From Policy to Proposals: A Training Manual on Integrating Gender and Health into Climate Finance

November 2026

The Commonwealth
Climate Finance Access Hub

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Acknowledgments

This training manual has been developed by the Commonwealth Secretariat through the Commonwealth Climate Finance Access Hub (CCFAH) to support the integration of gender and health into climate finance. It provides practical guidance, tools and examples to help Commonwealth countries develop gender-responsive and health-informed climate finance proposals.

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Acronyms

AF	Adaptation Fund
CCFAH	Commonwealth Climate Finance Access Hub
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CRHS	climate-resilient health systems
CIF	Climate Investment Funds
CNCFA	Commonwealth National Climate Finance Adviser
COP	Conference of the Parties
ESS	environmental and social safeguards
GAP	gender action plan
GCF	Green Climate Fund
GEF	Global Environmental Facility
GESI	Gender Equality and Social Inclusion
GRB	gender-responsive budgeting
HNAP	health national adaptation plan
MDB	multilateral development bank
MEL	monitoring, evaluation and learning
NAP	national adaptation plan
NDCs	Nationally Determined Contributions
OPD	organisation for persons with disabilities
SDG	Sustainable Development Goal
ToC	theory of change
UNDP	United Nations Development Programme
UNFCCC	United Nations Framework Convention on Climate Change
WASH	water, sanitation and hygiene
WHO	World Health Organization

Glossary of Terms

Adaptation Fund (AF)	A financial mechanism under the Kyoto Protocol and Paris Agreement supporting projects that help vulnerable communities adapt to climate change
Bankable	A project proposal that is technically sound, financially viable, aligned with funder priorities and likely to secure investment
CEDAW (Convention on the Elimination of All Forms of Discrimination Against Women)	An international human rights treaty adopted in 1979 that commits countries to eliminate discrimination against women and ensure their full participation in all areas of life, including health and environmental decision-making
Climate finance	Funding from public, private and multilateral sources to support mitigation and adaptation measures that address climate change impacts
Vulnerability assessment	A process to identify populations and systems most at risk from climate change, often incorporating gender and health dimensions to inform adaptation planning
Disability analysis	A systematic process for identifying how climate hazards affect persons with different disabilities, the barriers that increase their health risks and the measures required to ensure their meaningful participation and equitable access to project benefits
Gender action plan (GAP)	A framework under the United Nations Framework Convention on Climate Change that guides countries and institutions in integrating gender equality into climate policies and actions
Gender analysis	A systematic process for understanding the differences in the lives of women, men and other gender identities, including their roles, needs, access to resources and decision-making power
Gender equality	The state in which individuals of all genders have equal rights, responsibilities and opportunities. Gender equality does not mean that women and men are the same, but that their rights, responsibilities and opportunities do not depend on their gender
Gender equity	The process of being fair to people of all genders. Gender equity recognises that different groups have different needs and may require different approaches to achieve fairness and justice
Gender mainstreaming	The systematic integration of gender perspectives into all stages of policy, programme and project development, implementation and evaluation to promote gender equality.
Gender-based violence	Violence directed at individuals based on their gender.
Gender-based vulnerability	The increased exposure to harm or disadvantage experienced by individuals as a result of gender roles, norms and inequalities, especially in the context of climate change and disasters
Gender-responsive budgeting	A budgeting process that integrates gender perspectives, ensuring equitable allocation of resources to meet the needs of women, men and marginalised groups
Gender-responsive climate finance	Climate finance that intentionally integrates gender considerations to ensure equitable access, participation and benefits for women, men and marginalised groups in climate-related investments

Gender-sensitive indicators	Indicators that reflect gender differences in outcomes, access, participation or impact. These indicators help track progress towards gender equality and inform gender-responsive planning
Health national adaptation plan (HNAP)	A country-driven strategy to integrate climate resilience into national health systems and policies
Monitoring, evaluation and learning (MEL)	Processes for tracking progress, assessing outcomes and adapting strategies to ensure inclusivity and effectiveness in programmes
Nationally Determined Contributions (NDCs)	Climate action plans submitted by countries under the Paris Agreement, outlining mitigation and adaptation commitments
Paris Agreement	A legally binding international treaty under the United Nations Framework Convention on Climate Change, adopted in 2015. It aims to limit global warming to well below 2°C and emphasises inclusive, gender-responsive climate action through adaptation, mitigation and capacity-building
Resilience	The capacity of individuals, communities and systems to anticipate, withstand and recover from climate shocks while maintaining essential functions
Vulnerability and adaptation assessment	A process to identify populations most at risk from climate change, and to design adaptation measures that reduce vulnerability

Executive Summary

This manual equips Commonwealth National Climate Finance Advisers and development and government counterparts with practical tools to integrate gender and health considerations into climate finance proposals, to make it possible to move from policy commitments to bankable investments.

Climate change is increasingly affecting public health systems, livelihoods, food security, water availability and socioeconomic resilience across Commonwealth countries, particularly in small island developing states and vulnerable developing countries. Women, youth, children, persons with disabilities, low-income households and marginalised populations often experience heightened vulnerability as a result of structural inequalities, limited access to resources and reduced adaptive capacity. At the same time, climate-related hazards are placing additional pressure on health systems through increased disease burdens, extreme weather events, environmental degradation and disruption to essential services.

The manual emphasises that integrating gender and health into climate finance is not an optional add-on, but a strategic requirement for improving the effectiveness, sustainability, inclusivity and bankability of climate investments. It promotes a shift from narrow mainstreaming approaches towards implementation-oriented and systems-based approaches that strengthen institutional co-ordination, climate resilience and equitable development outcomes.

This approach integrates gender-responsive climate finance throughout the project cycle, from risk analysis and project design to budgeting, implementation, monitoring, learning and sustainability. It also applies an intersectional lens, recognising that different groups experience climate and health risks differently while contributing as leaders, knowledge-holders, entrepreneurs and agents of resilience.

Structured across four chapters, the manual introduces the gender–climate–health nexus and provides practical guidance on integrating gender and health considerations across the climate finance project cycle. It includes approaches for developing concept notes, theory of change frameworks, gender analysis, gender action plans, budgeting, monitoring and evaluation, and building bankable climate finance proposals aligned with mechanisms such as the Green Climate Fund, the Adaptation Fund and other multilateral and bilateral financing mechanisms.

The manual highlights the importance of health co-benefits, climate-resilient health systems, gender-responsive budgeting, environmental and social safeguards and inclusive stakeholder engagement. In addition, it provides practical tools, scoring checklists, case studies and technical resources to support applied learning and implementation. Overall, the manual aims to strengthen institutional capacity to design and implement climate finance interventions that are gender-responsive, health-informed, socially inclusive and aligned with global climate and development frameworks, including the Paris Agreement, the United Nations Framework Convention on Climate Change Gender Action Plan, the Sustainable Development Goals (SDGs) and the COP28 Declaration on Climate and Health. Furthermore, it aims to align global policy with the ICPD Programme of Action and UNFPA's Climate Change Strategy, alongside the Paris Agreement and the SDGs.

1. Introduction and Training Framework

1.1 Background and context

1.1.1 Climate change fundamentals

Environmental changes linked to human development, such as land degradation, air pollution, loss of biodiversity and unsustainable agricultural practices, compound the impacts of climate change. These interactions affect ecosystems and the services they provide, including clean air, water regulation, soil fertility and disease control. Key drivers of climate-related risks include deforestation, urbanisation, population growth and overexploitation of natural resources.

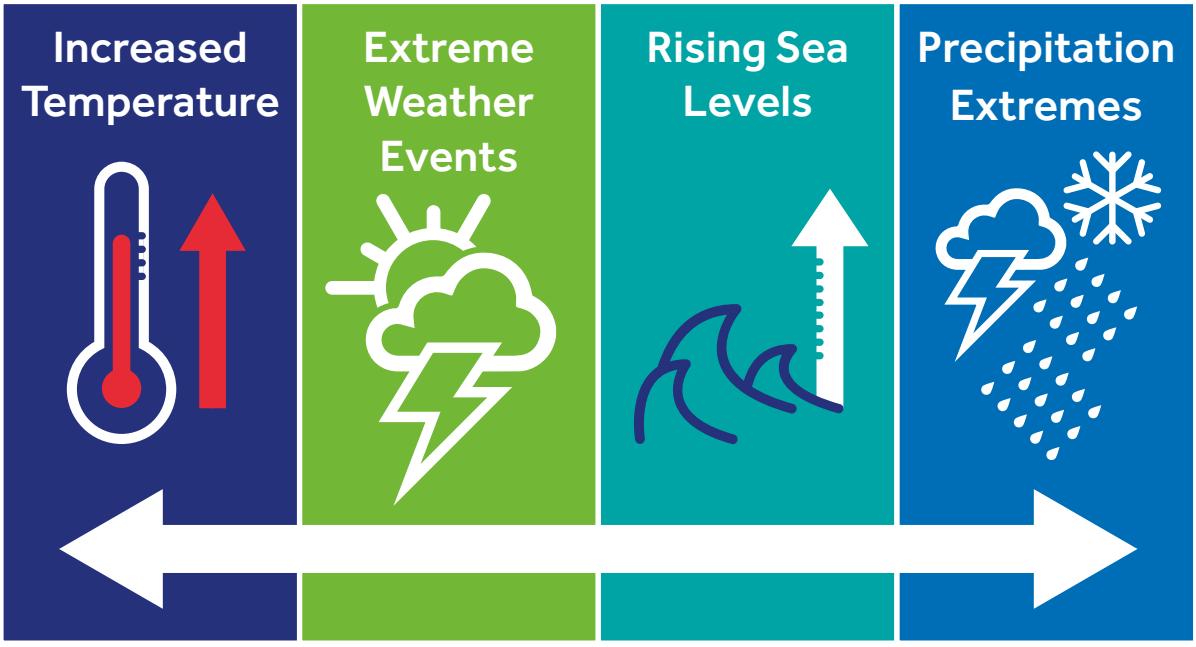
Climate change refers to long-term alterations in the Earth's temperature, precipitation and weather patterns, largely caused by human activities that increase greenhouse gas emissions. Four major climate change drivers are increasingly influencing environmental conditions and public health outcomes: increased temperatures, extreme weather events, rising sea levels and precipitation extremes, as illustrated in Figure 1.1. These climatic changes are interacting with environmental and social systems to shape the distribution of diseases, affect health determinants such as water and food security, and place additional pressure on health systems.

1.1.2 Gendered climate variability pathways

Gendered vulnerabilities to climate variability arise from the interaction of biological, social and economic factors. While physiological differences between males and females may influence exposure to certain climate-related risks, such as heat stress, these are often secondary to structural inequalities that shape exposure, sensitivity and adaptive capacity (Adams et al., 2022).

In many contexts, women face increased exposure to climate risks as a result of socially defined roles and responsibilities, including those related to water collection, food provision and caregiving. These roles, combined with unequal access to resources such as land, finance, information and

Figure 1.1 Key drivers of climate change affecting health



decision-making processes, as well as increased risks of gender-based violence, can limit adaptive capacity and increase vulnerability to climate-related impacts, including health risks (Omolo and Mafongoya, 2019; UNDP, 2021).

Climate-related hazards such as droughts, floods and extreme temperatures can therefore have differentiated impacts across population groups. Evidence indicates that women and vulnerable populations often experience disproportionate impacts, particularly in contexts where socio-economic inequalities persist (UN Women, 2022; WHO, 2023).

These pathways highlight the importance of addressing underlying structural inequalities in the design of climate and health interventions, to ensure that responses are inclusive, equitable and responsive to differentiated needs.

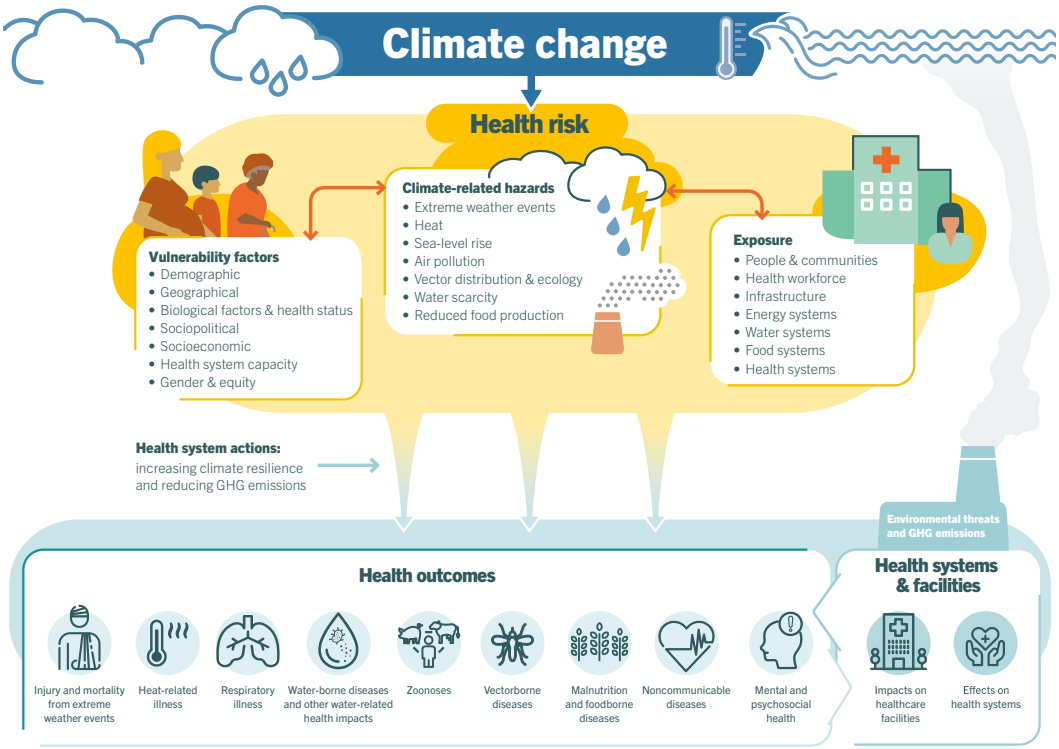
1.1.3 Health impacts of climate change

Climate change affects health both directly through heat stress, floods and storms and indirectly through ecosystem changes influencing disease patterns. Rising temperatures and altered rainfall patterns expand the transmission range of vector-borne diseases such as malaria and dengue (WHO, 2021). Food insecurity resulting from droughts and crop failures contributes to malnutrition, while water scarcity and flooding increase the incidence of diarrhoeal diseases.

Climate change poses multifaceted risks to human health through both direct and indirect pathways, as Figure 1.2 shows. Direct health impacts arise from exposure to extreme heat, storms, floods, wildfires and other climatic hazards. Heat stress exacerbates cardiovascular and respiratory diseases, while extreme weather events cause injuries, displacement and disruptions to essential health services (WHO, 2021).

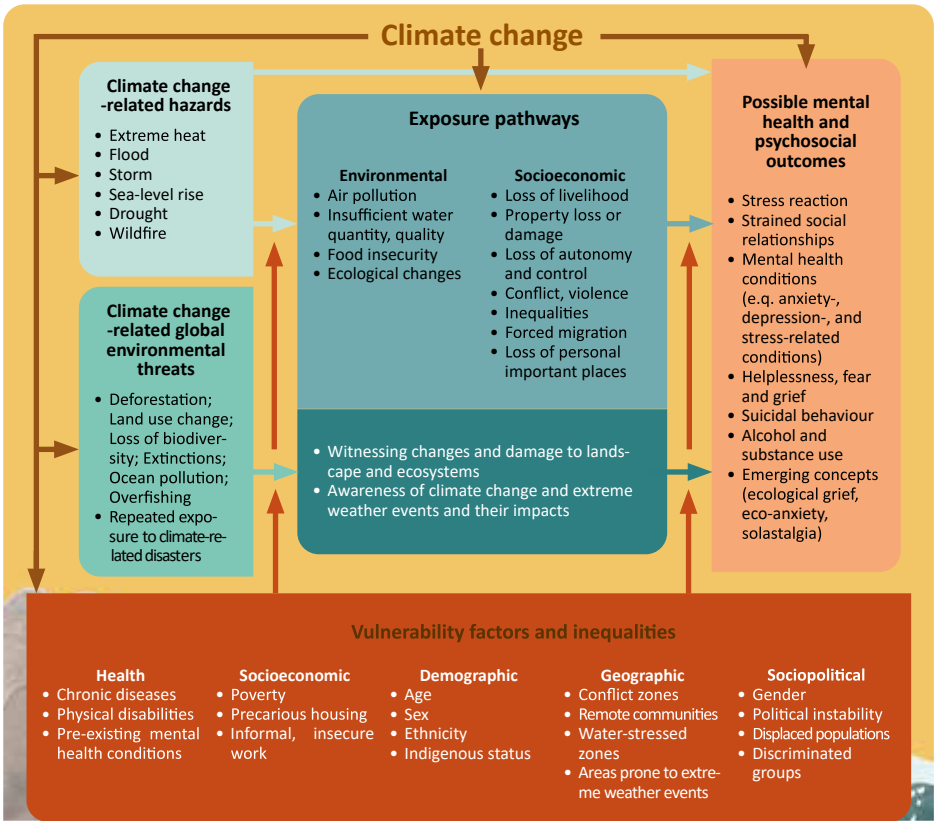
The pathways through which climate change can affect people's mental health and psychosocial well-being are multiple. The Intergovernmental Panel on Climate Change, in its Sixth Assessment Report, states with very high confidence that climate-related illnesses, premature deaths, malnutrition in all its forms and threats to mental health and well-being are increasing (Adams et al., 2022). It also concludes that, at the global level, health systems are poorly resourced, and their capacity to respond to climate change is weak. Mental health support is particularly inadequate.

