Arab States region and draws from documented
  experiences of mainstreaming gender in disaster
  risk reduction. <u>There are 25 case studies and five
  thematic areas</u>: Theme I: Integrating Gender into
  Community-Based Disaster Risk Reduction; Theme
  II: Women on the Front Line in the Fight against
  COVID-19; Theme III: Gender Mainstreaming for
  Sustainable Development; Theme IV: Preventing and
  Responding to GBV through Disaster Risk Reduction;
  Theme V: Gender-Responsive Disaster Risk Reduction
  in the Agriculture and Water Sector."
- Examples of relevant on-going programmes include: an <u>Upper Egypt women's empowerment programme</u> to enhance community resilience and support women

24 Iraq: https://www.undp.org/iraq/stories/ahwari-women-beating-heart-iraqi-marshes

25 Women's Leadership in Disaster Risk Reduction: examples from the Arab States | UNDRR

who have lost their livelihoods after a disaster; an initiative in Iraq aimed at raising awareness among women and girls about disaster risks and community preparedness mechanisms; a women's empowerment project in the State of Palestine centred on enabling local women to fulfill their role in developing a disaster risk management system; a project in Mauritania to raise awareness among women about the importance of participating in the development process, including with regard to environmental disaster response and recovery. (For details, please follow the link to the report).

• The <u>best practices document</u> is the result of a collaborative effort, with input from the Gender Equality and Women's Empowerment Group; UN agencies, including UN-Habitat, UNFPA, WFP, UN Women, FAO, and IOM; the Arab Water Council, and Oxfam. The case studies shared herein also include a range of contributions from these Arab States region governments -- Algeria, Iraq, Jordan, Lebanon, Mauritania, State of Palestine, Somalia, Tunisia, UAE, and Yemen.

# Adapting tools for data on climate change impacts

Key informant interviews and the evidence review identified tools that could be useful for data and information collection following an extreme weather event or prolonged crisis that could also be adapted in other settings.

- Tracking service tool in Irag -- The International Office of Migration (IOM) in Iraq adapted its Displacement Tracking Matrix<sup>26</sup> (DTM) to provide emergency tracking updates on recent displacement movements related to the country's drought situation. The first update covered Ninewa Governorate, where, since July 2021, DTM had been monitoring the displacement of families due to the drought situation. The second update focused on the displacement of families due to drought and environmental degradation across five southern governorates, which DTM began monitoring in February 2019. Building on similar ongoing efforts, this matrix could be further overlayed with GBV and health-seeking data to gain a better understanding of the direct and indirect impacts of climate change on displaced populations.
- Gender responsive national communications toolkit: The Gender-responsive-national-communications toolkit<sup>27</sup> developed by UNDP is designed to strengthen the capacity of national government staff and assist them in integrating gender equality into the development of national communications (NC) plans. It is recognised that NC reporting processes can provide a meaningful entry point for training, awareness-raising and capacity-building efforts. Preparation of reports can also influence other, ongoing climate change planning and policymaking processes. As such, the toolkit can support planning

documents such as National Adaptation Plans (NAPs) and inform the development and/or implementation of Intended NDCs (INDCs), national and sectoral Gender and Climate Change Plans, and the strategic plans of individual government agencies. This toolkit can also inform sector policies related to both social and natural resource issues.

Within the Arab region, Jordan deployed this toolkit in its national communications plan. The Jordanian Ministry of Environment worked with the National Commission for Women to include gender issues as a priority area in its third national communication plan. The National Commission liaised with government and NGOs to bring women's experiences and voices into debates on all issues related to adaptation and mitigation. Having the leading national women's organisation involved in high-level decision-making on national communications also resulted in increased public awareness about the links between gender, climate change and the importance of women's work and knowledge about climate change responses. National communications information on gender is evidenced-based and presents comprehensive sex-disaggregated data related to national circumstances, vulnerability and adaptation opportunities. To support the sustainability of women's engagement on climate change issues, the National Strategic Plan for Jordanian Women for 2011-2015 also includes a strong focus on climate issues [58].

