

Call for Proposals – Phase 2 (CFP2)

Climate Change and Health Innovation *Hub* for West and Central Africa (CHINNOVA)

Sub-Grants for Collaborative Research and Innovation Projects (2026–2028)

(Call for Large Grants)

For

The [Association of African Universities \(AAU\)](#) in Partnership with the [West African Science Service Centre on Climate Change and Adapted Land Use \(WASCAL\)](#), [Institut Pasteur de la Côte d'Ivoire \(IPCI\)](#), and University of Omar Bongo, Gabon.

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1. Background and Rationale

Climate change represents one of the greatest challenges to human health in the 21st century. Its effects are heaviest on the most vulnerable groups, deepening existing inequalities. In many low- and middle-income countries (LMICs), already fragile health systems struggle to respond effectively. Frontline health workers, often women from disadvantaged and underserved communities, are on the frontlines of this crisis yet frequently lack the resources, tools and support needed to address escalating climate-related health threats, such as extreme weather events, infectious disease outbreaks, and growing food and water insecurity.

Strengthening health systems to withstand and adapt to climate shocks is essential if LMICs are to protect communities and reduce future risks. In West and Central Africa, climate change is now widely acknowledged as a major factor shaping public health vulnerabilities. Rising temperatures, shifting rainfall patterns, recurrent extreme weather and related socio-economic stresses are already influencing disease patterns, nutritional outcomes, mental health and the effectiveness of healthcare delivery. Despite this, health sector responses remain fragmented, limited in scope, and lacking the cross-sectoral and interdisciplinary collaboration required to tackle such complex, overlapping challenges.

To close these gaps, there is a pressing need for resilient and gender-responsive strategies that integrate climate and health priorities while engaging local communities and civil society in their design. Such approaches must also ensure that the health benefits of climate action are embedded within national and regional policy frameworks. To address these knowledge and policy needs, the *Advancing Research for Climate and Health (ARCH)* initiative which is funded by Canada's International Development Research Centre (IDRC) and the United Kingdom's Foreign, Commonwealth & Development Office (UK FCDO) has established regional research hubs in West and Central Africa, East and Southern Africa, the Middle East and North Africa, Asia and Latin America and the Caribbean.



Within this framework, the Climate Change and Health Innovation Hub for West and Central Africa (CHINNOVA) was launched in October 2024. CHINNOVA was created to connect and support a community of researchers working across the region, with the goal of advancing innovative, evidence-based responses to the health impacts of climate change. Its work centres on improving the availability of reliable data, fostering interdisciplinary and cross-sectoral collaboration, and building the capacity of health professionals to anticipate and manage climate-sensitive diseases and health risks.

CHINNOVA is led by the Association of African Universities (AAU) Secretariat with support from the West African Science Service Centre on Climate Change and Adapted Land Use (WASCAL), Institut Pasteur de la Cote d'Ivoire (IPCI), and University of Omar Bongo, Gabon as co-leads.

Through its activities, CHINNOVA provides a regional platform to:

- Encourage collaborative knowledge generation across disciplines and borders.
- Strengthen research leadership and technical capacity in climate and health.
- Inform and influence policy and practice through high-quality evidence.
- Enhance the resilience of health systems and communities facing climate-related risks.

In line with this vision and its multi-year work plan, CHINNOVA is now inviting applications for the second Call for Proposals (CFP2) to support collaborative research and innovation projects to be implemented over 24 months (2026–2028). This CFP2 was preceded by a First Call for Proposals, which was launched in October 2025.

2. Objectives of the Second Call for Proposal

This Second Call for Proposals seeks to:



- Generate robust, contextually relevant evidence on the interactions between climate change and health in West and Central Africa.
- Pilot and evaluate innovative solutions to enhance climate resilience, health system adaptation, and community well-being.
- Strengthen the capacity of African research institutions and their partners to lead and sustain climate-health research agendas.
- Build collaboration across sectors, disciplines and countries to create knowledge, accelerate learning and scale-up effective approaches.