Figure 1.2 Climate change and health impacts



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Figure 1.3. Climate change and mental health



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Mental health difficulties are being driven by direct exposure to extreme weather, chronic environmental degradation and fear for the future. Vulnerable populations, such as children, the elderly and those with pre-existing conditions, are at the highest risk. Effects of climate change range from minimal stress and distress symptoms to clinical disorders, as illustrated in Figure 1.3.

1.1.4 Loss and damage

Extreme events disrupt health care delivery, damage infrastructure and strain human resources. For example, flooding events can limit access to facilities, contaminate water supplies and overwhelm emergency response systems. Health systems in low-income countries face additional challenges as a result of inadequate surveillance, weak supply chains and limited adaptation financing (UNFCCC Secretariat, 2020).

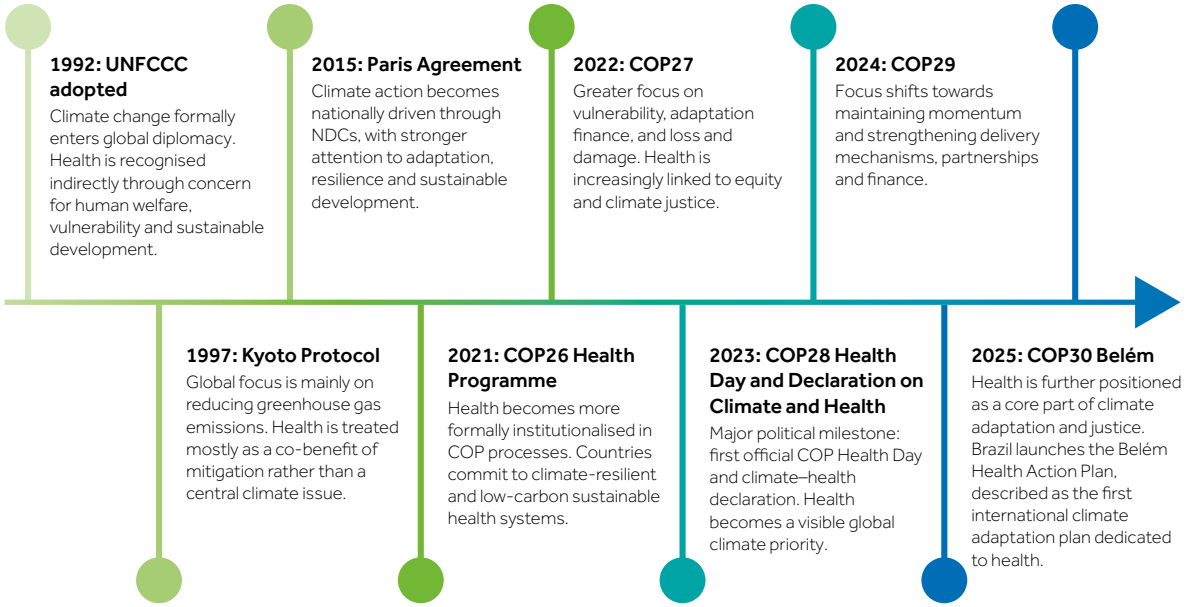
Strengthening early warning systems for heatwaves, floods and disease outbreaks enhances preparedness and reduces health risks. Building climate-resilient health systems includes upgrading infrastructure; installing climate-informed surveillance systems; improving water, sanitation and hygiene (WASH) services; and training health workers.

Climate loss and damage encompasses both economic destruction and non-economic loss and damage, including loss of bodily autonomy, breakdown of community protection networks and disruption of maternal and sexual and reproductive health care. Climate proposals should leverage emerging international finance mechanisms, such as the Fund for Responding to Loss and Damage operationalised at COP27 and COP28, to fund recovery for climate-displaced populations and frontline communities.

Climate change significantly affects the functionality and resilience of health systems through:

- disruption to health services as a result of damage to infrastructure and transport networks
- reduced access to health care, particularly during floods and extreme weather events

Figure 1.4. Trends in climate change and health over the years



- increased demand for services, which overwhelms emergency and routine care systems
- compromised WASH services within health care facilities
- strain on human resources, supply chains and essential medical commodities.

1.1.5 Global frameworks

This manual is grounded in and supports the implementation of key international frameworks that promote gender equality, health resilience and climate action. It aligns with the United Nations Framework Convention on Climate Change (UNFCCC) Gender Action Plan, which calls for gender-responsive climate policies and capacity-building; the Paris Agreement, particularly Articles 7 and 11, which emphasise adaptation and inclusive capacity-building; and the Sustainable Development Goals (SDGs), specifically Goal 3 (Good health and well-being), Goal 5 (Gender equality) and Goal 13 (Climate action). It also reflects principles of the Sendai Framework for Disaster Risk Reduction, which advocates for inclusive, gender-sensitive health systems in the face of climate-related disasters, and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which obliges states to eliminate discrimination and ensure women's participation in environmental and health decision-making. By integrating these frameworks, the manual provides a practical tool for Commonwealth countries to meet their global commitments through gender- and health-responsive climate finance programming.

In addition to this, there has been tremendous progress on climate change and health over the years, as Figure 1.4 shows. The main trend seen between 1992 and the 30th Conference of the Parties to the UNFCCC (COP30) in Belém is a progression from health as a marginal co-benefit to health as a central rationale for climate action. Emerging themes include climate-resilient and low-carbon health systems, climate–health finance, health in Nationally Determined Contributions (NDCs) and national adaptation plans (NAPs), early warning and surveillance, adaptation for vulnerable groups, One Health, water–food–health linkages, urban heat and air pollution, mental health, youth and community engagement, gender equity, loss and damage, and the need for measurable indicators and results frameworks. The current direction encourages countries to move from declarations to investable plans, pipelines, financing mechanisms and measurable health outcomes.

World Health Assembly Resolution WHA76.16 (2023) on climate change and health:

- encourages the need to scale up **investments in climate adaptation** measures that proactively address climate-related health impacts, including early warning systems
- recognises that health actors face **challenges in accessing finance for health and climate change activities** (low- and middle-income countries)
- **encourages international finance providers**, including development banks, to strengthen the synergies between their climate and health portfolios
  - multilateral development banks
  - climate funds and health funds
  - other innovative financing mechanisms
- stresses the importance of **equitable access to climate finance**, particularly for developing countries.

1.2 Purpose of the manual

This manual provides practical, proposal-oriented guidance to support Commonwealth National Climate Finance Advisers (CNCFAs) and their government counterparts in translating national climate, gender and health priorities into finance-ready, implementable investments. It is intended for use during country scoping, concept development, project preparation, stakeholder co-ordination, quality assurance and pre-submission review, while integrating youth, disability and wider social inclusion throughout the project cycle.

1.3 Manual objectives

1.3.1 Specific objectives

The manual is expected to achieve the following objectives.

1. Strengthen the integration of gender, youth, health and social inclusion within climate finance processes.
2. Support the development of bankable, gender-responsive and health-supportive climate finance proposals.
3. Provide practical tools for integrating sectoral dimensions, including health, within climate policy and investment frameworks.
4. Enhance co-ordination between policy, finance and institutional actors.
5. Foster peer-to-peer learning and exchange through case studies, participatory exercises and real-world examples.

1.3.2 Expected outcomes

The manual is expected to achieve the following outcomes.

1. Enhanced capacity of CNCFAs to integrate gender, youth, health and social inclusion into climate finance processes.
2. Increased development of bankable, gender-responsive climate finance proposals aligned with global funding requirements and improved skills in gender budgeting.
3. Improved co-ordination between gender, climate and sectoral actors, including health, at national and institutional levels.
4. Enhanced integration of health considerations within climate finance proposals and investment frameworks, contributing to more resilient and inclusive climate interventions.
5. Availability of practical tools and guidance to support implementation and tracking of inclusive climate finance interventions.

1.4 Target audience and how CNCFAs can use this manual

Primary: CNCFAs

Secondary: Government planners, gender focal points, health professionals and development partners

This manual is designed not only as a training resource, but also as a day-to-day proposal development and quality assurance tool. Advisers can use it to move a country request from an initial climate–health or climate–gender priority to a finance-ready concept by applying the tools at specific decision points in the project cycle.

Table 1.1. CNCFA project development stages and decision criteria

CNCFA stage	Core question	Minimum evidence/ output	Go/no-go signal
1. Country request	What problem does the country want climate finance to solve?	Written request/ mandate; national priority; lead ministry/ focal point	Clear country demand and institutional owner
2. Climate rationale	Is the problem demonstrably climate-related?	Observed trends/ projections; exposure and vulnerability evidence; health/ gender pathway	Climate causality is credible and evidence gaps are manageable
3. Fund fit	Which financing window best matches scale, instrument and readiness?	Short fund-screening note; eligibility; access route; indicative envelope	At least one viable fund/ access route
4. Concept design	What intervention changes vulnerability or emissions?	Theory of change; components; beneficiaries; safeguards; gender/ health actions	Coherent adaptation/ mitigation logic with measurable results
5. Investment readiness	Can the project be appraised and implemented?	Costing; feasibility; economic case; implementation arrangements; co-finance; risk plan	Critical preparation studies and owners identified
6. Quality assurance	Is the proposal submission-ready?	Completed checklists; evidence references; internal review; endorsement pathway	No unresolved critical gaps

Recommended use by CNCFAs (see also Table 1.1) is as follows.

1. **At scoping stage:** Identify the climate problem, affected populations, policy mandate, lead institutions and likely financing pathway.
2. **During concept development:** Test the climate rationale, additionality, gender and health integration, stakeholder ownership, feasibility and fund fit.
3. **During project preparation:** Co-ordinate evidence generation, gender/disability analysis, safeguards, costing, economic analysis, results frameworks and implementation arrangements.
4. **Before submission:** Apply the proposal quality assurance checklists in the annexes and confirm that claims, indicators and budgets are internally consistent.
5. **After submission:** Maintain an issues log, respond to funder comments systematically, preserve country ownership and track agreed revisions through to approval.

1.5 Training methodology

The manual adopts a participatory and interactive training approach to ensure inclusive learning and practical application. Key methodologies include the following.

- **Group discussions:** facilitated conversations to encourage peer learning and exchange of experiences.
- **Case studies:** real-world examples from Commonwealth countries to illustrate gender and health integration in climate finance.

- **Roleplays and scenario-building:** interactive exercises to simulate decision-making and stakeholder engagement in climate–health contexts.
- **Action planning:** guided sessions to help participants develop context-specific strategies for gender-responsive climate and health programming.

1.6 Justification for the manual

A capacity needs assessment was conducted through Commonwealth National Climate Finance Advisers (CNCFAs) in selected Commonwealth countries to identify country-level gaps and needs. A summary of the responses was used to prioritise key issues for inclusion in the manual. This prioritisation reflected both technical gaps and systemic needs, ensuring that the manual aligned with climate-health resilience, gender equity and climate finance readiness. The following priorities are incorporated.

1. **Gender-Responsive Climate and Health Programming**
    a. Integration of Gender Equality and Social Inclusion (GESI) considerations in climate–health interventions.
    b. Addressing the vulnerabilities of women, youth, children and marginalised groups.
    c. Climate justice and the social determinants of health.
2. **Climate-Resilient Health Systems and Services**
    a. Strengthening health system resilience to climate shocks (heat, floods, disease outbreaks).
    b. Gender-sensitive service delivery, particularly including maternal health and mental health services and delivery to vulnerable populations.
3. **Climate Finance and Proposal Development for Health**
    a. Accessing climate finance.
    b. Developing bankable, gender-responsive climate–health proposals.
    c. Theory of change (ToC) and investment case development.
4. **Applied/Practical Training Modalities**
    a. Case-based learning, project design exercises and real-world applications.
    b. Integration of gender and health considerations into practical implementation.

2. Integrating Gender and Health into Climate Finance

Learning objective

By the end of this chapter, participants will be able to understand, apply and operationalise gender-responsive approaches in the design, financing and implementation of climate–health interventions, ensuring equitable and effective outcomes.

Facilitator notes

- Time allocation: 90 minutes
- Group size: 15–20 participants
- Materials needed: donor guidelines, budget sheets

2.1 Rationale for integration

Integrating gender and health into climate finance enhances the effectiveness, equity and sustainability of climate investments. Climate risks are experienced differently across populations, and failure to account for these differences can reduce project impact and exacerbate existing inequalities (WHO, 2021; Adams et al., 2022).

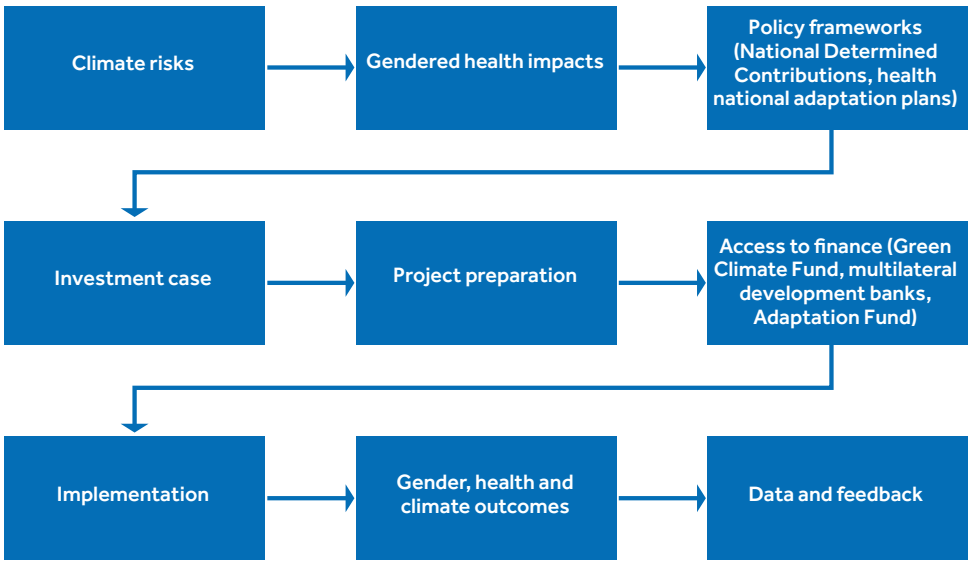
Climate finance mechanisms increasingly require the integration of cross-cutting issues such as gender and social inclusion, alongside sectoral dimensions including health, to strengthen alignment with funding requirements and improve the delivery of inclusive, resilient and impactful outcomes (UNFCCC Secretariat, 2020; GCF, 2021).

2.2 The gender–climate–health pathway

The gender–climate–health pathway illustrates how climate hazards interact with existing gender inequalities to produce differentiated health outcomes. Climate change acts as a risk multiplier, shaping exposure, sensitivity and adaptive capacity across populations (WHO, 2023).

These differences are influenced not only by biological factors, but also by socially constructed roles, access to resources and decision-making power. In many contexts, women face increased exposure to climate risks as a result of their caregiving responsibilities and reliance on natural resources, while climate-related socioeconomic stressors can also negatively affect men's health outcomes (Anton et al., 2024).

Figure 2.1. Logical flow of integrated system for gender and health mainstreaming in climate projects



Box 2.1. Climate impacts and gender analysis: Key examples

Climate change affects women, men, girls and boys differently because of differences in roles, responsibilities, exposure, access to resources, decision-making power and capacity to adapt. Gender analysis should therefore identify these differences and inform practical responses.

Table 2.1. Climate impacts and gender

Climate impact	Key gender and health considerations	Illustrative response
Extreme heat	Pregnant women, outdoor workers and caregivers may have increased exposure and health risks	Heat-health warnings, cooling spaces, safe drinking water and protection for outdoor workers
Floods and storms	Women and girls may face barriers to evacuation, sanitation and health services, as well as increased protection risks	Safe shelters, accessible evacuation, separate sanitation, gender-based violence prevention and continuity of maternal and reproductive health services
Drought and water scarcity	Women and girls often carry greater responsibility for water collection, increasing time burdens and exposure to risks	Accessible water supplies, reduced collection distances and women's participation in water-resource management
Food insecurity	Women and girls may experience reduced food intake, while women farmers may have less access to land, finance and agricultural inputs	Climate-resilient agriculture, nutrition programmes, social protection and improved access to finance and productive resources
Climate-related diseases	Women may have greater caregiving responsibilities, while pregnancy can increase vulnerability to some climate-sensitive diseases	Gender-responsive surveillance, community outreach and continuity of maternal and primary health services
Displacement and loss of livelihoods	Displacement can increase protection risks and disrupt access to health, livelihoods and social networks. Men may also face livelihood and occupational risks	Safe relocation, livelihood recovery, social protection, health services and protection mechanisms
Mental health impacts	Climate-related loss, displacement and increased care or livelihood pressures can affect psychosocial well-being differently across genders	Community-based mental health support, psychosocial services, gender-based violence referral pathways and livelihood recovery

Source: (UNFCCC, 2025; UNFPA, 2025)

Climate hazards such as droughts, floods and extreme temperatures can therefore result in differentiated health impacts across population groups. For example, water scarcity and food insecurity often disproportionately affect women and children, increasing risks of undernutrition, gender-based violence and related health outcomes, while economic stress linked to climate variability can contribute to mental health burdens among men (WHO, 2023).