The Water, Peace and Security (WPS) Early Warning Tool. This WPS tool<sup>28</sup> applies machine learning to predict possible conflict, as much as a year in advance. Findings from this global early warning tool show that continuing drought is linked to food insecurity and the increased risk of emerging or ongoing conflict in Kenya, Ethiopia and Somalia, as well as Iraq, Iran and Afghanistan. Meanwhile, floods in South Sudan and South Africa contribute to a risk of conflict in each.

- Other tools related to food insecurity that can be adapted include:
  - Tools used in Syria for socio-economic assessment post the Covid-19 pandemic.
  - WFP and FAO also have rapid food-security assessment tools. Examples include the Food <u>Consumption Score</u>, a composite score based on dietary diversity, food frequency, and the relative nutritional importance of different food groups; and the <u>Coping Strategy Index</u>, which is routinely used to monitor food security in emergencies.
  - There is also the recent GBV AOR helpdesk <u>learning guide<sup>29</sup></u> on the linkages between food insecurity and GBV. This offers suggestions on how to integrate GBV dimensions within any food security analysis, given that gender and GBV dimensions are usually missing. The guide was developed in response to the 2022 Horn of Africa drought.

<sup>26</sup> Displacement Tracking Matrix: https://dtm.iom.int/

<sup>27</sup> The gender responsive national communications toolkit: https://www.undp.org/publications/gender-responsive-national-communications

<sup>28</sup> The Water, Peace and Security (WPS) Early Warning Tool : https://waterpeacesecurity.org/map

<sup>29</sup> UNFPA Syria - Socio-economic assessment: https://docs.google.com/document/d/19MBd-h8Qu7vRxQpQ8VMTVt8GqY-SnoR\_/edit

GBV AoR Helpdesk: GBV Risks, Food Insecurity, and the Integrated Food Security Classification – What Are Basics that Food Security and GBV Actors Need to Know? https://gbvaor.net/sites/default/files/2022-09/Food%20Security%20IPC%20GBV%20final\_070922.pdf



The need for integrated climate change action in sexual and reproductive health and gender based violence programming

Evidence and recommendations for the Arab region

# **V. RECOMMENDATIONS**

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### **V. RECOMMENDATIONS**

Drawing on the evidence review and from themes that arose in the discussions with key informants, what follow are research and programme recommendations at the intersection of climate change impacts and maternal health, unmet need for family planning and GBV, including harmful practices. The evidence review has shown that, globally, the impacts of climate change negatively affect women and girls by worsening maternal health outcomes; damaging health infrastructure and affecting access to SRH services; impinging on livelihoods and generating food insecurity, while exacerbating existing gender inequalities and therefore increasing GBV risks (6). These impacts are profound for those grappling with existing barriers that stand between them and the realisation of their SRHRR, a predicament that applies to those living in humanitarian and emergency settings [8]. SRHRR are recognized core requirements for climate resilience and adaptation, which makes it essential to apply a human rights-based approach, evidence generation and appropriate programming to overcome barriers to SRHRR in ensuring climate resilience.

This section begins with research recommendations for climate change and the 3TRs (maternal health and unmet need for family planning, and GBV). This is followed by programme recommendations for the 3TRs organised around the three pillars of UNFPA's value proposition. <u>Note</u> that the fourth pillar of the value proposition on strengthening data systems is covered in detail under "research recommendations" and not under programmatic recommendations. To avoid repetition, recommendations for maternal health and unmet need for family planning have been provided together since the programmes focused on these outcomes are integrated.

"The evidence review has shown that, globally, the impacts of climate change negatively affect women and girls by worsening maternal health outcomes; damaging health infrastructure and affecting access to SRH services; impinging on livelihoods and generating food insecurity, while exacerbating existing gender inequalities and therefore increasing GBV risks."



