Nigeria Climate Change and Health National Adaptation Plan, 2025 - 2030

March 2025

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Foreword

The health and well-being of Nigerians are at the core of Nigeria's national development agenda. The increasing threats posed by climate change, including rising temperatures, extreme weather events, changing disease patterns and environmental degradation have profound implications for Nigeria's health system as well as key health outcomes. In response to these critical challenges from climate change, the government of Nigeria, coordinated through the Federal Ministry of Health and Social Welfare (FMoH&SW), will lead the way for proactive evidence-based response to be delivered by government, civil society and Development partners.

I am very pleased to present Nigeria's first Health National Adaptation Plan (HNAP), which has been built on the foundation of evidence from the recently-completed Climate and Health Vulnerability and Adaptation (V&A) Assessment. The HNAP provides a roadmap for not only integrating climate adaptation into health systems planning but also building the resilience of Nigeria's population's health outcomes to the impacts of climate change. The HNAP underscores Nigeria's commitment to safeguarding lives, strengthening its health systems, and adapting to climate change to reduce the impact from climate change on Nigeria's health outcomes.

The HNAP aligns with Nigeria's broader climate policies, including the National Adaptation Plan (NAP) Framework, which is led by the Federal Ministry of Environment (FMoEnv), the revised Nigeria's Nationally Determined Contribution (NDC), which is led by the National Council on Climate Change (NCCC), and international commitments under the Paris Agreement and the Sustainable Development Goals (SDGs).

The HNAP results from extensive collaboration among multiple government agencies and sectors, development partners, civil society, the private sector, and health and environmental professionals. I would like to thank the national Climate and Health Technical Working Group (TWG) and appreciate the support from the UK government, via the Foreign, Commonwealth, and Development Office (FCDO), the World Health Organisation (WHO), the World Bank, the UK Lafiya programme, and the Nigeria Health Development partners Group, for their support, expertise, time and resources that enabled the HNAP to be developed.

Implementing the HNAP will require significant investment, sustained commitment, and cross-sectoral partnerships. I call on all stakeholders across the public and private sectors, academia, development partners and communities to join hands with the government in implementing the HNAP. I urge the States and local governments to draw from this document and initiate the development of State and local governments' health adaptation plans, sectoral frameworks, and other complementary activities and programmes for a holistic national response. Together we can build a resilient health system and health sector that protects our peoples' health against the impacts of climate change and ensures a healthier and more prosperous Nigeria.

Prof. Muhammad Ali Pate, CON
Coordinating Minister of Health and Social Welfare
Federal Republic of Nigeria

Preface

Climate change is already with us. It is an existential threat impacting Nigeria's health system, and health outcomes. Rising temperatures, increased flooding, prolonged droughts, and evolving disease patterns are stressing our health system, and risk undermining decades of progress on improving Nigeria's health outcomes and productivity. These changes exacerbate existing vulnerabilities and heighten the risk of new public health crises. In response to these challenges, Nigeria has formulated its first HNAP to guide a unified, evidence-based response aimed at bolstering the adaptation of our health system to increased risks and vulnerabilities to climate change and building the resilience of our population's health outcomes to the impacts of climate change.

The HNAP is a strategic call to action for embedding climate adaptation into health and health-determining policies, programmes, and infrastructure development across Nigeria. It contributes to a national approach to adaption planning and aligns with national and international commitments, such as the Paris Agreement, the SDGs, and Universal Health Coverage (UHC). It also supports the delivery of the commitments made at COP26 in Glasgow to build climate-resilient and sustainable low-carbon health systems. The HNAP will enhance our capacity to foresee, respond and adapt to climate-induced health hazards by prioritising climate-informed decision-making, developing and delivering strategies to strengthen our health system, health sector and health outcomes, including in our communities.

We are pleased that in developing the HNAP, we drew the expertise of health sector stakeholders, including health professionals, climate scientists, policymakers, and development partners. This collaborative endeavour embodies our commitment to protecting public health in the face of climate change and ensuring that no one is left behind.

As we move forward with delivering the HNAP, it is crucial to acknowledge that adaptation is an ongoing process that requires strong leadership, cross-sectoral partnerships and continuous investment. The HNAP is more than just a policy document; it is a call to action for all stakeholders, from Federal, State and local government bodies to local communities, to unite in building a climate-responsive and adaptive health system, and enhance the resilience of health outcomes to climate change. We eagerly anticipate the successful execution of the HNAP and reaffirm our unwavering dedication to safeguarding the health and well-being of all Nigerians.

Daju, Kachollom S. Mni
Permanent Secretary
Federal Ministry of Health and Social Welfare

Acknowledgements

The development of Nigeria's HNAP would not have been possible without the robust efforts of government agencies, development partners, health professionals, researchers, and civil society organisations. We are grateful for this partnership.

We thank members of the Climate and Health TWG for their valuable insights, expertise, and participation in the stakeholders' forums, which have enriched and validated this document. We are incredibly grateful to our development partners, especially FCDO, as well as others including the WHO, World Bank, the UK Lafiya programme, members of the Nigeria Health Development partners Group, and other international and local organisations, for their technical guidance, financial support, and steadfast commitment to climate adaptation.

Special thanks go to the other critical stakeholders, including the academic institutions and research bodies, trade unions, and civil society organisations, who provided valuable insights and recommendations during stakeholder engagements and shaped the HNAP. We also acknowledge and appreciate the thorough and efficient work of the national and international consultants from Halcyon for their commitment, patience, and push, without which Nigeria would not have been able to develop this HNAP.

Our special thanks go to Federal Ministry of Health & Social Welfare's (FMoH&SW) management and the Department of Public Health's Climate Change and Environmental Health (CC&EH) Division for their leadership and unwavering commitment to this initiative. We also thank other FMoH&SW, and State Ministry of Health (SMoH) technical units that have played a role, directly or indirectly, in developing the HNAP, along with the Federal Ministry of Environment (FMoEnv), and National Council on Climate Change (NCCC).

Finally, the successful implementation of the HNAP will require continuous and robust collaboration across multiple sectors. We remain confident that together, we can build a healthier, more resilient, and adaptable health system across Nigeria that responds to climate change and protects our population's health outcomes to the impacts of climate change.

Dr Godwin Ntadom
Director, Public Health Department
Federal Ministry of Health and Social Welfare

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Abbreviations

AF	Adaptation Fund	**NASPA**	National Adaptation Strategy and Plan of Action
BEmONCs	Basic Emergency Obstetric and Newborn Care	**NASPA-CCN**	National Adaptation Strategy and Plan of Action on Climate Change for Nigeria
BHCPF	Basic Health Care Provision Fund	**NBS**	National Bureau of Statistics
BMPHS	Basic Minimum Package of Health Services	**NCCP**	National Climate Change Policy
CCEH	Climate Change and Health	**NCCC**	National Council on Climate Change
CCKP	Climate Change Knowledge Portal	**NCDC**	National Centre for Disease Control
CDM	Chronic Disease Management	**NDC**	Nationally Determined Contributions
CEmONCs	Comprehensive Emergency Obstetric and Newborn Care	**NEMA**	National Emergency Management Agency
CHVA	Climate Change and Health Vulnerability and Adaptation Assessment	**NGO**	Non-Governmental Organisation
COPD	Chronic Obstructive Pulmonary Disease	**NHA**	National Health Act
CRF	Consolidated Revenue Fund	**NHIA**	National Health Insurance Authority
CSO	Civil Society Organisation	**NHIS**	National Health Insurance Scheme
DFI	Development Finance Institutions	**NIHSA**	Nigeria Hydrological Services Agency
DHIS2	District Health Information System v2	**NIMET**	Nigeria Meteorological Agency
DHS	Demographic and Health Survey	**NMEP**	National Malaria Elimination Programme
DLI	Disbursement linked indicator	**NPHCDA**	National Primary Health Care Development Agency
DPRS	Department of planning, research and statistics	**NPI**	National Programme on Immunisation
DRF	Drug Revolving Fund	**NSC**	National Steering Committee
DRR	Disaster Risk Reduction	**NSHDP**	National Strategic Health Development Plan
DTP	Diphtheria Tetanus Pertussis	**NSRDA**	National Space Research and Development Agency
ESRI	Environmental Systems Research Institute	**NSITF**	National Social Insurance Trust Fund
EWS	Early Warning System	**NSPHP**	National Strategic Plan for Health Promotion
FBO	Faith Based Organisation	**NTLCP**	National Tuberculosis and Leprosy Control Programme
FCDO	UK Foreign, Commonwealth and Development Office	**NTD**	Neglected Tropical Disease
FCT	Federal Capital Territory	**OCHA**	United Nations Office for the Coordination of Humanitarian Affairs

FGoN	Federal Government of Nigeria	**OOPE**	Out of Pocket Expenditure
FMoEnv	Federal Ministry of Environment	**PLWD**	People Living With Disability
FMoH&SW	Federal Ministry of Health and Social Welfare	**PLWHIV**	People Living with HIV/AIDS
FMHDM	Federal Ministry of Humanitarian and Disaster Management	**PNC**	Post-Natal Care
FMoWR	Federal Ministry of Water Resources	**PPP**	Public private partnership
FSC	FMoH Steering Committee	**PTSD**	Post-Traumatic Stress Disorder
GAI	Global Adaptation Index	**RMNCAH**	Reproductive, Maternal, Neonatal, Child and Adolescent Health
GCF	Green Climate Fund	**RUWASA**	Rural Water and Sanitation Agency
GEF	Global Environment Facility	**SDG**	Sustainable Development Goals
GDP	Gross Domestic Product	**SEMA**	State Emergency Management Agency
GF	Global Fund	**SMART**	Specific, Measurable, Attainable, Relevant and Time-bound
GFF	Global Financing Facility	**SORMAS**	Surveillance and outbreak response management and analysis system
GHG	Greenhouse Gas	**SPHCDA**	State Primary Health Care Development Agency
GIS	Geographical Information System	**SMoH**	State Ministry of Health
GIZ	Deutsche Gesellschaft fur Internationale Zusammenarbeit	**TA**	Technical assistance
GNI	Gross National Income	**THE**	Total Health Expenditure
HCWs	Health care workers	**ToC**	Theory of Change
HeRAMS	Health Resource Availability Monitoring Software	**ToR**	Terms of Reference
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome	**TWG**	Technical Working Group
HMIS	Health Management Information System	**UHC**	Universal Health Coverage
HNAP	Health National Adaptation Plan	**UNEP**	United Nations environment programme
HRH	Human Resources for Health	**UNFCC**	United Nations Framework Convention on Climate Change
IDP	Internally Displaced Person	**UNFPA**	United Nations Population Fund
IPCC	Intergovernmental Panel on Climate Change	**UNICEF**	United Nations Children's Fund
KPIs	Key Performance Indicators	**USAID**	USA Agency for International Development
L&D	Loss and Damage	**V&A**	Vulnerability and Adaptation

LGA	Local Government Area	**VBD**	Vector Borne Disease
MEL	Monitoring, Evaluation and Learning	**WB**	World Bank
MDA	Ministries, Departments and Agencies	**WHO**	World Health Organisation
NAF	National Adaptation Framework	**WMO**	World Meteorological Organisation
NAFDAC	National Agency for Food and Drugs Administration		
NAMA	Nationally Appropriate Mitigation Actions		
NAP	National Adaptation Plan		
NASCP	National AIDs, Viral Hepatitis and STIs Control Programme		

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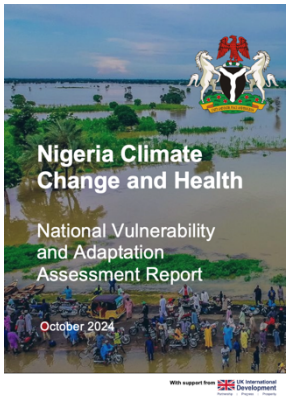
Introduction to the HNAP

Nigeria's Health National Adaptation Plan (HNAP, 2025 - 2030) represents a significant milestone in the country's ongoing climate change and health programme, which has been evolving since Nigeria made ambitious commitments at COP26 in 2021. In recent years, Nigeria has made substantial progress in fulfilling these commitments.

The HNAP will align with the country's broader climate policies, including the National Adaptation Plan (NAP) – the strategic process established under the United Nations Framework Convention on Climate Change (UNFCCC) for identifying, assessing, and addressing short-, medium- and long-term adaptation needs to climate change, and Nigeria's Nationally Determined Contributions (NDCs) – the national climate action plan submitted under the Paris Agreement and which outlines commitments to reducing greenhouse gas (GHG) emissions and adapting to climate change.

Impacts of climate change on health in Nigeria

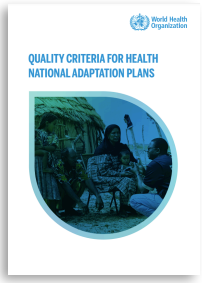


Nigeria's climate and health priorities build on its COP26 commitments in 2021. A crucial first step was the development of Nigeria's first national Vulnerability and Adaptation (V&A) Assessment, which was launched in November 2024 from which the HNAP has been informed.

The V&A highlights the multiple risks and impacts of climate change to health outcomes and the health system; these are projected to worsen in terms of severity, duration, and magnitude across all geographical areas of Nigeria, which will impact negatively on the populations' health outcomes. Further evidence from the V&A can be found in Chapter 1.2 (climate and health in Nigeria) of the HNAP, and full analysis and recommendations can be found in the final V&A report.

a. Based on analysis carried out under the V&A, **Nigeria will experience an additional 21% burden of disease due to climate change**
b. **Many waterborne diseases will increase due to climate change**. Some Neglected Tropical Diseases are expected to increase e.g. Buruli ulcers, Guinea worm, Trypanosomiasis. Diarrhoea related deaths in children under 15,, resulting from climate change will account for 9.8% of the total diarrhoea related mortalities
c. **Non-communicable diseases will increase.** Cardiovascular disease will increase by 10% to over 4.5m cases in 2030. Diabetes is predicted to increase to almost 450,000 in 2030 due to rising temperatures. High blood pressure is also expected to increase significantly from almost 900,000 cases in 2020 to over 1.6m in 2030
d. **Mental health conditions will rise due to the stresses of climate change.** Mental disorders will rise from 2.6m in 2020 to more than 3.1m by 2030. Interpersonal violece will increase from 900,000 in 2020 to 1.05m in 2030 and neurological disorders and self-harm will increase
e. **Respiratory disease, severe acute respiratory illness and asthma will see marginal increases.** Tuberculosis (TB) is forecast to increase from over 41,000 cases in 2020 to more than 52,000 in 2030
f. **Regarding vector-borne diseases**, malaria is expected to increase significantly. There will be increases in yellow fever cases

How the HNAP was developed?



The HNAP was developed against international quality standards, including WHO's *Quality Criteria for HNAPs* and *Guidance to Protect Health from Climate Change through Health Adaptation Planning*, as well as against other high-quality HNAPs from other countries. All methods and processes used to develop the HNAP were validated by the FMoH and the national Climate Change and Health Technical Working Group (TWG).

The development of the HNAP followed a structured, participatory and evidence-based approach that built on the V&A and incorporated extensive stakeholder consultations, including with the States. HNAP interventions were approved at the end of 2024 by the National Council of Health (NCH). Further details on how the HNAP was developed are provided in Chapter 1.3 (overview of the HNAP development process).

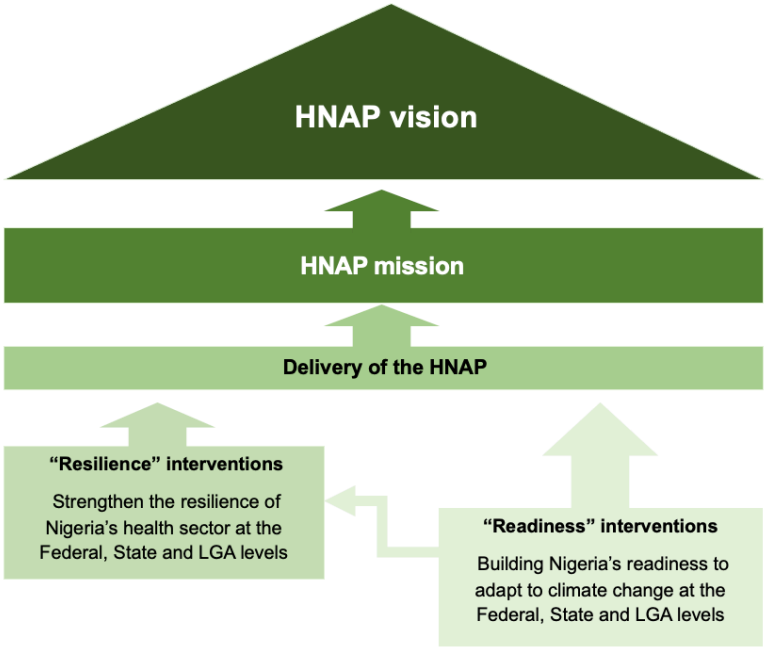
HNAP summary framework

The HNAP sets out an ambitious delivery framework that aims to transform the resilience of health outcomes in Nigeria to the impacts from climate change.

HNAP vision: Build ***resilient health systems and health outcomes to the impacts of climate change***

HNAP mission: ***To build climate-resilient health systems and communities that mitigate the risks, enhance preparedness and equitably safe guards the well-being of Nigeria's people from the impact of climate change***

Nigeria's HNAP summary framework



The HNAP vision and mission are underpinned by a series of validated and approved interventions which make up the core of the HNAP framework.

Interventions are presented in the HNAP as two inter-connected and time-based categories which will build "readiness" and future "resilience" of Nigeria's climate change and health programme at the Federal, State and Local Government Authority (LGA) levels.

While the interventions are presented as distinct categories, it is important to note that readiness and resilience-building intervention categories are, to some degree, integrated and overlapping, meaning that some resilience interventions are already underway and others are expected to start within the first year of the delivery of the HNAP in order to ensure that as many people's health outcomes

are protected from climate change as quickly as possible. Summary details of the interventions are provided below and complete information is provided in section 2.2 (HNAP interventions).

Summary of readiness and resilience interventions

"Readiness" interventions

These interventions will enhance the capacities and institutional frameworks in the health system and communities to build essential foundations and future resilience against climate change. Readiness interventions fall under the following key themes:

Initiating multisectoral and multilevel health-climate leadership and governance - and delineate clear roles and responsibilities between institutions and stakeholders

Identifying and securing financing for HNAP implementation to support programmes at the Federal, State and LGA levels

Building the capacity of national and sub-national sectoral institutions and stakeholders to plan for and improve climate resilience in the health system and communities

Further assess key climate and health priorities at the Federal, State and LGA levels and develop plans that can be delivered to strengthen future climate resilience

"Resilience" interventions

These interventions will build from the foundational "readiness" interventions by responding to and addressing climate threats to Nigeria's health system over the longer-term. Resilience interventions fall under the following key themes:

Improving the provision of climate-responsive and disaster-resilient health care at the Federal, State and LGA levels

Strengthen ongoing evidence-gathering and knowledge-management for identifying, understanding and addressing climate-induced health risks and climate-sensitive diseases and health programmes

Reinforcing the resilience of public health and environmental infrastructure and addressing vulnerabilities in the health supply chain, including retrofitting the basic- and comprehensive emergency obstetric facilities to improve their climate resilience.