Understanding these interconnected pathways is critical for designing climate finance interventions that are responsive to differentiated risks and capable of delivering inclusive, equitable and effective outcomes, as gender–climate–health financing is constrained not by lack of policy or funding opportunities, but by weak project preparation and limited institutional capacity to

Table 2.2 Key entry points for integrating gender and health considerations across the climate finance project cycle

Component	Key considerations for gender and health integration
Problem identification and climate rationale	Identify how climate risks affect different population groups, including women, men, youth and vulnerable populations. Highlight gender-differentiated vulnerabilities and health risks linked to climate variability.
Stakeholder analysis and engagement	Ensure inclusive and participatory stakeholder engagement by incorporating perspectives of women, health actors and vulnerable groups, reflecting diverse needs and priorities.
Project design and interventions	Design interventions that address gender-specific needs and health outcomes, reduce vulnerabilities, enhance adaptive capacity and promote equitable access to project benefits.
Theory of change and results framework	Develop a ToC that reflects differentiated pathways of change and integrates gender and health considerations into outcomes and impacts.
Indicators and monitoring	Include gender-sensitive and health-related indicators that capture both quantitative and qualitative changes across different population groups.
Budgeting and resource allocation	Allocate adequate resources to support gender-responsive and health-related activities within the project.
Implementation and institutional arrangements	Define clear roles for gender and health actors and strengthen cross-sector co-ordination to ensure effective project delivery.

translate climate risks into bankable investments. Figure 2.1 illustrates a good flow in an integrated gender–climate–health system.

2.3 Entry points for integration of gender and health in climate finance proposals

Integrating gender and health into climate finance proposals requires identifying practical entry points across the project design cycle. These entry points ensure that differentiated risks, needs and capacities are reflected in the development of climate investments and contribute to more inclusive, effective and bankable proposals. Table 2.2 lists key entry points for integration.

As a key entry point, stakeholder engagement should be continuous, accessible and meaningful throughout the project cycle. Appropriate feedback mechanisms should demonstrate how the perspectives of women, youth, persons with disabilities, Indigenous Peoples and marginalised communities have informed project design, implementation and decision-making.

2.3.1 Gender integration

Gender integration in climate finance involves systematically identifying and addressing the differentiated impacts, risks, capacities and opportunities experienced by women, men, youth and socially excluded groups within climate change interventions. It ensures that climate finance investments contribute not only to environmental outcomes but also to equitable social and economic benefits.

Climate change affects women and men differently through unequal access to resources, decision-making power, land ownership, finance, technology, education and livelihood opportunities. In many contexts, women and marginalised groups face heightened vulnerability to climate-related shocks because of existing structural inequalities. At the same time, women play critical roles in climate adaptation, natural resource management, food security, water management and community resilience.

Projects should also identify and manage potential unintended social and health risks, including exclusion; increased unpaid care burdens; increased risks of gender-based violence; sexual exploitation, abuse and harassment; and unequal benefit

capture. Accessible, confidential and survivor-centred grievance and referral mechanisms should be established where appropriate. Projects should also ensure sexual and reproductive health and rights integration through climate resilient maternal health infrastructure, emergency reproductive health kit supply chain resilience, and gender-based violence referral pathways during climate disasters.

Gender integration therefore requires moving beyond symbolic inclusion towards intentional design and implementation approaches that strengthen participation, access, leadership and equitable benefit-sharing throughout the project cycle.

In practice, gender integration involves the following.

- Conducting gender analysis to understand gender-differentiated climate vulnerabilities, roles, capacities and priorities.
- Identifying barriers to participation, finance, technology, land, information and climate services.
- Ensuring meaningful participation of women, youth, persons with disabilities, elderly, Indigenous Peoples and other vulnerable groups in consultations and decision-making processes.
- Integrating gender-responsive actions and targets within project design, implementation and monitoring frameworks.
- Supporting women's leadership and youth leadership, economic empowerment and access to climate finance opportunities.
- Developing gender-responsive indicators and monitoring systems to track equitable outcomes and benefits.
- Allocating adequate resources and budget lines for gender-responsive implementation.
- Strengthening institutional capacity and accountability mechanisms for gender mainstreaming and inclusion.
- Ensuring that sexual and reproductive health and rights services and maternal health infrastructure are highlighted as vital sub-components of gender-responsive climate-health programming.

Effective gender integration strengthens the quality, sustainability and impact of climate finance investments by ensuring interventions respond to local realities and support inclusive resilience-building.

Box 2. Gender issues around climate finance

Global climate finance has historically provided very limited support to initiatives that simultaneously address climate change and advance women's rights. Only 0.01 per cent of global funding has been directed towards projects that integrate both objectives.

This financing gap reflects broader inequalities in economic empowerment, leadership and decision-making.

- In 2011–2012, only US$469 million, representing approximately 2 per cent of bilateral aid, was allocated to programmes in which women's economic empowerment was the principal objective.
- In 2015, women held only 14 of the 193 finance minister positions worldwide, equivalent to approximately 7 per cent.
- During the same period, women represented an average of only 22 per cent of members serving on the governing bodies of major climate funds.
- Women also remained underrepresented in national political institutions, occupying approximately 21 per cent of parliamentary seats globally. Representation was higher in Latin America and the Caribbean, at around 25 per cent, but remained below 14 per cent in Arab states.

2.3.2 Health integration

Health financing can play a critical role in advancing climate goals by directing investments and incentives towards interventions that support both mitigation and adaptation. This includes financing climate-resilient health systems, strengthening preventive and public health functions, building

Table 2.3. Key areas of gender integration in climate finance

Area	Gender integration considerations
Climate risk assessment	Assess differentiated climate vulnerabilities and adaptive capacities of women, men, youth and marginalised groups
Stakeholder engagement	Ensure inclusive participation and representation in consultations and decision-making
Access to resources	Address barriers to finance, land, technology, information and services
Livelihoods and economic opportunities	Promote equitable access to climate-resilient livelihoods and green economy opportunities
Institutional arrangements	Strengthen gender-responsive governance and accountability systems
Monitoring, evaluation and learning	Include sex- and age-disaggregated data and gender-responsive indicators
Budgeting and resource allocation	Allocate dedicated resources for gender-responsive implementation

Source: Habtezion (2016)

capacity of frontline and emergency health care workers and reducing the environmental footprint of health care delivery.

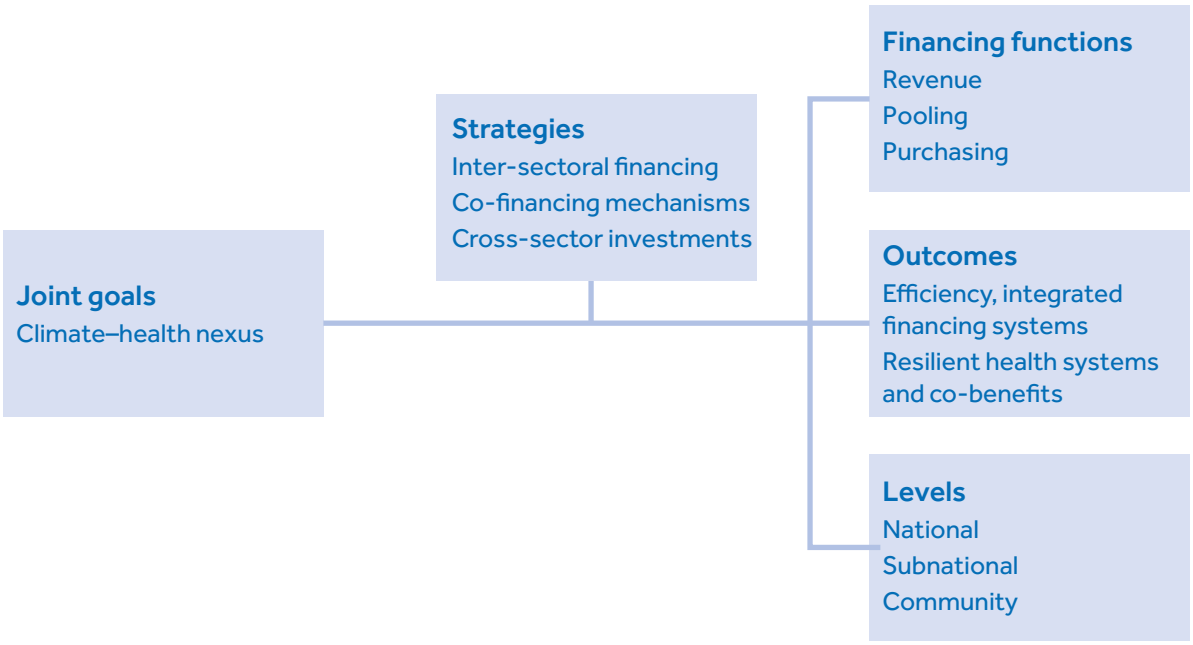
To effectively respond to climate-related risks, health financing arrangements must be reoriented to enhance system resilience and protect households from climate-induced health and economic shocks, including through risk pooling, social protection mechanisms and targeted investments in vulnerable populations (Borghi et al., 2024). The COP28 Declaration on Climate and Health identifies the following strategies for such integration.

- **Enhance access to finance for health actors,** particularly in low- and middle-income countries, by leveraging synergies between climate and health to improve efficiency and impact.

Figure 2.2. Gender integration framework in climate finance



Figure 2.3. Strategies for the integration of health in climate financing



- **Scale up investments** in climate and health from diverse sources, including domestic budgets, multilateral climate funds, development banks, bilateral partners, philanthropies and the private sector.
- **Strengthen alignment between climate and health portfolios** among international finance institutions to better support country-led, integrated climate–health programmes.
- **Promote knowledge sharing and co-ordination,** including dissemination of best practices and alignment with global initiatives (Alliance for Transformative Action on Climate and Health, COP processes), to ensure financing responds to country priorities.
- **Improve monitoring, transparency and evaluation** of climate finance flows to enhance accountability and maximise positive health outcomes.

Figure 2.3 illustrates how joint climate–health goals can be advanced through integrated financing strategies that bring sectors together around shared priorities. Inter-sectoral financing, co-financing mechanisms and cross-sector investments help align resources from health, climate, water, finance, disaster risk management and other sectors to support interventions that deliver multiple benefits. These strategies strengthen the core financing functions of revenue generation, pooling and purchasing, ensuring that resources are mobilised, co-ordinated and allocated efficiently. When applied across national, subnational and community levels, this approach can improve financing efficiency, reduce fragmentation, build more resilient health systems and generate wider co-benefits for climate adaptation, public health, equity and sustainable development.

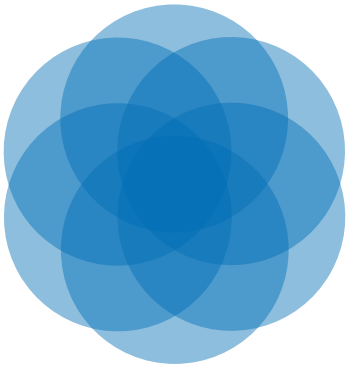
2.4 Accessing climate finance for gender and health

2.4.1 Climate finance sources

Gender considerations were largely absent in the initial design and operationalisation of many dedicated climate finance mechanisms. However, increasing external advocacy and internal recognition of the limited effectiveness and inequitable outcomes of gender-blind interventions have, in recent years, driven multilateral climate funds to integrate gender considerations into their policies, programming frameworks and investment criteria, often retroactively (Schalatek, 2020).

Accessing climate finance for gender and health requires aligning project proposals with the priorities and requirements of major climate finance mechanisms such as the Green Climate Fund (GCF), the Global Environment Facility (GEF), the Adaptation Fund (AF), the Climate Investment Funds (CIF) and multilateral development banks (MDBs).

Figure 2.4. Key climate finance sources for gender and health



Proposals that integrate gender and health considerations are more likely to demonstrate strong impact potential, relevance and alignment with funder expectations, particularly in areas such as vulnerability reduction, resilience-building and inclusive development.

Figure 2.4 presents key financing sources for gender and health.

2.4.2 Requirements for accessing climate finance

Positioning health and gender within climate finance strengthens funding competitiveness and implementation impact. To achieve this, funders usually stipulate some requirements that need to be adhered to for an entity to access climate finance.

Key requirements for accessing climate finance include the following.

- Strong climate rationale
  - evidence linking climate change to health risks
- Gender-responsive design
  - compliance with fund gender policies (e.g., GCF gender assessment)
- Project readiness
  - feasibility studies, stakeholder consultations, safeguards
- Institutional capacity
  - accredited entities or partnerships
- Alignment with national priorities
  - Nationally Determined Contributions (NDCs), national adaptation plans (NAPs), health national adaptation plans (HNAPs), gender action plans (GAPs), Sustainable Development Goals (SDGs)

In addition to the above requirements, some key considerations need to be addressed in order to access climate finance.

- Demonstrating a clear climate rationale linked to differentiated vulnerabilities and risks.
- Aligning with national priorities, including NDCs, NAPs and sectoral strategies.
- Integrating gender and health into project design, results frameworks and implementation arrangements.
- Providing evidence of stakeholder engagement, including gender and health actors.
- Articulating clear impact pathways and co-benefits, including health and social outcomes.

Table 2.4. Examples of key data needs

Data category	Key data needs
Climate data	Temperature trends, rainfall variability and extreme events
Health data	Disease surveillance (vector-borne, water-borne and heat-related illnesses); mortality and morbidity trends
Sex-disaggregated data	Health outcomes by sex, age and socioeconomic status; access to services and resources
Protection data	Increase of gender-based violence in climate hot spot areas
Socioeconomic data	Livelihoods, poverty levels, education and vulnerability indices

2.5 Data, evidence and technical inputs

Data and evidence play a critical role in strengthening the design and credibility of climate finance proposals. Robust data enables the identification of differentiated risks, supports the development of targeted interventions and strengthens the justification for investment.

Integrating gender and health into climate finance requires the use of disaggregated data. Data should be disaggregated, where relevant and feasible, by sex, age, disability, income, geographic location and other context-specific characteristics. Where data gaps exist, projects should include adequately resourced measures to strengthen baseline data and monitoring systems. This supports a more accurate understanding of vulnerabilities, exposure and adaptive capacity across population groups.

Technical inputs may include gender analysis, health risk assessments, vulnerability assessments and climate data. Where data gaps exist, proposals should clearly acknowledge these limitations and outline approaches to address them through project design and implementation.

Strengthening data systems and evidence-based approaches using integrated climate, health and gender data enhances transparency, accountability and the overall effectiveness of climate finance investments. Table 2.4 presents examples of key data needs.

In light of the data needs above, it is essential for climate project developers to obtain data from the relevant statistics office as well as sector/line ministries, agencies, academia and other key institutions that store relevant data.

3. Developing Gender-Responsive and Health-Informed Climate Finance Proposals

Learning objective

By the end of this chapter, participants will be able to design, structure and develop gender–climate–health finance concept notes and proposals that meet donor requirements and demonstrate strong investment readiness and impact.

Facilitator notes

- Time allocation: 90 minutes
- Group size: 5–7 participants
- Materials needed: proposal templates, guidelines, budget sheets

3.1 Concept note development

Access to finance is a critical enabler for the successful implementation of sustainable and transformative projects that drive climate action in small island developing states and vulnerable countries. Developing a strong project concept note is a key step in this process, as it lays the foundation for articulating the project's climate rationale, expected impacts and alignment with funding priorities (ICLEI Africa, 2023).

Funders are more likely to consider an application favourably if it has the following qualities.

- Offers a well-conceptualised, do-able project within the available time, funding and skillset.
- Is written in a way that is consistent, coherent and concise, demonstrating the organisation's competency.
- Puts forward a proposal that is tailored to the audience, meaning that it:
  - is technical without being inaccessible
  - is innovative
  - solves a specified problem.

Funding concept note: A concept note is a precursor to a funding proposal, and is usually kept to a few pages. It captures the central idea of your proposed programme or project and can be used to garner support from potential partners or funders ahead of the development of a full funding proposal.

Full funding proposal: A funding proposal is used to request funds by providing a compelling case for the proposed project. Some funding organisations will accept unsolicited proposals at any point during the year, and these are evaluated on a rolling basis. In the case of funds that do not accept rolling submissions, a call for proposals is usually published online a month or two before the submission deadline. This outlines the specific theme of the proposal, aligned to the mandate of the funder. The call is sometimes accompanied by a proposal template or may require an online application. It usually includes a deadline for application, and a list of documents that should be included.

3.1.1 Why develop a concept note?

A concept note is written in accessible language and frames and contextualises the societal needs to which the proposed project responds. To be very useful, it needs to include at least an estimate of how much it will cost to undertake the proposed project or programme of work.

A concept note bridges ideas and investment by clearly articulating a proposed project's impact potential, feasibility and alignment with the needs of the intended beneficiaries. Figure 3.1 presents examples of uses of a funding concept note.

Figure 3.1. Uses of a funding concept note



3.1.2 Integrating gender and health in concept notes

When developing a concept note, it is essential to ensure that key components integrate gender and health considerations. This includes the following.