3. Geographic Coverage, Due Diligence, and Approval Requirements

This Call targets projects to be implemented in one or more of the following West and Central African countries: *Benin, Cameroon, Cape Verde, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Gabon, The Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mauritania, Sao Tome and Principe, Senegal, Sierra Leone, Togo.*

Proposals may be submitted in English or French. Organizations intending to serve as leads members of a consortium must be headquartered in an eligible country of West and/or Central Africa. Applicants are advised that while proposals may be submitted for research and implementation activities in any of the eligible countries listed in this Call, certain countries are currently subject to additional due diligence and country clearance requirements by IDRC and the UK FCDO. Where country clearance agreements exist between IDRC and country governments, additional approval processes to be followed and complied with will be communicated to relevant applicants prior to grant approval finalization.

Specifically, applicants from institutions headquartered in **Chad, Guinea-Bissau, Côte d'Ivoire, Democratic Republic of Congo, Gabon, The Gambia, Ghana, Guinea, Liberia, Mauritania, Senegal, Sierra Leone, Togo** or whose research activities will take place in these countries, must obtain **prior country clearance** before any grant agreement can be finalized and funds disbursed. In addition,

Cameroon, Chad, and the Democratic Republic of Congo are included on IDRC's high-risk country list. Applicants proposing work in these countries must:

- Clearly identify the scope of activities planned within these countries.
- Describe measures to ensure compliance with security, safeguarding, and fiduciary standards.
- Allow sufficient time in their implementation timeline for completion of the clearance process.

Proposals can involve these countries but must demonstrate the feasibility of safe, ethical, and accountable delivery of project activities. Nevertheless, CHINNOVA reserves the right to withhold or modify funding based on the outcome of the country clearance process.

4. Research Questions and Priority Areas

Proposals must address one or more of the priority research questions identified through CHINNOVA's stakeholder consultations in the region. The following thematic areas are prioritised. These guiding research questions are intended to assist applicants in designing their proposals to address high-priority issues for West and Central Africa. Applicants may adapt these questions to specific contexts if necessary and are encouraged to identify additional questions that support the overall thrust of the proposed research. The top-priority research questions extracted from the stakeholder consultations in West and Central Africa are available in [Annex 1](#). Given that gender inequality is a significant barrier across all dimensions of diversity, CHINNOVA, IDRC & UKFCDO invest specific efforts in ensuring climate-health research promotes gender equality and inclusion. Gender and socially inclusive research design can incorporate gender consideration into research design, methods, and analysis to ensure that the needs and perspectives of vulnerable groups, women and men are taken into account. Furthermore, team composition should reflect gender equity and inclusion. For additional background questions information see [Annex 3](#).

Health Systems Preparedness and Response

- What are the optimal staffing models, supply chain protocols, and infrastructure modifications needed for health facilities to maintain essential services during extreme events in West and Central Africa?
- How can community health worker networks be strengthened with climate-specific training, early warning protocols, and resource allocation mechanisms to respond effectively to heat-related illness outbreaks?
- What are the most cost-effective combinations of telemedicine, mobile health units, and prepositioned medical supplies for maintaining healthcare access during drought-induced population displacement in pastoral communities?

Interoperable Climate-Health Data Systems

- How can meteorological data from national weather services be integrated with health facility surveillance data to create automated early warning systems for disease outbreaks during climate related hazards?
- What standardized data collection protocols and digital platforms can enable real-time sharing of climate-health indicators between health facilities, meteorological services, and public health authorities across countries?
- How can mobile phone-based data collection systems be designed to capture household-level climate exposure and health outcomes in rural communities with limited internet connectivity?

Climate-sensitive Diseases and Health Outcomes

- How are climate variability and change influencing the distribution, seasonality, and burden of malaria, dengue, cholera, and other vector-borne and water-borne diseases?
- What interventions can strengthen surveillance and control of these diseases in the context of climate change?

