



CHAPTER 5

CLIMATE CHANGE, HEALTH, AND INFORMALITY

KEY MESSAGES

- Climate change disproportionately affects those living in informal settlements and working in the informal sector. Houses in informal settlements regularly exceed the 35°C threshold of human survivability.
- In addition to impacts on mortality and health, the economic fallout of heatwaves is projected to be staggering—equivalent to the loss of 80 million full-time jobs and US\$ 2.4 trillion annually by 2030.
- Floods deepen health inequalities and psychological trauma, significantly increasing hospitalizations across a wide range of diseases—cardiovascular, respiratory, digestive, renal, and more. The loss of homes and livelihoods pushes already vulnerable workers into prolonged stress, anxiety, and mental health decline.
- Droughts worsen crises like malnutrition, infectious disease, mental distress, and chronic respiratory issues due to wildfires and dust storms, particularly in poor, exposed communities.
- Climate-induced health risks are expected to add US\$ 1.1 trillion in costs to already strained global health systems.
- For informal workers, who often lack access to affordable or quality care, responses must go beyond curative treatment. Effective solutions must integrate preventive care, mental health support, and social protection to address the full spectrum of vulnerability.
- The Self-Employed Women's Association (SEWA) provides preventive and curative care; promotes early health-seeking behavior; builds women's capacity to make informed health decisions; and provides insurance products for climate-related health emergencies. This holistic model demonstrates how locally led, gender-responsive interventions can protect health and livelihoods in the face of climate threats.

Addressing Structural Inequalities

Patient, Predictable, Accessible Funding

Investing in Local Capacities

Building Understanding

Flexible Programming and Learning

IN THIS CHAPTER

- No Safe Season
- Additional Burden of Disease
- Chronic Illness, Mental Strain, and Economic Loss
- Health as a Foundation for Livelihoods
- Community-Led Responses





My health is my only asset and the most important determinant of my ability to support my family. On days I work, I earn. When I am sick, I cannot earn. My *chula* (stove) does not burn and I cannot cook. There is nothing else I have to fall back on.

Jignashaben, construction worker, Gujarat, India

NO SAFE SEASON

The increasing frequency and intensity of heatwaves, floods, droughts, and other climate-driven events are threatening not only the health but also the livelihoods and food security of millions across Africa, Asia, and Latin America. While the impacts are deeply personal for people like Jignashaben, a construction worker from Gujarat, they affect entire economies.

According to the World Economic Forum (WEF), climate change is projected to cause an additional 14.5 million deaths by 2050. Climate-induced health impacts are expected to impose an extra US\$ 1.1 trillion burden on global healthcare systems, straining already fragile infrastructure and overburdened medical and human resources.⁴²

While climate change affects populations across the globe—including those in wealthier countries—the risks are greatest for urban and rural poor, those living in informal settlements, and working in the informal economy. For millions of low-income households, where breadwinners often rely on unstable daily wages, even a brief illness or injury can destabilize an entire family's livelihood. The growing frequency and intensity of climate-related shocks—heatwaves, floods, water scarcity, and disease outbreaks—amplify these risks, pushing families into cycles of debt, deprivation, and long-term poverty.

Poor health outcomes are both a cause and consequence of climate vulnerability. Climate change exacerbates deeply rooted health inequities: lack of access to affordable medical care, high out-of-pocket costs for hospitalization, diagnostics, medicines, and transportation, as well as the complete absence of social safety nets for most informal workers. When a family member falls ill, households often face impossible trade-offs—between food, medicine, education, or rent. Lost income during recovery, especially when the breadwinner is affected, deepens the economic strain.

For the most vulnerable—women, young people, older adults, and those in hard-to-reach areas—the impacts are especially severe. Without formal savings or access to financial services, many are forced to borrow from informal lenders at exorbitant interest rates, locking them into a cycle of debt and vulnerability (see Chapter 10).



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While informal workers, such as waste pickers, play an important role in keeping cities running, they are excluded from labor protections, health insurance, and social assistance.