### V.A Research recommendations

Promoting data and evidence-generation on the links between different slow onset and acute climate events (e.g. droughts, flooding) and SRH (maternal health and unmet family planning needs) and GBV has multiple purposes. Stakeholders can use the data for advocacy efforts to raise the importance of addressing SRH and GBV in climate change action, while they can also utilise the data to design appropriate interventions before a disaster or slow-onset climate event has fully struck.

The recommendations that follow are intended to offer broad guidance on the types of research that country offices should undertake. However, countries in the region may first have to assess the particulars of their own evidence gaps based on their respective contextual needs, so that they can determine the research they want to undertake and the methodologies they need to deploy.

#### Climate change and reducing maternal deaths and unmet family planning needs (SRHRR)

#### VP Pillar 4 - Data and evidence

- 1. Strengthen the evidence base on the linkages between climate change impacts and SRHRR
- Develop case studies from the Arab region on climate change/maternal health/ unmet family planning interconnections using qualitative approaches. The analysis should use an intersectional lens (gender with variables, such as age, race, disability, and sexual orientation) to fully explore all the dimensions of this relationship. While a few studies have addressed



this linkage, there are not many from the Arab region, apart, that is, from smaller studies in Jordan, Somalia and Iraq. Case studies can be developed by learning from and documenting work that has taken place in the region such as humanitarian response and DRR. This would provide starting points for programmes with research objectives designed to:

- Describe gendered pathways/mechanisms of action through which climate change impacts women's sexual and reproductive health and reproductive rights – e.g. in relation to maternal health and family planning, or access to services in different contexts (using qualitative participatory approaches). This could be a cross-comparison between humanitarian and development contexts, something to be determined through a regional or country-level workshop.
- Examine the laws, policies and governance mechanisms that are in place to provide a regulatory environment to support genderresponsive climate action as it relates specifically to SRHRR -- e.g. a landscape policy and framework review.
- Better understand how intersectional issues can influence people's resilience to climate change and their ability to engage in climate action (participatory qualitative methods).
- Better understand community and individual resilience to climate change using qualitative methods to determine what it is, how communities conceptualise it and how we measure it.
- 2. Leverage existing datasets to examine linkages between climate change and SRH
- To assess and quantify the differential impacts across settings of climate change impacts like

droughts, heat waves and floods on maternal and perinatal health outcomes, and reproductive health needs (including use of family planning services) requires data of high quality, especially from the most affected Arab region countries. Pooling of available data from large cohorts, especially those stored in open access data repositories like the Demographic and Health Surveys (DHS), the Multiple Indicator Cluster Surveys (MICS), and the Pan Arab Project for Family Health (PAPFAM) in combination with opensource, gridded climate data, can provide valuable opportunities for large-scale analyses across multiple low-middle-income settings. Accessing this data can help inform planning for disaster preparedness, response and management.

- 3. Integrate SRH information into UNFPA vulnerability assessments, or leverage existing tools used to capture food insecurity or migration in climateaffected contexts to help collect SRH data
- To build greater awareness within the region about existing UNFPA vulnerability assessments<sup>30</sup>, UNFPA's "framework for the assessment of population risk and resilience to climate change vulnerability" helps provide an informed understanding of social and gendered vulnerability to climate change. Countries should be able to access basic information on issues like maternal mortality or the implications of a lack of access to in-country family planning services, if only to be able to project how these could worsen in the context of an oncoming disaster. Based on these vulnerability assessments, different countries in the Arab region can have a clear indication of their current situation in terms of a need for adaptation. resilience-building, disaster response, preparedness, and recovery.
- Existing tools such as the food security assessments of FAO or WFP could be adapted to identify specific needs of women of reproductive age or pregnant and

33

lactating women to ensure that they have sufficient and diverse dietary intake in line with their needs. A similar approach could apply to persons living with HIV/AIDS (PLWHA) as a means of minimising pregnancy-related complications. Tools such as the DTM currently used in Iraq could be overlayed with GBV and health seeking data to better understand the direct and indirect impacts of climate change on displaced populations.