- Identifying gender-differentiated and health-related vulnerabilities within the climate rationale.
- Ensuring inclusive stakeholder engagement, including gender and health actors.
- Designing interventions that address both resilience and health outcomes.
- Reflecting gender and health considerations in results frameworks and expected impacts.
- Gender-based violence mitigation measures in project design (for example, preventative infrastructure standards such as secure community spaces and gender-segregated sanitation facilities).
- Establishment of survivor-centred grievance and referral mechanisms, required code of conduct sign-offs.
- Mandatory gender-based violence/sexual exploitation, abuse and harassment awareness training for all project contractors and workers.

3.1.3 Developing a funding concept note

Developing a funding concept note requires the consideration of some important aspects, often included in the guidelines from the funders that are usually provided with the call for proposals. Table 3.1 lists some such aspects.

3.1.4 Steps in developing a concept note and improving bankability

The following steps need to be taken to ensure a well-drafted and fundable concept note.

1. **Idea:** Identification of a problem, opportunity or need that the project aims to address. Initial brainstorming and generation of ideas for potential solutions. Preliminary discussions to refine the project scope and objectives.
2. **Concept:** Developing a clear and detailed concept for the project. Defining the project's goals, scope, deliverables and stakeholders. Outlining the basic strategies and methods that will be used to achieve the project's objectives.
3. **Feasibility and impact analysis:** Conducting a thorough feasibility analysis to assess the practicality of the project. Evaluating technical, operational, financial and legal aspects to identify potential challenges. Performing an impact analysis to understand the project's potential effects on the environment, society and relevant industries.
4. **Funding structure:** Identifying and evaluating potential sources of funding for the project. Developing a comprehensive budget that outlines all the anticipated costs and expenses. Creating a funding strategy that may involve seeking investments, grants, loans or other financial arrangements.
5. **Implementation:** Putting the project plan into action based on the defined concept and funding structure. Managing and co-ordinating various tasks, resources and stakeholders. Monitoring progress, identifying and addressing issues, and making necessary adjustments. Ensuring that the project is completed within the specified timeline and budget.

A strong concept note moves from a well-defined problem to a feasible, finance-ready and impact-driven project, clearly demonstrating value to both beneficiaries and funders regardless of who is funding. For climate change, different funders may provide a template required for funding. However, cross-cutting issues need to be taken on board during the development process. These should include:

- alignment with national policies (NDCs, NAPs, sector strategies)
- integration of gender, health, youth and social inclusion
- use of robust data and evidence
- clear articulation of transformational impact and scalability.

Key reminder: Across each stage of concept note development, gender and health considerations should be integrated to ensure that project design reflects differentiated needs, enhances inclusivity, includes secure community spaces and strengthens the overall impact and bankability of the proposal.

3.2 Theory of change

A ToC is a strategic tool used to clearly articulate how and why a desired change is expected to occur through a set of interventions. It explains how a given intervention, or set of interventions, is expected to lead to specific development change, drawing on a causal analysis based on available evidence. It is a comprehensive description and illustration of how and why a desired change is expected to happen in a particular context.

A gender-responsive and health-informed ToC ensures that these pathways reflect differentiated risks, needs and outcomes across population groups. This includes identifying how proposed interventions address gender inequalities and climate-related health risks, and how these contribute to inclusive, equitable and sustainable climate outcomes.

Table 3.1. Considerations when developing concept notes

Information-gathering from funders	Gather information about the decision-making processes and criteria of the relevant funder. Understand what the funder prioritises and how they evaluate projects for funding.
Climate change impacts and vulnerabilities	Review and analyse the primary impacts of climate change relevant to the project's location. Identify vulnerabilities that the project must address to enhance resilience. Use information from local and national assessments to inform this analysis.
Alignment with development plans	Identify relevant local, national and regional development and environmental plans. Evaluate how the proposed project aligns with the objectives of these plans. Assess the project's contribution to fulfilling the broader development goals.
Clear project objectives and monitoring	Clearly state the project's objectives and outcomes. Describe the activities that will be undertaken to achieve those objectives. Outline a monitoring plan to track progress and measure success.
Institutional capacity and gap analysis	Justify the capacity of the implementing institution to carry out the proposed objectives. Highlight the skills, resources and expertise available for successful implementation. Identify any gaps in data, resources or capacity that need to be addressed.
Investment climate and governance	Emphasise stability and good governance in the project's investment climate. Highlight measures taken to ensure a favourable environment for both public and private funders. Consider seeking financial support from regional or national governments if your organisation's financial standing is not strong.

Source: ICLEI Africa (2023)

Box 3. Purpose of a theory of change

A ToC provides a structured and comprehensive framework that links inputs and activities to outputs, outcomes and long-term impact, while explicitly outlining the underlying assumptions and pathways of change. Among its objectives are the following:

- Help refine and enhance the coherence of a proposed project;
- Present information on what the project is designed to achieve;
- Provide a first step to facilitating effective monitoring and evaluation of the project's results.

Figure 3.2 presents a summarised purpose for a TOC.

Developing and writing a ToC can be a complex task, but using the right approach can simplify it. Box 3 presents some steps to guide you through the process.

3.3 Gender analysis and action plans

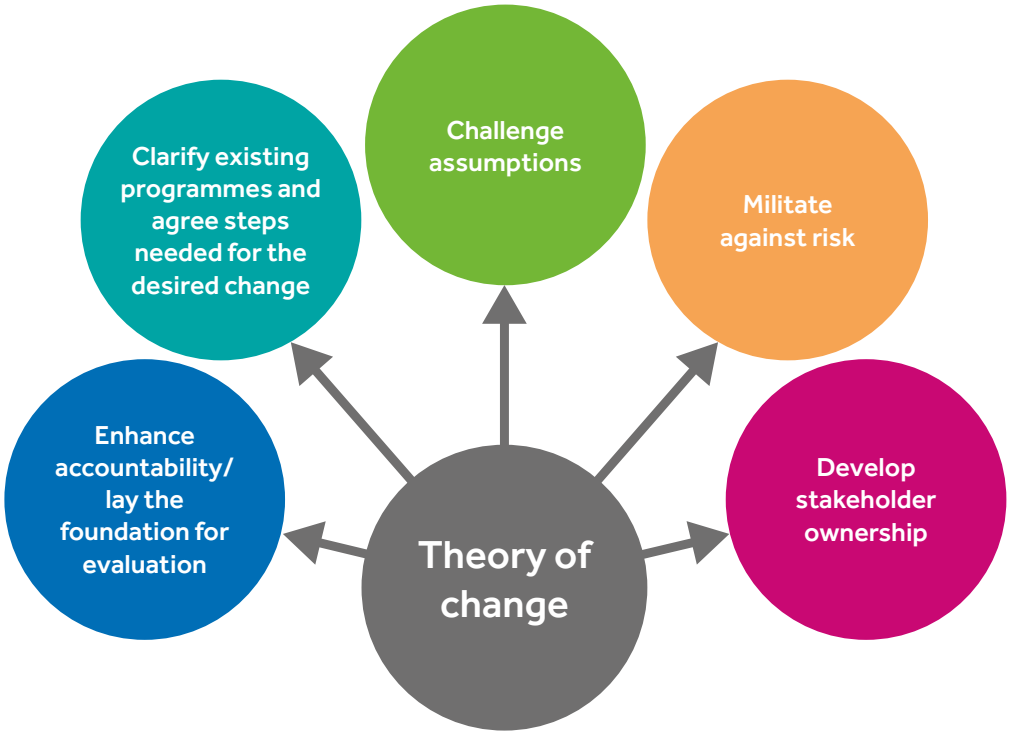
Gender analysis is a critical step in the development of gender-responsive climate finance proposals. It provides a systematic approach to understanding how climate risks, vulnerabilities and adaptive capacities differ across population groups, and how these differences influence access to resources, decision-making and benefits.

A gender analysis should be conducted at the early stages of project design to inform the identification of priorities, target groups and appropriate interventions. It helps ensure that proposed activities address existing inequalities and contribute to more inclusive and effective climate outcomes.

3.3.1 Key elements of a gender analysis

- Identifying gender-differentiated roles, responsibilities and exposure to climate risks.
- Assessing access to resources, services and decision-making processes.
- Assessing increased risks of gender-based violence for different climate change scenarios.

Figure 3.2. The purpose of a theory of change



Box 4. Six steps for developing a theory of change

Step 1: Start by defining the problem you want to solve

The first step in writing a ToC is to define the problem you want to solve. This involves identifying the issue that you want to address and understanding its causes and effects. You can use data, research and stakeholder consultation to gather information about the problem.

Step 2: Identify the outcomes you hope to achieve through your intervention

Once you have defined the problem, the next step is to identify the outcomes you hope to achieve through your intervention. Outcomes are the changes that you want to see because of your intervention. You should be clear about the outcomes you want to achieve, and they should be measurable and realistic.

Step 3: Develop a logic model that outlines the different components of your intervention, how they work together and how they contribute to achieving your desired outcomes

A logic model is a visual representation of your ToC. It outlines the different components of your intervention, how they are related and how they contribute to achieving your desired outcomes. Your logic model should be clear and concise, and it should be based on evidence and research.

Step 4: Determine the assumptions that underpin your intervention and identify the risks that may impede your progress

Assumptions are the beliefs and values that underpin your intervention. It is important to identify your assumptions and to test them to ensure that they are valid. You should also identify the risks that may impede your progress and develop strategies to mitigate those risks.

Step 5: Develop indicators that will allow you to track progress towards your desired outcomes

Indicators are the measures that you use to track progress towards your desired outcomes. They should be specific, measurable and relevant to your intervention. You should also ensure that you have the necessary data collection tools and systems in place to collect the data you need.

Step 6: Develop an evaluation plan that outlines how you will measure progress towards your desired outcomes and how you will use that information to improve your intervention

An evaluation plan is a plan for how you will measure progress towards your desired outcomes and how you will use that information to improve your intervention. Your evaluation plan should be based on your indicators, and it should be clear and comprehensive. It should also be aligned with your overall monitoring and evaluation plan.

A completed example of a ToC can be found in Annex 7.

- Understanding barriers to participation and inclusion.
- Analysing the potential impacts of proposed interventions on different groups.

The findings from gender analysis should directly inform the development of GAPs within climate finance proposals.

3.3.2 Gender action plans

GAPs translate the findings of gender analysis into concrete actions, ensuring that gender considerations are systematically integrated throughout project implementation.

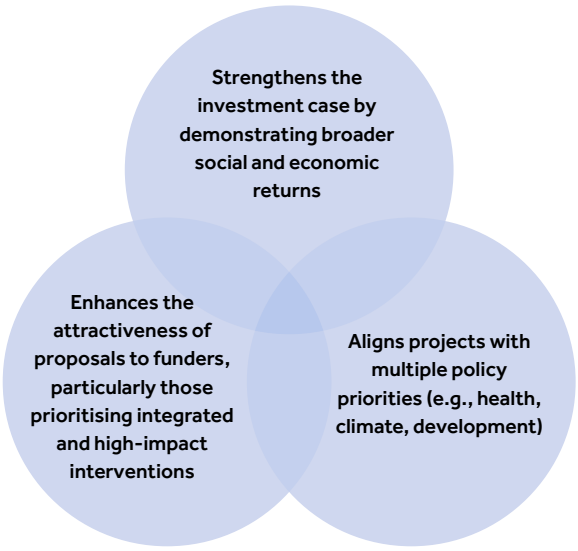
A GAP typically includes:

- specific activities to address identified gender gaps, increased risks of gender-based violence, and inequalities
- targets and indicators to track progress and outcomes

- roles and responsibilities for implementation
- budget allocations to support gender-responsive activities.

GAPs should be aligned with the overall project design, results framework and monitoring systems, ensuring accountability and measurable impact.

Figure 3.3. The relevance of co-benefits in climate finance



3.4 Understanding health co-benefits integration in climate finance

The World Health Organization (WHO) has highlighted the health risks associated with climate change, underscoring the critical need for stronger integration of health within climate policy and global climate discourse. Some of the significant health co-benefits of mitigation actions include reductions in air pollution-related diseases, decreased impacts from extreme temperatures and the promotion of healthier lifestyles (Taseska-Gjorgievska et al., 2024).

In the context of climate finance, co-benefits refer to the additional positive outcomes that arise from climate mitigation and adaptation investments beyond their primary objectives. They are the broader social, environmental, economic and development gains from climate actions such as cleaner air, women's empowerment, improved livelihoods and job creation (Lou et al., 2022).

While climate interventions are often designed to reduce greenhouse gas emissions or enhance resilience, they can also generate significant health gains (Ayyoob et al., 2021). Health–climate co-benefits outcomes beyond the initial investment are best achieved by shifting from siloed financing to integrated, intersectoral or co-financing approaches (Borghi et al., 2024). In climate finance, projects expected to deliver strong co-benefits tend to attract higher value. Evidence shows that projects with the highest potential co-benefits received 30.4 per cent higher funding than projects with the lowest co-benefits (Lou et al., 2022).

Health co-benefits are therefore understood as indirect or secondary health advantages that result from climate actions but are not the primary outcomes originally targeted. For example, transitioning to clean energy reduces emissions, but also improves air quality, leading to reductions in respiratory and cardiovascular diseases. Similarly, sustainable transport systems can promote physical activity and reduce the prevalence of non-communicable diseases.

Recognising and explicitly articulating these co-benefits is critical in climate finance for several reasons, as Figure 3.3 shows.

In developing concept notes and funding proposals, it is thus important to:

- identify and quantify the potential health co-benefits of proposed interventions
- integrate these benefits into the ToC and results framework
- use co-benefits to support cost-effectiveness and value-for-money arguments.

Integrating gender and health co-benefits into climate finance is not an add-on; it is a strategic approach that enhances project impact, improves funding competitiveness and supports more holistic and sustainable development outcomes. Table 3.2 presents a summary of the health and gender co-benefits from climate actions.

Table 3.2. Examples of health and gender co-benefits from climate action

Climate action	Health and gender co-benefits	Measurable indicators
Increasing sustainability of food systems	• Improves nutrition and food security • Reduces obesity, heart disease and cancers • Supports women farmers' livelihoods and enhances household nutrition outcomes	• Percentage of households with improved food security • Prevalence of malnutrition, stunting, wasting or micronutrient deficiency (e.g. anaemia) • Percentage of women farmers accessing climate-smart agriculture support • Number of farmers trained in sustainable food production, disaggregated by sex • Proportion of industries adopting environmentally friendly production systems
Reducing air pollutants from greenhouse gas emissions	• Lowers risk of stroke, heart disease, lung cancer and respiratory illnesses • Benefits women and children disproportionately affected by poor air quality	• Reduction in PM2.5 and PM10 levels • Number of air pollution-related respiratory cases reported • Number of hospital admissions for asthma, chronic obstructive pulmonary disease or cardiovascular disease • Percentage of population exposed to air pollution above national or WHO guideline levels
Promoting active transport (walking, cycling)	• Increases physical activity • Reduces risks of non-communicable diseases and air pollution-related diseases • Enhances mobility and safety for women and reduces transport inequities	• Percentage of population using walking or cycling as a regular mode of transport • Percentage of women and girls reporting improved safe mobility • Prevalence of physical inactivity among adults and adolescents • Number of road traffic injuries involving pedestrians and cyclists, disaggregated by sex and age
Reducing household energy emissions (clean cooking)	• Cuts exposure to indoor air pollution • Reduces respiratory infections, heart disease and premature deaths • Significantly benefits women and children by reducing caregiving burden and exposure risks	• Percentage of households using clean cooking technologies or fuels • Reduction in household PM2.5 exposure levels • Number of women and children benefiting from clean cooking solutions • Reduction in reported acute respiratory infections among children under five • Reduction in household use of biomass, charcoal or kerosene

Climate action	Health and gender co-benefits	Measurable indicators
Investing in low-carbon electricity generation	• Reduces air pollution and related cardiopulmonary diseases and deaths • Improves access to reliable energy for health services, benefiting maternal and child health	• Percentage of electricity generated from renewable or low-carbon sources • Number of health facilities connected to reliable clean energy • Number of health facilities with functional solar or backup power systems • Number of maternal and child health services supported by reliable electricity • Reduction in service interruptions owing to power outages
Investing in reproductive health and gender-based violence services	• Reduces maternal and child mortality ensures continuity of sexual and reproductive health and rights and essential gender-based violence services during climate crises • Supports women's health, safety and autonomy • Supports bodily autonomy, gender equality and gender-based violence prevention and response, and leverages demographic intelligence in climate action while addressing climate-related factors that can increase risks of gender-based violence	• Contraceptive prevalence rate • Maternal mortality ratio • Adolescent birth rate • Percentage of births attended by skilled health personnel • Percentage of women and girls accessing reproductive health and gender-based-violence-related health services • Percentage of health facilities providing essential gender-based violence services, including clinical management of rape and referral • Percentage of climate-affected health facilities maintaining functional gender-based violence referral pathways and essential services during and following climate-related shocks • Number of health workers trained in climate-resilient reproductive, maternal and child health services and health-related gender-based violence response services

Sources: WHO (2014); UNFPA (2025)

3.5 Integrating social inclusion into climate proposals

Integrating social inclusion into climate finance proposals strengthens the relevance, equity and impact of climate investments. Climate risks affect different population groups in diverse ways, and inclusive approaches are essential to ensure that interventions respond to the needs of those most affected.

In practice, integration requires identifying and addressing barriers to participation, access to resources and decision-making across different groups, including youth, women, persons with disabilities and other marginalised populations.

