



Climate-Resilient SRHR Intervention Packages for Bangladesh



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Acronym

ANC	Antenatal Care
BEmONC	Basic Emergency Obstetric and Newborn Care
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CMRC	Comprehensive Menstrual Regulation Care
CSE	Comprehensive Sexuality Education
EPRP	Emergency Preparedness and Response Plan
FP	Family Planning
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
HPNSP	Health, Population and Nutrition Sector Program
IDP	Internally Displaced Person
IPV	Intimate Partner Violence
LARC	Long-Acting Reversible Contraception
MHPSS	Mental Health and Psychosocial Support
MNCH	Maternal, Newborn and Child Health
MR	Menstrual Regulation
MoHFW	Ministry of Health and Family Welfare
NGO	Non-Governmental Organization
NCD	Non-Communicable Disease
PAC	Post-abortion Care
PAFP	Post abortion Family Planning
PHC	Primary Health Care
PHE	Public Health Emergency
RH	Reproductive Health
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
SWAp	Sector-Wide Approach
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UHC	Universal Health Coverage
WHO	World Health Organization

I. Background

Bangladesh's coastal belt is among the most climate-vulnerable regions in the world. Communities are exposed to recurring cyclones, flooding, salinity intrusion, water scarcity, and displacement—challenges that disrupt livelihoods, ecosystems, and basic health services. For women and adolescent girls, these impacts are intensified by entrenched gender inequalities and limited mobility, leaving them disproportionately exposed to risks related to sexual and reproductive health and rights (SRHR).

To respond to these realities, the Climate-Resilient SRHR Intervention Packages were jointly developed by the Climate Change and Health Promotion Unit of the Ministry of Health and Family Welfare (MoHFW) and Ipas Bangladesh. The packages aim to mitigate the adverse impacts of climate change on women's SRHR, while promoting resilience, equity, and dignity.

Three interlinked packages have been designed to strengthen resilience across different levels of the health and disaster management system:

- **Community-based package:** builds awareness, agency, and preparedness at household and grassroots levels.
- **Facility-based package:** strengthens health facilities, providers, and supply chains to ensure uninterrupted SRHR service delivery.
- **Shelter-focused package:** ensures emergency shelters are safe, women- and adolescent-friendly spaces with privacy, essential supplies, and coordinated support.

Together, these interventions present a comprehensive model of resilience that supports women's SRHR needs before, during, and after climate-related emergencies.

II. Climate stressors undermine women's SRHR, health, and dignity: Evidence

Researches conducted by Ipas Bangladesh between 2021 – 22 and 2024-25 identified multiple interconnected problem areas where climate stressors undermine women's SRHR, health, and dignity:

1. Menstrual Health Challenges

Extreme climate events and chronic stressors such as salinity intrusion, water scarcity, and contamination disrupt access to menstrual hygiene materials and gender-responsive WASH infrastructure. These disruptions lead to poor menstrual hygiene, higher risks of infections, and physical discomfort for women and girls.

2. Perinatal Health Challenges

Interruptions in antenatal care (ANC), postnatal care (PNC), and delivery services—caused by facility damage, mobility barriers, and shortages of health workers—significantly increase the risks of miscarriage, premature delivery, stillbirth, low birth weight, delivery complications, and maternal and neonatal mortality.

3. Unintended Pregnancy and Unsafe Abortion

Breakdowns in contraceptive supply chains, reduced reproductive autonomy during crises, and increased vulnerability to sexual violence result in higher rates of unintended pregnancies, unsafe abortions, and maternal deaths.

4. Gender-Based Violence (GBV)

Overcrowded and insecure shelter environments, combined with economic stress and weakened protection mechanisms, heighten incidents of physical and sexual violence. These include intimate partner violence, harassment, in-law abuse, and exploitation during and after climate events.

5. Sexually Transmitted and Reproductive Tract Infections (STIs/RTIs)

Exposure to saline and polluted water, alongside limited access to STI testing, counseling, and treatment services, increases the prevalence of sexually transmitted and reproductive tract infections. Common symptoms include itching, discharge, and urinary discomfort.

6. Restricted SRHR Decision-Making and Agency

Displacement, heightened dependency, and patriarchal control during and after climate shocks restrict women's ability to make informed decisions about their sexual and reproductive health, reducing autonomy in seeking care or using services.

7. Climate-Induced Migration and Vulnerability

Climate-driven livelihood loss and environmental degradation force men to migrate, leaving women with increased caregiving burdens, reduced mobility, economic insecurity, and greater exposure to violence and exploitation.

8. Early Marriage as a Coping Strategy

Families facing economic hardship, food insecurity, and safety concerns during climate crises often resort to early marriage as a coping mechanism. This exposes adolescent girls to early childbearing, loss of education, and heightened SRHR risks.

9. Disruption of Public Health Communication

Breakdowns in communication infrastructure and the loss of community contact points during disasters disrupt the flow of essential SRHR information, limiting public awareness, preparedness, and service uptake.

10. Interruption of SRHR Data Recording and Reporting

Climate shocks such as cyclones, floods, and river erosion disrupt health data collection, monitoring, and reporting systems. This weakens evidence-based planning and delays timely response.

11. Interrupted SRHR Service Delivery

Damage to health infrastructure, mobility constraints, workforce shortages, and loss of supplies and equipment during disasters cause severe disruptions in the continuity and availability of essential SRHR services.

These findings provided the evidence base for the co-development of the Climate-Resilient SRHR Intervention Packages, ensuring solutions are rooted in the lived experiences of women, girls, and frontline actors in climate-affected areas of Bangladesh.

III. Methodology for Developing Climate-Resilient SRHR Intervention Packages

The development of the Climate-Resilient Sexual and Reproductive Health and Rights (SRHR) Intervention Packages followed a **User-Centered Design (UCD) approach**, ensuring that solutions are firmly grounded in the lived experiences of women, girls, and frontline actors in climate-affected communities. The methodology was designed to be participatory, iterative, and inclusive, integrating evidence synthesis with co-creation, testing, and validation at multiple levels of the health and disaster management system.

The process was carried out in **two major phases**, with a third phase planned for cross-contextual validation and adaptation.

Phase I: Evidence Synthesis

A comprehensive literature review and field research (2021–2022) were conducted in coastal Bangladesh to examine how climate stressors—such as cyclones, salinity intrusion, flooding, and displacement—intersect with SRHR outcomes.

Key activities in this phase included:

- Reviewing national and international literature on climate change and SRHR linkages.
- Analyzing primary data from field research in coastal districts.
- Identifying service gaps, vulnerabilities, and barriers faced by women and girls during climate crises.

From this analysis, a set of eleven problem statements was developed, highlighting the most critical SRHR challenges under climate stress. These problem statements became the foundation

for participatory design workshops in the next phase, ensuring that interventions directly responded to lived realities.

Phase II: Participatory Co-Design and Prototype Development

Building on the evidence from Phase I, Phase II emphasized **co-creation, iterative design, and prototype testing** with diverse stakeholder groups. This ensured that the intervention packages were practical, culturally appropriate, and aligned with existing systems.

Round 1: Solution Generation and Low-Fidelity Prototypes

Seven co-design workshops were held with stakeholder groups, including:

- Women of reproductive age (segmented into 15–19, 20–24, and 25–49 years).
- Male community members.
- Local health service providers.
- Key community actors (religious leaders, teachers, and development partners).

Each workshop included 7–16 participants and focused on identifying locally relevant, practical solutions to address climate-related SRHR challenges.

The design team consolidated outputs from these sessions into low-fidelity prototypes—early conceptual models representing potential intervention strategies.

Round 2: Review and Medium-Fidelity Prototype Development

The low-fidelity prototypes were shared back with the same groups in a second round of workshops. Participants reviewed proposed interventions and provided feedback on:

- **Feasibility** within community and health system settings.
- **Cultural appropriateness** and acceptability.
- **Integration potential** with existing disaster management and SRHR systems.