Gender, Equality, and Vulnerable Populations

- How do climate-related disruptions to water and sanitation infrastructure differentially affect maternal and newborn health outcomes in rural versus urban settings, and what gender-responsive interventions can mitigate these impacts?
- What are the specific pathways through which climate-induced agricultural stress affects intimate partner violence rates, and how can health systems integrate protection services with climate adaptation programming?
- How do seasonal migration patterns driven by climate variability affect access to reproductive health services among women in pastoralist communities, and what mobile service delivery models are most effective?

Climate Information Services and Early Warning Systems

- How can impact-based forecast knowledge be integrated to improve community health preparedness?
- What behavioural change interventions are most effective for translating climate-health early warnings into protective actions at the household and community level?

Climate Information Services, Early Warning, and Response Systems

- How can climate information be integrated into health decision-making and early action?
- What are effective models of community engagement, early warning and response systems, and risk communication?

Policy and Institutional Innovations

- What policy instruments, innovative multisectoral response mechanisms, and incentive structures can promote the integration of climate-health considerations into training curricula for both climate and primary healthcare workers?

5. Eligibility Criteria

Applicants who submitted proposals under the first Call for Proposals (2025) are not eligible to apply under the present Call.

To be eligible, applicants must:

Be a legally registered organisation headquartered in one of the eligible countries.

Eligible institutions include:

- Universities and accredited research institutes.
- Non-governmental organisations (NGOs) with a research mandate.
- Public or private institutions engaged in health or climate research.

Demonstrate evidence of:

- Prior experience conducting relevant research.
- Financial management capacity to administer grants of this size.

Commit to:

- Engage stakeholders and decision-makers throughout the project.
- Share data and results in accordance with the data and knowledge-sharing policies of CHINNOVA, IDRC & UK FCDO.
- Adhere to a M&E framework of CHINNOVA. The CHINNOVA roadmap is provided in [Annex 3](#).
- Adhere to [IDRC](#) and [UK FCDO](#) principles, including safeguarding, ethics, and value for money.
- Partnerships with regional and international collaborators are encouraged, but the lead applicant's primary affiliation must be in an eligible African institution headquartered in the countries listed in Section 3 (i.e., Geographical Coverage, Due Diligence, and Approval Requirements) of the Call.

This Call for proposals will not fund individuals. It focuses on supporting research teams and established institutions to ensure sustainability, knowledge translation and use for climate climate-resilient health system.

To submit proposals as a consortium, please note the following:

- A consortium must consist of at least one academic and/or research institution.

- A consortium must include at least one civil society partner (e.g., Local community associations, cooperatives, NGOs, etc.).
- A consortium must be coordinated by a partner based in an eligible country of West or Central Africa.
- The same person can serve as project coordinator or principal investigator for only one proposal. However, he can be a member of multiple consortia.
- Consortia which submit proposals are required to give notice of any submission of the same or similar proposals with other funding programmes as well as of the grants received as a result of such submission. CHINNOVA reserves the right to reconsider the award of funds if the respective project consortium fails to give notice of double submission or of the funding received as a result of such submission.

Single institutions willing to submit a proposal must provide a core team to oversee the implementation following the conditions of the application process. A single person team proposals are not eligible.

6. Funding and Duration

All sub-grants will be subject to sufficient funds being made available to CHINNOVA by IDRC & UK FCDO under the partnership agreements between AAU and the other lead partners. Through this funding opportunity, up to five proposals will be funded to conduct research in West and Central Africa. **Total funding available is up to USD 1,000,000.00, and the maximum funding request per project is USD 200,000.00.**

CHINNOVA reserves the right to amend the number of sub-grants to be awarded as well as the amount based on the quality of applications and available resources.

Funded research projects are expected to be implemented over a period of **up to 24 months**, allowing for enough time for rigorous data collection, analysis, stakeholder engagement, dissemination of findings, knowledge translation and cross hub sharing and learning.