Maintaining and improving community-level health outcomes through climate-informed health programming and capacity-building

Nigeria's short-term priority interventions, years 0 - 2

Components	Priority interventions
Multisectoral and multilevel health-climate leadership and governance	Support the National Council on Climate Change (NCCC), Federal Ministry of Health and Social Welfare (FMoH&SW), and the Federal Ministry of the Environment (FMoEnv) to **integrate the HNAP into the National Adaptation Plan (NAP) and Nationally Determined Contributions (NDCs) processes** to ensure health is included in the national climate change priorities
	Assess the technical and operational capacity of national and sub-national sectoral policymakers, leaders, managers and climate change and health units to plan for and improve resilience in the health sector and system
	Establish multi-sectoral coordination mechanisms with clear responsibilities between the FMoH&SW, State MoH and sector ministries and other relevant agencies (MDAs)
	Develop performance and accountability measures for health leaders' commitments to climate and health

Components	Priority interventions
Multisectoral and multilevel health-climate leadership and governance	Support the National Council on Climate Change (NCCC), Federal Ministry of Health and Social Welfare (FMoH&SW), and the Federal Ministry of the Environment (FMoEnv) to **integrate the HNAP into the National Adaptation Plan (NAP) and Nationally Determined Contributions (NDCs) processes** to ensure health is included in the national climate change priorities
	Develop costed and measurable State implementation plans for climate change and health, with clear governance and delivery roles and responsibilities
Build the capacity of key institutions and stakeholders	**Develop an education and capacity building campaign for the national and sub-national health workforce** on the impact of climate change, including on managing climate change events and public health emergencies
	Develop a national capacity building programme that will equip communities to respond to adverse weather events
Identify and secure financing	**Develop a domestic resource mobilization strategy** that includes pooled funding, climate insurance, strategic purchasing and other financing options
	Work with international development partners to secure catalytic financing aligned to and directly supporting the implementation of the HNAP
Further assess key climate and health priorities and develop plans to strengthen future climate resilience	**Assess climate impacts on key health programmes** (e.g. malaria/vector borne diseases, maternal and child health, tuberculosis, HIV, zoonoses, malnutrition and mental health)
	Develop climate informed intervention plans for key health programmes
	Assess the climate resilience of the procurement and supply chain to identify key vulnerabilities and adaptations, including exploring low carbon supply chain alternatives
	Assess the role and potential vulnerabilities of laboratory services in addressing the current and future impacts of climate change on health
	Develop health service delivery contingency plans for extreme weather events
	Develop climate-resilient health infrastructure models and blueprints by type/level of health infrastructure *(*please note: at the time the HNAP was finalised this intervention for primary health care centres has largely been completed)*
	Develop climate-informed health indicators for inclusion in DHIS2
	Develop one integrated climate change, health and environmental early warning system that is linked to other sectors and government departments

Nigeria's medium-long term priority interventions, years 3 - 5

Components	Priority interventions
Improve the provision of climate-responsive and disaster-resilient health care at the Federal, State and LGA levels	**Operationalise and provide ongoing support to the established Federal and State multi-sectoral coordination mechanisms** that will strengthen multi-sectoral responses to climate change adaptations
	Roll out the education and capacity building campaign for the health workforce to enable them to understand and respond to the impacts of climate change
	Maintain and update integrated climate change, health and environmental early warning system
	Support and monitor service delivery contingency plans in response to extreme weather
	Train health workers and health information teams on how to collect, analyse, interpret and respond to new climate informed indicators
	Operationalise and provide ongoing support to track and monitor the defined performance and accountability measures and hold leaders to account
	Support States with technical capacity to deliver their adaptations plans for climate and health
	Build the technical and operational capacity of national and sub-national sectoral policymakers, leaders, managers and climate change and health units
	Support the delivery of the climate informed health programme intervention plans (e.g., malaria/vector borne diseases, zoonoses, mental health etc)
Strengthen evidence-gathering and knowledge-management	**Build a cadre of climate change health researchers** (e.g. on climate and health into master's degree programmes; training and mentorship for early and established researchers and research teams; including climate and health as a priority research theme in national priorities; partnerships with research institutes specialising in climate and health in other countries)
Reinforce the resilience of public health infrastructure supply chain	**Support the modification of infrastructure in the highest-risk and highest priority facilities** to ensure they are climate resilient *(*please note: at the time the HNAP was finalised, this intervention was already underway)*
	Support the upgrading of laboratories and staff capabilities, as directed by the assessment of laboratory systems climate vulnerability assessment
	Support the upgrading of the procurement and supply chain to be more resilient to climate change and introduce low carbon alternatives
Improve community-level health outcomes	**Support the delivery of the community capacity building programme**, building from the national community capacity assessment

HNAP ToC narrative

IF policies, plans, frameworks, mechanisms and technical capacity are in place **AND** climate threats to Nigeria's health sector, health system and health outcomes are identified and addressed **THEN** the capacity and institutional frameworks for building resilience will be enhanced **AND** the vulnerability of Nigeria's health sector, health system and health outcomes (adaptive capacity, sensitivity, resilience) will be reduced **IN ORDER TO** reduce climate change-related morbidity and mortality in Nigeria.

Monitoring, evaluation and learning

The delivery of the HNAP will be supported through a robust monitoring, evaluation and learning (MEL) framework and plan which covers all the HNAP interventions and is informed by, and aligned to, a theory of change (ToC) for the HNAP. The ToC describes the internal logic of the HNAP, demonstrating how the activities, outputs and outcomes combine to achieve the HNAP's ultimate goal and impact.

Acknowledging the evolving circumstances of funding and implementing the HNAP, a set of core priority indicators has been selected by the Climate Change and Health TWG to inform the initial 2 years of the MEL plan, to be reviewed and expanded during implementation. These indicators will track the initial progress and development of the HNAP, as well as ensure alignment with ongoing projects and processes. Targets and ambition are to be confirmed with donors on the basis of funding.

These indicators map onto some of the outputs of the ToC, although not comprehensively, as certain outputs refer to interventions only taking place in the later years of implementation. As implementation progresses, the indicators, and targets may be used to shape and direct the evolving HNAP, including modifying the set of indicators based upon the priority interventions that are being supported at certain stages of the HNAP delivery. Full details on the MEL plans are provided in section 6 of the HNAP.

HNAP ToC

Outputs		Outcome		Impact
Multisectoral and multilevel health-climate leadership and governance established with clear roles and responsibilities between institutions and stakeholders	>	Enhanced capacity and institutional frameworks for building resilience in the health sector, health system and health outcomes (READINESS)	>	**Climate change-related morbidity and mortality reduced**
Capacity of national and sub-national sectoral institutions and stakeholders built to plan for and improve climate resilience in the health sector	>		>	
Financing identified and secured for HNAP implementation to support programmes at the Federal, state and LGA levels	>			
Key climate and health priorities assessed at the Federal, state and LGA levels and plans developed that can be delivered to strengthen future climate resilience	>			
Improved provision of climate-responsive and disaster-resilient health care at the Federal, state and LGA levels	>	Vulnerability of Nigeria's health sector, health system and health outcomes (adaptive capacity, sensitivity, resilience) reduced (RESILIENCE)	>	
Strengthened ongoing evidence-gathering and knowledge-management for identifying, understanding and addressing climate-induced health risks and climate-sensitive diseases and health programmes	>		>	
Increased resilience of public health and environmental infrastructure and addressing vulnerabilities in the health supply chain, including retrofitting the highest-risk facilities, BEmONCs and CEmONCs	>			
Improved community-level health outcomes through climate-informed health programming and capacity-building	>			

HNAP core indicators, year 1 -2

Priority Interventions	Core indicator (target)	Means of verification	Frequency of reporting

Support NCCC, FMoEnv and the FMoH&SW to integrate the HNAP into the NAP and NDCs processes to ensure health is included in the national climate change priorities	a. HNAP priority interventions and data included in NAP and NDCs updates (target: *x% of interventions included*) b. Health mainstreamed in NAP and NDC updates (target: *health priorities reflected/ discussed in NAP and NDC updates*)	NAP; NDC	Alongside NDCs, NAP update timeline
Establish multi-sectoral coordination mechanisms with clear responsibilities between the FMoH&SW, State MoH and sector ministries and other agencies	a. Multi-sectoral climate-health coordination mechanism (TWG and HNAP National Steering Committee) established with respective TOR (target: *in place by X date*) b. Functional chair/deputies in place and regular meetings taking place (target: *in place by X date*)	TOR, meeting minutes	One off, ongoing operation reviewed annually
Develop costed and measurable State implementation plans for climate change and health, with clear governance and delivery roles and responsibilities	a. State Change and Health Adaptation Plans on climate change and health (target: *developed, costed, and validated for 36+1 States by X date*) **Note: Aligns with HOPE-PHC DLR 10.1-10.4: *Climate and health adaptation plan developed, costed, and validated (number)***	State Climate Change and Health Adaptation Plans	One off, and as plans are revised/ updated
Develop climate-informed intervention plans for key health programmes	a. Climate-informed intervention plans for key health programmes developed, costed, and validated (target: *completed for X key health programmes by X date*) **Note: Aligns with HOPE-PHC DLR 10.1-10.4: *Climate and health adaptation plan developed, costed, and validated (number)***	Climate-informed intervention plans	Reviewed as needed

Develop climate-resilient health infrastructure models and blueprints by type/level of health infrastructure	a. Climate-resilient health infrastructure models and blueprints (target: *completed for TYPE by X date*) b. Guidelines for facilities developed from the Smart Hospitals Toolkit (target: *xx by X date*) c. CRIBS Framework, guidance and tools published and accessible (target: *completed by X date*) **Note: Aligns with HOPE-PHC PDO Indicator: *PHC facilities achieving service readiness assessment criteria (%)*** **Note: Aligns with HOPE-PHC DLR 1.1: *Improved primary healthcare facility readiness, quality, and climate resilience in participating states (%)*** **Note: Aligns with HOPE-PHC DLR 1.2: *Increased empanelment and refurbishment of CEmONC facilities that demonstrate service readiness and climate resilience and energy efficiency (number)***	Final models and blueprints	One off

Governance and implementation framework

The HNAP governance and implementation framework aligns with other similar coordination and management frameworks in the health sector, especially the Sector Wide Approach (SWAp), as well as with other key sectors that are impacted by climate change and which the health sector will partner with through an integrated "one-government" approach to effectively address climate change. The framework aligns with Nigeria's NAP and NDCs to ensure synergy across sectors. Full details of the governance and implementation arrangements are provided in section 3 of the HNAP.

Objectives of Nigeria's HNAP governance

1. **Provide oversight and set direction** with regards to policy, strategy and implementation
2. **Ensure alignment of the HNAP with national health, environmental, and climate change ambitions**, including the NAP and NDC
3. **Ensure accountability** for the effective delivery of the HNAP
4. **Define, coordinate and align roles, responsibilities, and decision-making authorities** across the FMoH&SW through the Public Health Department, Federal MDAs, State governments and MoHs, as well as the LGAs, and community levels
5. **Support the coordination of key partners and stakeholders across multiple sectors** (beyond the health sector) and MDAs to deliver the HNAP
6. **Establish effective financial controls** by overseeing the establishment of a dedicated Financial Management Unit within the HNAP governance structure

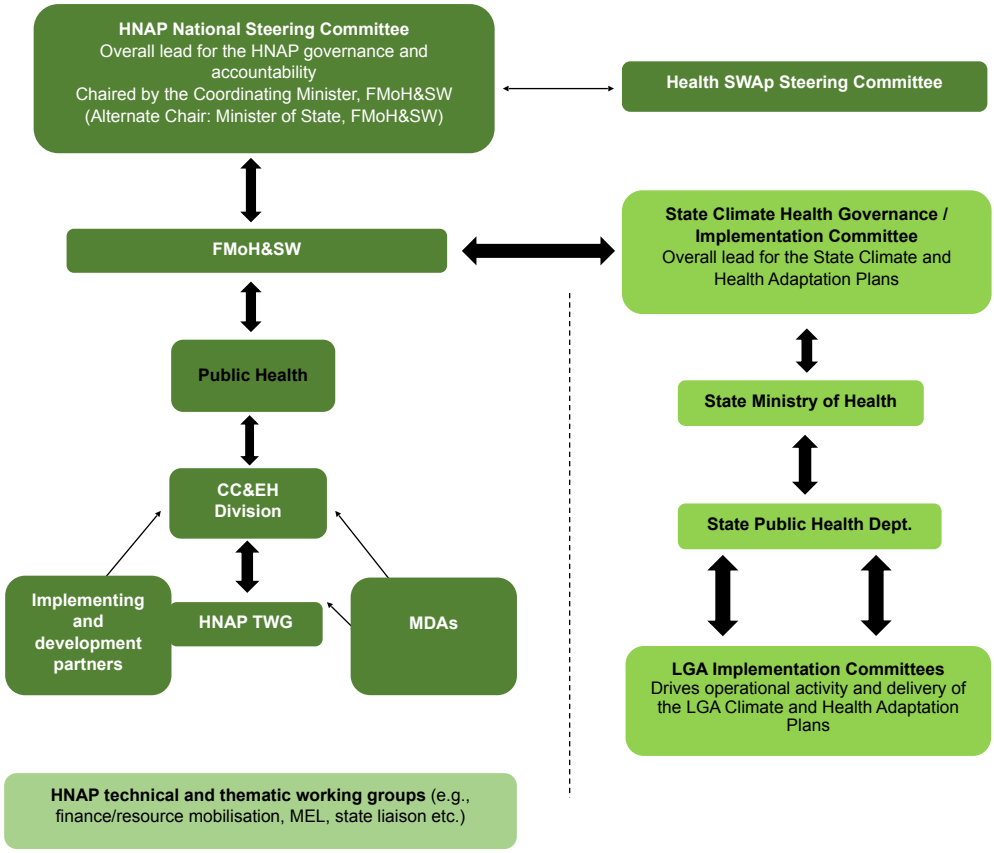
The HNAP governance and implementation framework is fully aligned with and supports Nigeria's health SWAp governance and delivery arrangements – at both the Federal and State levels. This places a focus on coordination across multiple partners with an aligned focus on one plan, one budget and one MEL framework.

HNAP governance and implementation framework

The HNAP will be governed at the highest level by the HNAP National Steering Committee (NSC) which will be supported at the Federal level through a results-oriented HNAP TWG, under which thematic working groups will operate. At the State level, it is suggested that State Climate and Health Adaptation Plan Implementation Committees – or similar will be established, and also at LGA, Climate and Health Adaptation Plan Implementation Committees, although it is recognised that the governance and implementation frameworks may differ between the States.

Each State in Nigeria will develop their own State Climate and Health Adaptation Plans - and supporting governance and implementation frameworks – in the manner that they deem to be most effective given their local context. The HNAP makes suggestions for State governance and implementation frameworks. These suggestions should be considered as minimum standards rather than prescriptive directives. It is suggested that the governance and implementation of the State Climate and Health Adaptation Plans should also mirror the SWAp arrangements and be coordinated through a State Climate and Health Adaptation Plan Implementation Committee or similar, which will be supported through LGA Implementation Committees. In all cases, guidance on developing State Climate and Health Adaptation Plans and governance and implementation frameworks will be provided by the Federal levels to the States for consideration.

HNAP governance arrangements

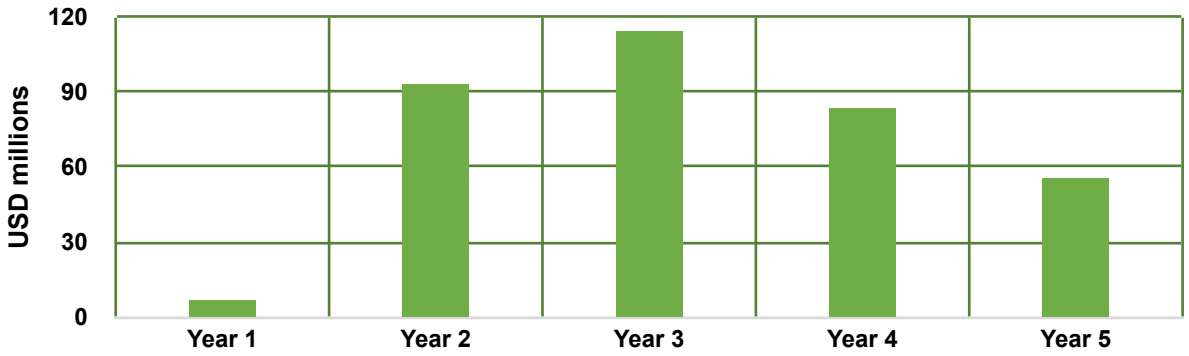


Financing the HNAP

It is estimated that up to $355 million is required to fully implement the agreed HNAP interventions, i.e., to implement all proposed activities and interventions. Full details on the financing and costs are provided in section 4 of the HNAP.

The HNAP's financing component, while outlining an ideal scenario, is dependent on the fluctuating landscape of government and development partner funding, both within Nigeria and globally. Therefore, the financing details presented in the HNAP should be understood as a flexible framework requiring potential adjustments based on evolving financial and delivery contexts. Most of the funding to support HNAP implementation is required between year 2 and year 4, peaking in year 3.

Nigeria's required investment for climate and health, 2025/6-2030



Nigeria's required investment for climate and health, 2025/6-2030

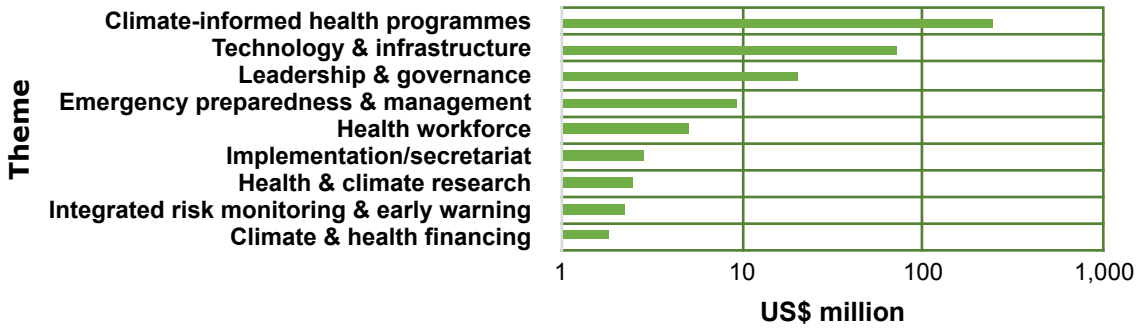
US$ millions

Year 1	Year 2	Year 3	Year 4	Year 5	Total
7,057,382	93,132,459	115,764,000	83,435,000	56,009,000	**355,397,841**

It is anticipated that the vast majority of the required funds (approximately $311 million or 88% of the total budget) is required for interventions under the climate-informed health programmes ($241 million, 68%) and technology and infrastructure ($70 million, 20%) building blocks/themes.

Significant financial resources will need to be mobilised to support the delivery of the HNAP, including domestic and donor sources, which will serve as catalytic investments. Recognising this need, a dedicated HNAP intervention in year one will develop a detailed resource mobilisation strategy. This should include a thorough assessment of funding needs, a comprehensive gap analysis, and a targeted strategy for engaging with potential funding sources. It should outline clear mechanisms for financial management, monitoring, and evaluation to ensure transparency and accountability in the use of resources. It is also important to recognise that resource mobilisation is an ongoing process that requires new challenges and opportunities to emerge; the HNAP resource mobilisation framework and plan should be regularly reviewed and updated to ensure its continued effectiveness and relevance.

Cost breakdown by health building block/programme theme



Financiers of the HNAP should consider pursuing a 'fund agnostic' or diversified funding strategies, carefully matching interventions to the most appropriate financing sources based on their specific needs, circumstances, and long-term development goals. Further details on resource mobilisation are provided in section 5 of the HNAP.


Nigeria Climate Change and Health
National Vulnerability and Adaptation Assessment Report
October 2024
With support from UK International Development

The HNAP recognises the interconnection between climate change and public health and is framed such that health-determining activities are integrated into the broader NAP through sectoral integration, policies coherence, public health systems and infrastructure resilience building, and tracking and evaluation of climate change adaptation across the country.

Box 1. The 10 building blocks of climate resilient health systems

1. **Leadership and governance** that ensures political commitment and effective leadership to build climate resilience through policy prioritisation and planning to address climate risks, including through partnerships and accountability
2. **Climate and health financing** which supports countries in identifying and accessing sustainable financing to support climate change and health interventions, including climate change funding streams. and funding allocated for health-determining sectors
3. **Health workforce** that ensures sufficient recruitment and training of staff to ensure health resilience planning. Using climate information for health decision making.
4. **Vulnerability, capacity and adaptation assessment that** establishes a baseline of the health systems' vulnerability and capacity together with future risk and adaptation assessments in a form to enable their regular update
5. **Integrated risk monitoring and early warning** to strengthen climate change and health integrated disease surveillance and climate-informed early warning systems
6. **Health and climate research** to develop an evidence base for policy, and innovative solutions for climate change and health
7. **Climate resilient and sustainable technology and infrastructure** adaptation across infrastructure, technologies and supply chains
8. **Management of environmental determinants of health** to step up efforts to respond to environmental risks to health by strengthening monitoring and management of environmental determinants of health; developing and implementing regulatory instruments and mechanisms; and promoting coordinated intersectoral management including air, water, soil, food, housing, waste
9. **Climate informed health programmes** using the information gathered from health information systems from assessments, research and monitoring, to inform the way specific climate sensitive health programmes are delivered
10. **Emergency preparedness and management** to build preparedness, response capacity and health security in health systems and communities by implementing climate related risk management for emergencies and disasters, through climate-smart policies and protocols and establishing climate-informed health emergency and disaster risk management and supporting community empowerment

1.2 Climate and health in Nigeria

The priority interventions outlined in chapter 2 of the HNAP have been developed in direct response to the main findings from the Climate and Health V&A assessment, including the key risks and vulnerabilities to health outcomes and the health system to climate change. The overarching headline findings from the V&A assessment are outlined below.

a. **The overall trend – across all scenarios - is that the risks and impacts from climate change to the health sector are projected to worsen** in terms of severity, duration and magnitude across all geographic areas of Nigeria

b. **Under all scenarios and despite any efforts on behalf of Nigeria, the country's risk to climate change is increasing and will continue to increase.** These increased risks will create a situation that will impact health care capacity, increase the vulnerability of communities and create conditions more conducive to increased disease incidence and prevalence, with some geopolitical zones and States being more at risk that others

c. **Based on analysis, Nigeria will experience an additional 21% burden of disease** due to climate change

d. **Many waterborne diseases will increase due to climate change**. Some Neglected Tropical Diseases are expected to increase e.g. Buruli ulcers, Guinea worm, Trypanosomiasis. Diarrhoea related deaths in children under 15 resulting from climate change will account for 9.8% of the total diarrhoea related mortalities

e. **Non-communicable diseases will increase.** Cardiovascular disease will increase by 10% to over 4.5m cases in 2030. Diabetes is predicted to increase to almost 450,000 in 2030 due to rising temperatures. High blood pressure is also expected to increase significantly from almost 900,000 cases in 2020 to over 1.6m in 2030

f. **Mental health conditions will rise due to the stresses of climate change.** Mental disorders will rise from 2.6m in 2020 to more than 3.1m by 2030. Interpersonal violence will increase from 900,000 in 2020 to 1.05m in 2030 and neurological disorders and self-harm will increase

g. **Respiratory disease, severe acute respiratory illness and asthma will see marginal increases.** Tuberculosis (TB) is forecast to increase from over 41,000 cases in 2020 to more than 52,000 in 2030

h. **Regarding vector-borne diseases**, malaria is expected to increase significantly. There will be increases in yellow fever cases

Nigeria's entire health sector, health system and citizens' health outcomes are affected by the impacts from climate change, which will increase in intensity creating poorer health outcomes and widening health inequalities. Nigeria faces significant health vulnerabilities associated with anticipated future climatic conditions, as shown in Table 2. These conditions include rising temperatures, increased frequency and intensity of extreme weather phenomena such as heavy rainfall along with prolonged and more severe periods of heat, drought and aridity.