This feedback informed the development of medium-fidelity prototypes, offering more structured and detailed versions of the intervention model.

Round 3: Validation of Medium-Fidelity Prototypes

The medium-fidelity prototypes underwent validation with three tiers of stakeholders:

1. **Union/Community-Level Stakeholders** – community leaders, grassroots actors, and resilience committee members.
2. **Upazila-Level Stakeholders** – local administrative officials, development partners, and sectoral representatives.

3. **Health System Actors** – including THFPO, THO, HI, AHI, FWV, FP, SACMO, FWC, CHCP, HA, and FWA.

Additionally, the prototypes were presented to the Climate Change and Health Promotion Unit, Ministry of Health and Family Welfare (MoHFW) to ensure alignment with national climate resilience and health integration priorities.

Feedback from these validation exercises was consolidated and used to refine the packages for national-level review.

National-Level Engagement and Finalization

The refined prototypes were presented to national stakeholders, including policymakers, technical experts, and representatives from relevant ministries and national climate-health programs. Their inputs ensured:

- Alignment with national strategies and adaptation frameworks.
- Feasibility for operationalization and scale-up.
- Integration with disaster management and health systems.

Based on this process, the final high-fidelity prototypes of the Climate-Resilient SRHR Intervention Packages were developed. These packages are designed to strengthen SRHR service resilience to climate shocks, with a strong emphasis on equity, accessibility, dignity, and system integration.

Methodology for Designing Climate-Resilient SRHR Intervention Packages



IV. Climate-Resilient SRHR Intervention Packages

Drawing from both the evidence review and participatory design process, three Climate-Resilient SRHR Intervention Prototypes were developed. Each package targets a different level of vulnerability and service delivery within the coastal context.

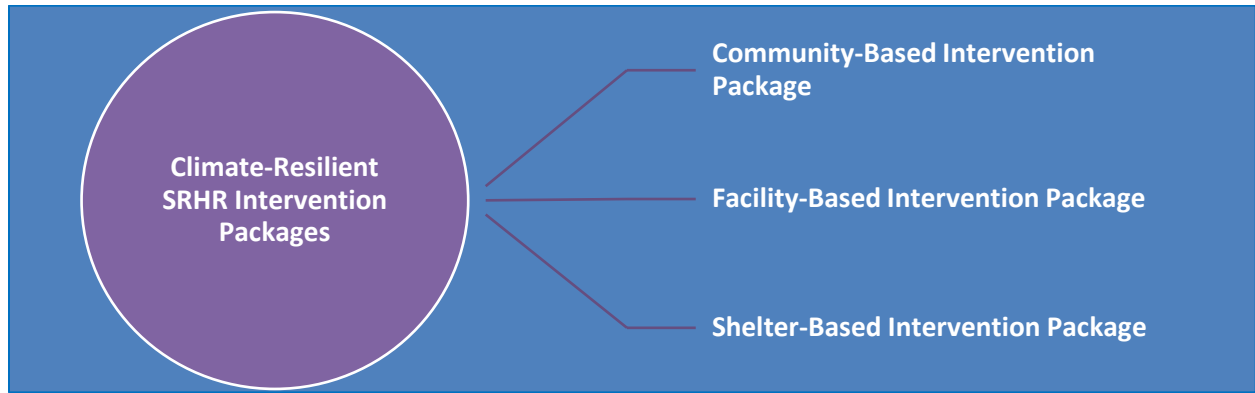


Figure 1 Climate resilient SRHR Interventions

1. Community-Based Intervention Package

The Community-Based Intervention Package aims to strengthen the resilience of communities facing climate-induced health challenges, particularly around sexual and reproductive health and rights (SRHR). It focuses on building community readiness, promoting local, community-led solutions, and empowering individuals through awareness, behavior change communication, capacity-building, and grassroots mobilization.

2. Facility-Based Intervention Package

This package focuses on strengthening health facility systems and capacities to ensure climate resilient uninterrupted, inclusive, and rights-based SRHR service delivery in the face of climate-induced disruptions. It addresses infrastructure, workforce, data systems, and emergency preparedness to enhance the resilience of health facilities.

3. Shelter-Based SRHR Intervention Package

This package aims to ensure that emergency shelters are equipped to deliver safe, inclusive, and rights-based climate resilient SRHR services during climate-related disasters. It focuses on upgrading shelter infrastructure and enhancing inter-agency coordination for timely and effective SRHR response.

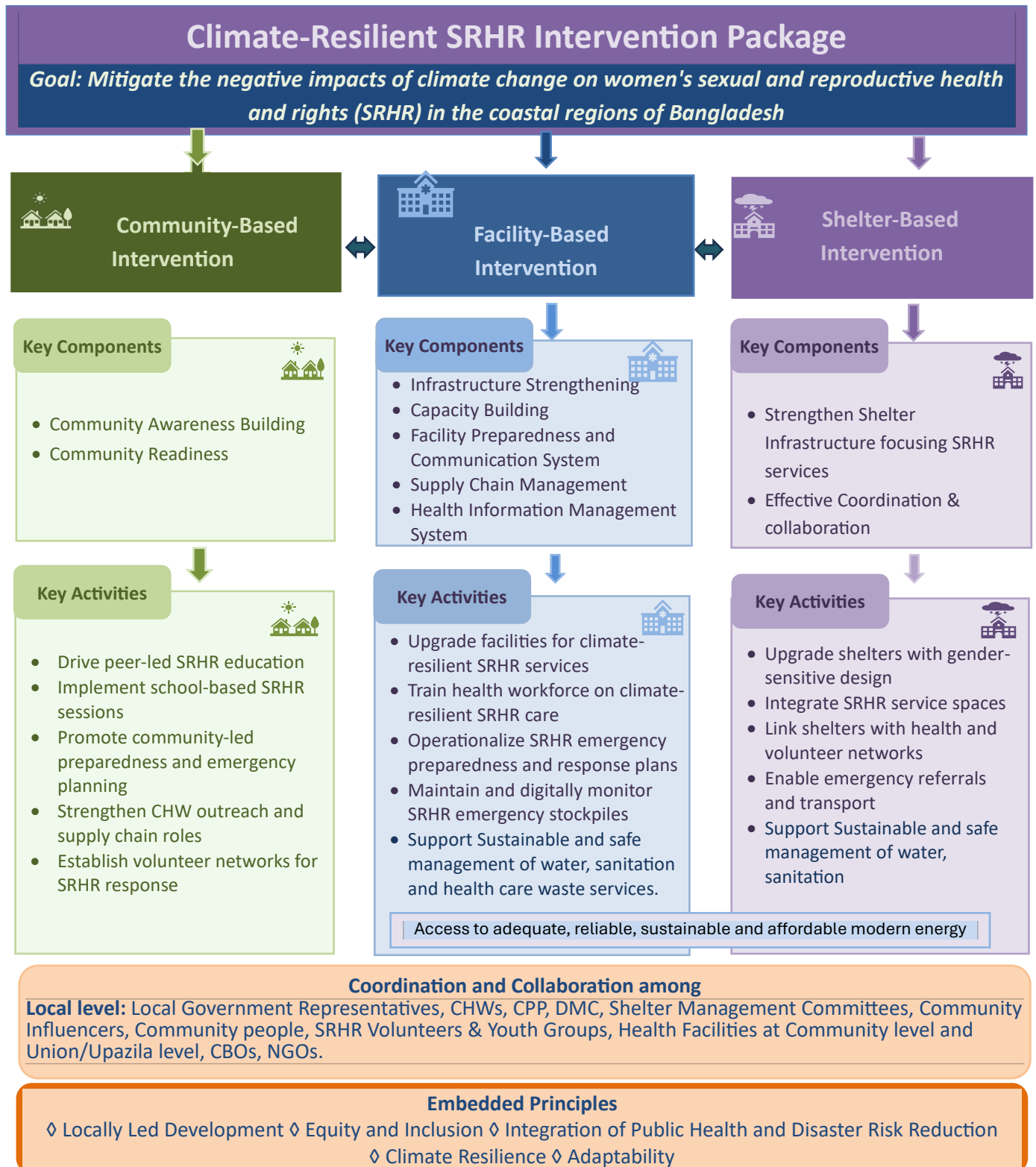


Figure 2 Climate-Resilient SRHR Intervention Package

1. Climate Resilient Community-Based Interventions

Community-based interventions strengthen SRHR resilience at the household and grassroots levels so women and adolescents can access information and services before, during, and after climate shocks.