This crisis affects a massive share of the global population. Nearly one in four urban residents—about 1.12 billion people—live in informal settlements, predominantly in Asia and Sub-Saharan Africa. These numbers are expected to rise dramatically, with projections indicating that over three billion people could be living in informal housing by 2050.⁴³

At the same time, globally, three billion people work informally—as street vendors, waste pickers, domestic workers, agricultural laborers, and construction workers. These are the workers who keep cities running, but are excluded from labor protections, health insurance, and social assistance. In Asia, 84% of the workforce is informally employed. In Sub-Saharan Africa, it is 88%. Women are disproportionately represented: 91% of working women in Sub-Saharan Africa are in informal jobs, compared to 86% of men.⁴⁴

The compounding effects of climate stress, poor living conditions, and economic insecurity create a feedback loop of vulnerability. Without targeted adaptation policies and inclusive urban planning, climate change will continue to widen the gap between formal and informal communities, deepening inequality and undermining resilience for billions of people around the world.

Lived Reality

This chapter draws on the lived experiences of members of the Self-Employed Women's Association (SEWA), a trade union founded in 1972 to organize the informal economy of poor women in India. It explores the health-related impacts of climate change for those who live and work in informality, and how that translates directly into lost income, worsening health, and compromised dignity.



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Prolonged heatwaves result in fewer working hours, reduced earnings, and increased exposure to dehydration and illness for informal workers in India and globally.

For SEWA's 3.2 million informal women workers and others like them around the world, a prolonged heatwave means fewer working hours, reduced earnings, and increased exposure to dehydration and illness. A flood can destroy tools, homes, and savings overnight. A drought can push food prices beyond reach. Yet, within these stories of hardship are also stories of resilience.

Working through cooperatives and advocating for social justice, SEWA aims to achieve full employment, self-reliance, and social security (healthcare, nutrition, shelter) for its members. The organization provides financial assistance and training, and supports women-owned enterprises, including through a cooperative bank owned and run by the members.

ADDITIONAL BURDEN OF DISEASE

Climate change is worsening both the first and second burdens of disease on the world's poor. The first burden of disease refers to communicable diseases, maternal and child health conditions, and nutritional deficiencies. The second burden of disease refers to non-communicable diseases—long-term, often chronic conditions caused by a combination of genetics, environmental factors, and lifestyle patterns, including cardiovascular and respiratory diseases, and mental health issues.

Heat Stress

Heat has earned its reputation as a silent but deadly killer. Every year, nearly half a million people die from heat stress—30 times more than from tropical cyclones.⁴⁵

As temperature records are shattered year after year (2024 was the hottest year in 175 years), heat stress is already a major global health concern. In India alone, over 100 heat-



related deaths were recorded during the summer of 2024, and the India Meteorological Department reports a 34% increase in heat-stress fatalities over the past decade.⁴⁶

For millions living in informal settlements, the danger is amplified. Temperatures inside their cramped, poorly ventilated homes are often 2°C to 4°C higher than in “formal” planned areas, due to dense housing, lack of greenery, and urban heat island effects.⁴⁷

In Makassar, Indonesia, wet-bulb temperatures inside informal homes frequently approach the critical 35°C threshold—the upper limit of human survivability.⁴⁸ In Nigeria, indoor temperatures in informal settlements often soar to 35–40°C during hot seasons. As the heat intensifies, hospital admissions rise by 15–25%, and cases of heatstroke, dehydration, and cardiovascular complications increase by 10–20%.⁴⁹

Heat exhaustion, heatstroke, and death are on the rise among the world’s two billion informal workers—both in already hot climates and but also in regions previously unaccustomed to extreme heat. A report by the International Labour Organization (ILO) estimates that in 2020 alone, 4,200 workers lost their lives to heatwaves.⁵⁰

BOX 1: “THE HEAT STEALS OUR DAYLIGHT”

“The sun felt like fire burning into my skin, my body trembled, and I fainted. Going to a doctor means losing three or four days of wages, so I kept working.”

During the 2025 heatwave in India, Jyotsnaben, a head-loader in Ahmedabad, Gujarat, collapsed while carrying a 60 kilogram sack on her head through Ahmedabad’s crowded markets. Yet, she kept working, because she could not afford to lose her wages, pay a doctor, and compensate the contractor for a delayed delivery.