3.5.1 Key considerations for inclusive project design

- **Inclusive problem identification:** Assess how climate risks affect different groups, including marginalised populations, and identify health-related risks and outcomes.
- **Stakeholder engagement:** Ensure meaningful participation of community groups and relevant sector actors, including health stakeholders, in project design and implementation.
- **Project design:** Develop interventions that address differentiated needs and enhance equitable access to project benefits, including improved health and well-being.
- **Capacity-strengthening:** Support the participation and leadership of marginalised groups in climate action processes.
- **Results and indicators:** Reflect inclusion and health outcomes in project results frameworks, ensuring that benefits are measurable across different population groups.
- **Institutional arrangements:** Strengthen co-ordination across sectors, including health, gender, youth and social inclusion actors, to support effective implementation.
- **Strengthening youth integration:** emphasising adolescent sexual and reproductive health, youth leadership in climate adaptation and targeted sexual and reproductive health and rights/gender-based violence services for young people in crisis settings.

Integrating social inclusion enhances the transformative potential of climate finance by helping ensure that no one is left behind in climate action.

3.5.2 Disability inclusion in climate–health project design

An estimated 1.3 billion people, approximately 16 per cent of the global population, experience significant disability. Persons with disabilities are not a homogeneous group, and disability is shaped by the interaction between impairments and attitudinal, environmental, institutional, communication and financial barriers. In climate-health programming, disability analysis should therefore identify differentiated exposure, sensitivity and adaptive capacity, and translate the findings into specific design measures, budgets, indicators and accountability arrangements. Disability inclusion is not only a safeguard requirement: it improves the relevance, effectiveness, equity and bankability of climate finance investments (WHO, 2023; CIF, 2024).

Understanding disability in the climate–health context

The Convention on the Rights of Persons with Disabilities understands disability as arising from the interaction between persons with impairments and attitudinal and environmental barriers that hinder full and effective participation. Disability is diverse and may include physical or mobility, sensory, intellectual, cognitive, psychosocial and multiple disabilities, as well as chronic conditions that create functional limitations.

Climate change can intensify this interaction. For example, a person with a mobility impairment may face increased flood-related health risks not only because of limited mobility, but also because evacuation transport, shelters, health facilities and sanitation services are inaccessible. Similarly, a person with a hearing, visual, intellectual or psychosocial disability may not receive, understand or be able to act on conventional early warning messages.

Figure 3.4. The exposure–sensitivity–adaptive capacity framework

Exposure	Sensitivity	Adaptive capacity
Where do persons with disabilities live, work, study or receive care? Are they disproportionately located in heat-prone, flood-prone, polluted, remote or poorly serviced areas? Are they unable to relocate or evacuate because transport, housing and shelters are inaccessible?	Do health conditions, impaired thermoregulation, respiratory or cardiovascular disease, diabetes, psychosocial conditions, medication use, age, pregnancy or dependence on assistive devices increase the likelihood or severity of climate-related illness or injury?	Can people receive and understand warnings; reach health services, cooling centres, shelters and water points; afford adaptation measures; maintain medication and assistive technology; access electricity and refrigeration; and participate in decisions that affect them?

Applying the exposure–sensitivity–adaptive capacity framework

A disability-inclusive climate–health vulnerability analysis should examine the following three interacting dimensions: exposure, sensitivity and adaptive capacity, as illustrated in Figure 3.4.

Climate change impacts should be assessed with due consideration to disability-related risks and barriers, which should be included when developing concept notes and proposals. An example of climate variations and impacts analysed using a disability lens is provided in Table 3.3.

Persons with disabilities are not a homogeneous group. Climate change project analysis should therefore consider physical and mobility, sensory, intellectual, cognitive, psychosocial and multiple disabilities, as well as chronic conditions that create functional limitations (Kim et al., 2026).

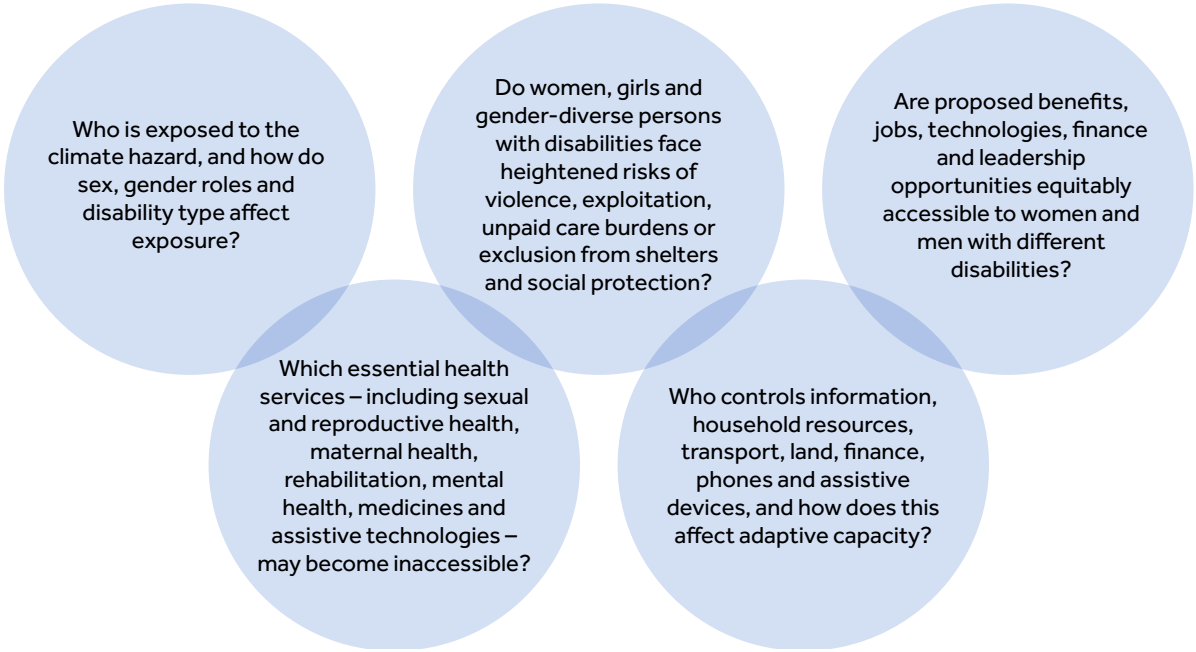
Gender, disability and health: applying an intersectional lens

Gender and disability interact with age, poverty, location, ethnicity, displacement and other factors to shape climate-related health risks. Women and girls with disabilities may face compounded barriers to health information and services for HIV prevention, sexual and reproductive health services, gender-based violence, harmful practices, maternal care, protection services, livelihoods and decision-making. During floods, droughts, heatwaves and displacement, these barriers can increase exposure to gender-based violence, neglect, exploitation, interrupted medication, inaccessible WASH facilities and loss of personal assistance. Men and boys with disabilities may also face harmful expectations around independence, income generation and risk-taking that reduce help-seeking and increase mental health risks. Analysis should therefore

Table 3.3. Example of an analysis of climate impacts using a disability lens

Climate-health pathway	Disability-related risks and barriers	Illustrative design response
Extreme heat	Impaired thermoregulation; medication effects; inaccessible cooling; unaffordable electricity; poor indoor ventilation; disrupted personal assistance	Accessible warnings and cooling spaces; heat–health protocols; home outreach; affordable cooling; backup energy; continuity plans for medicines and carers
Floods, storms and displacement	Inaccessible evacuation, shelters and sanitation; loss or damage to assistive devices; separation from caregivers; interrupted rehabilitation and medicines	Accessible transport and shelters; registries with consent and data protection; replacement of assistive devices; continuity of care; accessible WASH and protection services
Drought, food and water insecurity	Difficulty reaching water points; specific dietary needs; additional caregiving burden; loss of disability-related income or livelihoods	Accessible water systems; targeted social protection; food and nutrition support; livelihood recovery and inclusive climate-resilient employment
Power and health service disruption	Life-threatening interruption of ventilators, mobility equipment, communications, refrigeration and essential medicines	Reliable renewable and backup power; priority restoration protocols; household and facility energy needs mapping; affordable energy access
Disease outbreaks and air pollution	Higher susceptibility among people with chronic respiratory, cardiovascular or immune conditions; inaccessible public health messages and services	Accessible surveillance and communication; outreach and home-based services; inclusive vaccination and treatment pathways; continuity of routine care
Mental health and psychosocial impacts	Disruption of routines and support networks; heightened anxiety, disorientation or trauma; inaccessible psychosocial support	Accessible mental health and psychosocial support; caregiver continuity; staff training; communication adapted for cognitive and psychosocial needs

Figure 3.5. Gender disability and health questions for inclusion



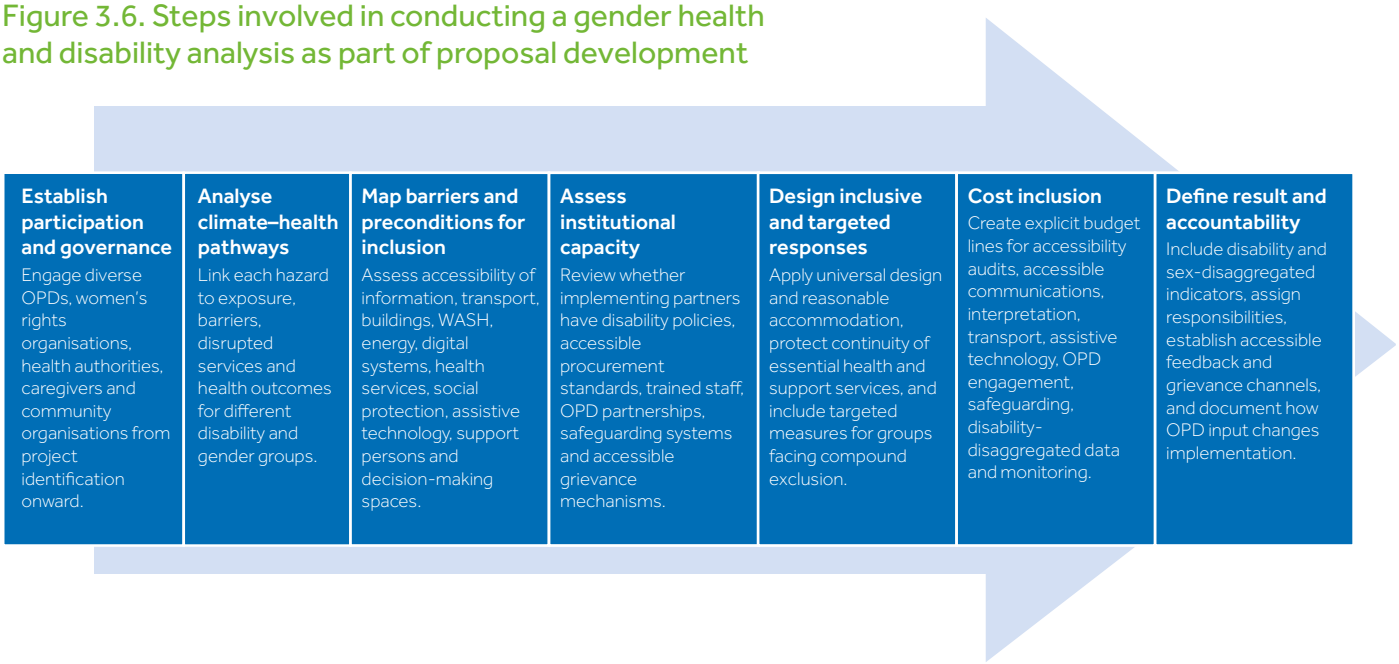
avoid treating either women or persons with disabilities as uniform categories. Furthermore, there is increased risk and vulnerabilities to HIV for persons with disabilities due to climate-induced economic pressures and engagement in negative coping strategies.

When considering gender disability and health, the questions shown in Figure 3.5 should be taken into consideration.

Table 3.4: Core design principles for a disability-integrated health project

Principle	Application in climate–health proposals
Rights-based approach	Treat persons with disabilities as rights-holders, partners and experts, not only as beneficiaries or a category of vulnerability.
Twin-track approach	Mainstream disability across all project components while also financing targeted measures that address specific barriers or support requirements.
Meaningful participation	Engage organisations for persons with disabilities (OPDs) early and throughout preparation, implementation and monitoring; document how their input changed the project.
Universal design	Design infrastructure, products, programmes, information and services to be usable by all people to the greatest extent possible.
Reasonable accommodation	Provide necessary and appropriate adjustments such as accessible transport, sign language interpretation, assistive technology or adapted materials.
Do no harm and equitable benefit	Assess both adverse impacts and barriers to project benefits, employment, finance, technologies and services.
Intersectionality	Analyse how disability interacts with gender, age, poverty, location and other factors to shape exposure, sensitivity and adaptive capacity.
Accountability and learning	Set responsibilities, budgets, indicators, feedback mechanisms and adaptive management processes for disability inclusion.

Figure 3.6. Steps involved in conducting a gender health and disability analysis as part of proposal development



Why disability inclusion matters for climate finance

Development finance institutions increasingly expect analysis disaggregated by disability, meaningful stakeholder engagement, environmental and social risk management and measurable inclusion outcomes. Table 3.4 gives an example of some of the core design principles for a health project that has disability integrated.

A checklist is provided in Annex 5 to assist in ensuring that concept notes and proposals have included disability in the drafting process.

Figure 3.6 presents steps to follow to carry out a practical disability, gender and health analysis as part of the proposal development process.

3.6 Budgeting, costing and financing

Budgeting and financing are critical components of climate finance proposals, ensuring that planned activities are adequately resourced and aligned with project objectives. Integrating gender and health considerations into budgeting strengthens the credibility and effectiveness of proposals by demonstrating a clear commitment to inclusive and equitable outcomes.

Gender-responsive budgeting should extend beyond allocating funds to specific activities. Projects should use budget tagging and expenditure tracking to assess whether allocated resources are released, spent and translated into measurable gender, health, youth and social inclusion outcomes.

In practice, gender-responsive and health-informed budgeting requires the following.

- Allocating resources to activities that address gender-differentiated needs and health-related risks.
- Ensuring that budgets reflect inclusive stakeholder engagement processes, including consultations with women, youth and marginalised groups.
- Providing adequate resources for capacity-building, awareness-raising and community engagement.
- Integrating costs related to monitoring, evaluation and reporting of gender and health outcomes.
- Aligning financial planning with funder requirements and investment priorities.

Transparent and well-justified budgeting enhances the overall quality and feasibility of climate finance proposals, increasing their likelihood of securing funding.

3.7 Building bankable proposals

Building bankable climate finance proposals requires developing projects that are technically sound, financially viable and aligned with funder priorities.

Table 3.5. Top reasons why climate–health proposals fail

Reason for failure	What reviewers often find weak	How to strengthen the proposal
Weak climate rationale	The proposal describes a health or development problem but does not clearly prove how climate change is increasing the risk.	Use climate data, health surveillance data, vulnerability assessments, projections and peer-reviewed evidence to show the climate–health link.
Limited additionality	The proposal looks like a routine health system strengthening project rather than a climate adaptation project.	Explain what the project does differently because of climate change and why climate finance is needed beyond normal development funding.
Poor ToC	Activities, outputs, outcomes and impacts are not logically connected.	Develop a clear results chain showing how activities reduce climate-related health vulnerability and increase resilience.
Vague or unmeasurable indicators	Indicators are too broad, not time-bound, not disaggregated or not linked to fund-level results.	Use SMART indicators with baselines, targets, data sources, frequency, responsible institutions and sex/age/vulnerability disaggregation.
Weak evidence of vulnerability and beneficiary targeting	The proposal does not clearly identify who is most at risk or why selected locations and groups were prioritised.	Include vulnerability mapping, gender analysis, poverty data, exposure data and justification for geographic and beneficiary selection.
Insufficient GESI analysis	Women, children, persons with disabilities, older persons, migrants or marginalised groups are mentioned but not meaningfully integrated.	Conduct a GESI analysis and translate findings into activities, budget lines, indicators and accountability mechanisms.
Weak environmental and social safeguards	Risks are not identified, mitigation measures are generic or safeguard responsibilities are unclear.	Screen environmental and social risks early and include risk mitigation measures, grievance mechanisms, monitoring arrangements and responsible actors.
Poor cost-effectiveness and budget justification	Costs are not clearly linked to outputs, alternatives are not compared or value for money is not demonstrated.	Provide a clear budget narrative, compare options, justify technology choices and show how the intervention delivers health, climate and social co-benefits.
Limited institutional capacity and implementation readiness	Roles are unclear, co-ordination mechanisms are weak and executing entities may not have proven capacity.	Define implementation arrangements, governance structures, partner roles, procurement capacity, technical expertise and capacity-building needs.
Weak sustainability and exit strategy	The proposal does not explain how results will continue after project funding ends.	Show how interventions will be integrated into national systems, budgets, policies, workforce capacity, maintenance plans and long-term financing pathways.

Proposals must clearly demonstrate impact, feasibility and scalability, while addressing climate risks and delivering measurable outcomes.

Key elements of bankable proposals include the following.

- **Clear climate rationale:** Strong evidence of climate risks, vulnerabilities and the need for intervention.
- **Alignment with national and global priorities:** Consistency with NDCs, NAPs, HNAPs and sectoral strategies.
- **Integration of cross-cutting issues:** Inclusion of gender, health, youth and social considerations throughout project design.
- **A robust ToC:** Clearly defined pathways linking activities to outcomes and long-term impact.
- **Feasibility and implementation capacity:** Evidence of institutional capacity and clear implementation arrangements.
- **Financial soundness:** Realistic budgets, co-financing strategies and value for money.
- **Monitoring and evaluation:** Measurable indicators and systems to track progress and impact.