Community-Based Interventions

This chapter outlines a comprehensive community-based intervention package designed to build awareness, agency, and readiness so women, adolescents, and communities can safeguard SRHR before, during, and after climate stresses and emergencies.

The approach has two reinforcing Components:

Community Awareness Building—using SBC, peer education, schools, and engagement of trusted influencers (religious leaders, teachers, youth) to improve climate-resilient SRHR knowledge, reduce stigma, and boost agency; and

Community Readiness—organizing CPP/DMC/SRHR volunteer groups, training CHWs and volunteers on preparedness and referral, and pre-positioning essential commodities (contraceptives, menstrual supplies, clean delivery kits, water-purification items). Together, these actions create informed, organized, and equipped communities that can anticipate risks, sustain SRHR care during disruptions, and uphold safety, dignity, and inclusion for women and girls.

1.1. Community Awareness Building

This component focuses on enhancing knowledge, shifting behaviors, and reducing stigma so that individuals and communities can make informed decisions about SRHR even during climate challenges. The goal is to foster positive behavior change and strengthen agency through inclusive education, peer-led engagement, and the involvement of trusted community actors.

Three core objectives guide this work:

1. Increasing knowledge and practices related to climate-resilient SRHR through social and behavior change initiatives.
2. Strengthening individual and collective agency so that communities can adapt their SRHR behaviors in response to climate risks.
3. Reducing stigma, myths, and social taboos around SRHR that act as barriers to care.

To achieve these, the package deploys participatory learning and peer education approaches. Community health workers and volunteers will facilitate courtyard sessions where women and adolescents learn how to manage SRHR needs under water scarcity, heat stress, or floods. Schools will serve as key platforms, with designated teachers trained to deliver SRHR education and students encouraged to become peer champions. Local cultural traditions—such as storytelling, pot songs, or community theatre—will be adapted to carry SRHR and climate resilience messages, reaching wide audiences in an engaging way. These initiatives will be supported by updated IEC materials, as well as community media such as radio, mobile messaging, and social platforms to sustain outreach.

The package also invests in volunteer empowerment. Existing health workers, local youth, and teachers will be mobilized into SRHR volunteer groups. These groups will meet quarterly for coordination and be trained in climate-resilient SRHR and basic primary health care. Equipped with clear job-aids and communication tools, they will deliver women- and adolescent-friendly awareness sessions, ensuring consistent and reliable information at the grassroots.

Finally, the package prioritizes engagement with community influencers. Religious leaders, elected representatives, teachers, youth leaders, and women's groups will be oriented with evidence-based SRHR and climate tools, enabling them to confidently address myths and social taboos. These influencers will integrate SRHR and climate messages into mosques, tea stalls, marketplaces, and local gatherings. Male engagement is treated as a critical strategy, encouraging men to support women's health needs both in everyday life and during disasters.

Together, these approaches create a supportive environment where communities are not only aware of SRHR needs in a climate-challenged context but are also mobilized to act collectively against stigma and exclusion.

Community Awareness Building: Objectives, Strategies and Key Activities

1.1 Community Awareness Building			
Goal :	Enhancing climate and SRHR knowledge for positive behavior change, and strengthening individual and community agency through inclusive education and peer-led approaches		
	Objective 1.1.1	Objective 1.1.2	Objective 1.1.3
Objectives	1.1.1 Increase climate resilient SRHR knowledge, behavior and practices through SBC initiatives.	1.1.2 Strengthen individual and community agency for adapting climate resilient SRHR behavior and practices.	1.1.3 Reduce stigma, misconceptions, myths and social taboos related to SRHR practices.
Strategies	1.1.1.1 Initiate behavior change communication through participatory learning and peer-led education by engaging the existing community health workforce and volunteers.	1.1.2.1 Formation of community volunteer groups from existing and new volunteers and empower them with SRHR skills essential for delivering women and adolescent's friendly and climate-resilient health interventions.	1.1.3.1 Orient and engage community influentials with evidence-based interventions and tools to reduce stigma, misconceptions, myths, stigma, social taboos and social barriers related to SRHR practices and care seeking.
Activities	1.1.1.1.1 Organize local cultural events (storytelling, pot song etc.) with SRHR and climate resilience messages. 1.1.1.1.2 Conduct school-based SRHR education led by the designated subject teacher, with support from Upazila/Union staff and multi-sectoral partners. Create student and teacher champions or peer educators. 1.1.1.1.3 Facilitate courtyard sessions by existing community health workers, including information on managing SRHR in daily climate-affected contexts (e.g., water scarcity, heat stress, salinity etc.) and during climate emergencies. 1.1.1.1.4 Develop or update IEC materials and guidelines with clear	1.1.2.1.1 Form SRHR volunteer groups, including existing health workers, local volunteers, teachers, and students. 1.1.2.1.2 Hold quarterly coordination meetings with the volunteer groups; the field supervisor will act as coordinator. Fund for the meetings will be arranged locally. 1.1.2.1.3 Provide orientation and skills training to SRHR volunteer groups on climate-resilient SRHR and basic primary health care. 1.1.2.1.4 Deliver women- and adolescents-friendly SRHR awareness sessions in the community through SRHR volunteer groups using courtyard meetings, storytelling, and similar approaches. 1.1.2.1.5 Develop training materials, job-aids, and IEC materials to support	1.1.3.1.1 Orient community influencers (religious leaders, elected representatives, youth leaders, women's groups, teachers, and others) through Upazila/Union staff with multi-sectoral involvement. 1.1.3.1.2 Encourage community influencers to integrate SRHR and climate messages into their routine meetings and community platforms (institutions, tea stalls, marketplaces, gatherings). 1.1.3.1.3 Organize dialogue sessions where influencers actively address misconceptions, myths, stigma and social barriers related to SRHR. 1.1.3.1.4 Promote male engagement to support women's and girls' SRHR needs under both daily

	Objective 1.1.1	Objective 1.1.2	Objective 1.1.3
	messages linking climate change and SRHR. 1.1.1.1.5 Use community-friendly media (community radio, mobile messaging, social media groups) to expand outreach.	volunteers in delivering clear, consistent messages and services.	climate stresses and disaster situations. 1.1.3.1.5 Develop guides, and communication materials tailored for influencers to help them address stigma and taboos confidently and consistently.
Job Aids and Intervention Materials	• Flip chart • Poster (Laminated & Photo Focus) • Leaflet • Billboard • Miking • Video clips • Storytelling Guidelines for conducting sessions	• ToR for SRHR volunteer group • Orientation Module on SRHR and basic primary health care • Flip chart • Poster (Laminated & Photo Focus) • Leaflet • Video clips • Storytelling guides	• Separate orientation module on SRHR for religious leaders, local leaders and other key influencers • VCAT tools • Operational guidelines for delivering SRHR

1.2. Community Readiness

While awareness is essential, communities must also be prepared and equipped to respond to climate-induced SRHR challenges. This second component of the package focuses on strengthening structures, skills, and resources so that essential health services and commodities remain accessible during emergencies. The overarching goal is to prepare individuals, communities, and institutions to anticipate, withstand, and adapt to climate-related health disruptions.