In Bikaner, Rajasthan, Sunitaben has spent 25 years making *papads* (Indian snacks). When an extreme heatwave scorched Bikaner in 2024, water sources dried up, forcing her to walk several kilometers each day to fetch water. Dehydrated and exhausted, she still worked to feed her children because her husband, a construction worker, had lost his job. Some days, she skipped meals so her family could eat. She had to withdraw her daughter from school to help the family cope with mounting expenses.

Ninety percent of SEWA members—street vendors, construction laborers, farmers, artisans, salt-pan workers—report that their livelihoods are severely affected by heatwaves. Reduced working hours, falling productivity, fewer customers, and spoiled produce translate into earnings dropping by as much as 50%.⁵¹

“The heat steals our daylight and forces us to toil until nine at night,” says Savitaben Patni, a street vendor in Ahmedabad. “I used to make ₹400 (€4) a day. Now, I barely earn ₹200 (€2). The sun beats down on our heads, the ground burns beneath our feet. There’s no water, no shade, no relief. This isn’t just about lost income—it’s about survival.”

In 2023, a SEWA survey found that 92% of its members suffered from heat-related illnesses during prolonged heatwaves. Dehydration was the most pressing issue, compounded by limited access to clean drinking water and cool spaces. It increased risks of heat cramps, heat exhaustion, and heatstroke, leading to symptoms like dizziness, nausea, muscle cramps, fainting, and fungal infections. Chronic respiratory disorders worsened under extreme heat.

In rural areas, potable water shortages further complicate health risks. Without proper storage and drinking facilities, SEWA members report high rates of urinary tract infections, fungal infections, and genitourinary diseases. Poor access to clean water forces families to compromise on hygiene, increasing exposure to water-borne illnesses and skin disorders.

"Whether home-based artisans or salt-pan workers, all of us suffer," says Gauriben Darji, another SEWA member from Gujarat. "Lack of drinking water causes urinary infections, food spoils without cooling facilities, and more of us get diarrhea, vomiting, and rashes. Heat destroys our health—and our work."

Nutrition is comprised. "On days when we don't earn, we eat only one meal a day," says Pushpaben, an agricultural worker from Gujarat. "The food I pack spoils before noon, but we have no choice but to eat it."

Over 95% of SEWA members also report sleep disruptions during periods of extreme heat—an often-overlooked impact that reduces productivity and worsens overall wellbeing.

"We are forced to bear huge medical expenses, and all of our savings get drained," says Reshmaben, a SEWA grassroots leader, reporting several cases of home-based workers hospitalized for heat-related illnesses.



Heat stress poses a significant threat around the world: over 100 heat-related deaths were recorded in India alone in the summer of 2024.

CHRONIC ILLNESS, MENTAL STRAIN, AND ECONOMIC LOSS



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The long-term impacts of heat exposure are only just emerging, and are profound, causing serious and debilitating chronic diseases, impacting mental health, cardiovascular and respiratory systems, as well as the kidneys.

Over 26 million people globally live with chronic kidney disease attributable to heat stress, according to the ILO. Chronic Kidney Disease of Non-traditional origin (CKDnt) is now recognized as an occupational disease, tied to rising global temperatures and prolonged exposure to high heat among outdoor laborers in tropical regions. Combined with a shortage of potable water, kidney diseases such as kidney stones, urinary tract infections, and urogenital schistosomiasis are also on the rise, made worse by limited diagnostic capacity, low public awareness, inadequate funding, and a shortage of specialists.⁵²

The impact of heat on mental health is a dimension often missing from national and local heat action plans. Studies show that extreme heat impairs cognitive functioning, with declines of up to 10% when temperatures exceed 26–28°C. Sleep deprivation due to high nighttime temperatures compounds the problem, causing increased anxiety, irritability, and depressive symptoms, as well as reduced cognitive performance and emotional regulation.⁵³

Research links rising temperatures to higher aggression and interpersonal conflict.⁵⁴ Heat drives frustration and impulsivity, contributing to global increases in crime rates.⁵⁵

For people already living with mental health conditions, risks are amplified. Each 1°C rise in ambient temperature is linked to a 2.2% rise in mental health-related mortality and a 0.9% increase in morbidity for people living with mental health disorders compared to those without.⁵⁶ Conditions such as anxiety, mood disorders, schizophrenia, substance use disorders, self-harm, and childhood behavioral disorders can be worsened at higher temperatures.