Climate change in Nigeria affects different population groups disproportionately, causing and exacerbating socioeconomic and health inequalities. Health sector stakeholder perceptions are that women, especially pregnant mothers and those in their

reproductive age group; children; the elderly; persons with disabilities; people with psychosocial disorders; and individuals with pre-existing and chronic health conditions are the most vulnerable to climate change impacts. Poor women who bear the unpaid burden of childcare, family health and children's schooling, for example, are more likely to be vulnerable to these impacts. People residing in poor living conditions, north-east and north-west Nigeria, indigent communities' urban slums, unsecured settlements, overcrowded communities, and places prone to the impacts of extreme weather such as coastal parts of southern Nigeria are also disproportionately vulnerable to climate change.

Table 1. How Nigeria's weather will be affected by climate change[1]

Temperature	Extreme heat	Rainfall	Sea levels
Will continue to rise across Nigeria by approximately 1.0 - 1.1 °C between 2020 and 2050 under mild climatic scenarios. Under more extreme scenarios it is expected to rise by at least +3.0 °C	Nigerians exposed to heat waves each year will quadruple from 6% in 2000 to 19 - 22% by 2080. Deaths from heat are expected to double, increasing from 2.5 to 5 per 100,000 people per year by 2080	800,000 individuals are at risk from riverine flooding by 2030 and approximately 550,000 people each year could be affected annually by flooding from rising sea levels by 2070	Predicted to rise between 0.5 and 1.0 meters by the end of the century which will have a significant impact, increasing the risk of flooding for coastal towns, and which will alter patterns of infectious and vector-borne disease transmission

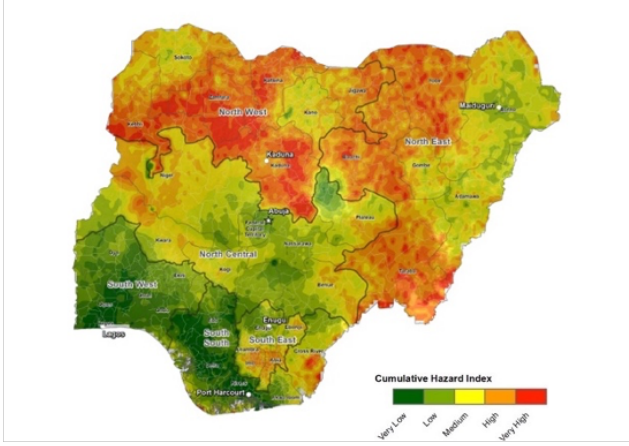
Nigeria's risk to climate change is increasing and will continue to increase. These increased risks will create a situation that will impact healthcare capacity, increase the vulnerability of communities and create conditions more susceptible to the spread and increase in disease incidence and prevalence. Risks and impacts from climate change to health outcomes are projected to worsen in terms of severity, duration and magnitude across all geographic areas of Nigeria, as shown in Table 2 and Figure 2.

Table 2. Nigeria's cumulative health system vulnerability to climate change

Highest vulnerabilities	High vulnerabilities	Medium vulnerabilities	Lower vulnerabilities
Most States in the North-West and North-East zones – Kebbi, Zamfara, Katsina, Kaduna, Jigawa Taraba, Bauchi and Yobe	Eastern parts of Niger and Kwara State in North Central zone, south parts of Cross Rivers State in South zone and Imo and Abia States in South-East zone	States in North-East and North Central zones	States in the South-West and South zones

[1] Nigeria's Vulnerability and Adaptation Assessment, 2024

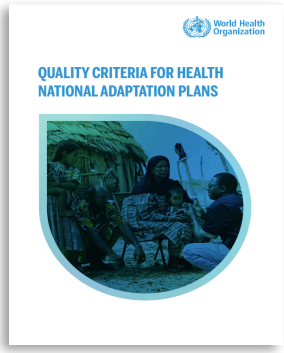
Figure 2. Nigeria's cumulative health system vulnerability to climate change

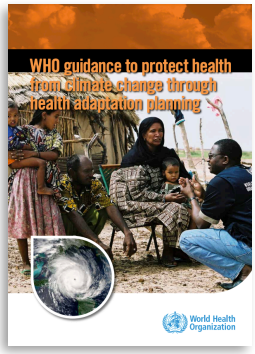


Nigeria's health system is very vulnerable to the impacts of climate change and is often overburdened by changing climate conditions. Nigeria's recent climate and health V&A assessment indicates several concerns regarding the effects of climate change impacts on an already underperforming health system, as summarised in Table 2.

Table 3. Summary of climate change implications on Nigeria's health system

Climate resilient building block	Climate change impacts
Leadership and governance	• **Difficulties in planning, disruptions to operations and increased costs**, due to unpredictability of weather patterns • **Multi-sectoral coordination efforts are required to mitigate the impacts** of climate change
Climate and health financing	• **Climate change undercuts financial resources budgeted for health service provision** – needing re-allocation of funds to treat new disease burden or re-design of healthcare programmes and services
Health workforce	• **Safety of health workers compromised** when carrying out duties under extreme weather conditions • **Increased workload** - overstretched health workers who have to cope with increased demand from climate health risks • **Increased occurrence of errors**, due to the unsuitable working environment (e.g. very high temperatures) and excessive workload
Vulnerability, capacity and adaptation assessment	• **Increased prevalence and incidence of climate health risks places new demand on the already week HMIS** to analyse disease impacts • **Increased amounts of health information that needs to be gathered and reported overwhelms the HMIS** and data availability for decision making • **Greater need for more climate and health research** to inform Nigeria's adaptation to climate change and build resilience • **Increased need for an integrated and cross sectoral EWS** that addresses health impacts of climate change
Integrated risk monitoring and early warning	
Health and climate research	





Climate resilient building block	Climate change impacts
Climate resilient and sustainable technologies infrastructure	• **Disruption to transport facilities/services** from extreme weather events leading to shortages of essential medicines and supplies • **Changes in temperature affecting storage conditions** for vaccines and drugs which causes many problems with the safety of drug use • **Flood water destroy medical equipment, drugs, and supplies**

Climate resilient building block	Climate change impacts
Environmental determinants of health 	• **Damage to health care facilities due to extreme weather** and decreasing access to water during droughts • **Reduced access to water during floods and extreme weather events** as water sources compromised and no longer 'safe' • **Disruption to power and energy sources impacts the operation of primary health care** and key services • **Health facilities must meet increased demand for services due to climate change** resulting from climate-sensitive health risks
Climate-informed health programmes 	
Emergency preparedness and management 	

1.3 Overview of the HNAP development process

Nigeria's HNAP was developed against international quality standards, including WHO's *Quality Criteria for HNAPs* and *Guidance to Protect Health from Climate Change through Health Adaptation Planning*, amongst others, as well as against other high-quality HNAPs from other country contexts. All methods and processes used to develop the HNAP were validated by the Federal Ministry of Health and Social Welfare (FMoH&SW) and the national Climate Change and Health TWG.

The development of the HNAP followed a structured, participatory and evidence-based approach that built on Nigeria's Climate and Health V&A. The HNAP was developed through extensive stakeholder consultations, including with the States, and supporting government leadership and enhancing capacity throughout. Summary details of the processes used to develop the HNAP are provided in Table 3. below

Table 4. Summary of the iterative process used to develop the HNAP

Phases	Key components
Inception phase – *August and September 2024*	a. **Consultation meetings with the FMoH&SW, Climate and Health TWG and development partners** – established modalities of working, scope and expectations; and capacities to be developed to support government ownership and leadership of the HNAP. b. **Initial TWG meeting** – established the HNAP aim and objectives; ways of working; capacities of the TWG members to develop; scope and expectations; and the approaches to develop the HNAP by building on good practices and WHO quality criteria. c. **Rapid background review** – together with the FMoH and the TWG, information to inform the HNAP was identified - primarily the V&A assessment report as well as relevant assessments and HNAPs from other countries.

Phases	Key components
Draft HNAP document – *September to November 2024*	a. **Key HNAP actions and implementation strategies** – detailed the actions and implementation strategies necessary to reduce the potential health risks from climate change as identified in the V&A. b. **HNAP actions and implementation strategies presented to FMoH, TWG and development partners** for inputs and validation. The TWG and other stakeholders – including stakeholders from other sectors – were widely consulted. A prioritisation matrix was developed to categorise the implementation activities and strategies as agreed with the FMoH and TWG. c. **Costed HNAP interventions** – detailed cost estimates of the agreed HNAP implementation activities were conducted with the FMoH&SW and stakeholders. d. **HNAP costings agreed in-person with FMoH, TWG and development partners -** for inputs and validation. e. **Agree the priority interventions for the HNAP** which were presented to development partners at COP26 and in a memo for approval by the National Council on Health (the highest policy making body for health in Nigeria)
Finalise HNAP report – *December 2024 to February 2025*	a. **Incorporated feedback** into final and costed HNAP document. b. **Developed final HNAP document.** c. **Presented draft HNAP report to FMoH, TWG** and development partners for final review, validation and approval. d. **Review and approval of the HNAP for publication** by the Coordinating Minister for Health and Social Welfare and the Permanent Secretary.

1.3.1 HNAP priority interventions

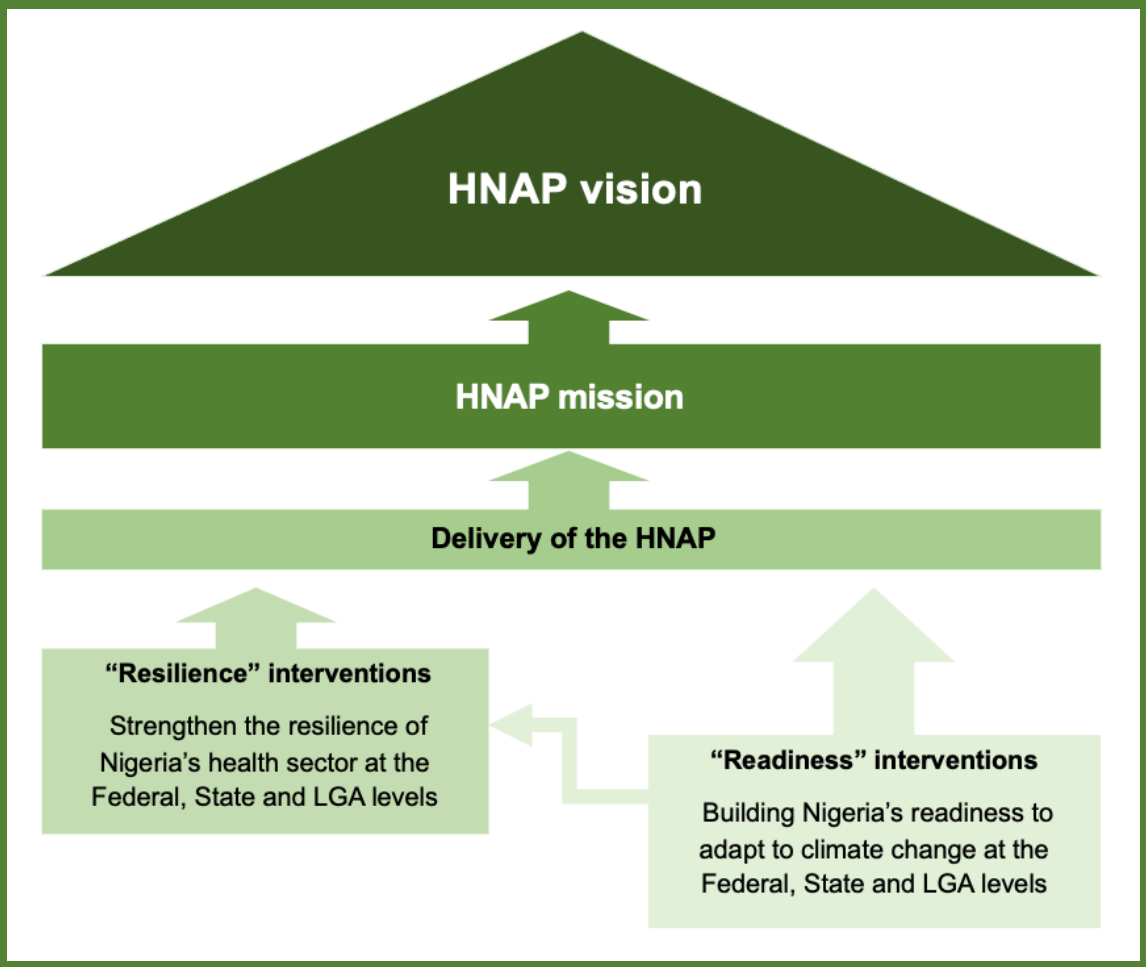
The core of the HNAP framework are the priority interventions that will be resourced, delivered, effectively governed and supported by robust monitoring, evaluation and learning (MEL). The HNAP interventions were prioritized through extensive consultations with the Federal and State MoHs; the national Climate and Health TWG, which includes key stakeholders from within the health sector as well as other allied ministries, departments and agencies (MDAs); donor agencies, development partners, and academia.

In extensive consultations with stakeholders, more than 120 identified interventions from the V&A assessment were developed, ranked and prioritised by stakeholders against a set of weighted criteria as seen in Table 5. The priority HNAP interventions were reviewed by key stakeholders from the national Climate and Health TWG in early November 2024, presented at CP29, and subsequently presented in a memo to the National Council of Health, and were approved later in the same month. The HNAP interventions are presented in the HNAP framework section in chapter 3.

Table 5. Weighted criteria that interventions were ranked and prioritised.

Criteria	Financing	Multisectoral co-benefits	Alignment to Government policies and plans
Definition	How feasible is it to get funding?	To what degree is the intervention beneficial to other sectors?	To what degree is the intervention aligned to the current government policies?
Criteria	**Gender and vulnerable groups**	**Scalability**	**Feasibility**
Definition	To what degree are gender and vulnerable groups impacted?	To what degree can the intervention be scaled to the different tiers of governance/ intervention?	How feasible is it to implement the intervention?

Together with stakeholders, interventions were prioritised over a five-year period, from 2025 – 2030, in line with the timeframe for the HNAP. Priority interventions were then split into two inter-connected and time-based categories; those which will build "readiness" and those that will build future "resilience" of Nigeria's climate change and health programme at the Federal, State and Local Government Authority (LGA) levels.


HNAP vision
HNAP mission
Delivery of the HNAP
"Resilience" interventions
Strengthen the resilience of Nigeria's health sector at the Federal, State and LGA levels
"Readiness" interventions
Building Nigeria's readiness to adapt to climate change at the Federal, State and LGA levels

2.2 HNAP interventions

The HNAP vision and mission are underpinned by a series of validated and approved interventions which are presented in the HNAP as two inter-connected and time-based categories which will build "readiness" and future "resilience" of Nigeria's climate change and health programme at the Federal, State and LGA levels, as outlined in Figure 4 and Table 6.

While the interventions are presented as distinct categories, it is important to note that readiness and resilience-building intervention categories are, to some degree, integrated and overlapping, meaning that some resilience interventions are already underway in Nigeria and others are expected to be starting within the first year of the delivery of the HNAP in order to ensure that as many people's health outcomes are protected from climate change as quickly as possible. Such interventions are marked with * in Table 5.

Figure 4. Summary of the HNAP's "readiness" and "resilience" interventions

Readiness" interventions

These interventions will enhance the capacities and institutional frameworks in the health sector and system to build essential foundations and future resilience against climate change. Readiness interventions fall under the following key themes:

a. **Initiating multisectoral and multilevel health-climate leadership and governance** - and delineate clear roles and responsibilities between institutions and stakeholders
b. **Identifying and securing financing for HNAP implementation to support programmes** at the Federal, State and LGA levels
c. **Building the capacity of national and sub-national sectoral institutions and stakeholders** to plan for and improve climate resilience in the health sector and system
d. **Further assess key climate and health priorities** at the Federal, State and LGA levels and develop plans that can be delivered to strengthen future climate resilience

"Resilience" interventions

These interventions will build from the foundational "readiness" interventions by responding to and addressing climate threats to Nigeria's health system over the longer-term. Resilience interventions fall under the following key themes:

a. **Improving the provision of climate-responsive and disaster-resilient health care** at the Federal, State and LGA levels
b. **Strengthen ongoing evidence-gathering and knowledge-management** for identifying, understanding and addressing climate-induced health risks and climate-sensitive diseases and health programmes
c. **Reinforcing the resilience of public health and environmental infrastructure and addressing vulnerabilities in the health supply chain**, including retrofitting the BEmONCs and CEmONCs to improve their climate resilience.
d. **Maintaining and improving community-level health outcomes**

Table 6. Nigeria's short-term adaptation priorities, years 0 - 2

Components	Priority interventions
Multisectoral and multilevel health-climate leadership and governance	Support the National Council on Climate Change (NCCC), Federal Ministry of Environment (FMoEnv) and the FMoH&SW to **integrate the HNAP into the NAP and NDCs processes** to ensure health is included in the national climate change priorities
	Assess the technical and operational capacity of national and sub-national sectoral policymakers, leaders, managers and climate change and health units to plan for and improve resilience in the health sector and system

Components	Priority interventions
Multisectoral and multilevel health-climate leadership and governance	Support the National Council on Climate Change (NCCC), Federal Ministry of Environment (FMoEnv) and the FMoH&SW to **integrate the HNAP into the NAP and NDCs processes** to ensure health is included in the national climate change priorities
	Establish multi-sectoral coordination mechanisms with clear responsibilities between the FMoH, State MoH and sector ministries and other agencies
	Develop performance and accountability measures for health leaders' commitments to climate and health
	Develop costed and measurable State implementation plans for climate change and health, with clear governance and delivery roles and responsibilities
Build the capacity of key institutions and stakeholders	**Develop an education and capacity building campaign for the national and sub-national health workforce** on the impact of climate change, including managing climate change events and public health emergencies
	Develop a national capacity building programme that will equip communities to respond to adverse weather events
Identify and secure financing	**Develop a domestic resource mobilization strategy** that includes pooled funding, climate insurance, strategic purchasing and other financing options
	Work with international development partners to secure catalytic financing aligned to and directly supporting the implementation of the HNAP
Further assess key climate and health priorities develop plans to strengthen future climate resilience	**Assess climate impacts on key health programmes** (e.g. malaria/vector borne diseases, maternal and child health, TB, HIV, zoonoses, malnutrition and mental health)
	Develop climate informed intervention plans for key health programmes
	Assess the climate resilience of the procurement and supply chain to identify key vulnerabilities and adaptations, including exploring low carbon supply chain alternatives
	Assess the role and potential vulnerabilities of laboratory services in addressing the future impacts of climate change on health
	Develop health service delivery contingency plans for extreme weather events
	Develop climate-resilient health infrastructure models and blueprints by type/level of health infrastructure *(*please note: at the time the HNAP was finalised this intervention for primary health care centres is ongoing.*
	Develop climate-informed health indicators for inclusion in DHIS2
	Develop one integrated climate change, health and environmental early warning system that is linked to other sectors and government departments

Table 6. Nigeria's medium-long term adaptation priorities, years 3 - 5

Components	Priority interventions
Improve the provision of climate-responsive and disaster-resilient health care at the Federal, State and LGA levels	**Operationalise and provide ongoing support to the established Federal and State multi-sectoral coordination mechanisms** that will strengthen multi-sectoral responses to climate change adaptations
	Roll out the education and capacity building campaign for the health workforce to enable them to understand and respond to the impacts of climate change
	Maintain and update integrated climate change, health and environmental early warning system
	Support and monitor service delivery contingency plans in response to extreme weather
	Train health workers and health information teams on how to collect, analyse, interpret and respond to new climate informed indicators
	Operationalise and provide ongoing support to track and monitor the defined performance and accountability measures and hold leaders to account
	Support States with technical capacity to deliver their adaptation plans for climate and health
	Build the technical and operational capacity of national and sub-national sectoral policymakers, leaders, managers and climate change and health units
	Support the delivery of climate informed health programme intervention plans (e.g., malaria/vector borne diseases, zoonoses, mental health etc)
Strengthen evidence-gathering and knowledge-management	**Build a cadre of climate change health researchers** e.g., on climate and health into master's degree programmes; training and mentorship for early and established researchers and research teams; including climate and health as a priority research theme in national priorities; partnerships with research institutes specialising in climate and health in other countries.
Reinforce the resilience of public health infrastructure supply chain	**Support the modification of infrastructure in the highest-risk and highest priority facilities** to ensure they are climate resilient *(*please note: at the time the HNAP was finalised, this intervention was already underway)*
	Support the upgrading of laboratories and staff capabilities, as directed by the assessment of laboratory systems climate vulnerability assessment
	Support the upgrading of the procurement and supply chain to be more resilient to climate change and introduce low carbon alternatives
Improve community-level health outcomes	**Support the delivery of the community capacity building programme**, building from the national community capacity assessment

3. Governance and implementation framework

3.1 Introduction

The main objective of the governance and implementation framework for the HNAP is to ensure strong leadership, governance and management arrangements for Nigeria's health sector and health system to effectively address the key climate related risks to health outcomes and to ensure the HNAP and Nigeria's climate and health programme is effectively delivered.

The governance and implementation framework outlines the operational modalities and plans to ensure the HNAP aligns with other similar coordination and management frameworks in the health sector, especially the Sector Wide Approach (SWAp). The governance and implementation framework also aligns with other key sectors that are impacted by climate change and which the health sector will partner with through an integrated "one-government" approach to effectively address climate change. The framework aligns with Nigeria's NAP and NDC to ensure synergy across sectors.

3.2 HNAP governance and implementation framework

The governance structure provides the framework of authority, rules, practices, processes and accountability that will define the controls, outputs, and benefits from the HNAP. The governance and implementation arrangement employs horizontal (coordination of activities by MDAs at Federal and States levels), and vertical (all tiers of government – Federal, State, and LGAs; and all tiers of the healthcare delivery system – tertiary, secondary, and primary) integration in all aspects of the development, implementation, and MEL of the HNAP process.