The three objectives of Community Readiness in the Climate Resilient Community-Based SRHR Intervention Package are:

1. Ensuring inclusive participation in planning and decision-making
2. Equipping communities with knowledge and practical skills
3. Strengthening stockpiling of essential SRHR commodities and logistics

The first objective is to ensure that community structures—such as the Cyclone Preparedness Programme (CPP), Disaster Management Committees (DMC), and SRHR volunteer groups—are fully engaged in local planning and decision-making. To achieve this, the package promotes the formation of Union-level Community Resilience Groups, which bring together these committees under one coordinated platform. These groups will hold dialogues, conduct joint planning, and meet quarterly to review progress, ensuring that SRHR, WASH, violence prevention, and climate resilience are integrated into preparedness and response plans.

The second objective is to equip communities with practical skills for resilience. Community health workers, volunteers, women's groups, and youth will be trained on SRHR-focused disaster preparedness, including the pre-stocking of contraceptives, menstrual products, and clean delivery kits. Training modules will also cover WASH in emergencies, rainwater harvesting, water purification, safe menstrual waste disposal, and locally appropriate sanitation and water management practices. In addition, psychosocial first aid and violence prevention strategies will be introduced to reduce the risks women face during displacement and crises. These skills help ensure that communities are not passive victims of climate shocks but active agents of adaptation and protection.

The third objective addresses the stockpiling of essential SRHR commodities and logistics. Community clinics and Union Health and Family Welfare Centers will be upgraded with climate-resilient storage facilities, designed with locally available materials to ensure sustainability. Schools and cyclone shelters will also be designated as sites for pre-positioning essential commodities. Storekeepers and Family Welfare Assistants will be trained on safe storage and distribution, supported by new community-level monitoring tools to track supplies and prevent shortages. Items to be stockpiled include contraceptives, menstrual supplies, safe delivery kits, reproductive health kits (MISP), water purification supplies, and oral saline.

Through these measures, community readiness moves beyond abstract planning into tangible systems of preparedness—ensuring that when climate shocks occur, SRHR needs are not sidelined but are met with timely, accessible, and context-specific responses.

Community Readiness: Objectives, Strategies and Key Activities

1.2 Community Readiness			
Goal :	Preparing individuals, community, and structures to anticipate, and adapt with climate-related SRHR health challenges.		
	Objective 1.2.1	Objective 1.2.2	Objective 1.2.3
Objectives	1.2.1 Ensure that all groups such as CPP, DMC, SRHR volunteer groups are actively involved in planning and decision-making	1.2.2 Equip community members with knowledge and practical skills for climate-resilient action such as disaster preparedness, mitigation, rehabilitation, and response in climate emergencies and critical challenges.	1.2.3 Strengthen the stockpiling of essential SRH commodities, logistics, and equipment as part of preparedness for climate-related events

	Objective 1.2.1	Objective 1.2.2	Objective 1.2.3
Strategies	1.2.1.1 Strengthen community resilience committees such as CPP, DMC and SRHR volunteers for ensuring gender equity and social inclusion, especially of youth, women, physically challenged people	1.2.2.1 Train community health workers, volunteers, youth, and women's groups on climate sensitive SRHR challenges, disaster preparedness, mitigation, rehabilitation, response and WASH in climate emergencies and critical challenges.	1.2.3.1 Community and union level health facilities will be strengthened and upgraded to stockpile SRH commodities, logistics, and equipment as part of climate-related event preparedness, ensuring timely distribution when needed
Activities	1.2.1.1.1 Form union level Community Resilient Group by combining CPP, DMC, and SRHR volunteer groups to coordinate planning and action on SRHR, WASH, violence against women, and climate resilience. 1.2.1.1.2 Facilitate community dialogues through the Community Resilience Committee to promote participation, accountability, and joint decision-making. 1.2.1.1.3 Hold quarterly coordination meetings with the Community Resilient Group to review progress, share updates, and ensure alignment across all activities. 1.2.1.1.4 Develop simple planning tools and guides to help community groups integrate SRHR, WASH, violence against women, and climate priorities into local preparedness and response plans.	1.2.2.1.2 Conduct training for community members on: • Women- and adolescents-friendly health care strategies to address climate-related challenges in daily life and climate emergencies • Disaster preparedness and response, with emphasis on SRHR-focused actions such as pre-stocking contraceptives, menstrual products, and clean delivery kits at household and community level. • WASH in climate emergencies and year-round practices. • Rainwater harvesting and water purification techniques. • Making reusable sanitary products and safe menstrual waste disposal. • Prevention and community support mechanisms for violence against women during climate stress and displacement alongside psychosocial first aid and community	1.2.3.1.1 Upgrade community clinics with climate-resilient storage systems for stockpiling SRH commodities (contraceptives, safe delivery kits, reproductive kits, menstrual supplies, MISP) along with water purification supplies and saline solutions. 1.2.3.1.2 Upgrade Union Health and Family Welfare Centers (UHFWCs) with climate-resilient storage systems using locally available materials and technology. 1.2.3.1.3 Designate school cum shelter facilities as sites for pre-positioning essential stockpiles during climate emergencies. 1.2.3.1.4 Include water purification supplies and saline solutions in community stockpiles, alongside SRHR commodities. 1.2.3.1.5 Conduct training for storekeepers and FWAs on effective stock management, safe storage, and timely distribution in both normal times and during climate disruptions. 1.2.3.1.6 Equip Family Welfare Assistants (FWAs) with SRHR commodities

	Objective 1.2.1	Objective 1.2.2	Objective 1.2.3
		healing practices for post-disaster recovery. 1.2.2.1.2 Organize training and planning on locally appropriate toilet and water management, with rebuilding strategies that are resilient to climate impacts. 1.2.2.1.3 Develop training manuals, demonstration kits, and IEC materials tailored to local context incorporating preparedness, mitigation, and rehabilitation components for community-based SRHR.	and water purification supplies for timely distribution at the community level. 1.2.3.1.7 Develop community-level stock monitoring tools to track availability, prevent shortages, and ensure preparedness year-round. 1.2.3.1.8 Ensure all stockpiling strategies and technologies are locally contextual, affordable, and sustainable, reflecting community needs and capacities.
Job Aids and Intervention Materials	• ToR for union community resilience committees • Community action plan	• Training Manuals • Guides for making reusable sanitary products including video clips • Guides for rainwater harvesting including video clips • Other IEC materials	• Advocacy strategies and tools for sensitization of community level & union level health facility management. • Stock monitoring tools

Significance of the Package

By combining awareness-building with readiness strategies, this intervention package bridges the gap between knowledge and action. It empowers women, adolescents, and communities with the information, tools, and agency needed to safeguard SRHR while also reinforcing local systems with the skills, commodities, and infrastructure necessary to withstand climate stress.

The package not only responds to immediate gaps identified in Ipas Bangladesh's research but also provides a replicable model for climate-SRHR integration in other vulnerable contexts. It affirms that climate resilience cannot be achieved without gender equity and that SRHR is a core pillar of climate justice.

2. Climate Resilient Health Facility-Based SRHR Intervention Package

Building resilience at the facility level is critical for safeguarding women's and girls' SRHR in the face of climate change. Health facilities in climate-vulnerable areas often struggle with infrastructure damage, disrupted supply chains, service interruptions, and weak communication. There is also change in the disease pattern and women needs special attention to overcome their SRHR challenges



The approach has five reinforcing Components:

Infrastructure Strengthening – Upgrading facilities to ensure resilient and safe, and client-friendly service environments.

Capacity Building – Equipping health providers with the knowledge and skills to deliver quality SRHR services to climate vulnerable population.

Facility Preparedness and Communication System – Establishing readiness protocols and effective communication for uninterrupted care.

Supply Chain Management – Ensuring timely availability of essential medicines, equipment, and commodities.