Funding support shall cover costs that are reasonable, necessary and directly linked to the successful implementation of the research project. Eligible costs include:



- Professional fees and salaries which are clearly justified remuneration for project personnel, including researchers and support staff directly engaged in project activities. Salaries should reflect regional standards and comply with the country Labour Laws.
- Fieldwork and research activities costs associated with data collection, surveys, community engagement and other essential field operations.
- Workshop and training expenses for capacity-building initiatives, raining sessions and stakeholders' workshops aligned with the projects' objectives.
- Travel and per diem travel costs for project team members, strictly limited to activities necessary for project execution as guided by the organization's travel policies.
- Equipment, specialized services and data management covering procurement or rental of necessary equipment and specialized essential to the research.
- No more than 13% on overhead costs

Before a funding decision is taken, successful applicants will be required to provide the following documents to allow the CHINNOVA Secretariat to conduct an institutional due diligence prior to confirmation of funding:

- a. The three most recent audited financial statements, duly authorized by a financial officer, if an audited statement is not available.
- b. Current organisational chart.
- c. Human resources manuals.
- d. Finance and administration manuals.
- e. Policy/procedure for procurement.
- f. Latest technical annual report (where applicable).

Expression of Interest

Optionally, applicants are advised to submit a letter of interest expressing their intent to apply prior to the submission of a formal proposal by or before April 10th, 2026. Submitting an Expression of Interest is not mandatory, but it is strongly recommended as it helps CHINNOVA better plan for proposal reviews and provide

timely guidance to potential applicants. Interested organizations are kindly invited to submit their Expression of Interest by completing the online form available [here](#)

7. Application Process

Applicants must submit:

A Technical Proposal in English or French language (max 25 pages) covering 9 sections through the Online Grants Management System (OGMS).

Section 1: Project Information

Defines the project's core identity, scope, timeframe, and resource requirements, ensuring clarity, coherence, and alignment with programme expectations. Applicants are required to provide the following: Proposed Project Title, Project Acronym, Project Duration, Principal Investigator, Research Priority Areas and Project Budget.

Section 2: Background, Questions and Objectives

Defines the project's purpose, research questions, objectives, innovation, interdisciplinarity, partnerships, and relevance to health systems and climate resilience.

Section 3: Project Approach/Methodology

Outlines the methods and approach, including links to existing projects, and opportunities for synergy.

Section 4: Project Results

Describes the Theory of Change linking activities, outputs, outcomes, and impact, including assumptions and context.

Section 5: Project Management

Explains governance, coordination, timelines, communication, and risk management.

Section 6: Project Exploitation

Details how results will be used, scaled, and sustained, including intellectual property (IP), ethics, gender/youth inclusion, and stakeholder engagement.

Section 7: Project Team - Research Team Capacity Statement

Summarise team expertise, leadership, gender balance, and institutional capacity, roles, partnerships, and diversity considerations, demonstrating the capacity to deliver high-quality, interdisciplinary, and policy-relevant outcomes.

Section 8: Budget

Provides a detailed financial plan, including cost justification, indirect costs, and travel provisions.

It is required to budget travel costs for members of the team to attend CHINNOVA planned events in Côte d'Ivoire & Ghana as road map Annex 3. The total indirect cost is 13% and this maximum proportion must be fairly distributed among partners. A detailed breakdown of eligible expenses is given in Annex 4.

Section 9: Attachments

Other separate documents must be uploaded in the attachments section:

- Letter of support from host institution, signed by the head of the Institution.
- CVs of key personnel in one single pdf document (max 3 pages for each team member).
- A project schedule or workplan including a list of key outputs (events or deliverables) and outcomes, proposed timelines linked to items included in the project budget.
- A detailed budget
- The proposal document (the document should contain the same information as filled in the platform, and must not exceed 25 pages)

8. Evaluation and Selection Criteria

Proposals will be reviewed by an independent panel of external reviewers using the following weights for different sections of the application, as outlined below. The committee will assess proposals for their relevance to the priority areas, rigour,

legitimacy, positioning for use and integration of gender, equality and inclusion throughout ([Annex 2](#)).

