

RESILIENCE AND ADAPTATION OF LOCAL HEALTH SYSTEMS, COMMUNITIES AND INDIVIDUALS TO PROVIDE AND/OR ACCESS COMPREHENSIVE SRHR DURING CLIMATE-INDUCED EXTREME WEATHER EVENTS IN SAMBURU COUNTY

Background

The biggest global threat of the 21st Century is climate crisis, including associated climate-induced extreme weather events. Women and girls living in Arid and Semi-Arid Lands (ASAL) are especially disproportionately affected by the effects of drought, flooding, and heat waves due to alteration in access to health services, including SRHR and natural resources.

Gaps still exist in dialogue and collaboration among actors working in climate change, health, SRHR, and women's rights despite the call for gender-responsive climate action by the WHO guidance and the existence some platforms (such as the Women and Gender Constituency under the UNFCCC) that bring climate change and gender equality advocates together.

Generally, the climate crisis and EWEs have the potential to deepen existing health vulnerabilities and create new ones¹, and Kenya is not an exception, especially in the ASAL areas which are affected by prolonged drought, heatwaves, and seasonal floods during rainy seasons. Kenya ranked 4th between 2000-2019 in the climate risk index in Africa after Mozambique, Zimbabwe, and Madagascar². Over 80% of Kenya is classified as arid and semi-arid and communities in these areas are traditionally nomadic pastoralists who move around the country in search of pasture due to recurrent droughts³.

In Kenya, communities, such as Samburu, living in Arid and Semi-Arid Land(s), practicing a nomadic style of life coupled with a seasonal movement by the men in search of pasture and water consequently increases their distance from health facilities and results in conflict with neighboring ethnic groups over limited pasture and in a bid to restock dwindling livestock.

Yet, while women who are forced to migrate face interruptions to contraceptive use, the women who are left at home alone with the children and must walk long distances to keep the small herd of goats and sheep alive, fetch water, and search for firewood. This exposes women and girls to violence, attacks, rape, and increase rates of STIs, unplanned pregnancies, miscarriages, unskilled delivery, difficulty in producing breastmilk for postpartum women and unsafe abortions. Even among those willing to seek services do not get timely treatment due to long distance travel to health facilities, and the local health system's increased vulnerability and interruption in service provision, including comprehensive SRHR services, due to drought, extreme heat and floods. Agreeably, climate-induced economic instability is forcing negative and positive adaptations, transforming gender roles and negatively impacting SRHR.

¹ Philipsborn, R.P., et al., *Climate change and the practice of medicine: essentials for resident education*. Academic Medicine, 2021. **96**(3): p. 355-367.

² Eckstein, D., et al., *Bonn: Germanwatch*. Global climate risk index 2020, 2019.

³ Ndiritu, S.W., *Drought responses and adaptation strategies to climate change by pastoralists in the semi-arid area, Laikipia County, Kenya*. . Mitigation and Adaptation Strategies for Global Change, 2021. **26**(3): p. 1-18.

It is against this background that Ipas Africa Alliance proposes to hold a panel discussion themed “Resilience and Adaption to provision and/or access to comprehensive SRH services during extreme weather events in Samburu County.” at the 5th Annual Scientific Conference on Adolescent and Youth SRHR

Objectives of the Panel Discussion

Ipas Africa Alliance in collaboration with Reproductive Health Network Kenya proposes to hold a panel discussion to unpack the impact of climate change on adolescents and young women access to SRHR services including safe abortion. The main objective of the panel discussion will be to increase awareness on the impact of climate change on local health systems, adolescents, and young people in Samburu County, in Kenya. The members for the panel discussion will include a legal expert, healthcare provider, young woman/man, and CSO representative.

Format and duration of the panel discussion (1 hour and 45 mins)

Moderator: Name

1. Opening Remarks and Introduction (Moderator- 5 mins min): Introduction of the panelists to the participants, highlighting the objectives of the panel and setting the stage for the discussion by providing top line overview of the policies for climate resilience and adaptation and the challenges women and girls face in seeking SRHR services including abortion in Samburu County.

2. Experiences on resilience and adaptation of women and girls and local health systems during extreme weather events, including access to SRHR services (Young woman/man from the community and CSO Partner- 50 minutes): The young woman/man and CSO partner will share experience on challenges, resilience and adaptation strategies of individuals, communities, and local health systems during extreme weather events.

3. Role of state and non-state actors in cushion communities, individuals, and local health systems against the impact of climate change (RHNK Representative, CSOs Partner, MOH Representative - 40 Minutes.) The highlighted panelists will speak to opportunities and role of state and non-state actors in developing gender-responsive climate action. The Moderator will then open the discussions to receive intervention, including questions and observations from the audience.

4. Closing remarks (Moderator – 10 minutes)