Rising temperatures and shifting rainfall patterns are expanding the reach of vector-borne diseases. By 2050, dengue transmission is expected to rise by 25%, particularly in Southeast Asia, Sub-Saharan Africa, and South America.⁵⁷ Warmer temperatures also shorten the incubation periods for malaria parasites *Plasmodium falciparum* and *Plasmodium vivax*, multiplying their transmission potential.⁵⁸

The economic costs are staggering. Heat-related productivity losses are projected to equal 80 million full-time jobs by 2030, costing the global economy US\$ 2.4 trillion annually.⁵⁹ In India alone, 181 billion labor hours were lost in 2023, translating into US\$ 141 billion in income losses—in just one year.⁶⁰ These statistics hide personal stories of daily wage earners in the informal sector, for whom heat means a relentless erosion of dignity and survival with empty plates, mounting debts, and failing health. A study of nearly 400 informal workers in India found:

- For every 1°C increase in wet-bulb temperature, net earnings dropped by 19%.
- Medical expenses rose by up to 25%.
- Income losses surged to 40% during extreme heatwaves.⁶¹



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Floods pose far-reaching health risks that go well beyond what current data captures—especially in poorer countries and informal settlements where reliable health information is scarce.

Floods

The health impacts of floods are far greater than commonly understood—especially in poorer countries and informal settlements where reliable data is still scarce. A recent study found that floods create multiple health risks that go far beyond what current epidemiological evidence typically captures. These include direct physical injuries, psychological trauma, and reduced access to healthcare services when facilities are damaged or overwhelmed.⁶²

Flooding contaminates water sources, making clean drinking water scarce, and increasing the risk of water-borne infections. But the health threats go deeper. When rising temperatures combine with stagnant floodwaters, they create ideal breeding conditions for fungi, bacteria, viruses, and disease vectors such as mice, mosquitoes, flies, and other insects. This deadly mix accelerates outbreaks of cholera, leptospirosis, dengue, malaria, and a range of respiratory and skin infections—with informal settlements and informal workers hit hardest.

In informal settlements, floods don't just damage homes and belongings—they disrupt income, nutrition, education, and long-term health. In the absence of timely social safety nets, poor households cope by selling productive assets, reducing meals, or withdrawing children from school to send them to work.

Flooding is often caused by tropical storms and cyclones, when accessing healthcare becomes extremely challenging due to fierce winds, heavy rains, flooding, and waterlogging. Flooding also frequently drives displacement. When families are forced into temporary shelters, lack of nutrition, clean water, and adequate sanitation leads to rapid outbreaks of respiratory, digestive, and infectious diseases. SEWA members also report higher risks of insect and reptile bites.



A study across eight flood-prone countries found that floods increased the risk of all diseases requiring hospitalization by 26%. In these countries, flooding led to increases in hospitalization for cardiovascular diseases (35%), respiratory diseases (30%), infectious diseases (26%), digestive disease, such as gastroenteritis (30%), mental health disorders (11%), diabetes (61%), cancer (34%), nervous system disorders (34%), and renal diseases (40%).⁶³

Floods also worsen malnutrition, particularly among children. In flood-affected areas of Bangladesh, India, and Nepal, rates of wasting and stunting linked to flooding are on the rise. One study in India found that 21.6% of children in flood-prone zones were wasted, compared to 13.7% in unaffected areas.⁶⁴

Beyond physical health, floods leave deep psychological scars. Property damage, loss of livelihoods, and mounting debts cause prolonged stress, which weakens the immune system, disrupts sleep, and can trigger substance abuse and poor self-care.

In Indonesia's informal settlements, a study found that flood exposure led to severe declines in physical and mental health, increased medical expenses, reduced household wealth, and heightened reliance on borrowing. Among children, the impact was particularly severe: their emotional functioning scores worsened by 78%, as they struggled with fear, helplessness, and the trauma of displacement. Lacking the coping mechanisms of adults, children in these communities face a heightened risk of long-term psychological harm.⁶⁵

BOX 2: CLIMATE CHANGE HAS STOLEN OUR HARVEST, AND OUR STRENGTH

"The rains no longer come on time. Sometimes we face floods that wash away our crops; sometimes heat so strong that even standing in the field is unbearable. I cannot feed my family with dried, shriveled crops. My health suffers—I fall ill more often, but medicines cost too much. Climate change has stolen not only our harvest but also our strength."