Criterion	Weight (%)
<p>Relevance to Call Research Questions and Priorities Areas</p> <p><i>This section should demonstrate how the project directly aligns with the specific research questions and priority areas of the Call for Proposals. Applicants must clearly identify which questions they are addressing and explain how their research contributes to filling key gaps.</i></p>	20%
<p>Scientific and Technical Merit</p> <p><i>This section demonstrates that the research is rigorous, feasible, and capable of producing high-quality results. It should clearly state objectives or hypotheses, describe an appropriate and robust methodology, and highlight innovation or originality. The proposal should show that the project is realistic within the timeframe and budget, address potential risks, and leverage the team’s expertise. It should also connect the technical approach to regional or policy-relevant contexts, showing the potential for meaningful impact.</i></p>	25%
<p>Potential for Impact and Scaling</p> <p><i>This section shows how the project’s results can create meaningful, lasting change and be expanded or replicated. It highlights the potential to influence policy, practice, or communities, describes strategies for scaling or sustaining outcomes, emphasizes innovation, and outlines stakeholder engagement. It also demonstrates relevance beyond the immediate project, including regional or broader applicability.</i></p>	20%
<p>Team Composition and Expertise</p> <p><i>This section demonstrates that the project team is qualified, capable, and diverse. It highlights members’ relevant experience, complementary skills, clearly defined roles, and capacity to manage the project. It also</i></p>	15%

<p><i>emphasizes gender balance and inclusion, as well as partnerships or collaborations that strengthen the team’s effectiveness and reach.</i></p>	
<p>Gender Equality and Inclusion considerations</p> <p><i>This section shows how the project promotes gender equality and inclusion by addressing the needs of all genders and marginalized groups, ensuring equitable participation, building capacity, and embedding GESI considerations throughout the project. It also includes mechanisms to monitor and address inequities during implementation.</i></p>	<p>10%</p>
<p>Budget Appropriateness and How it Aligns with the proposed activities</p> <p><i>Applicants must submit a clear, realistic, and well-justified budget that is directly linked to the proposed project activities. All costs should be activity-based, reflecting the resources needed to effectively implement the workplan. The budget should demonstrate value for money, with reasonable cost estimates and efficient use of resources.</i></p>	<p>10%</p>

9. Reporting, Monitoring, and Knowledge Sharing

Successful grantees will be required to:

- Submit annual technical and financial reports.
- Participate in CHINNOVA learning and peer exchange events. The roadmap identifies two collaborative events, including i) an inception workshop together with training on CHINNOVA’s MEAL framework; ii) international climate change conference on Climate Change (I3CH). The CHINNOVA research program (CRP) is provided in [Annex 3](#) Representatives from the research hub subgrants will also be expected to participate in the broader network activities when relevant and research projects’ budget will need to reflect this.
- Share datasets and publications with CHINNOVA’s data and knowledge sharing platforms.
- Contribute to CHINNOVA synthesis reports, policy briefs and dialogues.

10. Ethics and Safeguarding Standards

Applicants must:

- Comply with [IDRC](#) and [FCDO](#) standards on research ethics and safeguarding.
- Secure all necessary ethical approvals prior to conducting research involving human subjects.
- Demonstrate adherence to Do No Harm principles and respect for local communities.
- Develop a work plan compatible with the roadmap of the CRP ([Annex 3](#))

11. Anticipatory Timeline, Questions and Contact Information

Open call for proposal	27 th March 2026
Deadline for submitting proposals	8 th May 2026
Eligibility Results Announcement	22 nd May 2026
Technical review by independent experts and CHINNOVA's Scientific Committee.	22 nd June 2026
Notification of selected research consortia, Award & Due Diligence	6 th July 2026
Commencement of project implementation	20 th July 2026

All questions regarding this Call should be submitted to the Project Coordinator via.