Integrating gender and health considerations enhances the bankability of proposals by strengthening their relevance, inclusivity and alignment with funding requirements, particularly under climate finance mechanisms such as the GCF and the AF.

Climate–health proposals often fail not because the health problem is unimportant, but because the proposal does not clearly demonstrate why the problem is climate-driven; why the proposed intervention is the best adaptation response; and how results will be measured, sustained and financed and how gender has been integrated therein. Table 3.5 summarises the most common reasons for failure and provides potential remedies.

Good proposals need to ensure adequate integration of gender and well-elaborated health outcomes and benefits, as well as risks. The checklist for proposals before submission provided in Annex 8 can be used to review bankability before submitting a gender–climate–health concept note or proposal to climate funders.

3.8 Operational workflow for climate finance proposal development

Proposal development should be managed as a sequence of evidence and decision gates on gender and health. The following steps are a potential starting point.

3.8.1 Step 1: Conduct a rapid proposal triage

Before committing substantial proposal development resources, complete a rapid triage. A concept should normally proceed only where the following questions can be answered positively or where there is a credible plan to close the gap.

- ✓ Is there a clearly defined climate hazard, exposure pathway and development/health impact?
- ✓ Is the proposed intervention additional to business-as-usual development or health programming?
- ✓ Is the priority anchored in national policy (e.g. NDCs, NAP, HNAP, health strategy or sector plan)?
- ✓ Is there a legitimate country owner and a workable route through the relevant national designated authority/focal point and implementing/accredited entity?
- ✓ Can affected groups – including women, youth and persons with disabilities – influence the design?
- ✓ Is there enough data to establish a baseline, or can missing evidence be generated during preparation?
- ✓ Is the intervention technically feasible and capable of producing measurable climate results?
- ✓ Is there a plausible financing instrument and scale for the proposed activities?
- ✓ Are major environmental, social, gender, health or fiduciary risks identifiable and manageable?

3.8.2 Step 2: Match the project to the financing window

The proposal should be matched with the financing window with regard to eligibility, access modality, project scale, financial instrument, preparation requirements, investment criteria, safeguards, gender requirements, results framework and approval timelines. Table 3.6 provides an example of key points in this regard.

3.8.3 Step 3: Build an evidence chain for the climate rationale

A common weakness in gender–climate–health proposals is a strong description of the problem without sufficient evidence that climate change is materially increasing the risk.

Advisers should structure the climate rationale as an evidence chain, as demonstrated in Figure 3.7.

Table 3.6. Matching gender and health proposals to funding needs

Financing route	Best suited to	Check and verify	Typical preparation needs	Gender/health entry point
GCF	Transformational adaptation/ mitigation investments and programmes	Country ownership; six investment criteria; access through accredited entity; instrument and co-finance logic	Climate rationale; feasibility; economic/ financial analysis; environmental and social safeguards; gender assessment/ GAP; results framework	Integrate gender/ health in problem, beneficiaries, components, indicators, budget and co-benefits
Adaptation Fund (AF)	Concrete adaptation actions, including national and regional projects	National alignment; implementing entity route; adaptation additionality; stakeholder consultation	Concept/full proposal; climate rationale; cost-effectiveness; environmental and social safeguards and gender analysis; results alignment	Demonstrate benefits for vulnerable groups and equitable participation
GEF/Least Developed Countries Fund/Special Climate Change Fund	Enabling and adaptation/ sector investments depending on window	Window eligibility; country endorsement; agency partnership	Project identification/ formulation documents; environmental and social safeguards; gender and stakeholder engagement	Link environmental and resilience benefits with health and gender outcomes
MDB/ bilateral/ blended finance	Larger infrastructure, policy reform and investment programmes	Debt/grant mix; route; procurement; fiscal space; co-finance	Feasibility, environmental and social safeguards, financial/ economic analysis, procurement and implementation capacity	Cost and monitor health, gender and social co-benefits; protect affordability and access

Figure 3.7. Evidence chain on the contribution of climate change to risk in a gender–climate–health project



3.8.4 Step 4: Secure country ownership and institutional roles

Establish an agreed governance pathway before drafting is advanced. Roles should be defined for all stakeholders, including the ministry of finance/ national designated authority or climate focal point, sector ministries, implementing/accredited entities, subnational authorities, civil society, health actors, OPDs, women and youth organisations, and technical partners. Meeting records should document decisions, unresolved issues and how stakeholder input has changed the design.

3.8.5 Step 5: Assemble the project preparation evidence package

The following package should be planned from the outset, with responsibility and timing assigned for each item.

- Climate rationale and vulnerability evidence, including sex-, age- and disability-disaggregated information where feasible.
- Gender analysis, GAP and disability/social inclusion measures.
- Stakeholder engagement plan and documented consultations.
- Feasibility/technical studies and options analysis.

Table 3.7. The three-gate approach to quality assurance

Gate	When	Questions	Required decision
Concept viability	After initial scoping	• Climate rationale • Country ownership • Fund fit • Additionality • Preliminary inclusion	Proceed/redesign/stop
Investment readiness	Before full proposal drafting	• Evidence package • Feasibility • Safeguards • Costing • Delivery capacity • Results	Close preparation gaps before final drafting
Submission quality assurance	Before endorsement/ submission	• Internal consistency • Fund template • Annexes • Budgets/indicators aligned approvals	Submit only when all critical issues are resolved

- Environmental and social risk screening and required safeguard instruments.
- Economic and financial analysis, including avoided losses, health co-benefits and lifecycle/recurrent costs where relevant.
- Detailed budget, financing plan, co-financing evidence, and operations and maintenance arrangements.
- ToC, results framework, baselines, targets and data sources.
- Implementation, procurement, governance, fiduciary and risk management arrangements.
- Knowledge, learning, scale-up and sustainability strategy.

3.8.6 Step 6: Apply quality assurance gates

A key aspect of successful gender and climate health proposals lies in ensuring quality through the process. A three-gate approach can be used to review the concept note/proposals submission, as shown in Table 3.7.

4. Monitoring, Evaluation and Learning

Learning objective

By the end of this module, participants will be able to apply gender- and health-sensitive indicators; design simple participatory monitoring, evaluation and learning (MEL) frameworks; and use findings to strengthen reporting and improve future climate–health interventions.

Facilitator notes

- Time allocation: 60 minutes
- Group size: 4–6 participants
- Start with a quick discussion of indicators participants already use (5 minutes) and show examples of gender–climate–health indicators
- In small groups (4–6 people), draft a simple MEL framework for a sample project using a provided template
- Allow brief group presentations and feedback (10–15 minutes) to consolidate

4.1 Gender-responsive and health indicators

These indicators are essential for tracking the extent to which climate finance interventions address gender inequalities and climate-related health risks and deliver inclusive and equitable outcomes. They enable the measurement of participation, access to resources, decision-making and benefits across different population groups, as well as health-related outcomes.

Gender-responsive and health indicators should be integrated within the project results framework and aligned with overall project objectives, ensuring that gender and health considerations are reflected in outputs, outcomes and impacts.

4.1.1 Key principles for developing gender-responsive and health indicators

- **Disaggregation:** Data should be disaggregated by sex, age and other relevant socioeconomic factors where possible.
- **Relevance:** Indicators should reflect identified gender gaps and health risks from the gender analysis and sector assessments.
- **Measurability:** Indicators should be clear, specific and feasible to monitor within the project timeframe.
- **Inclusivity:** Indicators should capture participation, access and benefits across diverse population groups, including those most vulnerable to climate and health risks.

4.1.2 Examples of gender-responsive indicators

1. Number and percentage of women and men participating in project activities
2. Proportion of women and vulnerable groups benefiting from climate-resilient services or technologies
3. Number of women in leadership or decision-making roles within project structures
4. Changes in time use related to climate-resilient interventions (for example, reduced time spent collecting water)
5. Level of participation of women and marginalised groups in stakeholder consultations
6. Number of workers trained on codes of conduct; or, functionality of confidential reporting channels; or, percentage of targeted communities with access to a functional gender-based violence referral pathway; or, percentage of climate-vulnerable health facilities with plans to maintain essential sexual and reproductive health and rights and gender-based violence services during climate-related shocks.

4.1.3 Health indicators

The WHO has developed a comprehensive mapping of climate change and health indicators to support countries in assessing vulnerabilities, adaptation needs and system capacities. These indicators are designed to guide countries in implementing targeted actions to address climate-related health risks and to monitor and measure the climate resilience of health systems. The framework organises the indicators into key thematic areas (WHO, 2025):

- hazards
- exposures and exposure pathways
- vulnerabilities
- climate-sensitive health outcomes and impacts on health systems and health facilities
- hazards and health outcomes linked to future climate change and associated health risks
- enabling factors.

Additional health indicators can be drawn from WHO guidance (see WHO 2025) and adapted to the project context. Annex 6 provides an illustrative MEL framework for gender, climate and health interventions.

4.2 Integration into monitoring and reporting

The World Health Assembly in its 2024 Climate Change Resolution (WHA77.14) resolves to ensure that there is integration of climate data into existing monitoring, early warning, surveillance and data collection systems. This relates to data disaggregated by sex, age, disability and any other relevant factor, where appropriate, to enable evidence-based decision-making and targeted interventions that respond to the impacts of climate change, including loss and damage, on health and health systems, as well as health sector impacts on the environment. An example of an MEL sample illustrating integration has been added as Annex 6.

Therefore, gender-responsive and health indicators should be incorporated into monitoring, evaluation and reporting systems to track progress and inform adaptive management. Regular collection and analysis of disaggregated and sector-specific data support evidence-based decision-making and enhance accountability for inclusive and health-responsive outcomes.

Results frameworks should combine quantitative indicators with qualitative measures of change, including changes in decision-making power, access to resources and services, leadership, safety, time use, institutional capacity and the equitable distribution of project benefits.

4.3 Learning and adaptive management

Learning and adaptive management are essential for ensuring that climate finance interventions remain responsive to evolving needs and contexts. They enable project teams to use evidence and experience to refine approaches, improve outcomes and address emerging challenges.

In the context of gender-responsive and health-informed climate finance, adaptive management involves continuously assessing whether interventions are effectively addressing differentiated risks, needs and outcomes, and adjusting project activities where necessary.

Key considerations include the following.

- **Use of data and feedback:** Regularly analyse disaggregated data and feedback from beneficiaries, including women, youth and vulnerable groups, as well as health-related data, to assess progress and identify gaps.
- **Responsive adjustments:** Adapt project activities and implementation approaches based on emerging evidence to enhance both gender equality and health outcomes.
- **Stakeholder engagement:** Maintain ongoing engagement with stakeholders, including gender, health and community actors, to inform learning and decision-making.
- **Knowledge-sharing:** Document and share lessons learned, including good practices and challenges related to gender and health integration, to inform future climate finance interventions.

Adaptive management strengthens accountability and supports continuous improvement, ensuring that climate finance investments deliver inclusive, equitable and health-responsive outcomes.

4.4 Evaluation tools

Evaluation tools should be designed to capture learning and application of gender-responsive and health-informed climate finance approaches, ensuring that participants are able to integrate these considerations into project design and implementation.

- **Pre-training assessment:** A short questionnaire to gauge baseline knowledge on gender, climate finance and health.
- **Post-training assessment:** A follow-up questionnaire to measure knowledge gained and confidence in applying tools.
- **Reflection questions:** What did you learn? What will you apply in your work? What challenges do you foresee?
- **Group feedback session:** Facilitated discussion to capture insights and suggestions for improvement.

4.5 Resources

4.5.1 Good practice case study: Namibia

Annex 1 presents a practical example of how gender and health considerations have been integrated into climate finance proposals in a Commonwealth country (Namibia). It highlights applied approaches, lessons learned and good practices that can inform future project design.

Technical support was provided to integrate gender and health considerations into a climate finance proposal in Namibia, aligned with the requirements of the GCF. The process included gender analysis, integration of climate-related health risks into the project design and engagement with relevant stakeholders.

Gender-responsive and health-informed measures were reflected in the results framework and implementation arrangements, strengthening alignment with GCF investment criteria and enhancing the proposal's overall quality and funding readiness.

4.5.2 Summary and links for tools

Gender-responsive climate finance tools and frameworks

a) Government of Canada Gender-Based Analysis Plus (GBA+) framework

GBA+ is an analytical framework developed by the Government of Canada to assess how diverse groups of women, men and gender-diverse people may experience policies, programmes and initiatives differently. The framework recognises that gender intersects with factors such as age, disability, ethnicity, income and geographic location, and helps strengthen inclusive and equitable climate finance, policy and project design.

https://women-gender-equality.canada.ca/en/gender-based-analysis-plus.html

b) GCF Gender Policy and Action Plan

The GCF Gender Policy and Action Plan provides guidance for integrating GESI issues across climate finance investments, programmes and projects. The framework supports climate finance practitioners and proposal developers to identify gender-differentiated climate risks, strengthen inclusive stakeholder engagement, develop gender-responsive activities and indicators, and enhance equitable access to climate finance benefits. It also promotes institutional accountability and alignment with international gender and climate commitments within GCF-funded initiatives.

https://www.greenclimate.fund/access-funding/sustainability-and-inclusion/gender

c) Gender-responsive budgeting (GRB) frameworks and tools

GRB is an approach that integrates gender considerations into planning, budgeting, resource allocation and expenditure tracking processes. It helps ensure that climate finance investments and public resources respond equitably to the needs and priorities of women, men, youth and vulnerable groups. GRB supports accountability, transparency and inclusive financing by strengthening alignment between policy commitments, budget allocations and measurable gender-responsive outcomes within climate and development programmes.

https://wrd.unwomen.org/practice/resources/gender-responsive-budgeting-tool-financing-gender-equality-commitments

Environmental and social safeguards

Environmental and social safeguards comprise the policies, standards and procedures used to identify, assess, avoid, minimise and mitigate the potential environmental and social risks and impacts of projects and programmes. Climate funds require proposals to address their applicable environmental and social safeguard requirements, although the specific screening, assessment, management and disclosure requirements vary by fund and project risk category.

Guidance on the environmental and social safeguard processes and requirements of the GCF, GEF and AF is available at the following links:

GCF (Simplified Approval Process)

www.greenclimate.fund/sites/default/files/document/guidelines-guidelines-environmental-and-social-screening-activities-proposed-under-simplified.pdf

GEF www.thegef.org/sites/default/files/documents/guidelines_gef_policy_environmental_social_safeguards.pdf

AF (update)

www.adaptation-fund.org/wp-content/uploads/2025/03/AFB.B.44.7-Update-to-the-Adaptation-Fund-Environmental-and-Social-Policy.pdf

Health assessment tools

a) Health vulnerability and adaptation assessments

Climate vulnerability and adaptation assessments are an essential tool for health policy and programmatic planning, as a first and crucial step in understanding the vulnerability of a country/sector. The objective is to assess which populations are most vulnerable to different kinds of health effects, to identify weaknesses in the systems that should protect them and to specify interventions to respond, more specifically to:

- identify climate-sensitive health risks
- identify gendered risks
- analyse exposure pathways and vulnerable populations
- assess health system capacity and gaps
- prioritise adaptation interventions
- include gender-based violence risk screening in vulnerability and adaptation assessments to identify physical and/or social danger zones, such as unsafe water collection routes, unlit or overcrowded evacuation shelters and informal settlements.

http://apps.who.int/iris/bitstream/10665/104200/1/9789241564687_eng.pdf

b) Health national adaptation plan

The HNAP sets out the health sector's approach to climate change adaptation and integrates the management of climate-related health risks into the overall NAP process. It covers risk assessment; the identification, prioritisation and implementation of adaptation options; and monitoring and evaluation.

https://iris.who.int/server/api/core/bitstreams/f4e24c92-1584-4603-9d73-c69e22be2371/content

c) WHO operational framework for building climate-resilient health systems

WHO's CRHS is the main tool for supporting countries as they develop comprehensive health adaptation plans. The CRHS provides practical guidance on how the sector and its operational basis – health systems – can systematically and effectively address the challenges increasingly presented by climate variability and change.