Box 2. Objectives of Nigeria's HNAP governance

1. **Provide oversight and set direction** with regards to policy, strategy and implementation
2. **Ensure alignment of the HNAP with national health, environmental, and climate change ambitions**, including the NAP and NDC
3. **Ensure accountability** for the effective delivery of the HNAP
4. **Define, coordinate and align roles, responsibilities, and decision-making authorities** across the FMoHSW through the Public Health Department, Federal MDAs, State governments and MoHs, as well as the LGAs and community levels
5. **Support the coordination of key partners and stakeholders across multiple sectors** (beyond the health sector) and MDAs to deliver the HNAP
6. **Establish effective financial controls** by overseeing the establishment of a dedicated Financial Management Unit within the HNAP governance structure

The key roles and functions of the HNAP governance and implementation framework are summarised in the text below and especially Figure 5 and Table 7. The framework is fully aligned with and supports Nigeria's health SWAp governance and delivery arrangements – at both the Federal and State levels. This places a focus on coordination across multiple partners with an aligned focus on one plan, one budget and one MEL framework. The HNAP will be governed at the highest level by the HNAP National Steering Committee (NSC) which will be supported at the Federal level through a results-oriented HNAP TWG, under which thematic working groups will operate. At the State level, it is suggested that State Climate and Health Adaptation Plan Implementation Committee – or similar will be established, and also LGA Climate and Health Adaptation Plan Implementation Committees; although it is recognised that the governance and implementation frameworks may differ between the States.

3.2.1 National-level governance and implementation framework

As outlined in Figure 7, the HNAP NSC will serve as the overall national-level governance and implementation mechanism. It will act as the oversight and accountability lead,

providing strategic direction and making high-level decisions. The HNAP TWG will drive HNAP operational activity and delivery and will be supported by technical and thematic working groups. Several stakeholders from relevant sectors will be involved in the national level governance and implementation arrangements, as outlined in Table 7 below. Details on the national level governance and implementation arrangements are provided in Table 8.

Figure 5. HNAP governance and implementation framework

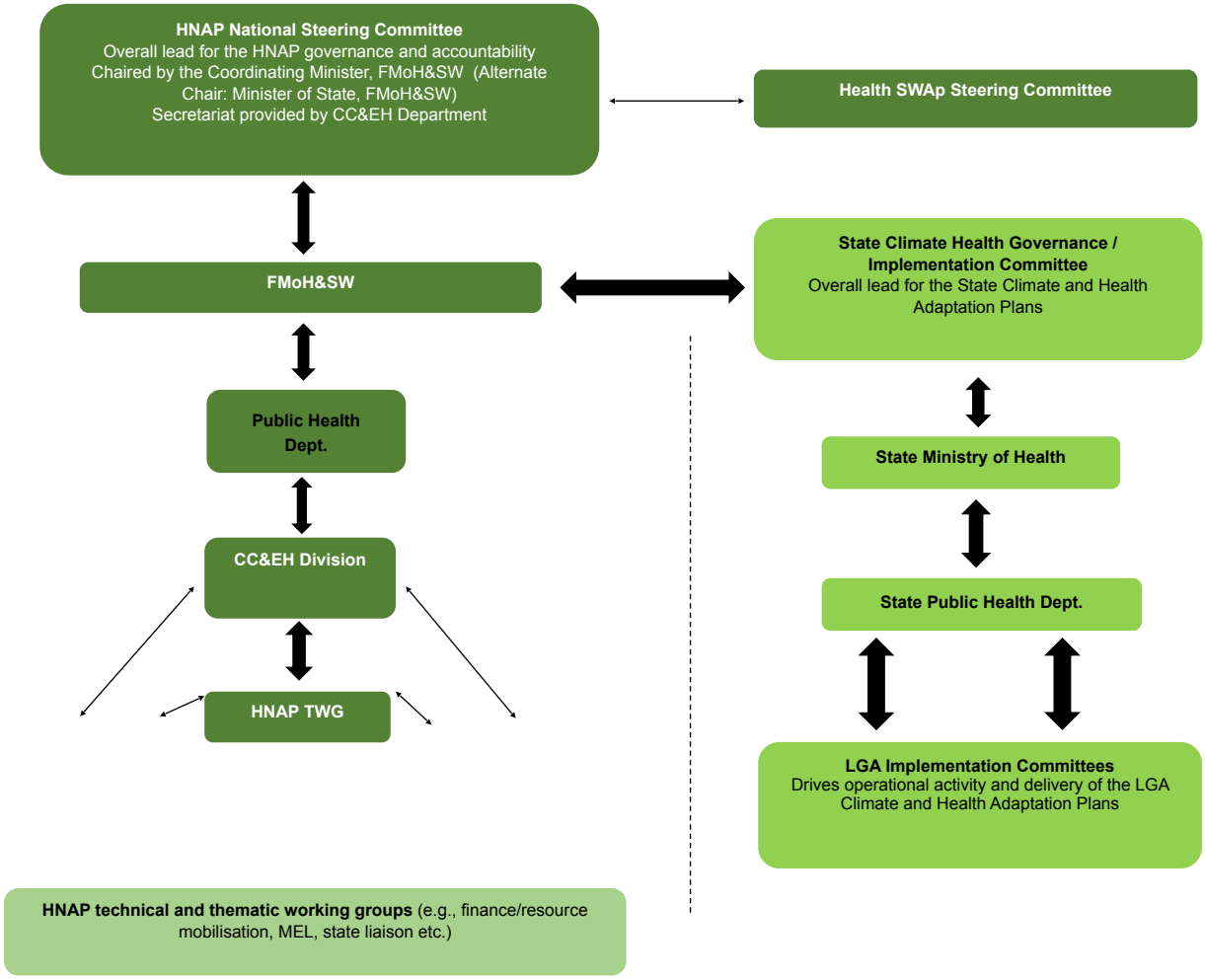


Table 7. National-level stakeholder's roles and responsibilities for the HNAP governance and implementation

Agency	Primary role	Key responsibilities
FMoH	Lead policy, coordination, and implementation oversight of the HNAP delivery	• Guides the implementation of key actions and interventions. • Responsible for oversight functions, helping to coordinate assistance to States in: developing their State Climate and Health Adaptation Plans, capacity development, and provision of technical assistance. • Supervise and serves as the lead for HNAP implementation • Identifies and helps to coordinate funding sources to

Public Health Department	Lead oversight for coordination and implementation of HNAP activities within the FMoH&SW	• Primary responsibility for coordinating the HNAP activities • Coordination of climate--health activities with multi-sectoral agencies, key stakeholders, and development partners
CC&EH Division	Lead coordination and implementation of HNAP activities	• Serves as the main division in the FMoH for the delivery of the HNAP • Provides secretariat for NSC • Routinely monitors the HNAP deliverables
Multi-sectoral MDAs	Provide inputs into the governance (NSC membership) and support for the delivery of the HNAP	• Provide and share knowledge and data on climate change and extreme weather events challenges • Ensure inter-agencies technical and resource support for climate-risks interventions • Support the integration of HNAP interventions that are dependent on working across multiple-sectors and engage HNAP TWG and relevant governance bodies
Development partners	Provide inputs into the governance (NSC membership) and technical and financial support for the delivery of the HNAP	• Expert and technical advisory support and interventions on different aspects of climate change adaptation, and mitigation interventions including addressing gender-based issues • Providing international best practices and technical expertise • Financing of selected HNAP interventions • Coordinate and align support to deliver HNAP priorities • Engage HNAP TWG and NSC

Table 8. National-level institutional arrangements

Structure	Primary role	Description	Key responsibilities	Key positions	Meeting
HNAP NSC	Overall lead for the HNAP governance and accountability	The NSC will serve as the primary oversight and accountability lead, providing strategic direction and making high-level decisions. Membership shall be multi-sectoral and bring together senior level leadership.	• Ensuring an effective HNAP accountability mechanism • Ensure coherence of HNAP implementation with national policy ambitions including the NAP and NDCs, health sector blueprint and international climate commitments • Leverage high-level partnerships in multiple sectors and	**Chair** • Coordinating Minister for FMoH&SW **Alternate Chair:** • Hon. Minister of State/Permanent Secretary, FMoH&SW **Secretariat** *Environmental Health and Climate Change (EH&CC) Division, FMoH	Every six months
TWG	Core task group that drives operational activity and delivery of the HNAP	In line with the health SWAp, the TWG will be very task focused and not serve as a traditional TWG model. The TWG will be responsible for the routine delivery of the HNAP and will report on progress to the NSC. It will comprise of key agencies and development partners focused on delivery and implementation	• Oversight for delivery of all HNAP implementation activities • Provides direction and guidance on approach to implementation of HNAP actions • Provides upwards technical advice to the NSC • Coordination and lead for the sourcing of HNAP finance and funding • Coordination and lead for sourcing for technical and	**Co-chairs** • Director of Public Health, FMoH&SW • Development partner representative **Secretariat** EH&CC Division, FMoH&SW	Monthly

3.2.2 State-and LGA-level governance and implementation framework

In late 2024, the interventions of the HNAP - as described throughout this document – were agreed with all States via a memo that was ratified with the National Council for Health. Under this memo, States agreed to domesticate the HNAP to the subnational level by developing State Climate and Health Adaptation Plans. These plans will guide the priorities and delivery of interventions in the States and LGAs in order to support Nigeria's localised health systems, health sectors, health determining sectors and communities to adapt to climate change to reduce the impact on health outcomes.

Each State in Nigeria will develop their own State Climate and Health Adaptation Plans - and supporting governance and implementation frameworks – in the manner that they deem to be most effective given their local context. The rest of this chapter makes suggestions for the State governance and implementation frameworks. These suggestions should be considered as minimum standards rather than prescriptive directives. In all cases, guidance on developing State Climate and Health Adaptation Plans and governance and implementation frameworks will be provided by the Federal levels to the States for consideration.

It is suggested that the governance and implementation of the State Climate and Health Adaptation Plans should also mirror the SWAp arrangements and be coordinated through a State Climate and Health Adaptation Plan Implementation Committee or similar, which will be supported through LGA Implementation Committees. Table 9 and Table 10 provides summary details on the suggested key stakeholder roles and responsibilities at the State and LGA levels.

Table 9. State- and LGA-level stakeholder's roles and responsibilities for the HNAP governance and implementation

Agency	Primary role	Key responsibilities
SMoH	Lead policy, coordination, and implementation oversight of the State Climate Health Adaptation Plans	• Oversight and overall governance for climate change and health actions in the States and LGAs • Domestication of the HNAP into specific State Climate and Health Adaptation Plans • Coordination of support to LGAs' in developing their respective adaptation plans • Oversight and coordination of Implementation of State Climate and Health Adaptation Plans • Coordinate with other MDAs across sectors to integrate multi-sectoral HNAP interventions
LGAs	Coordination of climate change health adaptation and resilience-building at LGA and communities	• Oversight and overall governance for climate change and health actions in the LGAs • Adaptation of the State Climate and Health Adaptation Plans • Plans into specific LGA context specific priorities for implementation • Coordination of support to communities and health facilities to deliver and monitor the LGA delivery • Coordinate with other MDAs across sectors to integrate multi-sectoral HNAP interventions • Awareness creation, advocacy, and education on climate

Table 10. State- and LGA-level institutional arrangements

Agency	Primary role	Description	Key responsibilities	Key position	Meeting frequen
State Health Adaptation Plans Implementation Committee	Overall lead for the State Climate and Health Adaptation Plans' governance and	Will serve as the primary oversight and accountability lead, providing direction and decisions on the State Climate and	• Ensures an effective accountability mechanism for the State Climate and Health Adaptation Plans • Ensures coherence of State Climate and Health Adaptation Plans implementation and alignment with the HNAP •	**Chair** Commissioner of SMoH **Secretariat** Public Health	Every six months
LGA Implementation Committee	Task groups that drive operational activity and delivery of the LGA Climate	Will be responsible for the routine delivery of the LGA interventions at the	• Delivery of LGA Climate and Health Adaptation Plans • Routine monitoring of the State Climate and Health Adaptation Plans • Liaison and support to	**Chair LGA** Chairman **Secretariat** Public	Every two months

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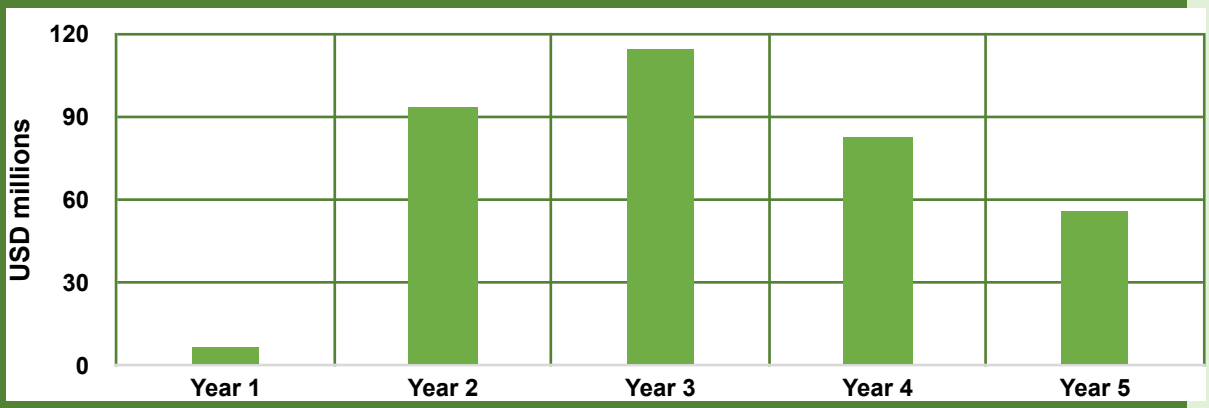


The vast majority of the HNAP budget (USD 340 million, 93%) is linked to resilience activities, with the remaining USD 25 million (7%) of the budget allocated to readiness interventions.

included in interventions under the climate-informed health programmes theme. The technology and infrastructure building block interventions are similarly characterised by a focus on tangible interventions including improving infrastructure in healthcare facilities, improving laboratory infrastructure and systems to enable them to support the needs of the population under future climate changes, improving staff technical capacity, and upgrading the procurement and supply chain to become more climate-resilient.

Figure 9. Cost breakdown by health building block/programme theme
T h e

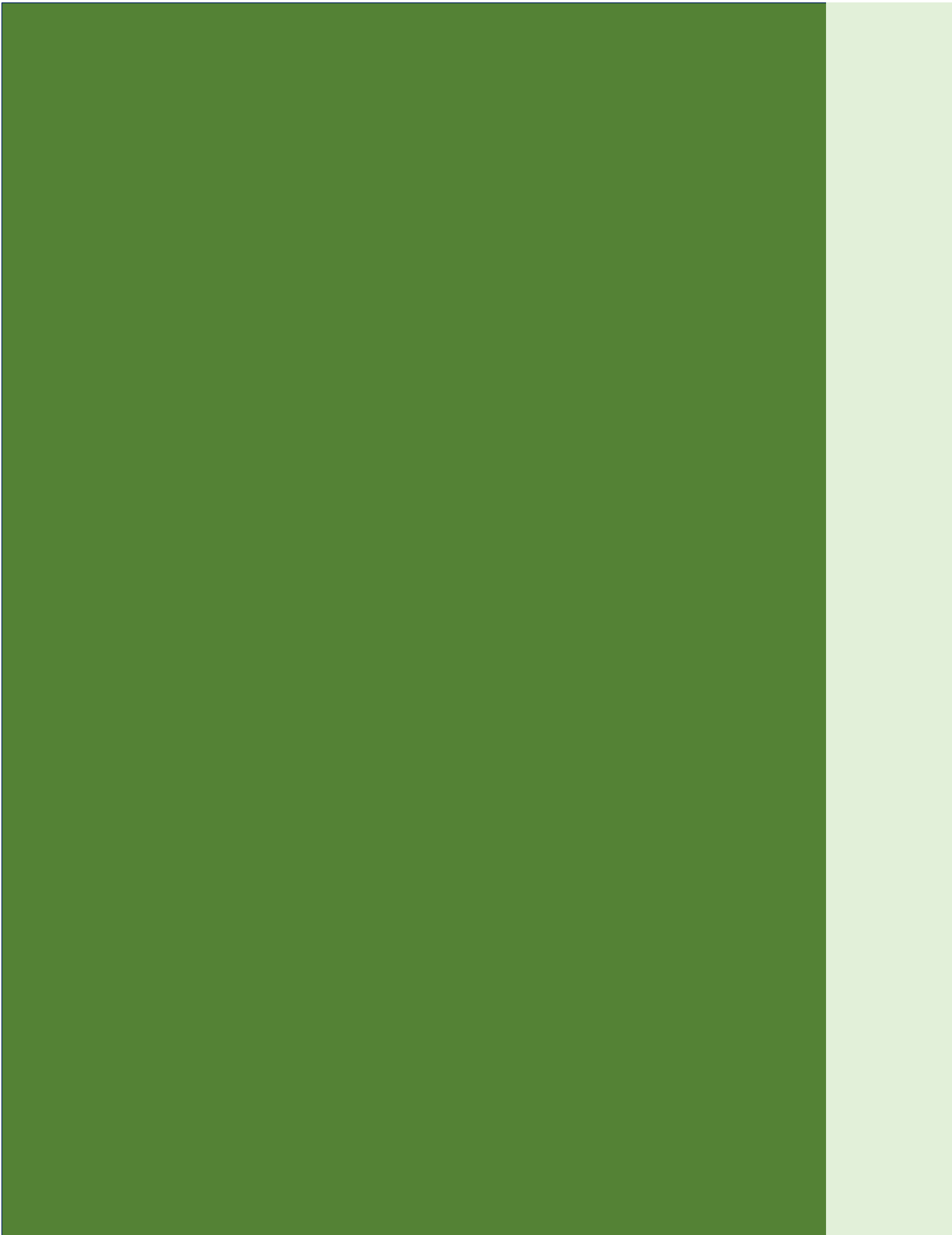
HNAP summary budget is presented below in Table 12 and the full budget is presented in Annexe 1.

Table 12. HNAP summary budget

Buildin g	Prioritised Interventions	Year 1	Year 2	Year 3	Year 4	Year 5	Total (USD
Leader ship & govern ance	Assess the technical and operational capacity of national and sub-national sectoral policymakers, leaders, managers and climate change and health units to plan for and	579,700	204,000	85,000			868,700
	Build the technical and operational capacity of national and sub-national sectoral policymakers, leaders, managers and climate	648,000	593,000	312,000	176,000	136,000	1,865,000
	Establish multi-sectoral coordination mechanisms and clear roles and responsibilities between the FMoH, State MoH, LGAS, SWAp coordination group, NPHCDA, NCCC and NCDC and other sector MDAs (this will include the development of	317,000	197,000	237,000	197,000	237,000	1,185,000
	Operationalisation of climate and health units	170,000	100,000	90,000	90,000	90,000	540,000
	Operationalise and provide ongoing support to the established multi-sectoral coordination mechanisms	344,000	52,000	17,000	17,000	17,000	447,000
	Operationalise and provide ongoing support to track and monitor the defined performance and accountability measures and hold leaders	104,000	405,000	197,000			706,000
	Develop costed and measurable State implementation plans for climate change and health, with clear governance and delivery	373,000	205,000	205,000			783,000
	Support States to develop and deliver on their implementation plans for climate and health	1,430,000	4,475,000	340,000	285,000	285,000	6,815,000
	Total: Leadership & governance	3,965,700	6,031,000	1,483,000	765,000	765,000	**10,191,700**
Climat e & health financi ng	Develop a domestic resource mobilization strategy (and other innovative financing mechanisms and PPP e.g., climate insurance for marginalised communities, CDM, Specialised Financial Institutions) that	155,000	95,000	40,000	45,000	20,000	355,000
	Secure climate change and health co-funding opportunities (national, regional, and global) to support Nigeria's climate change and health	112,000	297,000	25,000	195,000	15,000	644,,000
	Total: Climate & health financing	267,000	392,000	65,000	240,000	35,000	**999,000**
Health workfo rce	Develop an education and capacity building campaign for the national health workforce on the impact of climate change, including managing climate change events and public	320,000	335,000	45,000	300,000	45,000	1,045,000
	Roll out the education and capacity building campaign for the national health workforce	111,000	111,000	83,000	83,000	83,000	471,000
	Total: Health workforce	431,000	446,000	128,000	383,000	128,000	**1,045,000**
Vulner ability, capacit y & adaptat	Support the NCCC, FMEnv and FMoH to integrate the HNAP into the NAP and NDC processes to ensure health is included in the	30,000	15,000	15,000	15,000	15,000	90,000
	Total: Vulnerability, capacity & adaptation assessment	30,000	15,000	15,000	15,000	15,000	**90,000**
Integra ted risk monito ring & early warnin g	Develop climate-informed health indicators for inclusion in DHIS2	632,000	740,000	520,000	520,000	520,000	2,932,000
	Develop one integrated climate change, health and environmental early warning system that is linked to other sectors/MDAs	60,000	295,000				355,000
	Train health workers and health information teams on new climate-informed indicators	90,000	515,000	235,000	235,000	90,000	1,165,000
	Total: Integrated risk monitoring & early warning	782,000	1,550,000	755,000	755,000	610,000	**3,287,000**
Health	Assess climate impacts on key health programmes (e.g. RMNCAH, malaria/vector borne diseases, zoonoses, mental health etc)	115,000	130,000	100,000	100,000	100,000	545,000