✉ chinnova@aau.org / chinnova-manager@aau.org

12. Submission Guidelines

We are pleased to invite qualified applicants to submit proposals under this Call through our fully digitized, secure, and transparent **Online Grants Management System (OGMS)** designed to uphold global standards in grants administration.

All submissions must be made through the OGMS portal:

✉ <https://grants.chinnova.aau.org/>

Proposals must be submitted electronically in **PDF format**. Please note that late or incomplete proposals will not be reviewed. Applications sent through email or as hard copies will not be considered.

13. Application Steps

a. Register or Sign In

- New users: Select “Create an Account” and follow the on-screen instructions.
- Existing users: Log in using your credentials.

b. Find the Call

- Navigate to the ‘Open Calls’ section.
- Select **[Insert Full Title of the Call]**, then click ‘Apply’.

c. Complete Your Application

- Fill in all required fields with accurate, up-to-date information.
- Upload all mandatory supporting documents, including your proposal narrative, budget, Work Plan, CVs, and institutional endorsements (as specified in the Call Guidelines).

d. Review and Submit

- Carefully review your application to ensure completeness and compliance.
- Submit the final version. You will receive an immediate confirmation email.

e. Deadline for Submission

- All applications must be submitted by **8th May 2026, 4:00 pm (GMT)**
- Late or incomplete applications will not be accepted

Annex 1: Top Priority Research Questions Extracted from the Stakeholder Consultations.

1. What are the optimal staffing models, supply chain protocols, and infrastructure modifications needed for health facilities to maintain essential services during extreme events in West and Central Africa?
2. How can community health worker networks be strengthened with climate-specific training, early warning protocols, and resource allocation mechanisms to respond effectively to heat-related illness outbreaks?
3. What are the most cost-effective combinations of telemedicine, mobile health units, and prepositioned medical supplies for maintaining healthcare access during drought-induced population displacement in pastoral communities?
4. How can meteorological data from national weather services be integrated with health facility surveillance data to create automated early warning systems for disease outbreaks during climate related hazards?
5. What standardized data collection protocols and digital platforms can enable real-time sharing of climate-health indicators between health facilities, meteorological services, and public health authorities across countries?
6. How can mobile phone-based data collection systems be designed to capture household-level climate exposure and health outcomes in rural communities with limited internet connectivity?
7. How are climate variability and change influencing the distribution, seasonality, and burden of malaria, dengue, cholera, and other vector-borne and water-borne diseases?
8. What interventions can strengthen surveillance and control of these diseases in the context of climate change?
9. How do climate-related disruptions to water and sanitation infrastructure differentially affect maternal and newborn health outcomes in rural versus urban settings, and what gender-responsive interventions can mitigate these impacts?

10. What are the specific pathways through which climate-induced agricultural stress affects intimate partner violence rates, and how can health systems integrate protection services with climate adaptation programming?
11. How do seasonal migration patterns driven by climate variability affect access to reproductive health services among women in pastoralist communities, and what mobile service delivery models are most effective?
12. How can impact-based forecast knowledge be integrated to improve community health preparedness?
13. What behavioural change interventions are most effective for translating climate-health early warnings into protective actions at the household and community level?
14. How can climate information be integrated into health decision-making and early action?
15. What are effective models of community engagement, early warning and response systems, and risk communication?
16. What policy instruments, innovative multisectoral response mechanisms, and incentive structures can promote the integration of climate-health considerations into training curricula for both climate and primary healthcare workers?

Annex 2: Ensuring Climate-Health research initiatives address gender equality and inclusion

To promote gender equality and inclusion, it is critical for research projects to strongly consider investigating the roles of sex, gender, and other diverse identities and experiences and their relationship to the history, structures and functioning of these systems. The questions below are intended to guide you in reflecting how your research addresses social and gender equality and inclusion, and how you can strengthen these dimensions in your proposal.