- It is important to track sex-specific impacts and needs in a climate event or disaster, and not just focus on sex disaggregated data. This can be done using either the vulnerability assessments cited above or other data collection tools that can also collect sex-specific (not just sex-disaggregated) data based on women's needs. Identifying key areas that specifically affect risk, vulnerability, and resilience for women offers a tailored survey, short, simple and direct, in which sexual and reproductive health and reproductive rights, pregnancy-related issues. education, paid work, food and nutrition security, basic needs, control over assets, and exposure to violence can be readily identified and categorized. Easily and quickly mobilized, it can be extremely effective in delivering insights about women's needs.
- 4. Map, identify and evaluate interventions or solutions that address the negative effects of climate change impacts on sexual and reproductive health and reproductive rights (maternal health and unmet need for family planning)
- Conduct mapping exercises to explore available, efficient and low-cost interventions to address the effects of climate change, with a special focus on women and girls, and in regions where there data is lacking and where the burden of poor SRH, maternal and neonatal health outcomes is the highest. The DRR best practices <u>report</u><sup>31</sup> can serve as a reference and a model.
- Community-based activities linked to environmental sustainability (e.g., water conservation projects), although not explicitly climate change adaptation programmes, can have indirect impacts on both the environment and SRH needs. However, more evidence as to their effectiveness is required before they can be assessed as an example of best practices.

#### **Climate change and GBV**

#### VP Pillar 4 - Data and evidence

- 1. Establish the evidence on the linkages between climate change and different forms of GBV, including harmful practices, such as child marriage, FGM, sexual harassment and sexual exploitation.
- Explore through qualitative studies how climate change impacts different forms of GBV to ensure

targeted and effective GBV programming. Doing so will help contextualize the nature and consequences of the violence and quantify the scale of these problems in the search for potential solutions, especially given that sexual harassment and exploitation and harmful practices are exacerbated by the impacts of climate change.

- Design ethnographically diverse cohorts that use both quantitative and qualitative methods to further explore the mechanisms and underlying driving factors of GBV in the context of climate change. This could include modules capturing self-reported experiences of climate change within large-scale violence prevalence surveys (e.g., DHS) such as exist in different countries or, where feasible, within UNFPA vulnerability assessments.
- 2. Conduct assessments of norms and practices that inform the violence risks to women and girls related to climate-induced disasters (both acute and slowonset event);

This assessment should include a mapping of services and of especially at-risk or "marginalised" groups of women in order to develop strategies to support their specific needs related to climate change; etc.

3. Identify promising best practices globally and strengthen knowledge-sharing about effective programmes and interventions for tackling GBV in the context of climate change while ensuring that they are locally adapted and contextualised.

Locally-led community-based programmes that are climate-resilient (e.g., alternative livelihoods) offer a good basis for co-designing a gender-transformative programme that can tackle unequal gender norms. Such programmes offer mutual benefits for both sustainable development and GBV prevention

#### 4. Include a "power" analysis in data collection efforts.

Given that gender inequalities are driven by imbalances in power, in addition to researching whether GBV increases during and after any climate event, there is a need to ascertain whether changes triggered by an extreme event or a slow onset climate change affect people's interactions, their privileges (or lack thereof), including their income, and power; whether any changes in role or power dynamics are short-term or long-lasting; how coping mechanisms influence the occurrence of violence; and the role humanitarian relief programmes play in protecting (or not) climate change-affected individuals and GBV survivors.