The objective of the CRHS is to guide health systems and public health programming to increase their capacity to protect health in an unstable and changing climate.

http://apps.who.int/iris/bitstream/10665/189951/1/9789241565073_eng.pdf

d) Health indicators

WHO has developed a range of guidance and tools to support countries in assessing vulnerabilities, adaptation needs and system capacities, and to guide the implementation of actions that address the health impacts of climate change.

https://iris.who.int/server/api/core/bitstreams/c43f58ed-88da-49fc-ac69-60827070bc09/content

e) Gender-based violence analysis

The vulnerability and adaptation assessment should examine how climate variability and change may influence the risk and health consequences of gender-based violence, taking into account underlying gender inequalities and intersecting social, economic, demographic and geographical determinants of vulnerability. The assessment should consider how climate-related hazards and their consequences (including extreme heat, drought, flooding, food and water insecurity, livelihood loss, population displacement and disruption of social and protection systems) may affect exposure to intimate partner violence, sexual violence, sexual exploitation, child marriage and other forms of gender-based violence. It should also assess the extent to which climate-related shocks and stresses may disrupt the availability, accessibility, acceptability, quality and continuity of essential health services for survivors, including clinical management of rape, sexual and reproductive health and rights services, mental health and psychosocial support, and referral pathways. Where data permits, findings should be disaggregated by sex, age and other relevant characteristics and should identify populations and geographical areas facing heightened vulnerability, as well as gaps in health-system preparedness and adaptive capacity to prevent and respond to the health consequences of gender-based violence under current and future climate conditions.

https://esaro.unfpa.org/sites/default/files/pub-pdf/2025-07/Gender_Climate_Manual_FINAL_WEB.pdf

f) Disability analysis

Disability inclusion is a core climate finance, health equity and human rights issue. Persons with disabilities can experience greater exposure to climate hazards, increased sensitivity because of underlying health conditions and lower adaptive capacity because services, infrastructure, information and decision-making processes are often inaccessible. Adapted from the CIF, a tool that can be used for such analysis is provided in the link below:

www.cif.org/knowledge-documents/disability-inclusion-climate-finance

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Annexes

Annex 1. Gender-responsive health project design case study: Namibia

Integrating gender and health in a GCF climate finance proposal in Namibia

Namibia's proposed GCF concept note with a total amount of US$15 million, **Building a Climate-Resilient Health System in Namibia**, provides a practical example of how gender and health can be integrated into climate finance proposal design. The proposal frames climate change as a direct threat to public health, linking droughts, floods, heat and rainfall variability to malaria, diarrhoeal diseases, cholera, malnutrition, respiratory conditions, heat-related illness and disruption of essential health services.

Gender integration is reflected through the identification of differentiated vulnerabilities among women, girls, children, rural communities, low-income households and women-headed households. The proposal recognises that women and girls face additional barriers to health care owing to distance, caregiving responsibilities and time poverty. It responds by including inclusive, gender-responsive and climate-resilient WASH systems, women and youth participation in community structures, and gender-sensitive communication on hygiene and climate-related health risks.

Health integration is reflected through climate-resilient health facilities, strengthened disease surveillance, early warning systems, climate-informed infection prevention and control, resilient cold chains, nutrition, maternal and child health services, and One Health antimicrobial resistance surveillance. The proposal also includes solar-powered systems and climate-resilient WASH infrastructure, creating both adaptation and mitigation co-benefits.

Overall, the Namibia case demonstrates that gender and health integration strengthens the climate rationale, improves the quality and equity of project design, and enhances alignment with GCF investment criteria. It also shows that gender-responsive and health-informed climate finance is most effective when reflected across the full project cycle: vulnerability assessment, ToC, activities, institutional arrangements, budgeting, monitoring and sustainability.

Key lessons learned:

- ✓ start gender analysis early
- ✓ integrate health and climate risks
- ✓ budget for sustained cross-sector co-ordination
- ✓ ground project design in data
- ✓ start stakeholder consultation early in the process.

Annex 2. Training evaluation

Skill Enhancement Self-Evaluation Form

Name (optional):		Age Group	18–29 >29	Sex:	M F
Organisation/ department/affiliation:		Role:			
Name of workshop attended:		Date of workshop:			

This form is intended for internal use within CCFAH. The data provided in this form will be treated with strict confidentiality and will be analysed purely towards improving on the programme's provision of skill enhancing activities.

PART A: PRE-WORKSHOP SURVEY

(To be completed before the workshop begins)

Please tick (☐) the appropriate box. For scale questions, tick only one option unless otherwise stated.

1. Current Knowledge Levels

1.1 How would you rate your current knowledge of the workshop topic?

0 (no knowledge)	1	2	3	4	5	7 (expert)

1.2 Based on the workshop topic, in which areas do you feel you need the most improvement?

☐ Technical knowledge of the workshop topic	☐ Environmental and climate sustainability integration	☐ Resource mobilisation/ financing approaches	☐ Governance, accountability and/or compliance standards	☐ Health considerations	☐ Gender and inclusion integration
☐ Strategic planning and alignment	☐ Stakeholder co-ordination and engagement	☐ Monitoring, evaluation or reporting	☐ Practical tools or methodologies	☐ Confidence in applying the knowledge gained	☐ None significantly

1.3 What do you hope to gain from this workshop?

PART B: POST-WORKSHOP SURVEY

(To be completed at the end of the workshop)

Please tick (☐) the appropriate box. For scale questions, tick only one option unless otherwise stated.

1. Overall Experience

Please rate your overall experience of the workshop in the following areas: (1 = Poor | 5 = Excellent):

		1	2	3	4	5
1.1	Relevance to your work:	☐	☐	☐	☐	☐
1.2	Quality of content:	☐	☐	☐	☐	☐
1.3	Quality of facilitation:	☐	☐	☐	☐	☐
1.4	Practical applicability:	☐	☐	☐	☐	☐

2. Skills and Competency Improvement

2.1 In which areas has this workshop improved your skills or competency? (Select all that apply)

☐ Technical knowledge of the workshop topic	☐ Environmental and climate sustainability integration	☐ Resource mobilisation/ financing approaches	☐ Governance, accountability and/or compliance standards	☐ Health considerations	☐ Gender and inclusion integration
☐ Strategic planning and alignment	☐ Stakeholder co-ordination and engagement	☐ Monitoring, evaluation or reporting	☐ Practical tools or methodologies	☐ Confidence in applying the knowledge gained	☐ None significantly

2.2 How would you now rate your knowledge of the workshop topic?

0 (no knowledge)	1	2	3	4	5	7 (expert)

3. Application and Implementation

3.1 How likely are you to use the information or knowledge you gained in the workshop?

0 (not likely)	1	2	3	4	5	6 (very likely)

3.2 What might limit application? (Tick (☐) ALL that apply)

☐ Time constraints	☐ Institutional barriers	☐ Need further technical support	☐ Resource constraints
☐ Other: _____			

4. Reflection

4.1 What was the most valuable aspect of the workshop for you?

4.2 What can we improve to make this better in the future?

5. Future Programming

5.1 Preferred format for future sessions:

☐ In-person ☐ Virtual ☐ Hybrid ☐ Self-paced

5.2 Priority topics for future workshops:

Annex 3. Checklist for integrating gender in climate finance project proposals

Scoring guidance

1. SCORE	2. DESCRIPTION
0	Not addressed
1	Minimally addressed
2	Partially addressed
3	Adequately addressed
4	Fully integrated and evidence-based

Gender integration assessment checklist

ASSESSMENT AREA	KEY QUESTIONS	SCORE (0–4)	COMMENTS/ EVIDENCE
1. Gender Analysis and Context	Has a gender analysis been conducted to assess differentiated climate vulnerabilities, risks, capacities and opportunities?		
	Does the analysis include sex-disaggregated data and intersectional considerations (e.g., youth, disability, rural communities, Indigenous Peoples)?		
	Does the proposal identify gender-related barriers to participation, access to resources, services, finance or decision-making?		
2. Stakeholder Engagement and Participation	Were women, youth and vulnerable groups meaningfully consulted during project design?		
	Are mechanisms included to ensure inclusive participation during implementation?		
	Does the proposal promote women's leadership and participation in governance structures or decision-making processes?		
3. Project Design and Activities	Are gender-responsive actions integrated across project components and activities?		
	Do proposed interventions address identified gender gaps and inequalities?		
	Are activities designed to enhance equitable access to climate-resilient livelihoods, services, technology or finance?		

ASSESSMENT AREA	KEY QUESTIONS	SCORE (0–4)	COMMENTS/ EVIDENCE
4. Economic Empowerment and Access to Resources	Does the proposal support women's economic empowerment and access to climate finance opportunities?		
	Are barriers to land ownership, credit, technology, training or markets addressed?		
	Does the proposal promote equitable benefit-sharing mechanisms?		
5. Capacity-Building and Institutional Strengthening	Are targeted capacity-building activities included for women, youth and vulnerable groups?		
	Does the proposal strengthen institutional capacity for gender-responsive implementation?		
	Are accountability mechanisms for gender integration clearly defined?		
6. Gender-Responsive Budgeting and Resource Allocation	Is there a dedicated budget for gender-responsive activities and inclusion measures?		
	Are sufficient resources allocated for stakeholder engagement, capacity-building and monitoring?		
	Does the budget reflect equitable and inclusive implementation priorities?		
7. Monitoring, Evaluation and Learning	Are gender-responsive indicators included in the results framework?		
	Does the proposal include sex-disaggregated targets and data collection approaches?		
	Are monitoring and reporting arrangements aligned with gender-responsive accountability principles?		
8. Safeguards, Inclusion, and Social Protection	Does the proposal address safeguarding, protection and social inclusion considerations?		
	Are risks related to exclusion, discrimination or unintended negative impacts identified and mitigated?		
	Does the proposal include measures to support vulnerable and climate-affected populations?		

ASSESSMENT AREA	KEY QUESTIONS	SCORE (0–4)	COMMENTS/ EVIDENCE
9. Expected Outcomes and Sustainability	Will project benefits be equitably accessible to women, men, youth and marginalised groups?		
	Does the proposal contribute to long-term gender equality and climate resilience outcomes?		
	Are sustainability and institutional ownership considerations integrated into the design?		

Overall gender integration scoring

TOTAL SCORE RANGE	ASSESSMENT CATEGORY
0–20	Weak Gender Integration
21–40	Basic Gender Consideration
41–60	Moderate Gender Integration
61–80	Strong Gender Integration
81–100	Transformative Gender-Responsive Climate Finance Proposal

Interpretation guidance

Projects scoring within the higher ranges are more likely to demonstrate strong alignment with gender-responsive climate finance principles, inclusive implementation approaches and equitable climate resilience outcomes. The checklist can support project screening, proposal review, concept development, monitoring and institutional quality assurance processes.

Annex 4. Checklist on the integration of health in climate finance project proposals

Applicable to proposals for GCF, AF, GEF, MDBs, bilateral donors and other climate-health financing windows

Purpose: This tool supports systematic review of how well climate change finance proposals integrate health risks, health sector actions, health co-benefits, equity, safeguards, indicators and budgets. It is adapted from an NDC health integration checklist and modified for proposal appraisal and quality assurance.

Scoring guide

Score	Interpretation	Suggested use
0	Not included	No evidence in the proposal.
1	Mentioned but weak or unclear	Included only in narrative; no clear evidence, activity, indicator or budget.
2	Partially integrated	Some evidence of health integration, but gaps remain in design, implementation, indicators or budget.
3	Strongly integrated	Clear evidence, activities, responsible institutions, indicators, budget and sustainability provisions.

Main assessment checklist

Section	Checklist item	Score 0–3	Evidence/ document reference	Comments / recommended improvements
1. Strategic Alignment and Policy Coherence	Does the proposal clearly align with national climate priorities, including NDC, NAP, HNAP, health sector strategy, climate change policy, disaster risk management strategy or other relevant national plans?			
	Is health explicitly identified as a priority sector, co-benefit or entry point within the proposed climate intervention?			
	Does the proposal demonstrate how it contributes to climate-resilient health systems and/or low-carbon, sustainable health systems?			
	Is the Ministry of Health or relevant public health authority meaningfully involved in proposal design, implementation or governance?			
	Does the proposal show co-ordination between health, climate, environment, finance, water, agriculture, energy, urban planning or disaster management sectors, where relevant?			

Section	Checklist item	Score 0–3	Evidence/ document reference	Comments / recommended improvements
2. Climate Rationale and Health Risk Assessment	Does the proposal clearly explain the climate hazards being addressed, such as heat, floods, droughts, storms, sea-level rise, air pollution, vector-borne disease risks or water insecurity?			
	Does the proposal link climate hazards to specific health risks or outcomes?			
	Does it use available evidence, vulnerability assessments, disease surveillance data, climate projections or public health data to justify the health-related climate rationale?			
	Are climate-sensitive diseases or health outcomes identified, such as malaria, dengue, diarrhoeal diseases, heat-related illness, malnutrition, respiratory disease, mental health impacts or injuries?			
	Does the proposal identify exposure pathways from climate risk to health outcomes, for example climate hazard -> exposure -> vulnerability -> health impact -> financing need?			
3. Health Adaptation Measures	Does the proposal include specific health adaptation interventions?			
	Are proposed interventions designed to strengthen climate-resilient health systems, including infrastructure, service delivery, surveillance, laboratories, supply chains, workforce capacity or emergency preparedness?			
	Does the proposal include early warning systems or climate-informed health surveillance?			
	Are WASH, food security, nutrition, vector control, environmental health or community health measures integrated where relevant?			
	Does the proposal include community-based adaptation measures that address health risks and strengthen local resilience?			

Section	Checklist item	Score 0–3	Evidence/ document reference	Comments / recommended improvements
4. Mitigation Measures and Health Co-benefits	If the proposal includes mitigation, does it identify health co-benefits such as improved air quality, reduced respiratory disease, safer mobility, healthier diets or reduced exposure to household air pollution?			
	Do energy, transport, agriculture, waste, urban or infrastructure components include clear public health benefits?			
	Does the proposal include measures to reduce health sector emissions, such as renewable energy for health facilities, energy efficiency, sustainable procurement or low-carbon waste management?			
	Are health co-benefits quantified or described using measurable indicators where possible?			
5. Theory of Change and Results Framework	Does the ToC clearly show how climate finance inputs will lead to improved health resilience, reduced exposure or better health outcomes?			
	Are health-related outputs, outcomes and impacts clearly included in the results framework?			
	Are health indicators specific, measurable, achievable, relevant and time-bound?			
	Are baseline values and targets included for health-related indicators?			
	Does the proposal explain assumptions, risks and enabling conditions for achieving health outcomes?			
6. Monitoring, Evaluation, Learning and Reporting	Does the proposal include health indicators in the MEL framework?			
	Are data sources for health indicators clearly identified, such as health information systems, surveillance data, facility assessments, household surveys or early warning systems?			
	Is there a plan to monitor health co-benefits of mitigation or adaptation actions?			
	Does the proposal include learning, reporting and knowledge-sharing activities related to climate and health?			
	Are responsibilities for collecting, analysing and reporting health data clearly assigned?			

Section	Checklist item	Score 0–3	Evidence/ document reference	Comments / recommended improvements
7. Financing and Budget Integration	Are health-related activities clearly costed in the proposal budget?			
	Does the budget include resources for health sector implementation, capacity-building, monitoring, data systems, co-ordination and community engagement?			
	Are financing gaps for health-related climate action clearly identified?			
	Does the proposal demonstrate how climate finance will complement domestic health budgets, donor resources or other financing streams?			
	Does the proposal include a sustainability plan for maintaining health-related interventions beyond the project period?			
8. Institutional Capacity and Implementation Arrangements	Are health sector roles and responsibilities clearly defined in the implementation arrangements?			
	Does the proposal include capacity building for health workers, environmental health officers, community health workers, planners or decision-makers?			
	Are institutional co-ordination mechanisms included for joint climate–health implementation?			
	Does the proposal address capacity gaps in climate–health data, planning, budgeting, surveillance or service delivery?			
	Are local institutions, communities and vulnerable groups involved in implementation?			
9. Environmental and Social Safeguards	Does the proposal assess potential environmental, social and health risks associated with implementation?			
	Are measures included to prevent unintended health risks, such as unsafe waste disposal, poor infection prevention, chemical exposure, occupational risks or inequitable access?			
	Does the proposal include grievance redress, stakeholder engagement and safeguard monitoring arrangements?			
	Are Indigenous Peoples, local communities or other affected groups considered where relevant?			

Overall Interpretation

Overall result	Meaning
0–30%	Weak health integration; major revision required
31–60%	Moderate health integration; proposal needs strengthening
61–80%	Good health integration; targeted improvements needed
81–100%	Strong health integration; proposal is well aligned with climate-health objectives

The overall health integration score is calculated by dividing the total score awarded across all applicable checklist items by the maximum possible score, and multiplying the result by 100 to obtain a percentage. Each checklist item is scored on a scale of 0 to 3, where 0 indicates that health is not included, 1 indicates weak or unclear integration, 2 indicates partial integration, and 3 indicates strong integration. For the 42-item checklist, the maximum possible score is 126. The resulting percentage is interpreted using four categories: weak (0–30%), moderate (31–60%), good (61–80%) and strong health integration (81–100%).

Annex 5. Disability inclusion checklist for climate–health proposals

Use this checklist during project identification, concept note development, full proposal preparation, implementation planning and quality assurance.