For Kantiben, a farmer in Gujarat, erratic rains and scorching heat have destroyed crops and stripped her of energy, leaving her unable to feed her family. She is not alone.

"It starts with the water washing away our crops," says Champaben from Anand, Gujarat. "This causes food insecurity and leads to nutritional deficiencies. The unhygienic environment around our homes causes fungal skin infections. The risks don't end there. This year, two of our SEWA members died from snake bites, as snakes were forced out of their burrows by the flooding. One member's husband died of electrocution. Covid-19 damaged our health and incomes, but climate change is becoming a never-ending toll."

SEWA members face direct and indirect impacts from floods. Direct impacts include:

- Damage to property and livelihoods
- Injuries from submerged debris and unsafe structures
- Electrocution risks in waterlogged areas
- Vector-borne and water-borne diseases

Indirect impacts arise from damaged infrastructure, disrupted food and water supplies, and weakened social support systems. Floods frequently contaminate scarce drinking water, leaving families without safe supplies for days.

Menstrual health suffers, too. Bhavnaben, a SEWA member from Chhota Udepur, Gujarat, recalls, "Availability and disposal of pads became one of the biggest issues. The floods also damaged our toilets, making things even worse."

Droughts

Since 2000, the frequency and duration of droughts globally has increased by approximately 29%—a stark escalation in just one generation. Between 2000 and 2023, over 1.6 billion people worldwide were directly affected by drought, resulting in more than 24,000 deaths, with South Asia and Sub-Saharan Africa shouldering the greatest burden.⁶⁶

Drought triggers a deadly cascade of health threats—malnutrition, infectious diseases, and mental health challenges—which are especially dire in regions with inadequate healthcare infrastructure. These crises arise as droughts severely disrupt access to safe water, nutritious food, and essential healthcare, and fuel outbreaks of diseases such as dengue and malaria.

The World Health Organization (WHO) underscores that drought significantly heightens the risk of malnutrition, including micronutrient deficiencies like iron-deficiency anemia, and raises the incidence of cholera, diarrhea, pneumonia, and other infectious illnesses—largely due to water scarcity and compromised sanitation systems. Additionally, drought-related migration can facilitate disease transmission in crowded or poorly serviced areas.

The health consequences extend beyond dehydration and infection. Drought-associated phenomena such as wildfires, dust storms, and degraded air quality exacerbate chronic respiratory conditions like asthma and Chronic Obstructive Pulmonary Disease (COPD), while also increasing vulnerability to bronchitis and pneumonia.

The psychological toll is equally profound. Drought-induced food insecurity, economic collapse, displacement, and spiraling debt foster psychosocial stress, anxiety, and depression, undermining both physical and mental wellbeing. In rural Maharashtra, India, regions hit hardest by drought have seen spikes in farmer suicides, and local communities report increased depression, alcoholism, and domestic violence—all worsened by limited mental health support.⁶⁷



Around the world, over 1.6 billion people were affected by drought—leading to 24,000 deaths—from 2000 to 2023.

In addition to heat, floods, and drought, SEWA members also report impacts from snowstorms. Members from Ladakh and Kashmir share that severe cold affects their menstrual cycles often, leading to dysmenorrhea. Mothers find it difficult to exclusively breastfeed infants during severely cold periods, which is contrary to WHO guidelines that call for exclusive breastfeeding until the age of six months. Excessive snowfall frequently cuts off SEWA members from supply chains, causing food scarcity, resulting in several cases of malnutrition, and disrupting vaccination schedules for pregnant mothers.

HEALTH AS A FOUNDATION FOR LIVELIHOODS

In 1977, SEWA discovered an important truth that continues to shape its work: illness was the leading cause of loan defaults among women workers. Health, therefore, became central to all their efforts. Without good health, women could not work; without work, they could not earn, eat, or educate their children. For SEWA's informal workers, health remains their most valuable asset.