Health Information Management System – Strengthening data collection and use for evidence-based decision-making and accountability.

Facility-based Intervention Package

This chapter outlines a comprehensive facility-based intervention package designed to ensure uninterrupted, inclusive, and rights-based SRHR service delivery during both daily climate stresses and emergencies.

2.1. Infrastructure Strengthening

Health facilities in climate-vulnerable areas often face structural damage, power outages, water scarcity, and storage failures. Strengthening infrastructure ensures that SRHR services remain functional and safe even during floods, cyclones, heatwaves, or salinity intrusion. To strengthen health facility infrastructure so that SRHR services can withstand climate shocks and continue. This package identifies activities with the following two objectives:

- Upgrade facility infrastructure (buildings, WASH, and energy systems) to withstand climate impacts and ensure uninterrupted SRHR service delivery.
- Establish climate-resilient storage systems that protect medicines, contraceptives, and essential SRHR supplies from floods, salinity, heat, and humidity

Health facilities will be upgraded to withstand floods, cyclones, saline intrusion, heatwaves, and water scarcity. A standardized climate-resilient facility assessment tool will be developed and routinely applied by facility managers to identify vulnerabilities. Based on assessment findings, context-specific upgrades will be implemented—such as raised platforms and improved drainage in flood-prone areas, ramps and accessible pathways for people with disabilities, installation of solar panels to maintain the cold chain and power critical services during outages, and rainwater harvesting to address water shortages.

Equally important is the strengthening of climate-resilient storage systems for medicines and commodities. Storage spaces will be relocated to safer levels, waterproofed, and fitted with corrosion-resistant materials. In hot or dry zones, ventilation, insulation, and temperature control systems will be installed. Storekeepers and facility staff will receive training in climate-resilient inventory management and emergency relocation protocols to protect supplies before hazards strike.

These measures will ensure that facilities not only survive climate events but also continue functioning as trusted anchors of community health and SRHR.

Infrastructure Strengthening: Objectives, Strategies and Key Activities

2.1 Infrastructure Strengthening:		
Goal:	Strengthen health facility infrastructure so that SRHR services can withstand climate shocks and continue	
	Objective 2.1.1	Objective 2.1.2
Objectives	2.1.1 Upgrade health facility infrastructure to withstand climate impacts and ensure continuity of SRHR services	2.1.2 Strengthen climate-resilient storage facilities for SRHR commodities, logistics, and supplies
Strategies	2.1.1.1 Strengthen and climate resilient facility infrastructure, WASH, and energy systems through context-specific upgrades that address both daily climate stresses and emergency situations.	2.1.2.1. Ensure secure and context-specific climate-protected storage systems to safeguard medicines and SRHR commodities from both long-term climate stress and sudden hazards.

	Objective 2.1.1	Objective 2.1.2
Activities	2.1.1.1.1 Develop/adapt a standardized climate-resilient facility assessment tool to evaluate infrastructure, WASH, energy, and storage gaps. 2.1.1.1.2 Conduct routine facility assessments by facility management to identify vulnerabilities to sudden disasters (floods, storms etc.) and gradual climate impacts (heat stress, saline intrusion, water scarcity etc.). 2.1.1.1.3 Implement context-specific infrastructure upgrades based on assessment findings, such as raised platforms and improved drainage, ramps and accessible pathways for physically challenged people, alternative energy systems like solar panels to maintain cold chain and essential services during power shortages, rainwater harvesting and water purification to address water scarcity and contamination etc. 2.1.1.1.4 Conduct advocacy with local multisectoral stakeholders to allocate funds and integrate contextualized infrastructure resilience in budgets and preparedness plans.	2.1.2.1.1 Upgrade or retrofit storage facilities tailored to local climate risks: - Relocate and dedicate storage spaces on upper floors to protect supplies from floodwater. - Elevated platforms, waterproofing, and corrosion-resistant materials in flood/saline-prone areas. - Ventilation, insulation, and temperature control to mitigate heatwaves and humidity in hot/dry zones. 2.1.2.1.2 Train storekeepers and facility staff on climate-resilient inventory management and safe storage practices. 2.1.2.1.3 Establish emergency protocols for relocation or protection of stockpiles in case of imminent climate hazards.
Job Aid and Intervention Materials	- Climate-resilient facility assessment tool/checklist. - Advocacy briefs and communication materials.	- Training manuals/job aids on storage and inventory management. - Emergency relocation guidelines or protocol.

2.2. Capacity Building of the Health Workforce

A well-trained and motivated workforce is the backbone of climate-resilient SRHR. Building the skills of providers ensures they can deliver quality, women- and adolescent-friendly services in both routine and emergency contexts. To develop a skilled, motivated, and resilient health workforce capable of delivering quality SRHR services to women and adolescents during both climate stresses and emergencies this package identifies activities with the following objectives:

- Strengthen the capacity of health workers to deliver climate-resilient, women- and adolescent-friendly SRHR services.
- Strengthen provider and community capacity to implement effective, climate-resilient referral systems.

Health providers will be equipped with continuous learning, mentoring, and localized training systems that emphasize climate-sensitive SRHR service delivery. Updated training manuals will focus on adolescent- and women-friendly care, climate-resilient approaches, and rights-based protocols. Training-of-trainers programs will build a pool of local-level experts, ensuring sustainability, while mobile refresher courses and digital platforms will keep providers connected to evolving best practices.

Strengthening referral systems is a key part of this capacity-building agenda. Providers, community workers, and volunteers will be oriented on referral pathways that integrate SRHR into emergency response systems. Updated protocols will map clear referral routes linking community, primary, and higher-level facilities, with contingency planning for climate disruptions. Simulations, drills, and case-based exercises will help providers practice emergency coordination, while monitoring and feedback systems will track referral completion and identify bottlenecks.

By embedding these skills into everyday practice, facilities will be better prepared to protect SRHR during crises while maintaining trust with communities.

Capacity Building: Objectives, Strategies and Key Activities

2.2 Capacity Building (Health Workforce)		
Goal	Develop an adequate, skilled, and empowered health workforce capable of delivering climate-resilient, women- and adolescent-friendly SRHR services and managing effective referral pathways during both everyday climate stresses and emergencies.	
	Objective 2.2.1	Objective 2.2.2
Objectives	2.2.1 Strengthen the capacity of health workers to deliver climate-resilient, women- and adolescent-friendly SRHR services	2.2.2 Strengthen provider and community capacity to implement effective, climate-resilient referral systems
Strategies	2.2.1.1 Build and sustain provider skills through continuous learning, mentoring, and localized training systems.	2.2.2.1. Build health workforce and community capacity to operationalize referral pathways with contingency planning for climate disruptions.
Activities	2.2.1.1.1 Develop and adapt training manuals on climate-resilient, women- and adolescent-friendly SRHR services. 2.2.1.1.2 Conduct structured training programs for health service providers at all facility levels. 2.2.1.1.3 Deploy continuous learning tools such as digital platforms, mobile refresher modules, and job aids to ensure on-demand access to knowledge. 2.2.1.1.4 Establish a pool of local-level trainers through training-of-trainers programs to ensure sustainability of capacity-building.	2.2.2.1.1 Update the training curriculum on referral systems to integrate climate-resilient SRHR, , women- and adolescent-friendly, and emergency response protocols. 2.2.2.1.2 Conduct training on referral systems using simulations, drills, and case-based learning. 2.2.2.1.3 Update and disseminate referral protocols linking community, primary, and higher-level facilities, including contingency plans for climate disruptions.