### 5. Map national and regional policies, laws and frameworks and governance mechanisms.

This is to support the integration of genderresponsive climate action into systems and structures. Mapping will enable the identification of the mechanisms through which the highest level of influence may be leveraged to give effect to the data and research to advocate for gender-responsive climate action in laws and policies, including disaster

31 Women's Leadership in Disaster Risk Reduction: examples from the Arab States <a href="https://www.undrr.org/publication/womens-leadership-disaster-risk-reduction-examples-arab-states">https://www.undrr.org/publication/womens-leadership-disaster-risk-reduction-examples-arab-states</a>

risk reduction (DRR). It will also serve to support countries in ensuring cross-sectoral learning and considerations across government climate, humanitarian and development and gender sectors.



#### V.B Programme recommendations

The programmatic recommendations that follow are based on an evidence review of the linkages between climate change and the 3 TRs globally and in the Arab region, alongside nine key informant interviews. The recommendations are presented by UNFPA's value proposition pillars 1-3. They offer suggestions for country offices to consider as they respond to the negative impacts of climate change on the 3TRs with a view to strengthening resilience and adaptation. Since the recommendations are not based on an analysis of programmes beyond the nine key informant interviews, they require further contextualisation and refinement by country offices.

#### Climate change impacts and maternal health and unmet need for family planning (SRHRR)

#### VP Pillar 1: Services

1. Women's leadership and participation in climaterelated governance processes which promote a more technical framing of the issues is a key strategy for ensuring that gender issues, including those related to SRHRR, remain at the centre of policy discussions in the Arab region. This applies to policy and planning processes focused on climate change (NAP and NDC processes included), as well as those related to health and gender equality -- e.g., gender action plans (GAP). A collaboration on this with UNFCCC would be useful.

- Effective and responsive climate action requires the 2. meaningful participation of civil society working with communities and individuals affected by the climate crisis. Specifically, this should build on work by women's and youth groups in the Arab region, as well as that of groups working with and representative of marginalised populations in developing and implementing policies on climate change adaptation and resilience across the board, ranging from the international to national and local processes in line with the Leaving No One Behind values. Partnerships with different civil society, women's and environmental groups have been formed in Morocco and Jordan, with UNFPA as convenor, which can offer offer other countries in the region a model to emulate. Cross-collaboration among the different actors will help strengthen linkages between the varying issues in different policy spaces, leading to more integrated approaches to implementation.
- Building on existing efforts in the Arab region, 3. regional and country-level responses to the impacts of climate change must be grounded in a human rights-based and social justice approach that seeks to alleviate rather than reinforce existing inequalities. For instance, the promotion of contraception as a strategy for climate change mitigation raises concerns both from a gender equality and a human rights perspective. The responsibility for reducing global greenhouse gas emissions should not be placed on women in low emitting countries who contribute relatively little to what causes climate change but are highly vulnerable to its effects. Data show that the world's richest countries are responsible for 86% of global carbon dioxide emissions, yet have the lowest fertility rates [8] Even if slowing population growth can be considered a mitigation strategy, researchers, including the IPCC, have flagged that voluntary family planning to slow population growth should follow a rightsbased approach and be implemented in culturally appropriate ways, if it is to be a cost-effective solution to reduce greenhouse gases. By addressing the unmet need for family planning through a voluntary and rights-based approach, decisionmakers can help prevent unwanted pregnancies and improve maternal and child health. At the same time, by supporting people's claims to SRHRR, individual resilience to climate-related shocks and stresses can be enhanced and barriers preventing people from engaging in climate action can be removed.
- 4. Building on existing efforts to engage youth in the Arab region, young people need to be empowered and supported in delivering transformative climate solutions, especially concerning matters of adaptation and resilience. They need to be equipped with the necessary skills and opportunities required to reach their potential and become a driving force for supporting sustainable development and contributing to social cohesion and peace. It will be vital to

35

#### "The recommendations offer suggestions for country offices to consider as they respond to the negative impacts of climate change on the 3TRs with a view to strengthening resilience and adaptation."



support YOUNGO <sup>32</sup> in delivering regional and local youth conference support throughout the region's countries to help build youth capacity in relevant areas. This also applies to providing support for innovation as exemplified by the climate hacklabs in UNFPA areas of focus on climate action. Indeed, given the widening recognition of the inter-generational impact of climate change, there is a strong platform now for shifting the normative climate action language to be more "youth-responsive" in future decisions of the COP.