Buildin & climate researc h	Develop climate informed intervention plans for key health programmes	40,000	282,000	55,000	40,000	40,000	457,000
	Build a cadre of climate change health researchers and Career Specialists	150,000	185,000	190,000	445,000	120,000	1,090,000
	Total: Health & climate research	305,000	315,000	345,000	585,000	260,000	**2,092,000**
Technology & infrastructure	Develop climate-resilient health infrastructure models and blueprints by type/level of health infrastructure and vulnerabilities that will be faced (i.e., extreme weather events)	490,000	885,000	145,000	65,000	65,000	1,650,000
	Support the modification of infrastructure in the highest-risk facilities, Basic Emergency Obstetric and Newborn Care (BEmONCs) and Comprehensive Emergency Obstetric and Newborn Care (CEmONCs) to ensure they		27,940,000	27,970,000	19,610,000	30,000	75,550,000
	Assess laboratories and staff capacity to respond to the impacts of climate change	5,000	800,000				805,000
	Support the upgrading of laboratories and staff capacity		400,000	4,198,000	4,198,000		8,796,000
	Assess the climate resilience of the procurement and supply chain, including exploring low carbon supply chain alternatives	200,000	1,200,000	300,000			1,700,000
	Support the upgrading of the procurement and supply chain to be more resilient to climate change and introduce low carbon alternatives		840,000				840,000
	Total: Technology & infrastructure	695,000	30,780,000	32,613,000	23,873,000	95,000	**13,791,000**
Emergency preparedness & management	Develop health service delivery contingency plans for extreme weather events	600,000	745,000	680,000	680,000	600,000	3,305,000
	Support and monitor service delivery contingency plans in response to extreme weather	570,000	4,470,000	2,400,000			7,440,000
	Develop national capacity building programme that will equip communities to respond to adverse weather events	260,000	960,000	1,660,000	260,000	260,000	3,400,000
	Support the delivery of the community capacity building programme		2,730,000	200,000			2,930,000
	Monitoring & evaluation framework & feedback mechanism		50,000	400,000	150,000	150,000	750,000
	Total: Emergency preparedness & management	1,430,000	8,955,000	5,340,000	1,090,000	1,010,000	**17,825,000**
Climate-informed health programmes	Support the delivery of the climate informed health programme intervention plans - waterborne diseases	1,150,000	14,120,000	14,120,000	1,210,000	1,210,000	31,810,000
	Support the delivery of the climate informed health programme intervention plans - vector borne diseases	3,000,000	15,850,000	13,110,000	7,850,000	5,110,000	44,920,000
	Support the delivery of the climate informed health programme intervention plans - malnutrition and food borne diseases	3,560,000	7,130,000	5,560,000	5,130,000	5,560,000	26,940,000
	Support the delivery of the climate informed health programme intervention plans - respiratory	2,780,000	4,810,000	5,030,000	3,810,000	2,780,000	19,,210,000
	Support the delivery of the climate informed health programme intervention plans - zoonosis	2,180,000	2,580,000	2,580,000	2,580,000	2,580,000	12,500,000
	Support the delivery of the climate informed health programme intervention plans - NCDs	3,560,000	3,560,000	3,560,000	3,560,000	3,560,000	17,800,000
	Support the delivery of the climate informed health programme intervention plans - mental health	4,050,000	3,300,000	4,800,000	3,300,000	4,800,000	20,250000
	Support the delivery of the climate informed health programme intervention plans - RMNCAH	4,460,000	14,160,000	14,660,000	11,960,000	4,460,000	49,700,000
	Total: Climate-informed health programmes	24,740,000	65,510,000	63,420,000	39,400,000	30,060,000	**154,230,000**

Buildin	Prioritised Interventions	Year 1	Year	Year	Year	Year	Total (USD
HNAP secretariat	Dedicated project staff	365,000	365,000	365,000	365,000	365,000	1,825,000
	Equipment & consumables	210,000	155,000	155,000	155,000	155,000	830,000
	Audits & evaluation			100,000		80,000	180,000
	Total: HNAP secretariat	575,000	520,000	720,000	520,000	680,000	**2,835,000**
Total		**7,057,383**	**93,133,1**	**115,764,0**	**83,435,0**	**56,000,0**	**354,735,7**



identification and selection of external funding and support for Nigeria's health sector: catalytic investment, harmonised partner support, government ownership, domestic resource mobilisation, strategic partnerships, and leveraging existing support. These principles ensure that funding aligns with HNAP objectives and contributes to the long-term sustainability and impact of Nigeria's climate adaptation efforts in health. Prospective funding sources should be evaluated against these principles.

Table 14. Guiding principles for resource mobilisation of the HNAP

Resource mobilisation principle	Relevance to Nigeria's HNAP
Catalytic investment 	The resource mobilisation framework will initially focus on attracting catalytic investments from donors and development partners to launch and accelerate the implementation of the HNAP. These initial investments will demonstrate the HNAP's impact and potential for sustainability while building the capacity of government, partners, and other stakeholders in the health sector and system to plan for, implement, manage funds, and report on resources received.
Harmonised partner support 	A critical innovation in Nigeria's HNAP resource mobilisation approach, this principle emphasizes the establishment of an aligned and coordinated funding mechanism, driven by health development partners, to effectively support the Nigerian government in achieving its HNAP priorities. Rather than fragmented funding streams, this approach fosters a unified and synergistic effort amongst partners, ensuring resources are strategically channelled to maximize impact and reduce duplication. This collaborative model strengthens government ownership and leadership, while leveraging the collective expertise and resources of development partners to efficiently and effectively implement the HNAP.
Government ownership 	While initial donor support is crucial, the long-term sustainability of the HNAP hinges on the commitment and ownership of federal and State governments. The resource mobilisation plan will outline a strategy for progressively transitioning funding responsibility to these domestic partners as the HNAP gains momentum and achieves critical mass. This approach will help to strengthen institutions, establish fiduciary safeguards, and demonstrate a track-record of successful resource mobilisation to facilitate further investment in future phases of the HNAP.
Domestic resource mobilisation 	A strong domestic resource mobilisation approach will reduce dependence on external funding, which can be unpredictable and subject to competing priorities. This strategy will involve leveraging existing and new domestic sources, such as government budgets (including new efficiency measures such as procurement reform), potential new taxation schemes for certain unhealthy products, and innovative financing mechanisms like green bonds. This approach will promote greater autonomy and control over financial resources, enabling Nigeria to prioritize and address its unique climate-health challenges effectively.
Strategic partnerships 	Collaboration with donors will extend beyond financial support. The resource mobilisation plan will emphasize building strategic partnerships to leverage technical expertise, modalities of implementation, share best practices, strengthen institutional capacity, and establish sustainable implementation processes with domestic partners.

Resource mobilisation principle	Relevance to Nigeria's HNAP
Leveraging existing support 	The resource mobilisation process will capitalize on existing donor support in cross-sectoral services and planning. The framework will facilitate the identification of existing funding streams relevant to HNAP activities, enabling a comprehensive gap analysis and the development of targeted resource mobilisation strategies.

5.3 Potential financing sources for the HNAP

While there are some partners already funding key HNAP interventions, it is evident that Nigeria needs to mobilise significant resources to finance the delivery of the HNAP. This will likely require tapping into a diverse range of funding streams, as health adaptation remains a relatively new and still developing area for dedicated financing in Nigeria.

It is recommended that financiers of the HNAP should consider pursuing a 'fund agnostic' or diversified funding strategies, carefully matching interventions to the most appropriate financing sources based on their specific needs, circumstances, and long-term development goals. When considering financing sources for the HNAP interventions and delivery, it is essential to compare the relative merits of potential partners and/or funders and the different types of financing that they can provide. Each type of funder and type of finance has its own advantages and disadvantages that must be carefully evaluated.

With this in mind, an analysis of potential funders, their advantages and advantages, and the types of finance that they provide is summarised in Table 16 below. The full HNAP resource mobilisation strategy will build upon these summary details when it is developed early into the implementation of the HNAP.

Table 16. Potential sources of finance for the HNAP

Funder	Advantages	Disadvantages	Types of finance
Climate funds (e.g. Green Climate Fund, Adaptation Fund, etc)	• Climate funds offer dedicated funding specifically for climate change initiatives • Grants are often allocated at the country level so there is scope for large projects • Technical	• Climate fund applications often involve complex and lengthy processes • Securing funding requires federal coordination, which can increase the complexity of implementation and governance • Available funding may	• Grants (funding provided without the expectation of repayment) • Concessional loans (offering below-market interest rates) • Commercial loans (market-rate interest) • Guarantees (a commitment to cover
Development finance institutions (DFIs) (local and international e.g. the Nigerian Investment Bank, World Bank,	• Often provide substantial funding, enabling support for large-scale projects and initiatives • Offer flexibility in the types of projects they fund, considering a wide range of sectors and technologies, which can foster innovation • Often have established relationships with	• May prioritize sectors other than climate change and/or health, potentially limiting funding opportunities for HNAP interventions • Primarily offer loans, rather than grants, which require repayment and may not be suitable for all projects, especially those with limited revenue streams • Climate-resilient health systems may not be a primary focus for all	• Commercial loans (market-rate interest) • Equity investments (providing capital in exchange for a share of future profits) • Guarantees (a commitment to cover losses in case of default or other specified events)
Bilateral donors (e.g., FCDO, GIZ)	• Engaging with bilateral donors is often on the back of established relationships and track records, fostering collaboration and partnerships in the global health arena. This can facilitate the sharing of knowledge, best practices, and resources, leading to improved health outcomes • Often have	• Over-reliance on external funding can create dependency, making it challenging to sustain health programs if donor priorities shift or funding is withdrawn • While external funding can provide much-needed resources, it may not always foster local ownership and in-house capacity development. This can limit the sustainability of health programs and hinder the development of strong, self-reliant	• Grants (funding provided without the expectation of repayment) • Concessional loans (offering below-market interest rates) • Commercial loans (market-rate interest) • Guarantees (a commitment to cover losses in case of default or other specified events) • Debt relief
Philanthropies (e.g., Rockefeller Philanthropies, Gates Foundation, Wellcome	• Innovative financing (green bonds, challenge funds, etc.) can target specific climate-induced health challenges in flexible ways • New and "big" ideas and innovations can be funded through less formal processes	• Funding is rarely of a scale/size needed for large-scale interventions • Philanthropies may have specific thematic priorities and funding criteria that don't fully consider the complex and multifaceted nature of climate-health challenges. This can limit the scope of fundable projects and	• Grants (funding provided without the expectation of repayment) • Charitable donations (donations from individuals, corporations, and other foundations to support philanthropic work) • Endowments (long-term investment funds that generate income to

Funder	Advantages	Disadvantages	Types of finance
Combined/ blended funding approaches	• Synergy and optimisation - combining different funding sources allows for leveraging the strengths of each while mitigating their weaknesses. This can lead to more comprehensive and	• Managing multiple funding sources with different requirements and procedures can be complex and burdensome • Aligning the objectives and priorities of different funding sources can be challenging and require careful negotiation.	• Combinations of all of the financing sources listed above

6. Monitoring, evaluation and learning

6.1 Introduction

Adaptation in Nigeria's health sector, health system and health outcomes is an ongoing process which requires routine and effective Monitoring, Evaluation and Learning (MEL) and knowledge management to continuously understand how, and to what extent, interventions are offsetting worsening climate risks and managing its impacts. Understanding the implications of climate change on Nigeria's health sector, health system and health outcomes on an ongoing basis is especially critical as impacts are expected to intensify more rapidly and become harder to predict over time.

Box 4. HNAP MEL objectives

MEL of Nigeria's HNAP is conducted to monitor activities, assessing the outputs, key milestones, outcomes, and impacts of the HNAP to:

1. Identify and address barriers, blockages, and challenges in real time, to avoid maladaptation and unintended negative consequences;
2. Report on the progress and effectiveness of the HNAP, by leveraging insights from continuous tracking, assessment, and learning activities;
3. Collate learnings to inform periodic updates on the implementation of HNAP, serve as a guide for updates of allied documents (NAP, NDC, etc.) and direct additional research;
4. Support accountability and transparency, including donor and domestic spending and financial flows;
5. Catalyze actions of other stakeholders, including sub-national counterparts, to pursue resilience building population's health and health system in order to maximise impacts;
6. Leverage demonstrated outcomes to support the mobilization of international finance; and
7. Align and integrate HNAP MEL with other climate and health sector processes, systems and reporting structures, including the health SWAp, NAP and NDCs, as well as HMIS and DHIS2

The HNAP's MEL framework and plan provides a structured, accessible, practical and straightforward approach for the FMoH&SW, NSC and stakeholders at the national and sub-national levels to routinely monitor progress, evaluate results, and facilitate learning for HNAP processes and interventions to achieve the intended results. The full objectives of the HNAP MEL plan and framework are outlined in Box 4.

The MEL plan and framework cover all the HNAP interventions which are presented in full in section 2 and the HNAP ToC summarised in section 6.2 below, although recognising that some interventions (particularly those that are scheduled to start during the later years in the "resilience" stage of the HNAP delivery) will continue to evolve. In such cases the indicators and respective MEL framework elements will, therefore, need to be updated to reflect such changes and modifications. The MEL plan also outlines the framework and processes required to be adaptive and responsive to changes in contexts, intensifying climate risks, and the latest information and understanding of the situation on Nigeria's health sector, health system and health outcomes.

The MEL plan and framework is intended to support national iterations of the HNAP that are expected to occur over the life of the delivery of the HNAP and can be adapted for use to support the planned development and delivery of State adaptation plans, sectoral frameworks and other complementary activities and programmes. This MEL plan and framework will be overseen and implemented by the FMoH&SW, specifically the Division for CCEH with oversight and guidance by the Department of Planning, Research and Statistics

(DPRS) led by its Director, with inputs and contributions from other MDAs (including FMoEnv and NCCC) as outlined in the roles and responsibilities outlined throughout this chapter.

2. Theory of Change

The MEL plan and framework is informed by, and aligned to, the theory of change (ToC) for the HNAP (see Box 5 and Figure 11), which describes the internal logic of the HNAP, demonstrating how the activities, outputs and outcomes combine to achieve the HNAP's goal and impact.

Box 5. HNAP ToC narrative

IF policies, plans, frameworks, mechanisms and technical capacity are in place **AND** climate threats to Nigeria's health sector, health system and health outcomes are identified and addressed **THEN** the capacity and institutional frameworks for building resilience will be enhanced **AND** the vulnerability of Nigeria's health sector, health system and health outcomes (adaptive capacity, sensitivity, resilience) will be reduced **IN ORDER TO** reduce climate change-related morbidity and mortality in Nigeria.

The ToC guides the MEL plans (see Annex 3) to determine the corresponding, collective and cumulative indicators for measuring impact at different levels. Indicators are aligned and cumulative across interventions and outputs, to induce necessary transformation of the health sector, health system and health outcomes. Additionally, coherence and coordination between and across implementing actors supports converging discrete results to the HNAP's core outcomes and impact.

3. Guiding principles

The HNAP MEL plan and framework is underpinned by key guiding principles and best practice standards that are outlined in Box 6 below. These principles and standards will support the management and delivery of the HNAP's MEL plan and framework throughout the duration of the HNAP. Further information on these principles is included in Annex 3.

Figure 11. HNAP MEL Guiding Principles

- Partnership and shared responsibility
- Vertical and horizontal integration
- Accountability and transparency
- Open and inclusive learning
- Data clarity and quality

Figure 11. HNAP ToC

Outputs		Outcome		Impact
Multisectoral and multilevel health-climate leadership and governance established with clear roles and responsibilities between institutions and stakeholders	>	Enhanced capacity and institutional frameworks for building resilience in the health sector, health system and health outcomes (READINESS)	>	**Climate change-related morbidity and mortality reduced**
Capacity of national and sub-national sectoral institutions and stakeholders built to plan for and improve climate resilience in the health sector	>		>	
Financing identified and secured for HNAP implementation to support programmes at the Federal, State and LGA levels	>		>	
Key climate and health priorities assessed at the Federal, State and LGA levels and plans developed that can be delivered to strengthen future climate resilience	>	Vulnerability of Nigeria's health sector, health system and health outcomes (adaptive capacity, sensitivity, resilience) reduced (RESILIENCE)	>	
Improved provision of climate-responsive and disaster-resilient health care at the Federal, State and LGA levels	>		>	
Strengthened ongoing evidence-gathering and knowledge-management for identifying, understanding and addressing climate-induced health risks and climate sensitive diseases and	>		>	
Increased resilience of public health and environmental infrastructure and addressing vulnerabilities in the health supply chain, including retrofitting the highest risk facilities, BEmONCs and	>			
Improved community-level health outcomes through climate-informed health programming and capacity-building	>			

4. MEL plan

Acknowledging the evolving circumstances of funding and implementing the HNAP, a set of core priority indicators was selected by HNAP stakeholders to inform the initial 2 years of the MEL Plan, to be reviewed and expanded during implementation. These indicators will track the initial progress and development of the HNAP, as well as ensure alignment with ongoing projects and processes. Targets and ambition are to be confirmed with government and donors on the basis of funding availability. These indicators map onto some of the outputs of the Theory of Change, although not comprehensively, as certain outputs refer to interventions only taking place in the later years of implementation.

Table 17. HMAP MEL plan, years 0 - 2

Priority Interventions	Core indicator (target)	Means of verification	Frequency of reporting
Support NCCC, FMoEnv and the FMoH&SW to integrate the HNAP into the NAP and NDCs processes to ensure health is included in the national climate change priorities	c. HNAP priority interventions and data included in NAP and NDCs updates (target: *x% of interventions included*) d. Health mainstreamed in NAP and NDC updates (target: *health priorities discussed in reflected/discussed in NAP and NDC updates*)	NAP; NDC	Alongside NDCs, NAP update timeline
Establish multi-sectoral coordination mechanisms with clear responsibilities between the FMoH&SW, State MoH and sector ministries and other agencies	c. Multi-sectoral climate-health coordination mechanism (Task Group and HNAP National Steering Committee) established with respective TOR (target: *# in place by X date*) d. Functional chair/deputies in place and regular meetings taking place (target: *in place by X date*)	TOR, meeting minutes	Once off, ongoing operation reviewed annually
Develop costed and measurable State implementation plans for climate change and health, with clear governance and delivery roles and	b. State Change and Health Adaptation Plans on climate change and health (target: *developed, costed, and validated for 36+1 States by X date*) **Note: Aligns with HOPE-PHC DLR 10.1-10.4: *Climate and health adaptation plan developed, costed, and validated (number)***	State Change and Health Adaptation Plans	Once off, and as plans are revised/ updated
Develop climate-informed intervention plans for key health programmes	b. Climate-informed intervention plans for key health programmes developed, costed, and validated (target: *completed for X key health programmes by X date*) **Note: Aligns with HOPE-PHC DLR 10.1-10.4: *Climate and health adaptation plan developed, costed, and validated***	Climate-informed intervention plans	Reviewed as needed

Develop climate-resilient health infrastructure models and blueprints by type/ level of health infrastructure	d. Climate-resilient health infrastructure models and blueprints (target: *completed for TYPE by X date*) e. Guidelines for facilities developed from the Smart Hospitals Toolkit (target: *xx by X date*) f. CRIBS Framework, guidance and tools published and accessible (target: *completed by X date*) **Note: Aligns with HOPE-PHC PDO Indicator: *PHC facilities achieving service readiness assessment criteria (%)*** **Note: Aligns with HOPE-PHC DLR 1.1: *Improved primary healthcare facility readiness, quality, and climate resilience in participating states (%)*** **Note: Aligns with HOPE-PHC DLR 1.2: *Increased empanelment and refurbishment of CEmONC facilities that demonstrate service readiness and climate resilience and energy efficiency (number)***	Final models and blueprints	One off

Annex 3 includes indicative output- and intervention-level MEL indicators and targets for monitoring the HNAP, including additional indicators, targets (with milestones), means of verification, and frequency of reporting. As implementation progresses, these indicative indicators, targets etc may be used to shape and direct the evolving HNAP, including where certain indicators may be upgraded and added after the first 2 years of implementation.

6.5 Implementation of the MEL plan and framework

The oversight and implementation of the HNAP MEL plan and framework is fully aligned with the HNAP governance and implementation framework which is outlined in section 3. Building on this framework, the HNAP MEL plan and framework will be delivered as outlined below.

The MEL plan and framework will be overseen and implemented by the FMoH&SW, specifically the Division for CCEH with oversight and guidance by the DPRS led by its Director, with inputs and contributions from other MDAs (including FMoEnv and NCCC).

The FMoH&SW will coordinate the deployment and use of relevant data tools (including training personnel on their use), such as DHIS2; coordinate the use and sharing of relevant climate and health data from other multi-sectoral climate risks mitigation and adaptation stakeholder partner MDAs (e.g., FMoEnv, NCCC, NIHSA, NIMET, NEMA, NCDC, etc.) to support the overall implementation and management of the HNAP MEL plan and framework. The FMoH&SW will support the coordination and integration of HNAP MEL into other climate-risk interventions of multiple stakeholders and sectors — including States' own climate and health adaptation plans and MEL frameworks aligned to the HNAP — to monitor the delivery of the HNAP, and for information sharing, exchange of best-practices and learning, and evaluations of the HNAP delivery.

6. Timing and milestones

MEL is part of the iterative process of managing the implementation of the HNAP and understanding its impact on reducing health related risk from climate change. . To this end monitoring and reporting should be regularly fed into daily operations, with regular meetings

and fora (i.e., included in meeting agendas) reflecting on progress being made, pending targets and any necessary adaptions or adjustments needed.