	Objective 2.2.1	Objective 2.2.2
	2.2.1.1.5 Ensure ongoing mentoring, monitoring, and supportive supervision to integrate skills into practice.	2.2.2.1.4 Orient community health workers and volunteers on referral pathways, communication roles, and emergency coordination. 2.2.2.1.5 Strengthen referral monitoring and feedback systems to track completion of referrals and address climate-related barriers.
Job Aid and Intervention Materials	• Training manuals and guidelines • Job aids and reference charts • Training-of-trainers packages • Digital training platforms • Monitoring and mentoring checklists.	• Updated referral training curriculum • Referral monitoring and reporting formats

2.3. Facility Preparedness and Communication Systems

Preparedness and effective communication are crucial for ensuring facilities can continue service delivery during crises. This includes contingency planning, rapid response mechanisms, and communication tools to coordinate across facilities and with communities. To ensure health facilities are adequately prepared and coordinated with robust communication systems that maintain uninterrupted SRHR services this package identifies activities with the following objective:

- Ensure health facilities are fully prepared with contingency mechanisms, rapid response teams, and resilient communication systems for SRHR service continuity during emergencies.

Every facility will develop a climate-resilient preparedness and contingency plan, aligned with the Minimum Initial Service Package (MISP) for SRHR. Upazila-level rapid response teams will be strengthened and guided by updated protocols and terms of reference. Facilities will be organized into geographic clusters, enabling coordination on referrals, stock sharing, and service delivery during disruptions. The Upazila Health Complex will function as a central coordination hub, aligning all preparedness and response activities in its catchment.

Mobile emergency response teams, satellite clinics, and emergency vehicles will be maintained to extend SRHR services into hard-to-reach or disaster-affected areas. Dedicated funds will be allocated at the Upazila level to support immediate service continuity.

To ensure seamless communication, resilient systems such as solar-powered radios, SMS alerts, and mobile applications will be established for early warning, referral coordination, and SRHR information dissemination. Regular drills, simulations, and coordination meetings will ensure that both facility staff and community health workers are prepared to respond effectively when emergencies occur.

Facility Preparedness and Communication Systems: Objectives, Strategies and Key Activities

2.3 Facility Preparedness and Communication Systems	
Goal	Ensure health facilities are adequately prepared, coordinated, and equipped with resilient systems to maintain uninterrupted SRHR services during both climate emergencies and day-to-day climate stresses.
Objective 2.3.1	
Objectives	2.3.1 Ensure health facilities are fully prepared with contingency mechanisms for SRHR service continuity
Strategies	2.3.1.1 Strengthen and utilize existing preparedness systems, rapid response teams, and resilient communication tools for uninterrupted SRHR services.
Activities	2.3.1.1.1 Develop and implement facility-level climate-resilient preparedness and contingency plans, integrating MISP (Minimum Initial Service Package). 2.3.1.1.2 Utilize and strengthen existing Upazila-level rapid response teams by clarifying roles, responsibilities, and response protocols. 2.3.1.1.3 Form facility clusters based on geographic proximity and local needs to enable coordinated referral, stock replenishment, and other relevant support among nearby facilities. 2.3.1.1.4 Designate the Upazila Health Complex as the central coordination hub (“nuclear hub”) to oversee and align facility preparedness and response activities, ensuring integrated SRHR service delivery during emergencies. 2.3.1.1.5 Ensure readiness of mobile emergency response teams and satellite clinics to deliver services in hard-to-reach or climate-affected areas. 2.3.1.1.6 Maintain emergency vehicles for referrals, supply distribution, and mobile outreach. 2.3.1.1.7 Allocate and manage dedicated funds at Upazila Health Complex level to support immediate SRHR service continuity during emergencies. 2.3.1.1.8 Conduct regular emergency drills and simulations with facility staff, community health workers, and volunteers. 2.3.1.1.9 Train community health workers and SRHR volunteer groups to deliver essential emergency SRHR services, including protocols, supply management, and referral pathways. 2.3.1.1.10 Establish coordination and referral protocols with community resilience groups, shelters, and health facilities to ensure timely and integrated emergency responses. 2.3.1.1.11 Conduct routine coordination meetings between health facilities, community health workers, and volunteers. 2.3.1.1.12 Establish and maintain resilient communication systems (solar-powered radios, mobile SMS, mobile apps) for early warning alerts, referral coordination, and SRHR information dissemination.

Objective 2.3.1	
Job Aid and Intervention Materials	• Preparedness and contingency plan templates • Updated TORs/protocols for rapid response teams • Training manuals and refresher tools • Simulation drill guidelines • Dedicated fund guidelines and record systems

2.4. Supply Chain Management

Climate events often interrupt supply chains, causing stockouts of contraceptives, maternal health kits, and menstrual supplies. A resilient, digitally enabled supply chain ensures uninterrupted access to life-saving SRHR commodities year-round. To secure uninterrupted availability of essential SRHR commodities and supplies throughout the year and during emergencies the package identifies activities with the following objective:

- Strengthen supply chain systems with climate-resilient logistics, digital monitoring tools, and emergency stockpiles to maintain continuous availability of essential SRHR supplies.

A climate-resilient, digitally enabled supply chain system will be established, ensuring real-time visibility of stock levels and rapid redistribution when needed. Facilities will maintain pre-positioned emergency stockpiles of contraceptives, delivery kits, menstrual products, and reproductive health kits (MISP), supported by digital monitoring tools such as dashboards, SMS alerts, and mobile apps.

Storekeepers and facility staff will be trained in inventory management and emergency stockpile protocols, with emphasis on climate protection and waste management. Facilities will link with regional and national logistics platforms to prevent shortages and ensure rapid redistribution during crises.

Safe disposal of expired commodities and medical waste will be introduced through climate-resilient practices consistent with the Green Health Care Initiative (GHCI). By combining traditional logistics with modern ICT solutions, supply chains will become more responsive, reliable, and resilient.

Supply Chain Management: Objectives, Strategies and Key Activities

2.4 Supply Chain Management	
Goal	Ensure uninterrupted availability, monitoring, and redistribution of essential SRHR commodities and supplies year-round and during climate emergencies.
	Objective 2.4.1
Objectives	2.4.1 Strengthen supply chain systems to ensure uninterrupted availability of SRHR commodities and supplies

	Objective 2.4.1
Strategies	2.4.1.1 Establish climate-resilient, digitally enabled, and well-coordinated supply chain systems to maintain continuous access to essential SRHR commodities.
Activities	2.4.1.1.1 Develop and implement schedules for regular monitoring and timely replenishment of SRHR commodities, with special focus on pre-disaster preparedness. 2.4.1.1.2 Maintain pre-positioned SRHR emergency stockpiles at facility and regional levels to ensure readiness. 2.4.1.1.3 Train storekeepers and facility staff on climate-resilient inventory management, emergency stockpile protocols, and use of eLMIS. 2.4.1.1.4 Deploy digital stock monitoring tools and ICT-based systems (e.g., mobile apps, dashboards, SMS alerts) to enable real-time visibility of stock levels and support decision-making. 2.4.1.1.5 Integrate facility-level supply chain systems with national and regional logistics platforms to enable timely redistribution during supply disruptions. 2.4.1.1.6 Establish contingency protocols for shifting and protecting stock from nearby facilities before disasters. 2.4.1.1.7 Advocate for dedicated funding and budget lines for emergency SRHR stockpiles and supply chain resilience. 2.4.1.1.8 Ensure proper waste management and safe disposal systems for expired commodities and medical waste, including climate-resilient healthcare waste practices in line with green health care initiative (GHCI).
Job Aid and Intervention Materials	• Stock registers and monitoring tools with ICT support • Training manuals for storekeepers • Emergency redistribution protocols • Advocacy briefs for budget allocation

2.5. Health Information Management Systems (HIMS)

Reliable data is essential for monitoring disruptions, guiding decision-making, and planning responses during climate events. A resilient HIMS ensures that facilities can track SRHR needs, service continuity, and community risks in real time. To establish resilient, real-time, and climate-sensitive health information systems that guide SRHR service delivery, emergency response, and preparedness planning the package identifies activities with the following objective:

- Strengthen health information systems to capture, analyze, and respond to climate-sensitive SRHR data, supporting both preparedness and rapid response.