#### VP Pillar 2: Systems

1. Develop an assessment framework at regional level to help determine how countries frame and understand their current programmes as contributions to climate change adaptation and what can be amplified or created to strengthen that work.

For instance, improving community climate resilience requires developing *an integrated approach* that looks at the existing vulnerabilities of individuals and communities. This calls for integrating climate resilient livelihood or conservation programmes with linkages to SRH or maternal health services, among other things. Such an approach offers co-benefits in terms of climate, women's empowerment (through livelihood strengthening), and SRH outcomes. See 2021 UNDRR **report**<sup>33</sup> in the Arab region for other examples.

- 2. Stakeholder mapping including governance mechanisms and different actors and what they contribute. This can support the regional office in determining the most suitable mechanisms for GBV and SRH, one being Finance Ministries. In addition, gender focal points should become familiar with climate change issues. Similarly, UNFPA climate focal points need to consider applying a gender/ SRHRR lens to their work in order to develop a stronger awareness of the impacts of climate change on maternal health and unmet family planning and other SRH needs. This could be launched with a workshop that brings both perspectives together to determine how best to proceed.
- 3. I Issue-based coalitions on gender justice and equality should start applying a climate lens to promote and advance the 2030 Agenda for Sustainable Development and other relevant frameworks for gender equality, SRHRR and women's empowerment in the region. UNFPA ASRO can leverage its current capacity as co-lead to ensure this. This is to ensure that integrating climate change in programming and advocacy to achieve UNFPA's 3TRs would help meet targets that otherwise might be at a risk of back-sliding once some progress has been achieved.
- 4. All UNFPA country offices need to engage with national policy makers in order to advocate that national policies and plans on climate change are gender-responsive. They also need to promote the integration of SRHRR and GBV dimensions. This applies especially to instituting gender-inclusive participatory measures and when conducting genderresponsive needs assessments. For instance, Jordan has recognised and integrated a gender equality

33 Women's Leadership in Disaster Risk Reduction: examples from the Arab States <a href="https://www.undrr.org/publication/womens-leadership-disaster-risk-reduction-examples-arab-states">https://www.undrr.org/publication/womens-leadership-disaster-risk-reduction-examples-arab-states</a>

<sup>32</sup> https://youngoclimate.org/

perspective in its national climate change policy. For such an approach to be officially considered, and acted upon, it must first be written down.

- 5. Post-COP27 provides a critical opportunity to start capacity building for UNFPA country offices on climate change. The climate infrastructure (UNFCCC/ COP and subsidiary bodies) functions in a markedly different way than existing international law and policy. Climate change space process is *driven from a national level*, whereas international law and policy systems and structures are top-down. This suggests that the higher national capacity and awareness levels are the greater the opportunity for national advocacy to influence global thinking.
- 6. Develop a communications guide on what genderresponsive climate action means for a country and how SRHRR can contribute by supporting country commitments to COP agreements.