When women are healthy, their productivity increases, strengthening their families and communities. Good health forms the foundation for reducing poverty, improving social equity, and creating resilient, thriving households.

In recent years, however, climate change has emerged as a serious threat to this foundation.

Mental Health

Extreme heat and frequent climate shocks deeply affect the mental health of poor women workers, worsening their existing vulnerabilities. Constant disruptions to daily life—including loss of livelihoods, food insecurity, health risks, and displacement—create heightened stress, anxiety, and helplessness.

“My hands ache from sewing from morning until night,” says Foziyaben, a garment worker from Ahmedabad. “But it is not the pain that keeps me awake. It is the worry—how will I pay my children’s school fees? Will they have books, uniforms, a chance to learn? I stitch and stitch, earning a little each day, but by the time I buy food and pay rent, there is hardly anything left. The stress makes my body tired, my mind restless. For me, health is about peace of mind, about knowing my children can have a future.”



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Extreme heat and recurring climate shocks take a heavy toll on the mental health of poor women workers, compounding their vulnerabilities.



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Women often bear a double burden: earning an income for the household while caring for children, elderly family members, and sick relatives. The elderly and young children are particularly vulnerable to heat-related illnesses, requiring constant supervision. These additional responsibilities result in emotional exhaustion and mental strain.

Financial pressures compound these challenges. Many women are forced to borrow money at high interest rates to meet basic needs or recover from climate-related losses, leading to debt-related anxiety. High night temperatures worsen the situation by making it difficult to sleep, resulting in irritability, fatigue, and poor concentration, which further reduce their ability to cope with daily stress.

Gender-Based Violence

Climate-related stress has also contributed to a rise in gender-based violence among SEWA families. Displacement, loss of livelihoods, and shifting family dynamics have intensified existing gender inequalities, leaving women more vulnerable to domestic violence, sexual assault, and exploitation.

Grassroots leaders report that, in many cases, women are pressured to hand over their earnings to husbands, who often spend the money on alcohol or substance abuse. When women refuse, they may face verbal and physical abuse, leading to fear, hopelessness, and emotional distress.

"My husband and I were facing a severe financial crunch and trying to make ends meet," says Mausinaben, a SEWA worker from Uttar Pradesh. "He started hitting me and venting his frustration on me. He verbally abused me in front of neighbors, and other women stopped visiting my house because of his violent behavior. I wanted to speak out, but stigma kept me silent. I started working with SEWA to help, but he took away all my earnings. Many times, I thought of escaping but stayed for my children. I am filled with rage and pain—nothing can make it disappear."

Substance Abuse

Climate shocks and related mental health struggles have contributed to rising substance abuse among men, women, and even children, according to SEWA's grassroots leaders. Loss of income, combined with the high cost of addictive substances, pushes families deeper into poverty, forcing them to take loans at high interest rates from local lenders. In extreme cases, when families cannot repay these loans, suicides have been reported.

"We are often forced to work longer hours to make up for lost livelihoods due to sudden climate shocks," says Ashaben, a construction worker from Ahmedabad. "Chewing tobacco has now spread like wildfire across all age groups. Many members use it to kill hunger and stay awake during long work hours. Sometimes, we only eat onions and roti because we cannot afford proper food, and pre-cooked meals spoil quickly."

COMMUNITY-LED RESPONSES

SEWA's members view health as not just the absence of illness, but also as a function of economic security, social dignity, and emotional resilience. Responses are therefore designed to go beyond simply curative medicine, to include preventive and holistic wellness strategies that address economic, social, and emotional vulnerabilities simultaneously. SEWA's climate-health interventions combine preventive and curative care, promote early care-seeking behavior, and empower women to make informed health decisions for themselves and their families.

Evidence-Based Responses

SEWA collects data through surveys and focus group discussions (FGDs) to inform evidence-based solutions. The surveys capture quantitative data on climate impacts, coping mechanisms, and health outcomes, ensuring diverse representation across geographies and occupations. FGDs in over 30 communities document lived experiences and identify challenges during climate shocks. This data informs SEWA's policies, interventions, and resource allocation.