No.	Checklist question	Yes	Partly	No	Actions required/ evidence
1	Have persons with different types of disabilities and OPDs actively participated in defining the problem, selecting solutions and validating the proposal?	☐	☐	☐	
2	Does the proposal identify the climate hazards and health outcomes affecting persons with disabilities?	☐	☐	☐	
3	Does the analysis explain how risks vary by disability type, sex, age, income and location?	☐	☐	☐	
4	Have physical barriers affecting access to services, facilities, infrastructure and transport been identified?	☐	☐	☐	
5	Have communication barriers affecting access to climate information, health messages and early warnings been identified?	☐	☐	☐	
6	Have institutional, attitudinal and financial barriers affecting access to services, resources, technologies, climate finance and green jobs been assessed?	☐	☐	☐	
7	Has the project assessed whether the proposed intervention could unintentionally exclude or endanger persons with disabilities?	☐	☐	☐	
8	Have potential risks related to higher energy costs, inaccessible infrastructure, digital systems and transport been addressed?	☐	☐	☐	
9	Are universal design principles reflected in technical specifications, infrastructure and service-delivery arrangements?	☐	☐	☐	
10	Are reasonable-accommodation requirements included in procurement, implementation and stakeholder engagement arrangements?	☐	☐	☐	
11	Does the project include measures to maintain access to medication during climate shocks and emergencies?	☐	☐	☐	
12	Does the project protect continuity of assistive technologies, rehabilitation services, personal assistance and caregiver support?	☐	☐	☐	
13	Are backup and reliable energy arrangements provided for electricity-dependent medical and assistive equipment?	☐	☐	☐	
14	Are climate information, early warning systems and health messages available in accessible formats?	☐	☐	☐	

No.	Checklist question	Yes	Partly	No	Actions required/ evidence
15	Do accessible formats include, as appropriate, sign language, captions, audio, braille, large print and easy-read materials?	☐	☐	☐	
16	Does the budget include dedicated disability inclusion activities and costs?	☐	☐	☐	
17	Are disability inclusion costs also mainstreamed across infrastructure, communication, training, procurement, MEL and stakeholder engagement budgets?	☐	☐	☐	
18	Is a responsible institution or partner clearly assigned to each disability inclusion action?	☐	☐	☐	
19	Does the results framework include indicators measuring the participation and influence of persons with disabilities?	☐	☐	☐	
20	Are there indicators measuring equitable access to project services, technologies, finance, employment and other benefits?	☐	☐	☐	
21	Are disability-related health outcomes and continuity of care monitored?	☐	☐	☐	
22	Are monitoring data disaggregated by disability, sex, age and location where appropriate?	☐	☐	☐	
23	Are accessible feedback, grievance and safeguarding mechanisms available to persons with different disabilities?	☐	☐	☐	
24	Does the sustainability plan explain how accessibility, reasonable accommodation and disability-inclusive services will continue after project funding ends?	☐	☐	☐	
25	Does the gender and social analysis explicitly examine the situation of women, men, girls and boys with different disabilities, including intersecting risks linked to age, poverty, displacement and location?	☐	☐	☐	
26	Does the proposal assess access to essential health services for persons with disabilities, including sexual health and reproductive health, maternal health, mental health, rehabilitation, medicines and assistive technologies?	☐	☐	☐	
27	Are risks of gender-based violence, sexual exploitation, abuse, neglect and discrimination against women and girls with disabilities assessed and addressed through accessible protection and referral mechanisms?	☐	☐	☐	
28	Does the project use disability- and sex-disaggregated data, complemented by qualitative evidence on barriers, support requirements and lived experience?	☐	☐	☐	

No.	Checklist question	Yes	Partly	No	Actions required/ evidence
29	Are OPDs, including organisations led by women and youth with disabilities, represented in project governance, monitoring and accountability arrangements?	☐	☐	☐	
30	Does the budget include explicit and adequate resources for accessibility, reasonable accommodation, OPD participation, accessible communication, assistive technology and targeted health measures?	☐	☐	☐	
31	Are procurement specifications and contractor requirements consistent with universal design, accessibility and non-discrimination standards?	☐	☐	☐	
32	Are grievance, safeguarding and feedback mechanisms confidential, accessible in multiple formats, and linked to disability- and gender-responsive referral services?	☐	☐	☐	
33	Does the results framework include disability- and sex-disaggregated indicators, baselines and targets for access, participation, health outcomes and equitable benefits?	☐	☐	☐	
34	Is there a plan for periodic accessibility audits and adaptive management with OPDs to address emerging barriers during implementation?	☐	☐	☐	

Suggested scoring: Yes = 2 points; Partly = 1 point; No = 0 points.

Score	Interpretation
38–48	Strong disability inclusion
25–37	Moderate inclusion; further strengthening required
Below 25	Significant gaps; revise before submission

Annex 6. Sample MEL framework table for gender, climate and health interventions

The table below illustrates the key components of a basic MEL framework.

Result area/ outcome	Indicator	Baseline	Target	Data source	Frequency	Responsible institution/ person
Climate-resilient health facilities strengthened	No. of health facilities with functional climate-resilient WASH services	10 facilities	40 facilities by Year 3	Facility assessments; WASH FIT reports; supervision checklists	Quarterly	Ministry of Health WASH/ Infrastructure Unit; district health office
Reliable clean energy access improved in health facilities	% of targeted health facilities with functional solar or low-carbon backup power systems	20%	80% by Year 3	Facility energy audits; installation reports; maintenance records	Biannually	Ministry of Health; Ministry of Energy; project engineer
Climate-sensitive disease surveillance strengthened	No. of districts submitting timely climate-sensitive disease surveillance reports	5 districts	20 districts by Year 2	Health Management Information System; disease surveillance reports	Monthly	Epidemiology Unit; district health offices
Health workers' capacity on climate-health risks improved	No. of health workers trained on climate change and health adaptation	0 trained	500 trained by Year 2	Training attendance sheets; pre- and post-test results; training reports	After each training and annually	Ministry of Health training unit; project MEL officer
Women and vulnerable groups engaged in climate-health planning	% of climate-health planning meetings with meaningful participation of women, youth and vulnerable groups	30%	60% by Year 2	Meeting minutes; participant lists; stakeholder engagement reports	Quarterly	Gender officer; project co-ordinator; local authorities

Annex 7: Example theory of change

Impact Statement: If we integrate gender-responsive, climate-resilient WASH systems, robust health services, enhanced information systems, and strengthened governance, then the incidence of climate-sensitive diseases will decline and quality health services will remain uninterrupted, because this integrated approach tackles both direct and indirect climate-driven health risks through sustainable practices, early detection, and resilient community engagement

Outcomes	Outputs	Activities
Outcome 1.1 Reduced incidence of climate sensitive vectorborne diseases	1.1.1 Increased implementation of effective vector control measures and improved capacity for malaria surveillance and early detection in targeted high-risk regions	- Strengthen the Entomological Laboratory Hub. - Support the acquisition of malaria vector control equipment, spray pumps, pesticides - Strengthen the capacity of field staff on environmentally friendly management of the pesticides including safe disposal pesticide residues - Update the national vector borne diseases control guidelines
Outcome 2.1: Climate-resilient and low-emission WASH practices adopted and sustained at the community level	2.1.1 Innovative climate-resilient and low emission water, sanitation and hygiene technologies Piloted and scaled up. 2.1.2 Improved Access to Climate-Resilient Water, Sanitation, and Hygiene (WASH) in the community	
Outcome 2.2: Enhanced climate-resilient WASH systems in health facilities to ensure continuity of safe and quality care during climate-related shocks.	2.2.1 Strengthened climate-resilient and environmentally sustainable WASH infrastructure in health care facilities	- Conduct comprehensive assessments of existing sludge treatment methods - Develop and implement innovative sludge management solutions that are both climate resilient and low-emission - Install climate-resilient water and latrine facilities in communal areas of informal urban settlements - Install environmentally friendly, solar-powered or low-emission water boreholes in rural areas - Train local community members on maintenance of boreholes - Monitor groundwater levels and quality. - Upgrade and climate-proof WASH infrastructure including latrines, hand washing facilities, and water supply systems in hospitals and clinics. - Install solar-powered boreholes at health posts in climate-vulnerable areas - Procure and install energy-efficient, water-saving, and environmentally friendly laundry systems in hospitals.
Outcome 3.1: Enhanced climate resilience of health facilities to ensure uninterrupted delivery of quality and essential health services during and after climate-related shocks	3.1.1 Ensure continuity of climate sensitive health services 3.1.2 Strengthened climate-resilient nutrition and maternal, newborn, and child health (MNCH) services	- Equip health care facilities including health posts with essential medical and nutrition assessment tools - Procure and install solar-powered electricity systems in health facilities to reduce reliance on grid power and maintain critical services during extreme weather events - Procure and install climate-resilient health care waste management systems, including environmentally sound disposal - Installation of climate-proof decontamination and reprocessing equipment. - Procure and install fire safety equipment - Train health care workers on climate-informed IPC practices.
Outcome 3.2 Strengthened climate resilient community-based health services	3.2.1 Build Capacity for service delivery at community level	- Train community CHWs on climate-sensitive disease surveillance, early warning signs, and emergency response. - Scale-up health service provision in hard to reach and vulnerable communities - Provision of environmentally friendly vaccine freezers and medical refrigerators in healthcare facilities - Equip hospitals and healthcare facilities with existing freezers and refrigerators with automated temperature sensors - Provide solar powered cooler boxes to districts hospitals for outreach programs - Upgrade air conditioning systems in hospital pharmacies and warehouses - Provide capacity building for cold chain management - Renovation and upgrading of storage facilities to meet storage practices - Strengthen cold chain capacity for regional medical supplies. - Equip pharmacies with medical drones - Enhance water quality testing for AMR and ensure the safety of food products of animal origin. - Strengthen laboratory infrastructure, equipment and diagnostic capabilities.
Outcome 3.4 Ensure sustainable access to quality and effective pharmaceuticals	3.3.1 Enhanced resilient vaccine distribution to ensure uninterrupted access to essential vaccines, even during emergencies 3.4.2 Improved pharmaceutical warehousing to ensure adequate stock levels for uninterrupted service delivery and reduce vulnerability, even during emergencies 3.4.3 Climate change considerations incorporated into efforts to curb AMR	
Outcome 4.1: Improved health system responsiveness	4.1.1 Strengthened Surveillance Systems that enable early detection and response to emerging and reemerging health threats including climate change.	- Establish interoperable, interconnected eIDSR sharing real time data with different stakeholders. - Roll out the Digital Health platform - Procure and train users on advanced analytic tools - Support implementation of the digital community system (DCS) - Establish an integrated and coordinated One Health AMR surveillance program for human and animal health
Outcome5.1: Effective coordination of climate change mitigation measures	5.1.1 Strengthened multisectoral collaboration at the national and regional levels.	- Establish and operationalize regional public health emergency operational centers in the 6 targeted regions - Leverage governance structures at the community level - Building relevant capacities at all levels and strengthening institutions - Document and disseminate lessons learnt - Support relevant research to address evidence gaps - Develop a communication strategy - Establish and strengthen community structures including women, youth, and other vulnerable groups - Develop and disseminate culturally relevant multimedia content emphasizing the importance of handwashing and hygiene, tailored to address climate-related health risks specific to the community. - Increase public awareness on the impact of AMR and its linkages to climate change using targeted campaigns and IEC materials - Increase community awareness and participation in vector control efforts
Outcome: 5.2 Mobilized communities to take ownership of climate mitigation interventions	5.2.1 Enhanced Community Health Awareness and Engagement	

Assumptions

1. The national and regional governments, local communities, and international partners will actively participate and collaborate in the implementation of the project.
2. Adequate financial, technical, and human resources will be available to support the project activities and sustain outcomes beyond the project lifecycle.
3. The Namibian government will prioritize climate change and health initiatives, providing the necessary policy and institutional support.
4. Local communities will be willing to engage in and take ownership of sanitation, hygiene, and climate adaptation activities.
5. The adoption of new technologies (e.g., eIDSR, DHIS2) will be feasible and supported by existing infrastructure and capacity.
6. Reliable and timely data will be available for decision-making, and stakeholders will use this data effectively to inform actions.

Key Barriers

1. Poor infrastructure, especially in remote areas, may impede the rollout of technologies like eIDSR and the establishment of resilient health facilities.
2. Resistance to change among communities and institutions may slow the adoption of new practices, technologies, and policies
3. Inconsistent or poor-quality data may undermine the effectiveness of evidence-based decision-making and monitoring efforts.

Risks

1. There is a risk that project outcomes may not be sustained after the project ends due to a lack of long-term funding, capacity, or political commitment.
2. Delays in procurement, approvals, or stakeholder coordination could slow down project implementation and reduce its impact.
3. The failure or underperformance of new technologies (e.g., surveillance systems, early warning systems) could compromise project's ability to achieve its objectives.
4. Low community participation or ownership of activities could reduce the effectiveness of interventions, particularly in sanitation and hygiene management.
5. Changes in government priorities or policies related to climate change and health could disrupt project alignment and implementation.
6. The additional burden of implementing new systems and interventions could strain already overstretched health facility staff.

Annex 8. Checklist for proposals before submission

Bankability criterion	Key question	What a strong proposal should include	Ready?
Climate rationale	Is the health problem clearly linked to climate change?	Climate trends, projections, exposure data, health risk data, vulnerability analysis and clear explanation of climate causality	☐
Adaptation logic	Does the intervention reduce climate-related health vulnerability?	Clear adaptation pathway showing how proposed actions reduce exposure, sensitivity or adaptive capacity gaps	☐
Additionality	Does the proposal go beyond business-as-usual health programming?	Explanation of why climate finance is needed and what climate-specific value the project adds	☐
Alignment with national priorities	Is the proposal country-owned and policy-aligned?	Links to NDC, NAP, HNAP, national health strategy, disaster risk plans, WASH plans and national development priorities	☐
ToC	Is there a logical pathway from activities to climate-health impact?	Coherent problem statement, barriers, outputs, outcomes, assumptions, risks and long-term impact pathway	☐
Measurable results framework	Can the project demonstrate impact?	SMART indicators, baselines, targets, data sources, frequency, responsible institutions and disaggregation	☐
Beneficiary targeting	Are vulnerable groups clearly identified and prioritised?	Evidence on women, children, older persons, persons with disabilities, low-income communities, displaced populations and high-risk geographic areas	☐
Gender and social inclusion	Are gender and equity issues integrated beyond participation numbers?	Gender analysis, GAP, inclusive activities, dedicated budget, indicators and accountability measures	☐
Environmental and social safeguards	Are risks identified and managed?	Safeguard screening, mitigation measures, grievance redress mechanism, stakeholder engagement plan and safeguard monitoring	☐
Cost-effectiveness	Does the proposal provide value for money?	Options analysis, cost justification, co-benefits, lifecycle costs, maintenance costs and efficiency measures	☐
Co-benefits	Does the project deliver wider development gains?	Health, gender, livelihood, ecosystem, WASH, air quality, food security, education and resilience co-benefits with indicators	☐
Implementation readiness	Can the project start and deliver within the proposed timeframe?	Workplan, procurement plan, institutional roles, staffing, technical capacity, permits, partnerships and risk management	☐
Financial structure	Is the financing model clear and realistic?	Clear budget, co-financing where relevant, financing instruments, recurrent cost planning and absorption capacity	☐
Sustainability	Will benefits continue after the project ends?	Integration into government systems, budget commitments, maintenance plans, local capacity, policy uptake and institutional ownership	☐
Learning and scalability	Can the project generate knowledge and be replicated?	Learning agenda, knowledge products, monitoring feedback loops, scalability pathway and replication strategy	☐

Annex 9. Sample training agenda (two-to-three day workshop)

Training objective: To build the capacity of participants to integrate gender and health into climate finance policies, programmes and proposals, and develop bankable, gender-responsive climate–health investment concepts.

Day 1 – Foundations: gender, climate and health

Theme: Understanding the climate–health–gender nexus

Time	Session title	Overview	Methodology
08:30-9:00	Registration		
09:00-9:30	Opening session and setting context	Welcome remarks Objectives Participants' expectations Group photo	Interactive presentation
09:30-10:00	Pre-assessment	Baseline knowledge assessment	All participants
10:00-10:30	Coffee break		
10:30-11:30	Session 1: The climate–health nexus	Climate hazards, health impacts, global context	Presentation
11:30-12:30	Session 2: Gender and climate variability	Gendered exposure, vulnerability pathways	Facilitated discussion
12:30-13:30	Lunch break		
13:30-15:00	Session 3: Gender–climate–health pathway	Integrated framework and examples	Group work
15:00-15:30	Coffee break		
15:30-16:00	Session 4: Policy and global frameworks	NDCs, NAPs, HNAPs, GCF gender policy	Presentation
16:00	Reflection and wrap-up day 1	Key takeaways, reflections	Plenary

Day 2 – Climate finance and proposal development

Theme: Accessing finance and designing proposals

Time	Session title	Overview	Methodology
09:00-09:10	Recap of Day 1	Summary and reflections	Interactive
09:10-10:30	Session 5: Climate finance landscape	GCF, AF, MDBs, access challenges	Presentation
10:30-11:00	Coffee break		
11:00-11:30	Session 6: Entry points for integration	Gender and health in proposals	Group facilitation
11:30-13:00	Session 7: Concept note development	Problem statement, climate rationale	Practical exercise
13:00-14:30	Lunch break		
14:00-15:00	Session 8: Theory of change	Linking climate, health and gender outcomes	All participants

15:00-16:00	Session 9: Gender analysis and action plans	Gender-responsive design	Group exercise
16:00	Reflections and wrap-up		Plenary

Day 3 – Bankability and MEL

Theme: From concepts to bankable proposals

Time	Session title	Overview	Methodology
09:00-09:10	Recap of Day 2	Summary and reflections	Interactive
09:10-10.00	Session 10: Health co-benefits	Economic and social co-benefits	Presentation/case studies
10:00-11:00	Session 11: Budgeting and financing	Gender-responsive budgeting, financing strategies	Presentation
11:00-11:30	Coffee break		
11:30-13:00	Session 12: Building bankable proposals	Donor requirements, safeguards, competitiveness	Practical session
13:00-13:00	Lunch break		
14:00-15:00	Session 13: Monitoring evaluation and learning	Indicators, MEL frameworks	All participants
14:30-15:00	Session 14: Group presentations	Concept note presentations	Group presentations
15:00-16:00	Post-assessments	Knowledge evaluation	Ministry of Health and CCFAH
16:00	Closing session	Certificates Closing remarks	Ministry of Health and CCFAH

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