#### VP Pillar 3: Humanitarian preparedness and response

- Account has to be taken of the humanitariandevelopment-peace nexus, and the risk arising should interactions with climate change not be addressed. I Where systems and institutions are not climate resilient, progress in service delivery can regress. Investing in anticipatory action for DRR – the use of early warning information and flexible finance mechanisms to mitigate the impacts of disasters – can reduce expected increases in food insecurity and poverty due to climate-related disasters. There is growing evidence that anticipatory action reinforces affected peoples' abilities to solve their own problems and to better adapt to crises. (See this <u>report from</u> <u>MENA region<sup>34</sup></u>). Knowing this might help ensure that the nexus approach takes a gender and climate lens.
- 2. Funding must be secured for the continuous delivery of high quality SRH services to enable them respond to global challenges and emerging crises. Pregnancyrelated complications that can arise from extreme heat or other risks can be detected and treated with timely antenatal care. This requires broad investments in primary healthcare and universal health coverage overall to increase health system resilience to both climate change and other global threats, as evidenced by the recent COVID-19 pandemic.
- 3. Leveraging social protection systems (e.g., direct cash transfers) to help survivors of disasters and people facing emergency situations and to help alleviate financial barriers to access SRH and maternal health services in humanitarian and development contexts is essential. Existing social protection programmes in development contexts can be made "shock-responsive" and gender-responsive with small adjustments to programme design. Examples include targeting females where possible, varying the amount of transfer, along with

the frequency and duration of transfers all of which, when implemented, can result in overall and equalityrelated gains. More needs to be achieved in making the transition from temporary support toward a sustainable 'just' transition systems approach in humanitarian settings for social protection systems.

- 4. Strengthen health systems within countries should be better prepared to respond to climate-related emergencies and ensure that SRH services are available regardless of climate event shocks. This includes strengthening each component of health system building blocks as defined by the WHO -- e.g. strengthening the capacity of the health workforce to respond and being prepared for emerging challenges. We should concentrate on how to strengthen the system to make it more climate resilient while simultaneously addressing the need for emergency response.
- 5. The UNFPA Arab States regional office should encourage countries to add substantive paragraphs or chapters on climate resilient health systems including SRH and GBV dimensions in their NDCs, detailing progress, gaps, interventions and means of implementation

#### **Climate change impacts and GBV**

#### **VP Pillar 1: Services**

- 1. Design inclusive programmes or adapt, as appropriate, existing GBV and livelihood programmes to address both GBV and climate change impacts and include local women and girls at the centre of the strategy. Climate change adaptation programmes and strategies need to integrate the perspectives of local stakeholders and of women and girls. Programmes need to be designed for safeguarding women and girls. They should effectively respond to the needs and priorities of women and girls and overcome multiple and intersecting forms of discrimination, harmful gender norms and systemic power imbalances for gender-transformative outcomes, addressing GBV issues as well. This approach must incorporate an analysis or rapid assessment of the impact of climate change on the objectives of GBV programming and how it can affect the needs and priorities of women and girls so as to ensure that the programmes are climate change-responsive and resilient. This could include. for example, creating adaptive livelihoods aimed at promoting climate shock resilience or adding complementary "plus" components to existing cash transfer programmes. Finally, promoting adaptation and resilience requires a significantly greater investment in women's and girls' organisations and groups so that they can be part of the solution.
- 2. Promote strategic cross-sectoral and South-South partnerships and cooperation at global, regional, national and local levels. At the country level,
- 34 Anticipatory action in the MENA region: State of Play and Accelerating Action. https://www.wfp.org/publications/anticipatory-action-mena-region-state-playand-accelerating-action

cultivate partnerships between climate policymakers, international organizations, programme staff and women's ministers or gender equality mechanisms, ensuring the participation, agency and leadership of women's civil society organizations so so that climate change and GBV sector responses are coordinated, integrated and based on GBV expertise and familiuarity with climate resilient programme design.

### VP Pillar 2: Systems

1. Ensure that GBV considerations and the linkages to climate change are embedded in relevant workplans /assessments/decisions. The GBV community must build its own understanding of the global, regional and national systems, policies and funding streams related to climate change. Since these systems are often included within and guided by development processes, this means that GBV actors working in humanitarian crises will need to link to development action. This would entail strengthening the humanitarian-development-peace nexus approach in GBV programming by factoring in climate change adaptation and resilience-strengthening through collaboration, coordination and learning exchanges between humanitarian and development actors engaged in GBV to help anticipate and respond to climate change shock events. GBV actors can build up the capacity of relevant government partners -- ministries related to gender and environment, e.g. -- to understand and become involved in climate change action at national level. This includes influencing climate change policies, NDCs, disaster risk preparedness and management, and understanding how to access climate change funds to support GBV prevention and response. There is also a need to integrate GBV considerations into National Adaptation Plans (NAPs) and to utilize a gender equality and social equity lens when drawing up sustainable development and adaptation plans.