1. Does your proposal intend to understand and address social and gender inequalities and their underlying causes?
2. In the context of your proposal, what are the power structures and power dynamics that exist between men and women, and other groups which underpin gender inequality? What are some possible avenues to address and change these conditions?
3. In the context of your research problem, how is this affected by identities or experiences such as race, ethnicity, socio-economic class, income levels and where individuals live (e.g., rural, urban settings)?
4. Is there a logical theory of change of how your research objectives will promote or lead to greater gender equality and/or inclusion? What impact will your research proposal have on these aspects?
5. Do you have a stand-alone objective on addressing gender equality and inclusion? How are other objectives framed in relation to addressing gender equality and inclusion?
6. How will the proposed conceptual framework(s), research design and related research methods address and analyze the root causes and context-specific factors contributing to intersectional forms of gender inequality? Which individuals and groups should be engaged in co-creating this research design and its implementation - to what extent and how will they be engaged?
7. Has your project identified clear outcomes and indicators with respect to gender equality and inclusion? Are these integrated into project

- measurement tools? For example, do you plan to collect and analyze sex-disaggregated data? What about gender-disaggregated data? Have you planned to undertake a pre- and post-project gender analysis?
8. Does the proposal's knowledge translation plan integrate sex and gender considerations (including intersectionality) in how the iterative processes of engagement, analysis, synthesis, product development and knowledge facilitation are designed and operationalised?
 9. Do the members of your research team understand contextual gender equality and inclusion issues? Do you have the right skills and experience in your team? Which of your team members will take the lead in designing, implementing, monitoring, and assessing your project's objectives to address gender inequality and inclusion?
 10. Does your research team have a good balance between male and female scientists or scientists of other identities?
 11. Have you clearly budgeted for gender equality and inclusion activities and staffing? Have you allocated sufficient time and resources to strengthen the capacity of your team, partners and other stakeholders on gender and inclusion issues?

Annex 3: Roadmap for the CHINNOVA Research Programme

1. Background

The Climate-Health Innovation Hub for West and Central Africa (CHINNOVA) is a network of networks dedicated to enhancing the resilience of health systems to climate change through interdisciplinary collaboration, data accessibility, capacity-building initiatives and ensuring the integration of gender equality and inclusion approaches in the implementation. By increasing the availability of disaggregated and interoperable data on climate and health, CHINNOVA aims to enhance the region's ability to assist research and services in the region.

To ensure continuous improvement and accountability, a comprehensive monitoring, evaluation, and learning (M.E.A.L.) framework is to be implemented, including



regular progress reports (interim, mid-term and final), and a sustainability plan. The project emphasises stakeholder engagement, with a strong focus on engaging governments, health organisations, and local communities to ensure context-specific innovation and sustainable solutions. The CHINNOVA initiative will also organise an International Conference on Climate Change and Health (I3CH) to disseminate findings and promote knowledge sharing, gap-filling, and global dialogue on climate-resilient health systems.

In general, the project represents a significant step toward building climate-resilient health systems in West and Central Africa, ensuring that gender, equity and social inclusion of the most vulnerable and marginalised populations (e.g., Displaced, refugees, indigenous people), are considered in the implementation of climate-health innovative solutions and interventions.

2. Objectives

Based on stakeholder feedback, **CHINNOVA** will focus on translating research into actionable policies, expanding data & knowledge accessibility for research, integrating AI-driven analytics and gendered health implication of climate change into climate-health surveillance, and strengthening regional collaborations with meteorological and health institutions to improve early warning systems.

CHINNOVA has launched this 2nd **Call for Proposals (CFP)** to support interdisciplinary, action-oriented research on climate and health across West and Central Africa. Based on its strategic objectives, core research questions derived from the regional situational analysis and stakeholder consultations, the *hub* will fund up to five research projects to be implemented over a period of **24 months (July 2026 – July 2028)**.