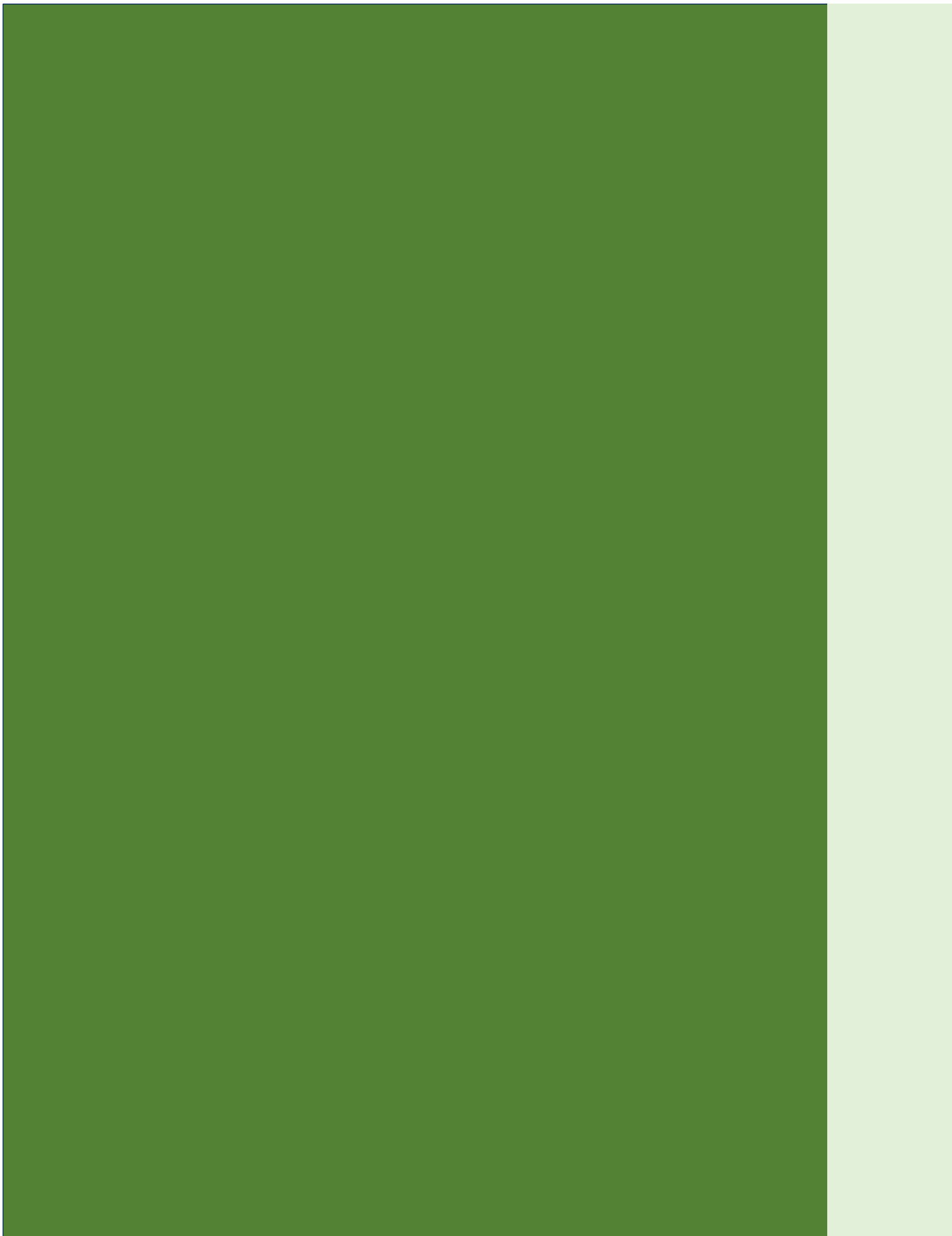
Ongoing monitoring and tracking of the HNAP interventions will deploy a “traffic light” colour system to easily track progress made on interventions and indicators, as presented in Table 17.

Table 17. Proposed traffic light system for monitoring of HNAP interventions

Green	Complete
Amber	In progress
Red	Dropped/removed/substantially behind schedule
Grey	No update received/Not yet started

Discrete MEL milestones will include internal annual HNAP reviews, as well as independently administered “mid-term” and “final impact” evaluations after 3 and 5 years, respectively. Considering that understanding and managing the climate-health nexus is relatively new to Nigeria, these milestones will ensure oversight and accountability, increase the ownership and use of this MEL plan, reinforce learning, and provide a regular opportunity for reflection, revision, and iteration of the HNAP.[4]

[4] Although it is not expected that the HNAP will be revised annually, annual reviews provide a regular opportunity for doing so, if required.



Building Blocs	Prioritised interventions	Key activities	PY1	PY2	PY3	PY4	PY5	Total (USD)
	Assess the technical and operational capacity of national and sub-national sectoral policymakers, leaders, managers and climate change and health units to plan for and improve resilience in the health sector	Stakeholder Groups identification and stratification for awareness creation, knowledge	163,200					163,200
		Appointment of National Consultant (Firm) for development of climate resilience goals and climate-related risks capacity enhancement	238,000					238,000
		Development of specialized IEC materials (social media, FGDs, television, radio, etc.), and training modules for different categories of personnel in the health	178,500					127,500
		Conduct of a National knowledge and capacity enhancement training-of-trainers workshop (academics and technicalities of climate change and its impacts), development of specialized and localized action		204,000	85,000			289,000
		Totals	**579,700**	**204,000**	**85,000**			**868,700**
	Build the technical and operational capacity of national and sub-national sectoral policymakers, leaders, managers and climate change and health units	Conduct of National and Zonal baseline assessment workshops to identify existing skills, knowledge gaps, and resources needed for effective	180,000					180,000
		Develop and rollout a capacity building/mentorship program for CCEH division team based on a needs assessment of capabilities	60,000					60,000
		Establish a joint learning network for ongoing collaboration that includes FMoH, SMoH and policymakers		100,000	40,000	40,000		180,000
		Organisation and Implementation of National, States, LGAs, and communities' continuing awareness programmes on climate change impacts challenges and their role in	272,000	408,000	272,000	136,000	136,000	1,224,000
		Develop and implement methodology for the integration of climate change education into health		85,000				85,000
		Develop and implement an M&E plan with indicators for assessing the effectiveness of the intervention	136,000					136,000
		Totals	**648,000**	**593,000**	**312,000**	**176,000**	**136,000**	**1,865,000**
	Operationalisation of climate and health units	Conduct a needs assessment of the staffing, capacity, equipment, and resource needs of National and State level desk Climate and Health	25,000					25,000
		Develop a Climate Change and Health model to help project and mainstream activities of the climate and health departments at Federal	15,000					15,000
		Ensure annual refresher training programs for staff of the division to equip them with necessary capacities to effectively respond to		30,000	30,000	30,000	30,000	120,000
		Collaborative meetings and interactions with other stakeholder government MDAs to guaranty multi-sectoral actions in mitigatory, adaptive, and resilience building actions on climate change	50,000	50,000	50,000	50,000	50,000	250,000
		Refurbish the CCEH division office in the Federal Ministry of Health and the State offices	80,000	20,000	10,000	10,000	10,000	130,000
		Totals	**170,000**	**100,000**	**90,000**	**90,000**	**90,000**	**540,000**

Leadership & governance	**Operationalise and provide ongoing support to the established multi-sectoral coordination mechanisms**	Equip the Climate Change and Environmental Health division of the FMoH and SMoHs with requisite technologies to guaranty efficient delivery of their	222,000					222,000
		Develop operational framework/ procedures for CCEH division at all levels		35,000				35,000
		Provide digital tools and establish a data repository for the CCEH division to track progress on climate-health challenges, adaptation and resilience building initiatives, and to integrate climate data with health	105,000					105,000
		Provide comprehensive business support/secretariat support to the CCEH TWG	17,000	17,000	17,000	17,000	17,000	85,000
		Totals	**344,000**	**52,000**	**17,000**	**17,000**	**17,000**	**447,000**
	Establish multi-sectoral coordination mechanisms and clear roles and responsibilities between the FMoH, state MoH, SWAp coordination group, NPHCDA, NCCC and NCDC and other sector MDAs	Establishment of a Technical Working Group (TWGs) that will comprise of expertise from relevant sectors – academia, industry, ministries, NGOs, Donor Groups	80,000					80,000
		Host 2-day Annual national health-sector meetings/workshops that brings together Federal health-sector MDAs, and States health-sector MDAs to deliberate on, share ideas, identify challenges, and ensure coordination of activities on the	80,000	80,000	80,000	80,000	80,000	400,000
		Annual national inter-ministerial meeting/workshop that brings together Federal stakeholder MDAs (Environment, NCCC, Water Resources, Agriculture, Education, National Planning, Meteorological department etc.) to deliberate on	15,000	15,000	15,000	15,000	15,000	75,000
		Work with all stakeholder groups (MDAs, States, NGOs, Academia, Research institutions, Health donor groups, etc.) to organise and celebrate an annual "Health-climate	102,000	102,000	102,000	102,000	102,000	510,000
		Train personnel, procure equipment and tools, and set up a health-climate digital platform for information and data management system (challenges, early warning systems, emergencies), -including GIS mapping in FMoH and develop	40,000		40,000		40,000	120,000
		Totals	**317,000**	**197,000**	**237,000**	**197,000**	**237,000**	**1,185,000**
	Operationalise and provide ongoing support to track and monitor the defined performance and	Create a bi-annual (dry-season, and rain-season) updated climate health risks maps and database (LGAs' and Communities) in each State for key	74,000		74,000			148,000
		Develop key performance indicators (KPIs)/metrics (health impacts, environmental impacts, community engagement, etc.) for tracking progress for identified climate-health risks (diseases burdens, health	25,000					25,000
		Assigning responsibilities including tasks, supervision, M&E, and enforcement at all tiers of	5,000					5,000
		Development and implementation of an accountability framework for HNAP (Federal) and Climate Change Resilience and Adaptation Implementation Plans (States) with		38,000	108,000			493,000

	and accountability measures and hold leaders to account	Development and implementation of a Reporting mechanism for tracking and update of information and data		20,000				20,000
		Incorporate findings from the health-sector V&A Assessment into the development, update and review of the NAP and the development of health-sector specific indicators that will be incorporated into the NAP M&E, including reporting indicators and tools to track climate challenges			15,000			15,000
		Totals	**104,000**	**405,000**	**197,000**	**0**	**0**	**706,000**
	Develop costed and measurable state implementation plans for climate change and health, with	Development of a National Climate-Health Policy, and States Climate-health Policies	205,000	205,000	205,000			615,000
		Printing of HNAP	55,000					55,000
		Launch and disseminate HNAP including state and LGA representatives	113,000					113,000
		Totals	**373,000**	**205,000**	**205,000**	**0**	**0**	**783,000**
	Support states to develop and deliver on their implementation plans for climate and health	Conduct advocacy on HNAP across all tiers of Governance	55,000	55,000	55,000			165,000
		Development and conduct of annual Awareness campaign on climate challenges, and climate change adaptation and resilience building	205,000	205,000	205,000	205,000	205,000	1,025,000
		Support the conduct of climate-health risk assessments (demography, climate data, disease burdens, etc.) and mapping (climate risks, disease prevalence), for the States, including the identification of	170,000					170,000
		Build capacity of state-level CCEH desk officer to develop State Health Adaptation Plans and effectively steer State-level CCEH actions	150,000	150,000				300,000
		Develop a State Health Adaptation Plan/ Implementation Plan/Action Plan for the Implementation of the HNAP at the sub-national level (cost		3,060,000				3,060,000
		Print State Health Adaptation Plan/ Implementation Plans (IPs) (per state)		615,000				615,000
		Disseminate State Health Adaptation Plan/ Implementation Plans (IPs) (all states)	310,000	310,000				620,000
		Conduct of zonal workshops and trainings on HNAP and State Implementation Action Plans	460,000					460,000
		Conduct of periodic TWG Meetings	80,000	80,000	80,000	80,000	80,000	400,000
		Totals	**1,430,000**	**4,475,000**	**340,000**	**285,000**	**285,000**	**6,815,000**
	Develop a Domestic Resource Mobilization Strategy (with an M&E plan) that includes pooled	Monitor unit performance and adjust improve efficiency and outcomes.	10,000	5,000	5,000	5,000	5,000	30,000
		Liaise with the leadership of FMoH/ SMoH to ring-fence funding for CCEH division	25,000	10,000	10,000	10,000	10,000	65,000
		Ascertain budget performance for CCEH activities		5,000	5,000	5,000	5,000	20,000
		Conduct retreat with targeted financial institutions, investors, businesses and partners to provide technical team with the knowledge and tools necessary for climate and health related initiatives e.g.		25,000		25,000		50,000

Climate & health financing	**pooled funding arrangements, health insurance, strategic purchasing and other financing options (such as green bonds)**	Conduct a financial gap analysis to determine funding needs for climate-health initiatives	25,000					25,000
		Identify potential domestic revenue streams (e.g., taxes, levies) to support climate health programs		20,000				20,000
		Develop a comprehensive resource mobilization strategy with clear funding targets	30,000					30,000
		Engage with private sector companies to explore public-private partnership opportunities for UNAP	30,000	30,000	20,000			80,000
		Create an M&E framework to track the performance of resource mobilization efforts	35,000					35,000
		Totals	**155,000**	**95,000**	**40,000**	**45,000**	**20,000**	**355,000**
	Secure climate change and health co-funding opportunities (national, regional, and global) to support Nigeria's climate change and health priorities	Conduct training on climate/ green financing for health workers (Zonal)		180,000		180,000		360,000
		Create a robust relationship with NCDC on emergency preparedness and response plan implementation	10,000	5,000	5,000	5,000	5,000	30,000
		Ensure regular review and updates of the indicators to reflect evolving climate health issues		10,000	10,000	10,000	10,000	40,000
		Develop a comprehensive database of funding sources related to climate and health	20,000	20,000				40,000
		Host workshop with relevant government ministries and NGOs to identify co-funding opportunities	45,000	45,000				90,000
		Support FMoH and States in preparing proposals for submission to regional and global climate health funds	20,000	20,000				40,000
		Partner with international organizations to co-fund and implement climate health initiatives	17,000	17,000	10,000			44,000
		Totals	**112,000**	**297,000**	**25,000**	**195,000**	**15,000**	**644,000**
Health workforce	**Develop an education and capacity building campaign for the national health workforce on the impact of climate change, including managing climate change events and public health emergencies**	Monitor the impact of the dissemination on policy shifts and adaptation measures	10,000	10,000	10,000	10,000	10,000	50,000
		Develop National training modules focused on climate change and health impacts for training health workers (GIS, climatology, prediction		35,000				35,000
		Conduct capacity building workshops for Health workforce on the impact of climate change on health (CCEH Desk officers) and retraining of National, State and Local Government Health workforce	275,000	275,000		275,000		825,000
		Conduct nationwide seminars and webinars to share knowledge on climate health linkages	20,000		20,000		20,000	60,000
		Collaborate with professional health associations to embed climate health education into Continuing Professional Development (CPD)	15,000	15,000	15,000	15,000	15,000	75,000
		Totals	**320,000**	**335,000**	**45,000**	**300,000**	**45,000**	**1,045,000**
	Roll out the	Promote case studies of health facilities already impacted by climate change to highlight the urgency of	15,000	15,000	15,000	15,000	15,000	75,000
		Regularly update health workers with new research and trends in climate-health impacts	8,000	8,000	8,000	8,000	8,000	40,000

	education and capacity building campaign for the national health workforce	Launch and ensure sustainability of annual communication and awareness campaigns on international climate change day, world earth day, world environment day, National environmental Health	60,000	60,000	60,000	60,000	60,000	300,000
		Advocacy visit to policy makers to create a national climate change and health day- to foster annual awareness and sensitization on	28,000	28,000				56,000
		Totals	**111,000**	**111,000**	**83,000**	**83,000**	**83,000**	**471,000**
Vulnerability, capacity & adaptation assessment	**Support the FMoH to Integrate the HNAP into the Wider NAP process and NDCs to ensure health is included into the overall Government of Nigeria climate change priorities**	Hold annual cross-sectoral (Environment, Health, Agriculture, Water Resources, Transport, etc.) National Climate Change Coordination and Planning meeting	10,000	10,000	10,000	10,000	10,000	50,000
		Incorporate findings from the health-sector V&A Assessment into the development, update and review of the NAP and the development of health-sector specific indicators that will be incorporated into the NAP M&E, including reporting indicators and tools, to track climate challenges	15,000					15,000
		Bi-annual (wet-season, and dry-season) update of the NAP, and the NDC to show current status of national response to health risks	5,000	5,000	5,000	5,000	5,000	25,000
		Totals	**30,000**	**15,000**	**15,000**	**15,000**	**15,000**	**90,000**
	Support the delivery of the climate informed health programme intervention plans - waterborne diseases	National (annual), States (annual), LGAs'(biannual), and Communities (continuing) Public health awareness and education campaigns on WASH	330,000	330,000	330,000	330,000	330,000	1,650,000
		Training (annual) for healthcare workers (Federal, States, and LGA) on waterborne diseases management and Emergency Response Actions during outbreaks	500,000	500,000	500,000	500,000	500,000	2,500,000
		Support to FMoH, States MoH, and LGAs in developing IEC materials (in English and local languages) for dissemination of information (radio, television, social media, billboards		60,000	60,000	60,000	60,000	240,000
		Support to States and LGAs for the implementation of an annual (rain-season) waterborne disease surveillance with consistent update	220,000	220,000	220,000	220,000	220,000	1,100,000
		Provision/Construction of Rain-water harvesting system in healthcare facilities		1,200,000	1,200,000			2,400,000
		Construction/Maintenance of boreholes in healthcare facilities without reliable public water supply		1,200,000	1,200,000			2,400,000
		Provision of water purification systems such as solar thermal water disinfection (SODIS), and Fibreglass water treatment system		1,500,000	1,500,000			3,000,000
		Construction/Upgrade of toilets (water cisterns. and Improved pit latrines		1,250,000	1,250,000			2,500,000
		Support for retrofitting (drainages, concrete barriers, waterproofing materials, etc.) of healthcare facilities to withstand flooding		760,000	760,000			1,520,000
		Support to healthcare facilities in potential waterborne diseases risk communities for stockpile of essential medical supplies, water purification tablets, and oral	100,000	100,000	100,000	100,000	100,000	500,000

		Provision of Water tankers (2 per LGA) for supply of safe water during epidemics and emergency situations		7,000,000	7,000,000			14,000,000
		Totals	**1,150,000**	**14,120,000**	**14,120,000**	**1,210,000**	**1,210,000**	**31,810,000**
	Support the delivery of the climate informed health programme intervention plans - vector borne diseases	National (annual), States (annual), LGAs'(biannual), and Communities (continuing) Public health awareness and education campaigns on Malaria	280,000	280,000	280,000	280,000	280,000	1,400,000
		Training (annual) for healthcare workers (1 National and 6 Zonal (States and LGAs)) on vector-borne diseases (malaria, dengue, leishmaniasis, Lassa fever, etc.)	220,000	220,000	220,000	220,000	220,000	1,100,000
		Support to FMoH, States MoH, and LGAs in developing IEC materials (in English and local languages) for dissemination of information (radio, television, social media, billboards, flyers)		60,000		60,000		120,000
		Support to States and LGAs for the implementation of annual vector-borne disease surveillance, tracking and management of vector populations, (mosquitoes, sandflies, rats, etc.) with consistent update of		180,000		180,000		360,000
		Establishment, training, and equipping of 'Emergency Response Teams' in FMoH, State MoH, and LGA health department for vector		1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
		Support to healthcare facilities (FMoH, State MoH, and LGA Health Departments) on vector control programs to eliminate breeding grounds around healthcare facilities		360,000	360,000	360,000	360,000	1,440,000
		Support to healthcare facilities (FMoH, State MoH, LGA health Department) with supplies of vector control materials (insecticide-treated nets, indoor residual spraying		750,000	750,000	750,000	750,000	3,000,000
		Support for Stockpiling of vaccines (malaria, yellow fever, rabies), and essential medicines for use in periods of high disease outbreaks	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	12,500,000
		Support for provision and maintenance of cold-chain systems in healthcare facilities		2,500,000		2,500,000		5,000,000
		Support for the provision of Mobile Health Units (two per State – 74) for emergency interventions (diagnosis, and treatment) in vector borne		8,000,000	8,000,000			16,000,000
		Totals	**3,000,000**	**15,850,000**	**13,110,000**	**7,850,000**	**5,110,000**	**44,920,000**
	Support the	National (annual), States (annual), LGAs'(biannual), and Communities (continuing) Public health awareness and education campaigns on	280,000	280,000	280,000	280,000	280,000	1,400,000
		Training (annual) for healthcare workers (Federal, States, and LGA) on monitoring, diagnosis, and management of malnutrition (stunted growth, kwashiorkor, marasmus	220,000	220,000	220,000	220,000	220,000	1,100,000
		Support to FMoH, States MoH, and LGAs in developing IEC materials (in English and local languages) for dissemination of information (radio, television, social media, billboards, flyers) on malnutrition and food	60,000	60,000	60,000	60,000	60,000	300,000