Facilities will update their HIMS to capture climate-sensitive SRHR indicators, such as service disruptions, adolescent uptake, maternal and neonatal outcomes, and cases of violence against women. Backup systems—both paper-based and offline digital—will ensure continuity of reporting during power outages or connectivity failures.

Facility staff and community resilience groups will be trained in data collection and use, enabling local teams to make evidence-based decisions during climate events. Facility-level HIMS will be linked to early warning systems to support preparedness, while community groups will feed real-time data from shelters and households into facility databases to inform rapid response.

Dashboards, SMS reporting tools, and data review meetings will be introduced to regularly analyze service disruptions and address gaps. This will transform HIMS into a proactive tool for resilience rather than a reactive record-keeping system.

Health Information Management Systems: Objectives, Strategies and Key Activities

2.5 Health Information Management Systems (HIMS)	
Goal	Establish resilient, real-time, and climate-sensitive health information systems to monitor SRHR service delivery, support emergency response, and inform preparedness planning.
	Objective 2.5.1
Objectives	2.5.1 Strengthen health information systems to capture, analyze, and respond to climate-sensitive SRHR data.
Strategies	2.5.1.1 Develop climate-resilient, integrated, and real-time HIMS for SRHR, including emergency data streams, to enable evidence-based decision-making and rapid response.
Activities	2.5.1.1.1 Update HIMS to capture climate-sensitive SRHR indicators, including service disruptions, violence against women cases, maternal and neonatal outcomes, and adolescent service uptake etc. 2.5.1.1.2 Establish backup systems (paper-based or offline digital tools) to ensure continuity of data during power outages, connectivity failures, or extreme weather events. 2.5.1.1.3 Train facility staff and community resilient groups on data reporting, analysis, and use of climate-sensitive SRHR indicators for decision-making and planning. 2.5.1.1.4 Link facility HIMS with local disaster early-warning systems to support preparedness and timely response. 2.5.1.1.5 Conduct periodic data reviews and analysis to identify service gaps, disruptions, and emerging risks during climate events. 2.5.1.1.6 Engage community resilient groups in reporting real-time SRHR and violence against women related data from communities and shelters to facilities to inform rapid decision-making.
Job Aid and Intervention Materials	• Updated HIMS software and digital platforms • Offline/paper-based data collection forms • Training manuals on climate-sensitive SRHR data collection • Dashboards for real-time monitoring • SMS/mobile reporting tools for community groups • Data review templates • Advocacy briefs for budget allocation.

Significance of the Facility-Based Package

The Climate Resilient Health Facility-Based SRHR Intervention Package offers a holistic approach to strengthening health systems. By addressing infrastructure, workforce, preparedness, supply chains, and data systems in an integrated manner, the package ensures that SRHR services remain available, accessible, and equitable in times of both crisis and stability.

These interventions directly respond to gaps highlighted in Ipas Bangladesh's climate-SRHR studies and position health facilities as pillars of resilience for communities. Together with the community-based package, they create a comprehensive model of climate-resilient SRHR systems that can guide government, donors, and partners in embedding SRHR within climate adaptation and health sector strategies.

3. Climate Resilient Shelter-Focused SRHR Intervention Package

When climate-induced disasters strike, thousands of women, girls, and families in Bangladesh seek safety in cyclone or flood shelters, schools, community buildings, and at times on embankments. These spaces, however, are rarely equipped to meet the sexual and reproductive health and rights (SRHR) needs of women and adolescents.



Climate Resilient Shelter-Focused SRHR Interventions

This intervention package ensures shelters are transformed into safe, women- and adolescent-friendly hubs that guarantee dignity, safety, and continuity of essential SRHR services during crises

The approach has two Components: Strengthening Shelter Infrastructure

Disaster shelters must go beyond providing physical protection. By integrating women- and adolescent-friendly design, privacy measures, and essential SRHR services, shelters can become safe spaces that uphold dignity and ensure continuity of care during crises.

Effective Coordination and Collaboration

Strong coordination among shelters, health facilities, and community systems is vital to prevent service gaps. Through joint planning, clear protocols, and rapid referral mechanisms, stakeholders can ensure timely delivery of lifesaving SRHR services and protection in emergencies.

The Climate Resilient Shelter-Focused SRHR Intervention Package emphasizes women- and adolescent-friendly design, pre-positioned SRHR commodities, and cross-sector collaboration between shelters, health facilities, and community structures.

3.1. Strengthening Climate Resilient Shelter Infrastructure with SRHR Services

Ensuring the continuity of essential services within shelters—such as safe delivery areas, breastfeeding corners, menstrual health facilities, and confidential support services—can save lives and uphold dignity during displacement. Safe and dignified spaces are essential during emergencies, as women and adolescents face heightened vulnerability. Strengthening shelter infrastructure with improved privacy measures will create women- and adolescent-friendly spaces for SRHR service provision. To strengthen the infrastructure of shelters to support safe, dignified, and continuous access to stigma free SRHR care during climate change-induced emergencies and displacement the intervention package identifies activities with two specific objectives which are as follow:

- Improve physical infrastructure and privacy measures in shelters to create safe, women- and adolescent-friendly spaces for SRHR service provision.
- Ensure that essential SRHR service spaces and systems are functional within shelters.

All shelters will be assessed for their readiness to deliver SRHR services, using standardized tools developed in consultation with resilience committees and school authorities. Upgrades will be made to improve privacy and accessibility—such as separate, lockable toilets with lighting, safe drinking water, ramps for persons with disabilities, solar energy for reliable power, and visible signage. Designated areas will be created for women and adolescents, including private spaces for breastfeeding, safe deliveries, menstrual health management (with drying areas for reusable pads), and confidential consultations.

Shelters will also serve as pre-positioning hubs for **essential SRHR and WASH stockpiles**, such as contraceptives, delivery kits, menstrual products, MISP supplies, water purification tablets, and emergency medicines. To maintain dignity and safety, Violence Against Women (VAW) Vigilance Committees will be formed and trained to prevent, identify, and respond to risks of violence within shelters, working closely with community resilience groups. Shelter protocols will also integrate pandemic preparedness, ensuring that health and protection services remain functional during disease outbreaks.

By transforming shelters into women- and adolescent-friendly hubs, this component guarantees that displaced populations have continuous access to essential SRHR care, even in the most difficult circumstances.

Strengthening Climate Resilient Shelter Infrastructure focusing on SRHR services: Objectives, Strategies and Key Activities