Health Ambassadors

At the core of SEWA's strategy are more than 400 SEWA Health Ambassadors (SHAs), trained by doctors to educate, screen, and guide community members. These trusted women lead awareness campaigns on climate-sensitive health risks, promote preventive practices, and connect members to appropriate care.

"When we began, many doubted us," says Poojaben Thakor, a grassroots leader from Mehsana. "They would say, these women cannot do anything. Learning about health was like learning a new language, but today, we're leading health initiatives in our community."

Preventive Care

Preventive care focuses on early health education, checkups, and advice on lifestyle changes to address climate-related illnesses.

Local-language posters, WhatsApp campaigns, and household visits are used to spread knowledge on climate-related illnesses and preventive practices.



When we began, many doubted us. They would say, these women cannot do anything. Learning about health was like learning a new language, but today, we're leading health initiatives in our community.

Poojaben Thakor, a grassroots leader from Mehsana



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Regular follow-ups ensure adherence to care plans. “I felt dizzy every afternoon during summer,” said Radhaben, a construction worker. “A SHA visited my home, checked my blood pressure, and explained that heat and dehydration could be dangerous. She taught me simple steps—drink water, use a wet cloth on my neck, rest in shade. Now I can work safely and share these tips with neighbors.”

Equipment such as solar lights, fans, insulated jugs, energy-efficient kits, tarpaulin sheets, cool roofs, and umbrellas are distributed to members, to help them adapt to extreme conditions.

“During the heatwave, we had to buy cold water daily, spending ₹600–900 (€6–9 approximately) a month,” says Lalitaben, a construction worker from Gujarat. “The insulated water jug we got from SEWA helped us save that money and use it for our children’s education.”

Health Camps, Telemedicine, and Point-of-Care Testing

SEWA organizes community health camps during and after climate shocks, providing doorstep clinical care, medicines, and Oral Rehydration Salts (ORS). These camps reduce travel costs, save time, and ensure timely treatment. SHAs use portable diagnostic equipment and dispense basic medicine during household visits, for timely diagnosis and treatment.



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The Self-Employed Women's Association launched telemedicine services in remote areas like salt pans and dumpsites, where extreme heat often forces local medical centers to close.



“After the last flood, the entire village was cut off,” says Shantaben, an agricultural worker from Gujarat. “My son fell ill, but we couldn’t afford ₹200–300 (€2–3) for transport. SEWA’s camp came to our doorstep—the doctor treated him, gave medicines, and taught us how to make ORS. My child recovered quickly, and we saved both time and money.”

Extreme heat often forces local medical centers to close, especially in remote areas like salt pans and dumpsites. To bridge this gap, SEWA launched telemedicine services in April 2020, providing free consultations to over 25,000 members.

Parametric Insurance

SEWA has introduced parametric insurance, including a Climate Welfare Facility (CWF) and a Livelihood Risk Reduction Fund (LRRF), to help women recover from climate shocks without falling into debt. Parametric insurance provides quick payouts based on weather data, allowing women to afford medical care, food, and essentials immediately after a shock. The CWF pools savings, insurance, and grants to fund healthcare, climate-health campaigns, and adaptation tools, while the LRRF offers low-cost advances and uses blended finance mechanisms to reduce interest rates and restart livelihoods after crises.



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SEWA’s Climate Welfare Facility and Risk Reduction Fund help women recover from climate shocks with quick payouts and low-cost support.

“Working in the salt pans, we couldn’t afford treatment during peak heat,” says Salmaben, a salt pan worker in Gujarat. “Insurance helped us buy medicines and groceries, protecting our health and livelihood.”

Strengthening Health Systems

SEWA's next phase focuses on building resilient, inclusive, and data-driven health systems by:

- Expanding community-based care, telemedicine, and household testing.
- Prioritizing mental health through counseling, mindfulness, and peer support.
- Strengthening early warning systems to deliver climate alerts to marginalized workers.
- Scaling climate-adaptive health infrastructure and financial protection tools.
- Embedding data and research to influence policy and create design-responsive interventions.

By integrating preventive health, financial security, and climate adaptation, SEWA's efforts strengthen the collective resilience of SEWA's 3.2 million women members in the face of an increasingly unpredictable climate.