Climate-informed health programmes	**Support the delivery of the climate informed health programme intervention plans - malnutrition and food borne diseases**	Support to States and LGAs for the implementation of annual malnutrition and food-borne diseases surveillance, tracking and management in communities faced with extreme weather challenges		220,000		220,000		440,000
		Establishment, training, and equipping of 'Emergency Response Teams' in FMoH, State MoH, and LGA health department. for medical interventions in malnutrition and	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	5,000,000
		Support for provision and maintenance of cold-chain systems in healthcare facilities		500,000		500,000		1,000,000
		Support for the provision of improved and sustainable WASH facilities in all healthcare facilities		850,000		850,000		1,700,000
		Support for stockpiling of essential medical supplies and high-quality (protein and calories) nutrition and	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	10,000,000
		Support for the establishment of back-up arrangements with local food suppliers for emergency food supplies in emergency situations		2,000,000	2,000,000		2,000,000	6,000,000
		Totals	**3,560,000**	**7,130,000**	**5,560,000**	**5,130**	**5,560,000**	**26,940,000**
	Support the delivery of the climate informed health programme intervention plans - respiratory	National (annual), States (annual), LGAs'(biannual), and Communities (continuing) Public health awareness and education campaigns on	280,000	280,000	280,000	280,000	280,000	1,400,000
		Training (annual) for healthcare workers (Federal, States, and LGA) on monitoring, diagnosis, emergency preparedness, and management of emergencies caused by respiratory illnesses extreme especially those caused by weather conditions	220,000	220,000	220,000	220,000	220,000	1,100,000
		Support to FMoH, States MoH, and LGAs in developing IEC materials (in English and local languages) for dissemination of information (radio, television, social media, billboards, flyers) on respiratory diseases	60,000	60,000	60,000	60,000	60,000	300,000
		Support to States and LGAs for the implementation of respiratory diseases surveillance, tracking and management in communities faced with extreme weather challenges	220,000		220,000		220,000	660,000
		Establishment, training, and equipping of 'Emergency Response Teams' in FMoH, State MoH, and LGA health department. for quick medical deployment and	500,000	500,000	500,000	500,000	500,000	2,500,000
		Support for the provision of adequate reserves of respiratory medications, PPEs (masks, etc.), essential drugs, and essential	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	7,500,000
		Support for the provision of indoor and outdoor air quality monitoring devices		1,000,000	1,000,000			2,000,000
		Support for retrofitting of healthcare facilities ventilation (windows, etc.) to improve air flow and quality		1,000,000	1,000,000	1,000,000		3,000,000
		Support for 'greening' of healthcare facilities to improve cooling effect, air quality, and reduction of air		250,000	250,000	250,000		750,000
		Totals	**2,780,000**	**4,810,000**	**5,030,000**	**3,810,000**	**2,780,000**	**19,210,000**

	Healthcare Facilities Support for Resilience to Health Challenges from Extreme Weather Events - (Zoonosis) due to Climate Change	National (annual), States (annual), LGAs'(biannual), and Communities (continuing) Public health awareness and education campaigns on the link between Climate change and	280,000	280,000	280,000	280,000	280,000	1,400,000
		Training (annual) for healthcare workers (Federal, States, and LGA) on monitoring, diagnosis, emergency preparedness, and management of	220,000	220,000	220,000	220,000	220,000	1,100,000
		Support for National workshop for training of personnel of health, agriculture, and environment sectors on an integrated 'One Health'	60,000	60,000	60,000	60,000	60,000	300,000
		Support to FMoH, States MoH, and LGAs in developing IEC materials (in English and local languages) for dissemination of information (radio, television, social media, billboards	220,000	220,000	220,000	220,000	220,000	1,100,000
		Support to States and LGAs for the implementation of zoonotic diseases surveillance, tracking and management in communities faced with extreme weather challenges	400,000	400,000	400,000	400,000	400,000	2,000,000
		Establishment, training, and equipping of 'Emergency Response Teams' in FMoH, State MoH, and LGA health department. for quick medical deployment and	200,000	200,000	200,000	200,000	200,000	1,000,000
		Support to States and Communities for the procurement of vaccines and stockpiling of preventive and curative medical supplies, and treatments for known zoonotic diseases in	800,000	800,000	800,000	800,000	800,000	4,000,000
		Support for provision and sustenance of improved WASH practices to reduce disease		400,000	400,000	400,000	400,000	1,600,000
		Totals	**2,180,000**	**2,580,000**	**2,580,000**	**2,580,000**	**2,580,000**	**12,500,000**
	Support the delivery of the climate informed health programme intervention plans - NCDs	National (annual), States (annual), LGAs'(biannual), and Communities (continuing) Public health awareness and education campaigns on the link between Climate change and non-communicable diseases (NCD)	280,000	280,000	280,000	280,000	280,000	1,400,000
		Support for workshops and seminars for awareness creation and training of personnel of healthcare facilities on extreme weather events as a	220,000	220,000	220,000	220,000	220,000	1,100,000
		Support to FMoH, States MoH, and LGAs in developing IEC materials (in English and local languages) for dissemination of information (radio, television, social media, billboards	60,000	60,000	60,000	60,000	60,000	300,000
		Support to States and LGAs for the implementation of NCDs surveillance, tracking and management in communities faced with extreme weather challenges	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	7,500,000
		Support for development of improved and reliable supply chain of essential medicines for NCDs, especially in vulnerable or remote	500,000	500,000	500,000	500,000	500,000	2,500,000
		Support for stockpiling of essential. medicines, and medical equipment for management of acute and	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	5,000,000
		Totals	**3,560,000**	**3,560,000**	**3,560,000**	**3,560,000**	**3,560,000**	**17,800,000**
		Support National, States, LGAs, and Communities (continuing) Public health awareness and education campaigns on the link between extreme weather events as a result of	280,000	280,000	280,000	280,000	280,000	1,400,000

	Support the delivery of the climate informed health programme intervention plans - mental health	Support to FMoH, State MoH, and LGAs for the conduct of annual healthcare workforce workshop/ seminar on psychosocial illnesses	220,000	220,000	220,000	220,000	220,000	1,100,000
		Support to FMoH, State MoH, and LGA Health Department, for the training and equipping of healthcare workers with skills for the	450,000	450,000	450,000	450,000	450,000	2,250,000
		Support for workshops at federal, states, and LGAs for building coping skills and resilience in healthcare personnel in situations of extreme	500,000	500,000	500,000	500,000	500,000	2,500,000
		Support for stockpiling of essential. medicines, and medical equipment for management of mental health	500,000	500,000	500,000	500,000	500,000	2,500,000
		Support to States and LGAs in maintenance of access roads to healthcare facilities	1,500,000		1,500,000		1,500,000	4,500,000
		Support to healthcare facilities in flood prone communities with the provision of boats for emergency	600,000	1,350,000	1,350,000	1,350,000	1,350,000	6,000,000
		Totals	**4,050,000**	**3,300,000**	**4,800,000**	**3,300,000**	**4,800,000**	**20,250,000**
	Support the delivery of the climate informed health programme intervention plans - RMNCAH	Support to FMoH, State MoH, and LGAs for the conduct of annual healthcare workforce workshop/	280,000	280,000	280,000	280,000	280,000	1,400,000
		Support to FMoH, State MoH, and LGA Health Department, for the training and equipping of healthcare workers with skills for coping and	220,000	220,000	220,000	220,000	220,000	1,100,000
		Support to FMoH, States MoH, and LGAs in developing IEC materials (in English and local languages) for dissemination of information (radio, television, social media, billboards,	60,000	60,000	60,000	60,000	60,000	300,000
		Support to States and LGAs for the training of community health workers to provide basic maternal and child	400,000	600,000	600,000	400,000	400,000	2,400,000
		Support to flood prone States with procurement of boats for movement of healthcare personnel and patients		2,000,000	2,000,000			4,000,000
		Support to LGAs for maintenance of access roads to healthcare facilities	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	5,000,000
		Support to LGAs for assistance to healthcare facilities for the stockpiling of essential drugs,	2,000,000	2,000,000	2,000,000	2,000,000	1,000,000	10,000,000
		Support and funding to NGOs and CBOs for provision of expertise, resources, and personnel for	500,000		500,000		500,000	1,500,000
		Support to State MoH for the purchase and deployment of mobile clinics capable of reaching impacted communities and delivering essential		8,000,000	8,000,000	8,000,000		24,000,000
		Totals	**4,460,000**	**14,160,000**	**14,660,000**	**11,960,000**	**4,460,000**	**49,700,000**
		Procurement of Climate Change Health Impacts data detection tools		170,000				170,000

Integrated Risk Monitoring and Early Warning	Develop climate-informed health indicators for inclusion in DHIS2	Integrate Climate Change health impact indicators on the DHIS2, NCP Reporting System, NDHI and SORMAS and ensure interoperability	35,000					35,000
		Build the capacity of FMoH, NIMET AND National Hydrological Agency on interpreting and reporting climate change health impact indicators		20,000				20,000
		Review of different programs and plans to reflect climate sensitivity	50,000	50,000	50,000	50,000	50,000	250,000
		Creation of checklists for CCEH data collection from the communities PHCs, LGAs, State and National	10,000					10,000
		Creation of M&E unit of CCEH	30,000					30,000
		Establish monitoring and feedback mechanisms to track the progress and effectiveness of awareness	20,000					20,000
		Collaborate with DHIS2 developers to create and validate climate-relevant health indicators		13,000				13,000
		Develop training materials and workshops on DHIS2, focusing on the new indicators	17,000	17,000				34,000
		Provide continuous technical support for data entry, analysis, and reporting on climate sensitive	20,000	20,000	20,000	20,000	20,000	100,000
		Provide continuous technical support for data entry, analysis, and reporting on climate sensitive	450,000	450,000	450,000	450,000	450,000	2,250,000
		Totals	**632,000**	**740,000**	**520,000**	**520,000**	**520,000**	**2,932,000**
	Develop one integrated climate change, health and environmental early warning system that is linked to other sectors/ MDAs	Evaluate the campaign's reach and effectiveness in increasing workforce awareness and engagement	20,000					20,000
		Establish a task force with environmental and public health specialists for health meteorology	15,000					15,000
		Develop standard operating procedures (SOPs) for integrating climate-related early warning systems (EWSs) with health		15,000				15,000
		Conduct genomic study of vector surveillance		80,000				80,000
		Pilot integrated surveillance in high-risk states prone to climate disasters (e.g., floods, heatwaves)		200,000				200,000
		Create user-friendly dashboards for health and climate data to inform public health responses	25,000					25,000
		Totals	**60,000**	**295,000**	**0**	**0**	**0**	**355,000**
	Train health workers and health information teams on	Train health and environment officers on data analysis and usage of integrated systems		30,000				30,000
		Conduct workshops and capacity building programs (6 Zones) for health workers and relevant stakeholders on the integration of		145,000	145,000	145,000		435,000
		Establish a health-data collection, storage, and management system in the CCEH Division of FMoH	50,000	50,000	50,000	50,000	50,000	250,000
		Train staff of the Public Health Department of FMoH (including CCEH) on data collection, collation, analysis, interpretation and use for	20,000	20,000	20,000	20,000	20,000	100,000

	new climate informed indicators	Develop mechanism to link-up health-climate data from the FMoH into the national centralized climate and early-warning system data management system that harnesses data from different institutions	20,000	20,000	20,000	20,000	20,000	100,000
		Conduct of workshops with relevant stakeholders to Develop guidelines and procedures for strengthening public health and environmental infrastructure blueprints at Federal		250,000				250,000
		Totals	**90,000**	**515,000**	**235,000**	**235,000**	**90,000**	**1,165,000**
Health and Climate Research	**Assess climate impacts on key health programmes (e.g. RMNCAH, malaria/ vector borne diseases, zoonoses, mental health etc)**	Identification of stakeholder health sector institutions, other climate impacted stakeholder MDAs, Funding/Donor sources (local and international, multi-lateral and	15,000					15,000
		Organisation of a National sensitization workshop involving multi-sector Federal and States MDAs, TWG, stakeholders, and	100,000	100,000	100,000	100,000	100,000	500,000
		Establishment and funding for a research lead, and protocol development team in the FMoH		30,000				30,000
		Totals	**115,000**	**130,000**	**100,000**	**100,000**	**100,000**	**545,000**
	Develop climate informed intervention plans for key health programmes	Identification and collaborative research activities (including funding) with research institutions, international multi-lateral health and climate agencies, academia, NGOs, involved in Malaria and other		25,000	15,000			40,000
		Advocacy (including proposals development and sharing) and Organisation of annual National workshop to sensitize Donor Partners and ensure alignment with		17,000				17,000
		Procurement of modern research equipment and tools (disease tracking applications, modelling tools, disease pattern analytical		200,000				200,000
		Organisation of an annual climate-health research and innovation day (seminars, research works and achievements, successes an data on	40,000	40,000	40,000	40,000	40,000	200,000
		Totals	**40,000**	**282,000**	**55,000**	**40,000**	**40,000**	**457,000**
	Build a cadre of climate change health researchers and Career Specialists	Regularly review infrastructure blueprint updates and align them with evolving climate threats	20,000	20,000	20,000	20,000	20,000	100,000
		Determine research priorities from the assessment criteria of the V&A	30,000					30,000
		Collaborate with academic institutions to develop climate-health research programs		35,000	35,000			70,000
		Identify and fund research fellows focused on priority areas from the V&A assessment			20,000			20,000
		Initiate scoping missions and workshops to build climate change and health research cadre/ framework to explore ways of increasing funding for research and	100,000	100,000	100,000	100,000	100,000	500,000
		Establish a National CCEH Taskforce to lead efforts in building research capacity		30,000				30,000
		Sponsor post-graduate research on CCEH				75,000		75,000

		Organise a Conference on CCEH (regional)				250,000		250,000
		Set up a research database to track ongoing studies and outcomes.			15,000			15,000
		Totals	**150,000**	**185,000**	**190,000**	**445,000**	**120,000**	**1,090,000**
	Develop climate-resilient health infrastructure models and blueprints by type/level of health infrastructure and vulnerabilities that will be faced (i.e. extreme weather events)	Set up National Healthcare Infrastructure Climate-Resilience Project Coordination Unit in FMoH; units will also, be set up at States and LGAs, with the federal unit	5,000					5,000
		Procurement of National, and Zonal/ States Infrastructure Assessment Consultancies (firms consisting of architects, engineers, environmental experts, public health experts – One	160,000	160,000				320,000
		Conduct Climate-resilient Health Infrastructure awareness campaigns and engagement for Federal and Sub-National	40,000	40,000	10,000	10,000	10,000	110,000
		Assessment of health system infrastructure for climate-resilience by facility types – accessibility, structural resilience, environmental and climate resilience, WASH resilience, energy resilience (including sanitary, environmental	190,000	450,000				640,000
		Design, and costing of climate-resilient infrastructure blueprints by Zonal. States, and Communities health climate resilience challenges	40,000	180,000	80,000			300,000
		Perform Annual review, updates and reports on state of infrastructure and blueprints	20,000	20,000	20,000	20,000	20,000	100,000
		Organisation of annual national workshop - Annual review, updates and reports on state of infrastructure and blueprints, evaluation of achievements and progress on set goals and tasks at Federal, States	35,000	35,000	35,000	35,000	35,000	175,000
		Totals	**490,000**	**885,000**	**145,000**	**65,000**	**65,000**	**1,650,000**
	Support the modification of infrastructure in the highest-risk facilities, BEmONCs and CEmONCs to	Perform retrofitting and repair work on existing buildings to enhance flood and stormwater management systems, install climate-appropriate roofing, and implement advanced ventilation systems for extreme heat management including the installation of alternative and		14,000,000	14,000,000	14,000,000		33,900,000
		Retrofit lighting systems with energy-efficient bulbs and upgrade to energy-saving equipment across facilities to reduce dependence on		30,000	30,000	30,000		90,000
		Establish reliable water supply systems, incorporating public water sources, rainwater harvesting		6,000,000	6,000,000	6,000,000		18,000,000
		Upgrade and maintain toilet and sanitation facilities to withstand climate-related impacts and ensure		700,000	700,000	450,000		1,850,000
		Develop and implement a healthcare waste management plan, including waste segregation and environmentally safe disposal		3,000,000	3,000,000	3,000,000		9,000,000
		Integrate wastewater treatment systems that minimize environmental contamination and ensure facility compliance with climate resilience		1,000,000	1,000,000	1,000,000		3,000,000

Technology and Infrastructure	**ensure they are climate resilient**	Construct and rehabilitate access roads to ensure year-round accessibility, regardless of weather		1,200,000	1,200,000	1,200,000		3,600,000
		Build and reinforce storage facilities that can resist adverse climate conditions, including floods, humidity, and temperature		1,500,000	1,500,000	1,500,000		4,500,000
		Environmental greening and landscaping around the facilities		500,000	500,000	500,000		1,500,000
		Conduct specialized training for facility managers and technical staff on proactive maintenance practices, sustainable resource use, and facility			30,000	30,000	30,000	90,000
		Develop a consistent maintenance schedule and budget allocation to ensure long-term facility resilience and performance under climate		10,000	10,000			20,000
		Totals	**0**	**27,940,000**	**27,970,000**	**19,610,000**	**30,000**	**75,550,000**
	Assess laboratories and staff capacity to respond to the impacts of climate change	Perform advocacy and awareness workshop on development and management of quality and climate resilient laboratory systems - Federal healthcare stakeholder MDAs , Sub-nationals and Private sector laboratories and research		100,000				100,000
		Assessment planning and design by the FMoH, in synergy with the SMoH, and LGAs	5,000					5,000
		Assessment of public healthcare laboratory infrastructure for climate resilience		50,000				50,000
		Procurement of specialist consultancy firms (One National coordinating Consultant, and Six		650,000				650,000
		Totals	**5,000**	**800,000**	**0**	**0**	**0**	**805,000**
	Support the upgrading of laboratories and staff capacity	Implementation of findings from the Assessments of healthcare laboratory climate resilience			50,000	50,000		100,000
		Construction and retrofitting of laboratory infrastructure – improvement of the capacity of building infrastructure to withstand extreme weather events impacts		400,000	800,000	800,000		2,000,000
		Provision of constant and sustainable energy (alternative power sources such as generators, and energy storage batteries); Renewable energy sources such as solar and wind turbines; refitting of			400,000	400,000		800,000
		Provision of constant and Quality Water supply			250,000	250,000		500,000
		Purchase of improved technical quality and environmentally sound laboratory equipment, tools, and			1,500,000	1,500,000		3,000,000
		Provision of environmentally sound waste management system for hazardous and non-hazardous wastes (segregation, collection			750,000	750,000		1,500,000
		Conduct Training for hospital/ laboratory personnel on climate impacts on health, and the management of associated health challenges and diagnostic procedures for climate change			180,000	180,000		360,000

		Provision of back-up funding for emergencies – increase in services requirements, logistics, reagents,			200,000	200,000		400,000
		Personnel training and provision of technical capacity for improvement of carbon footprints of laboratory			68,000	68,000		136,000
		Totals	**0**	**400,000**	**4,198,000**	**4,198,000**	**0**	**8,796,000**
	Assess the climate resilience of the procurement and supply chain, including exploring low carbon supply chain alternatives	Conduct a Vulnerability, Capacity, and Adaptation Assessment for the country (already performed by Nigeria)	200,000					200,000
		States conduct of detailed climate risk vulnerabilities, resilience and adaptive capacity with focus on the identification of climate hazards that may impact on logistics and supply		800,000				800,000
		Assessment of availability and resilience of logistics and supply chain systems (warehouses and storage facilities, access roads, transport vehicles, etc.) of SMoH, and LGA Health Departments,		400,000				400,000
		Vulnerability Assessment for different tiers of healthcare facilities (Primary, Secondary, Tertiary) on resilience in cold-chain management, alternate power sources, transportation			300,000			300,000
		Totals	**200,000**	**1,200,000**	**300,000**	**0**	**0**	**1,700,000**
	Support the upgrading of the procurement and supply chain to be more resilient to climate change and introduce low carbon alternatives	Mapping of identified climate vulnerable healthcare facilities, areas, and communities		150,000				150,000
		Assessment and recommendations on energy, and resource efficient, low carbon-footprint technology and supply options for warehousing, logistics, and supply chain delivery systems – low-emission fuel options		90,000				90,000
		Conduct Training of healthcare personnel at all tiers of healthcare practice (according to the required sophistication) on mitigation (including green-procurement), and adaptation measures for the building of resilience to climate risk		600,000				600,000
		Totals	**0**	**840,000**	**0**	**0**	**0**	**840,000**
	Develop health service delivery contingency plans in response to extreme	State and LGA identification and analysis of likely extreme weather events - flooding, landslides, drought, accessibility challenges, extreme heat; and vulnerabilities –		80,000	80,000	80,000		240,000
		Development of Health Emergency Response and Management Tools - IEC materials and SOP Manuals		50,000				50,000
		Annual Federal, State, and LGA Awareness training programmes for key healthcare personnel on emergency preparedness and contingency planning; and	600,000	600,000	600,000	600,000	600,000	3,000,000

	weather	Development of standard Assessment check-list by FMoH, and SMoH for facilities vulnerabilities (infrastructure resilience, energy sufficiency and alternatives, WASH facilities, accessibility, mobility		15,000				15,000
		Totals	**600,000**	**745,000**	**680,000**	**680,000**	**600,000**	**3,305,000**
	Support and monitor service delivery contingency plans in response to extreme weather	Field assessment of facilities vulnerabilities, and climate adaptive and resilience capacity (including trainings and knowledge acquisition	570,000	570,000				1,140,000
		Establishment of State and LGA Emergency Response Teams and Protocols (including emergency evacuation strategy, public and local communications strategy, patient		1,500,000				1,500,000
		Procurement of critical emergency medical equipment (ambulances, oxygen cylinders, nebulizers, ventilators), tools (PPEs, maintenance), backup utilities (power, water supply		2,400,000	2,400,000			4,800,000
		Totals	**570,000**	**4,470,000**	**2,400,000**	**0**	**0**	**7,440,000**
Emergency Preparedness and Management	**Develop national capacity building programme that will equip communities to respond to adverse weather events**	Establishment and coordination of a National Climate-health Emergency Training Program and Protocol by the FMoH – procurement of a National Coordinating Consultant		200,000	200,000			400,000
		National Workshop and Training for FMoH MDAs, and six Zonal States on Climate Change and Health; climate risks prevention strategies; climate emergencies and critical care; climate and health data analytics, resources (personnel, equipment, tools, medicaments		500,000				500,000
		Conduct a State level Train-the-Trainers Programme on climate change and health issues and			1,200,000			1,200,000
		Annual States facilities health workforce training programme (Primary, Secondary and Tertiary	260,000	260,000	260,000	260,000	260,000	1,300,000
		Totals	**260,000**	**960,000**	**1,660,000**	**260,000**	**260,000**	**3,400,000**
	Support the delivery of the community capacity building programme	Programme planning to oversee the progress in each State working in synergy with the LGA		30,000				30,000
		Training of LGA department of environment and health on adverse climate events, climate change, climate change mitigation		200,000	200,000			400,000
		Conduct of vulnerability assessment to identify and generate baseline information/data on specific community climate challenges, gaps, knowledge, capacity, and needs analysis in climate risks and disaster		2,500,000				2,500,000
			0	**2,730,000**	**200,000**	**0**	**0**	**2,930,000**
	Monitor and	Community Awareness Building programmes by the LGA authorities (including stakeholders' identification and mapping; production of Training modules		50,000	50,000			100,000