3.1 Strengthen Climate Resilient Shelter Infrastructure focusing on SRHR services		
Goal	Strengthen the infrastructure of shelters to support safe, dignified, and continuous access to SRHR care during climate change induced emergencies and displacement.	
	Objective 3.1.1	Objective 3.1.1
Objectives	3.1.1 Improve physical infrastructure and privacy measures in shelters to ensure safe, women- and adolescent-friendly spaces for SRHR service provision	3.1.2 Ensure essential SRHR service spaces and systems are functional within shelters.
Strategies	3.1.1.1 Ensure all shelters are assessed and upgraded with women- and adolescent-friendly SRHR spaces, privacy, accessibility, and pre-positioned stockpiles through active engagement of resilience committees.	3.1.2.1. Establish and operationalize designated shelter spaces for safe delivery, breastfeeding, menstrual health management, and violence against women response, managed with standardized protocols and vigilance committees.
Activities	3.1.1.1.1 Develop and use a shelter assessment tool to identify gaps in privacy, safety, accessibility, and SRHR service readiness. Engage community resilience group/shelter management committee (CPP, DMC and SRHR volunteer groups) and school committees/teachers in the assessment process. 3.1.1.1.2 Upgrade shelters with women- and adolescent-friendly features such as, separate safe spaces, private toilets with locks and lighting, safe and sufficient water storage, alternative energy (e.g., solar), ramps for physically challenged people, and clear signage and nameplates. 3.1.1.1.3 Designate spaces in shelters for pre-positioning essential SRHR and WASH stockpiles (contraceptives, delivery kits, reproductive kits, menstrual products, MISP, saline, water purification tablets, etc.) along with essential drugs, first aid toolkit, trolley/stretchers, wheelchair, ensuring availability before disasters. 3.1.1.1.4 Integrate pandemic preparedness into shelter planning and operations to safeguard health, SRHR,	3.1.2.1.1 Coordinate with shelter management, Public Health Engineering, LGED, NGOs, and other stakeholders to designate and ensure effective use of spaces for: • Safe delivery and emergency maternal care. • Breastfeeding and childcare. • Menstrual health management, including drying areas for reusable pads. • Confidential consultation and support for survivors of violence against women. 3.1.2.1.2 Develop and implement protocols/manuals for shelter-based SRHR services, covering privacy standards, infection prevention, and violence against women prevention and response. 3.1.2.1.3 Train and equip shelter management committees, teachers and community resilience committees to manage SRHR-designated spaces with dignity, safety, and confidentiality. 3.1.2.1.4 Establish and maintain water, sanitation, and energy systems in shelters to support SRHR needs year-round. 3.1.2.1.5 Form and activate a Violence Against Women Vigilance Committee within shelters, linked to the community resilient group to prevent and respond to violence during

	Objective 3.1.1	Objective 3.1.1
	and protection services in future outbreaks. 3.2.1.1.6 Establish and maintain a local emergency fund to enable rapid response and continuity of essential services, including SRHR, during crises.	disasters and ensure the safety of girls, women, and children.
Job Aid and Intervention Materials	• Assessment tools/checklist • Infrastructure improvement guidelines (toilets, lighting, ramps, solar, water). • Signage and nameplates for designated spaces. • Registers for shelter's assets and stock	• Shelter SRHR protocols/manuals. • Job aids/orientation materials for shelter committees, teachers, and community resilience committees. • Violence Against Women vigilance committee TOR and reporting formats.

3.2. Effective Coordination and Collaboration

Strong coordination is essential to prevent service gaps and ensure rapid, lifesaving responses. Strengthen collaboration among health facilities, DMC, CPP, SRHR volunteer groups, and other stakeholders to guarantee timely stockpiling and distribution of commodities, establish emergency referral and transport systems, and enhance community-level capacity for violence prevention and response. To establish effective emergency coordination and collaboration mechanisms among health facilities, Disaster Management Committees (DMC), the Cyclone Preparedness Programme (CPP), SRHR volunteer groups, and other relevant stakeholders to ensure essential SRHR care in shelters this package identifies activities under the following objective:

- Strengthen coordination among health facilities, DMC, CPP, SRHR volunteer groups, and other relevant stakeholders to ensure timely stockpiling and distribution of SRHR commodities, establish emergency referral and transport systems, and enhance community capacity for violence prevention and response.

Effective shelter-based SRHR care requires close collaboration between local health facilities and community-level structures. To achieve this, integrated **emergency coordination systems** will be established, linking shelters, health facilities, resilience committees, and NGOs. Quarterly planning meetings will bring together shelter managers, facility representatives, and community resilience committees to review preparedness and response strategies.

Clear guidelines and manuals will be developed to define the roles and responsibilities of different actors, with each shelter designating a focal person for SRHR coordination. Reliable communication channels—such as solar-powered radios, mobile SMS, or WhatsApp groups—will ensure timely sharing of information and alerts.

Stockpiling will be organized in advance at nearby health facilities, with SRHR volunteer groups mobilized to deliver supplies into shelters during emergencies. Emergency transport systems, including vehicles and boats, will be arranged for 24/7 referral to health facilities, ensuring lifesaving care for obstetric emergencies and survivors of violence against women.

Community actors, including school committees, shelter management teams, and resilience groups, will be oriented on SRHR service delivery in shelters, referral pathways, and survivor-centered approaches to violence prevention and response.

This coordination framework guarantees that shelters are not isolated spaces but are fully integrated into the broader SRHR and disaster preparedness ecosystem, providing timely and safe support to those most in need.

Effective Coordination and Collaboration: Objectives, Strategies and Key Activities

3.2 Effective Coordination and Collaboration	
Goal	Establish effective emergency coordination and collaboration mechanisms among health facilities, Disaster Management Committees (DMC), Cyclone Preparedness Programme (CPP), SRHR volunteer groups and other relevant stakeholders for ensuring essential SRHR care in shelters.
	Objective 3.2
Objectives	3.2.1 Strengthen coordination among health facilities, DMC, CPP, SRHR volunteer groups and other relevant stakeholders to ensure timely stockpiling and distribution of essential SRHR commodities, establish emergency referral and transport systems, and enhance community-level capacity for violence against women prevention and response.
Strategies	3.2.1.1 Establish integrated emergency coordination and referral systems between shelters, health facilities, resilience committees and other relevant stakeholders to ensure timely stockpiling, distribution, emergency transport, and effective response to SRHR and violence against women.

Activities	3.2.1.1.1 Hold quarterly coordination and planning meetings among shelter management, health facility managers, and community resilient committees to review preparedness and response. 3.2.1.1.2 Develop and disseminate coordination guidelines/manuals for shelter-based SRHR service delivery, clarifying roles and responsibilities of health facilities, shelter committees, schools, and community resilient committees. Each shelter will designate a focal person as the dedicated lead for coordination and collaboration. 3.2.1.1.3 Establish reliable communication channels such as WhatsApp groups, solar-powered radios, or mobile SMS to ensure timely information sharing and response. 3.2.1.1.4 Ensure stockpiling at nearby facilities and timely distribution of SRHR commodities and supplies to shelters before disasters, engaging SRHR volunteer groups for delivery during emergencies. 3.2.1.1.5 Establish and manage emergency transport systems for 24/7 referral to health facilities for SRHR emergencies and survivors of violence against women. 3.2.1.1.6 Orient school committees, shelter management and community resilient committees on emergency SRHR service delivery, referral pathways and transport use, distribution of essential commodities, and immediate support for survivors of violence against women.
Job Aid and Intervention Materials	• ToR for different committees specifying their roles, protocols, and communication pathways for SRHR supply management, referral, and transport during climate emergencies • Orientation on Guideline

Significance of the Shelter-Focused Package

The Shelter-Focused SRHR Intervention Package transforms temporary shelters into safe, accessible, and rights-based spaces for women and adolescents during climate crises. By upgrading infrastructure and building strong coordination systems, shelters become not just places of refuge, but centers of care, dignity, and resilience. Together with the community-based and facility-based packages, they complete a comprehensive approach to climate-resilient SRHR, ensuring that women and girls are supported at every level—from household to community to institutional systems—before, during, and after disasters.

V. Cross Contextual Piloting and Adaptation

To ensure the intervention packages are relevant across Bangladesh's diverse climate-vulnerable geographies, a third phase of validation and contextual adaptation is underway. This includes:

- Fragile riverine islands are vulnerable to erosion, flooding, and displacement, where interventions may need adaptation for mobile and transient populations with seasonal variations.
- Seasonally submerged wetlands with poor infrastructure and limited road access, requiring adaptations for service continuity during isolation.
- Areas frequently affected by heatwaves and drought where interventions may require incorporation of some interventions to address people affected by heatwave and droughts.
- Overcrowded informal settlements, particularly urban and peri-urban slums where climate-displaced populations face SRHR challenges like sanitation challenges, heightened GBV risks, and restricted access to SRHR services.

This proposed piloting may refine the packages for scalability and adaptability across different settings, ensuring that Bangladesh's most vulnerable populations can access safe, dignified, and uninterrupted SRHR services during climate crises.

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