### VP Pillar 3: Humanitarian preparedness and response

- 1. Better integration of GBV across all frameworks and responses. There is still a gap when it comes to standardised integration of GBV awareness in disaster risk reduction (DRR). This also applies to preparedness and contingency planning. A concerted effort is required both to prevent GBV and to ensure that comprehensive and safe services are available for survivors who have been exposed to slowonset or acute climate-related emergencies. Also, the resilience of GBV prevention and climate change impact response services, must be assured. This can include evaluating and strategising how the roll-out of existing tools to respond to GBV, such as the Essential Services Package, can be strengthened to provide a multisectoral response that includes climate change actors and adds to the resilience of GBV services systems.
- 2. Utilise NDC reports for advocacy. UNFPA country offices should utilise existing NDC analysis when designing concrete next steps for advocacy efforts with national decision-makers and policy makers.
- 3. Undertake advocacy with national governments and local and international humanitarian partners to support ongoing GBV capacity-building efforts. This work must be undertaken in the long-term to help ensure that prevention measures are in place to reduce the risks of GBV before an impending disaster, as well as to ensure rapid response in the event a disaster strikes. GBV should be integrated into DRR laws and policies, and GBV specialists should be part of DRR coordination and response bodies.
- 4. Develop a communications guide on what genderresponsive climate action means for a country as well as how GBV specialists can contribute to support country commitments to the COP agreements.



# **VI. CONCLUSION**

## **VI. CONCLUSION**

In conclusion, UNFPA's strategic plan (2022-2025) outlines an ambitious, inclusive, and innovative programme of action that seeks to address three interconnected transformative results. Furthermore, UNFPA's value proposition on climate change outlines a multi-pronged approach via four pillars to integrate SRHRR into climate adaptation strategies, and thereby deliver for women and young people. Drawing on this value proposition, examining how climate change impacts on the 3TRs is essential. In order to develop an effective response while also improving gender equality, improving access to SRH services and ensuring protection of women and girls in the Arab region through a social justice, human rights-based approach, it is essential to recognize that context is key and that "one size does not fit all". Building a sustainable future for all requires the full potential — and participation — of women and girls in environmental and climate action, and acknowledgement that realizing that potential strongly depends on their health and SRHRR. This evidence review is intended for UNFPA ASRO programme and research staff, and other decision-makers and climate change, humanitarian, and gender equality researchers and advocates in the region so they can better understand the evidence, and align efforts to generate evidence-based, effective programmes for individuals, communities and the planet.



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Evidence and recommendations for the Arab region

43

"UNFPA's strategic plan (2022-2025) outlines an ambitious, inclusive, and innovative programme of action that seeks to address three interconnected transformative results."

### 44 The need for integrated climate change action in sexual and reproductive health and gender based violence programming

Evidence and recommendations for the Arab region



"In order to develop an effective response while also improving gender equality, improving access to SRH services and ensuring protection of women and girls in the Arab region through a social justice, human rights-based approach, it is essential to recognize that context is key and that *"one size does not fit all".* 

"Climate change is the greatest environmental challenge of our time and is a major threat to the vision of human-centred sustainable development as outlined in the International Conference on Population and Development (ICPD) Programme of Action."

# THE NEED FOR INTEGRATED CLIMATE CHANGE ACTION IN SEXUAL AND REPRODUCTIVE HEALTH AND GENDER BASED VIOLENCE PROGRAMMING EVIDENCE AND RECOMMENDATIONS FOR THE ARAB REGION



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