	Monitoring & evaluation framework & feedback mechanism	Training of Community Climate Champions/Trainers (Training-of-Trainers)			200,000			200,000
		Development of an M&E Framework from National level, to be scaled down to State SMoH data base, and eventually upto the LGA level			150,000	150,000	150,000	450,000
		Totals	**0**	**50,000**	**400,000**	**150,000**	**150,000**	**750,000**
Implementation/ secretariat	National Project Coordinator & Admin		65,000	65,000	65,000	65,000	65,000	325,000
	Finance Officer & Assistant		50,000	50,000	50,000	50,000	50,000	250,000
	Project Associate & Assistant		50,000	50,000	50,000	50,000	50,000	250,000
	HR Officer & Assistant		50,000	50,000	50,000	50,000	50,000	250,000
	M&E Officer & Assistant		50,000	50,000	50,000	50,000	50,000	250,000
	Gender Officer &		50,000	50,000	50,000	50,000	50,000	250,000
	ESS Officer & Assistant		50,000	50,000	50,000	50,000	50,000	250,000
	Office rent and running costs		110,000	110,000	110,000	110,000	110,000	550,000
	Office supplies		20,000	20,000	20,000	20,000	20,000	100,000
	ICT equipment &		80,000	25,000	25,000	25,000	25,000	180,000
	Evaluations & audits				100,000		80,000	180,000
	Dedicated project staff		365,000	365,000	365,000	365,000	365,000	1,825,000
	Equipment & consumables		210,000	155,000	155,000	155,000	155,000	830,000
	Audits & evaluation		0	0	100,000	0	80,000	180,000
		Totals	**1,150,000**	**1,040,000**	**1,240,000**	**1,040,000**	**1,200,000**	**5,670,000**

Annex 2. Full implementation plan

Table 19. Nigeria's priority readiness interventions

Readiness: Enhancing capacity and institutional frameworks for building resilience in the health sector								
Theme	**Details**	**Priority interventions**	**Year**				
			2025/6	**2026/7**	**2027/8**	**2028/9**	**2029/30**
Initiate multisectoral and multilevel health-climate leadership and governance - and delineate clear roles and responsibilities between institutions and stakeholders	Achieving a climate-resilient health sector in Nigeria will require unprecedented and robust multisectoral and multilevel coordination and cross-cutting integration between the FMoH&SW, State MoH, SWAp coordination group, NPHCDA, NCCC and NCDC and other sector MDAs. This component will establish and maintain appropriate governance and accountability structures, mechanisms and mandates, to institutionalise climate change mainstreaming into health planning and programming, and vice versa (such as integrating health into the NDCs). These	Support the National Council on Climate Change (NCCC), Federal Ministry of Environment (FMoEnv)and the Federal Ministry of Health (FMoH) to **integrate the HNAP into the National Adaptation Plan (NAP) and**					
		Assess the technical and operational capacity of national and sub-national sectoral policymakers, leaders, managers and					
		Establish multi-sectoral coordination mechanisms with clear responsibilities between the FMoH, State					
		Develop performance and accountability measures for health leaders' commitments					
		Develop costed and measurable State implementation plans for climate change and health,					
Build the capacity of national and sub-national sectoral institutions and stakeholders to plan	To enable ongoing institutionalisation of the HNAP, particularly at the State and sub-sectoral levels, targeted training, technical assistance and equipment will be provided to key units, offices and individuals to support State-level and	**Develop an education and capacity building campaign for the national health workforce** on the impact of climate change, including					
		Develop a national capacity building programme that will equip communities to respond to adverse weather events					
Identify and secure financing	Operationalising the HNAP will require a mix of domestic, regional and international funds and	**Develop a domestic resource mobilization strategy** that includes pooled funding, climate insurance,					

Readiness: Enhancing capacity and institutional frameworks for building resilience in the health sector							
Theme	**Details**	**Priority interventions**	**Year**				
			2025/6	**2026/7**	**2027/8**	**2028/9**	**2029/30**
for HNAP implementation to support programmes at the Federal, State and LGA levels (including	and finance modalities. This will necessitate developing domestic resource mobilization strategies, as well as leveraging climate change co-funding opportunities beyond the health sector.	**Work with international development partners to secure catalytic financing** aligned to and directly supporting the implementation of the HNAP					
Further assess key climate and health priorities at the Federal, State and LGA levels and develop plans that can be delivered to strengthen future climate resilience	Nigeria's V&A assessment provides essential analysis of the main impacts of and vulnerabilities to climate change and the health sector and health system. Additional and deeper analysis is required for specific topics to inform the development of key intervention plans that will be supported and delivered at the Federal State and LGA levels in order to strengthen the future resilience of the health system.	**Assess climate impacts on key health programmes** (e.g. malaria/vector borne					
		Develop climate informed intervention plans for key					
		Assess the climate resilience of the procurement and supply chain to identify key					
		Assess the role and potential vulnerabilities of laboratory services in					
		Develop health service delivery contingency plans					
		Develop climate-resilient health infrastructure models and blueprints by					
		Develop climate-informed health indicators for					
		Develop one integrated climate change, health and environmental early warning system that is linked					

Table 20. Nigeria's priority readiness interventions

Resilience: Responding to and addressing climate threats to Nigeria's health system							
Theme	**Details**	**Priority interventions**	**Year**				
			2025/6	**2026/7**	**2027/8**	**2028/9**	**2029/30**
Improve the provision of climate-responsive and disaster-resilient health care at the Federal, State and LGA levels	This component will sensitise and build capacity amongst the health workforce across all States and LGAs to manage climate-induced health impacts. Strengthened systems will be empowered to anticipate and respond to both acute hazard events/emergencies and chronic/long-term disease and illness trends, through integrated DHIS2-informed multilevel early warning and risk management system.	**Operationalise and provide ongoing support to the established Federal and State multi-sectoral coordination mechanisms**					
		Roll out the education and capacity building campaign for the health workforce to enable them to understand					
		Maintain and update integrated climate change,					
		Support and monitor service delivery					
		Train health workers and health information teams on how to collect, analyse,					
		Operationalise and provide ongoing support to track and monitor the defined performance and					
		Support States with technical capacity to deliver their developed and final					
		Build the technical and operational capacity of national and sub-national sectoral policymakers,					
		Support the delivery of the climate informed health programme intervention plans (e.g. malaria/vector					
Strengthen ongoing evidence-gathering and knowledge-management for identifying, understanding and	To ensure medium-long term resilience actions remain responsive to current circumstances, the HNAP will empower an interdisciplinary cadre of researchers to conduct future research on key climate change impacts on the health sector.	**Build a cadre of climate change health researchers** (e.g. on climate and health into master's degree programmes; training and mentorship for early and established researchers and research teams; including climate and health as a priority research theme in national priorities; partnerships with research institutes specialising					

Reinforce resilience of public health and environmental infrastructure, including retrofitting highest-risk facilities, BEmONCs	Climate-proofing Nigeria's existing and future health infrastructure, through evidence-informed and scalable design, construction, operation and maintenance models. These standards will include supportive facilities (storage, warehouses, laboratories) as well as functions like waste	**Support the modification of infrastructure in the highest-risk and highest**					
		Support the upgrading of laboratories and staff capabilities, as directed by					
		Support the upgrading of the procurement and supply chain to be more resilient to climate change and introduce low carbon alternatives					
Maintain and improve community-level health outcomes through climate-	In addition to the direct provisioning of health programmes for climate-sensitive risks, diseases and areas, this component will equip communities to anticipate and respond to health threats from	**Support the delivery of the community capacity building programme**					

Annex 3. Guiding principles for the HNAP MEL plan and framework

The HNAP MEL plan and framework is underpinned by key guiding principles and best practice standards that are outlined in Table 21 below.

Table 21. Guiding principles for the HNAP MEL plan and framework

Guiding principle	Description
Partnership and shared responsibility	The HNAP MEL plan and framework define roles and responsibilities for reporting, monitoring, and validation within the FMoH/National Steering Committee, as well as for other relevant institutions and stakeholders. Although the FMoH/National Steering Committee will lead on HNAP delivery, monitoring, evaluation — and particularly learning — should be a shared duty amongst stakeholders across the climate-health nexus, including other MDAs, development partners, academia, civil society and the private sector – as well as the States and LGAs. Collective participation at all levels to provide data, oversight, analysis and learning will ensure that proposed interventions are coordinated and interlinked for streamlined processes and outcomes, and that the desired impact (see Theory of Change in section X) can be measured, verified, and reported and learnings captured and used to iterate the HNAP and improve delivery of interventions.
Vertical and horizontal integration	Effective MEL will require ongoing and effective coordination between and amongst actors at local, subnational, and national levels. This will also require integration between the health sector and other key sectors and government departments to address the intersecting mandates to build climate resilience in the health sector. This will also mean using and strengthening existing data systems such as District Health Information Software 2 (DHIS2), Health Resources Availability Monitoring Software (HeRAMS) of WHO, and the Surveillance and Outbreak Response Management and Analysis System SORMAS) of the NCDC, thus aligning with the MEL frameworks and indicators of existing projects and initiatives for climate and health already underway, such as the World Bank HOPE-PHC programme.
Accountability and transparency	Approaches for greater accountability and transparency on the delivery and performance of the HNAP across multiple stakeholders will include regular reporting - including to the public - to ensure openness, oversight, and support from all relevant parties within and outside of government. This will facilitate greater accountability for all stakeholders, units, sections, departments, implementing partners and donor agencies responsible for implementing, monitoring, and reviewing the HNAP.
Open and inclusive learning	The HNAP MEL plan and framework is based on constructive, productive, and inclusive processes that capture success and failures but do not focus on blame, and take positive and negative outcomes as opportunities for lessons for growth and improvement. Rather than a ‘checkbox’ compliance exercise, MEL should be embedded with implementation (see Governance and Implementation Framework in section XXX) and continue to provide insights, supported by ongoing knowledge management and brokering, cross correction and collation of lessons learned.
Data clarity and quality	Indicators and associated milestones will be specific, measurable, attainable, relevant, and time-bound (SMART), to produce data that is clear, robust and of high quality and which can be used to make key decisions and to improve performance and delivery of the HNAP. The design and delivery of the MEL plan is intentionally straightforward and practical to ensure it is integrated into existing systems and processes to ensure it can be effectively managed and delivered.

Annexe 4. Detailed MEL plans

Table 22 below describes indicative output level MEL plans for monitoring the HNAP, including indicators, targets (with milestones), means of verification, frequency of reporting, and the lead institutions that are responsible for data collection, analysis and management. Detailed indicator reference sheets for each indicator will be developed during HNAP inception to objectively define each indicator, describe how they will be measured, relevant data sources, etc. Targets and milestones to be determined with donors to ensure appropriate levels of ambition. This is a comprehensive set of indicators. However, to manage data collection and monitoring a more manageable subset may be selected for purposes of monitoring.

Table 22. Output level indicators and targets

Output	Indicator (target)	Means of verificati	Frequency of reporti
Multisectoral and multilevel health-climate leadership and governance established with clear roles and	Structures/mechanisms with TOR (target: established and operational by X date)	TOR, meeting minutes	Quarterly or biannuall
Capacity of national and sub-national sectoral institutions and stakeholders built to plan for and improve climate resilience in the	Technical capacity of institutions and stakeholders (target: improved by X% by X date, improved by X% by X date)	KPI / performance reporting,	Annually
Financing identified and secured for HNAP implementation to support programmes at the Federal, State	Finance mobilised (target: $XX by X date; $XX by X date)	Budgets, financial reporting	Annually
Key climate and health priorities assessed at the Federal, State and LGA levels and plans developed that can be delivered to strengthen future climate resilience	[HOPE-PHC PDO Indicator: National climate and health adaptation plan developed, costed, validated, and implemented (number)] Evidence-based plans (target: developed and implemented in X by X date) Percentage of medium and long-term plans for control	Plans, project reporting	Biennially
Improved provision of climate-responsive and disaster-resilient health care at the Federal, State and	Proportion of health care provision that is climate-responsive and disaster-resilient	By budget? By client/	Quarterly
Strengthened ongoing evidence-gathering and knowledge-management for identifying, understanding and addressing climate-induced health risks and climate-sensitive diseases and	Knowledge produced and managed for sharing and adaptive learning (target: ongoing) Data from MEL incorporated into	Knowledge products, HNAP and State plan	Annually
Increased resilience of public health and environmental infrastructure and addressing vulnerabilities in the health supply chain, including retrofitting the highest-risk facilities, BEmONCs and CEmONCs	[HOPE-PHC PDO Indicator: PHC facilities achieving service readiness assessment criteria (%)] [HOPE-PHC DLR 1.1: Improved primary healthcare facility readiness, quality, and climate resilience in participating States (percentage)]	Vulnerability assessments / indexes	Biannually
Improved community-level health outcomes through climate-informed health programming and capacity-		Health reporting/ data	Annually

Table 23 below describe the indicative intervention level MEL plans for monitoring the HNAP, including indicators, targets (with milestones), means of verification, frequency of reporting, and the lead institutions that are responsible for data collection, analysis and management. Detailed indicator reference sheets for each indicator will be developed during HNAP

inception to objectively define each indicator, describe how it will be measured, relevant data sources, etc.

Table 23. Intervention level indicators and targets

Priority interventions	Indicator (target)	Means of verificatio	Frequency of
Support the National Council on Climate Change (NCCC), Federal Ministry of Environment (FMoEnv) and the Federal Ministry of Health (FMoH) to integrate the HNAP into the National Adaptation Plan (NAP) and Nationally Determined	HNAP Priority Interventions and data included in NAP and NDC updates (target: X% of interventions included) Health mainstreamed in NAP and NDC updates (target:	NAP; NDC	Alongside NDCP, NAP update timeline
Assess the technical and operational capacity of national and sub-national sectoral policymakers, leaders, managers	Proportion of existing and new roles and positions reviewed/ assessed (target: 100%, ongoing)	Assessment report	Once off, then biannually for
Establish multi-sectoral coordination mechanisms with clear responsibilities between the FMoH, State MoH and sector ministries and other agencies	Multi-sectoral coordination mechanism (Task Group and HNAP National Steering Committee) established with respective TOR (target: in place by X date)	TOR, meeting minutes	Once off, ongoing operation reviewed annually
Develop performance and accountability measures for health	Proportion of health leaders with performance and	KPIs, performanc	Annual
Develop costed and measurable State implementation plans for climate change and health, with clear governance and delivery roles and responsibilities	State Implementation Plans (target: developed, costed, and validated for 36+1 States by X date) [HOPE-PHC DLR 10.1-10.4:	Plans	Once off, and as plans are revised/ updated
Develop an education and capacity-building campaign for the national health workforce on the impact of climate change,	Campaign developed and included in professional training curricula, aligned with other existing health/environmental	Curriculum, materials	Once off
Develop a national capacity-building programme that will equip communities to respond to	Programme developed (target: completed by X date)	Materials, capacity building	Once off
Develop a domestic resource mobilization strategy that includes pooled funding, climate insurance, strategic purchasing and other financing options	Domestic funding mobilised (target: $X by X date) International funding mobilised (target: $X by X date) % of national Federal, State and LGA budgets addressing risks	Strategy, budgets, financial reporting	Annual
Work with international development partners to secure catalytic financing aligned to and directly supporting the implementation of the HNAP	Partner framework to coordinate development partner funding (target developed by X date) International funding mobilised	Financial reporting	Annual
Assess climate impacts on key health programmes (e.g. malaria/ vector borne diseases, zoonoses, mental health etc)	Climate impacts on key health programmes assessed (target: completed by Year 1, reviewed biennially)	Assessment reports, publications, databases	Biennially

Priority interventions	Indicator (target)	Means of verificatio	Frequency of
Develop climate-informed intervention plans for key health programmes	Intervention Plans (target: completed for X key health programmes by X date) [HOPE-PHC DLR 10.1-10.4: Climate and health adaptation	Intervention Plans	Reviewed as needed
Assess the climate resilience of the procurement and supply chain to identify key vulnerabilities and adaptations, including exploring	Procurement and supply chain assessed (target: completed by X date)	Assessment report	Reviewed as needed
Assess the role and potential vulnerabilities of laboratory services in addressing the future	Laboratory services assessed (target: completed by X date)	Assessment report	Once off
Develop health service delivery contingency plans for extreme	Plans (target: completed by X date)	Assessment report	Once off
Develop climate-resilient health infrastructure models and blueprints by type/level of health infrastructure	Models and blueprints (target: completed for type by X date) Guidelines developed from the Smart Hospitals Toolkit (target: X by X date) CRIBS Framework, guidance	Models and blueprints	Once off
Develop climate-informed health indicators for inclusion in DHIS2	Health indicators included in DHIS2 (target: aligned by X	Climate informed	Biennially
Develop one integrated climate change, health and environmental early warning system that is linked to other sectors, government ministries and agencies	Scoping and feasibility report on Federal and State level EWS baselines and opportunities (target: completed by X date) Pilot of EWS at Federal and State level (target: completed in X States by X date) National EWS plan/policy developed (target: completed by X date) Funding for EWS implementation (target: $$$	EWS framework	Once off
Operationalise and provide ongoing support to the established Federal and State multi-sectoral coordination mechanisms that will strengthen multi-sectoral responses to climate change adaptations	Number of Federal and State multi-sectoral coordination mechanisms established (target: xx by X date) Proportion of Federal and State multi-sectoral coordination mechanisms receiving support	TOR, meeting minutes, reports, Proportion of Key outputs from	Quarterly
Roll out the education and capacity-building campaign for the health workforce to enable them to understand and respond to the impacts of climate change	Proportion of health workforce sensitised on climate change (target: X by X date) Number of education and	Engagement strategy, training and distribution reports	Quarterly

Priority interventions	Indicator (target)	Means of verificatio	Frequency of
Support and monitor service delivery contingency plans in response to extreme weather	No of service delivery contingency plans in response to extreme weather developed (target: X by X date) Proportion of recommendations	Conduct of ISS	Quarterly
Train health workers and health information teams on how to collect, analyse, interpret and respond to new climate-informed	Proportion of health workers and health information teams that received training (target: X by X date)	Training and distribution reports;	Biannually
Operationalise and provide ongoing support to track and monitor the defined performance and accountability measures and hold leaders to account	Proportion of health leaders demonstrating improved performance (target: xx% by MILESTONE) Performance in climate and health KPI metrics for leaders	Audit Reports; performance reviews	Annually
Support States with technical capacity to deliver their developed and final State adaptation plans for climate and health	Number of States receiving technical assistance (target: 36+1 by X by X date)	Reports, assessments, plan MEL,	Annually
Build the technical and operational capacity of national and sub-national sectoral policymakers, leaders, managers and climate change and health units	Number of States receiving capacity building (target: 36+1 by X by X date) Number of sub-national policymakers, leaders, managers that received training (target: xx by X by X date)	Training and distribution reports;	Biannually
Support the delivery of the climate informed health programme intervention plans (e.g. malaria/ vector borne diseases, zoonoses, mental health etc)	Incidence and prevalence of climate-sensitive health outcomes (target: reduced by XX% by MILESTONE) Clients satisfied with health	Health reporting	Quarterly
Build a cadre of climate change health researchers (e.g. on climate and health into master's degree programmes; training and mentorship for early and established researchers and research teams; including climate and health as a priority research theme in national priorities;	Amount of new research funded (target: $xxx by X by X date) Number of early career researchers supported (target: xx by X by X date) Number of publications (target: xxx by X by X date) Number of presentations at conferences by Nigerian	Reports	Annual
Support the modification of infrastructure in the highest-risk and priority facilities to ensure they are climate resilient	Proportion of key facilities upgraded (target: xx by X by X date) Avoided L&D in key facilities (target: $xxx by X by X date) Facilities deploying/practising	Engineers Health Facility reports (assessment, inventory	Annual

Priority interventions	Indicator (target)	Means of verificatio	Frequency of
Support the upgrading of laboratories and staff capabilities, as directed by the assessment of laboratory systems climate vulnerability assessment	Proportion of laboratories receiving climate resilience upgrades (target: xx by X date) Avoided L&D in laboratories (target: xxx by X date) Number of staff that received	Engineers reports, assessments; Training and distribution	Annual
Support the upgrading of the procurement and supply chain to be more resilient to climate change and introduce low-carbon alternatives	Identified climate vulnerabilities in the supply chain addressed (target: completed by X date) Low emission improvements in supply chains (target: XX MtCO2e by X date) Proportion of sub-national	Financial reporting; supply Chain procurement reports	Biannual
Support the delivery of the community capacity-building programme	Number of communities/ population reached by capacity building programme (target: xx) Number of capacity-building	Training and distribution reports	Annual

Annex 5. List of contributors

Nigeria's HNAP was developed through extensive consultations and multiple engagements with multiple stakeholders at the Federal level and with the States. The list of contributors to the HNAP are outlined below.

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