3. Expected Results

CHINNOVA has co-created the thematic priorities and this roadmap for its research programme (CRP), in order to provide a clear direction for climate-health research and interventions. Funding a CRP cohort of projects will allow innovative solutions to be explored and implemented, addressing unique climate-health challenges in the

region. Additionally, the installation of a data collection framework will enhance the systematic harnessing and analysis of climate-health data by sub-grantees, facilitating further research, informed decision making, and policy formulation. The organisation of annual International Conferences on Climate Change and Health (I3CH) will promote knowledge exchange, collaboration, and the dissemination of best practices among diverse stakeholders. Training workshops will build the capacity of researchers, grassroots organisations, and local communities, equipping them with the necessary skills and knowledge to integrate gender equality and inclusion in climate health responses. Strengthened integration of gender equality and inclusion measures will ensure that health responses are equitable and inclusive, addressing the needs of all segments of the population. In the long term, these outcomes will culminate in a stronger and more cohesive CHINNOVA network that effectively supports research and implements actions on climate health issues in West and Central Africa.

Hence, CHINNOVA will establish an open-access climate and health data repository to encourage further research, and AI-powered climate-health risk models development. Regional roundtables, and advocacy campaigns will support research uptake. The hub will also conduct major training workshops, stakeholder exchanges, and develop a M&E mechanism on climate-health resilience research. Communication efforts will include policy briefs, synthesis reports, and an interactive knowledge-sharing platform.

4. Phases

Phase 1 – Preparation & Finalisation of the 2nd Call (February 2026)

- **Mid-February 2026:** Finalisation of the 2nd Call for Proposal (CFP) documents (terms of reference, budget templates, ethical guidelines, evaluation criteria, list of external evaluators).

Phase 2 – Launch & Dissemination of the 2nd Call for Proposals (March 2026)

- **March 2026:** Official launch of the **Second Call for Proposals** (Large Grants) via CHINNOVA, AAU, WASCAL, IPCI, IDRC, FCDO-UK, and other dissemination platforms.
- **March–Mid-April 2026:** Online and in-person promotional events, FAQs, and helpdesk for applicants.

Phase 3 – Submission, Selection, Award & Due Diligence (May – July 2026)

- **8th May 2026:** Proposal submission deadline
- **June 2026:** Technical review by independent experts and CHINNOVA's Scientific and Ethics Committee.
- **July 2026:** Notification of selected research consortia, Award & Due Diligence

Phase 4 – Grant Agreement & Project Kick-off (July 2026)

- **July 2026:** Signing of grant agreements and fund disbursement.
- **July–August 2026:** Project inception workshops, team onboarding, and training on CHINNOVA's MEAL framework.
- **July 2026:** Official start of the research cohort's activities.

Phase 5 – Implementation, Monitoring & Reporting (2026–2028)

- Annual progress reporting of the project cohort
- Continuous data collection, formatting and archiving
- Annual technical review (online) & M&E field visits
- Integration with CHINNOVA's MEAL system for continuous adjustments.
- Training on the integration of GESI in climate-health research & innovation.

Phase 6 – Knowledge Mobilization & Legacy (2026-2029)

- Final report submission and independent evaluation.
- Synthesis publications and contributions to CHINNOVA's Knowledge Platform.
- Presentation of results at the CHINNOVA 2028 International Conference on Climate and Health.

5. Conclusion

This roadmap is meant to guide a structured rollout of CHINNOVA's Research Programme and ensure alignment with regional climate-health priorities and the

hub's long-term vision for resilience, equity, and innovation. Therefore, all applicants must adhere to the work plan of their proposals to this roadmap.

Annex 4: Budget Considerations

Herewith the breakdown of all eligible expenses aligned with the IDRC & UK FCDO rules.

Personnel cost: all remuneration, allowances, and benefits paid to staff and advisors hired for a specific project. Project advisors are people hired for long periods (more than 1 year) and paid a salary on a regular basis. The payment of replacement salaries (to release academics from teaching commitments) or of core salaries (i.e., of existing staff) must be justified in the context of research capacity building. As a general rule, CHINNOVA does not pay salary supplements, i.e., honorarium for full-time employees in addition to their regular salaries or higher salaries than the institution would normally pay. Note that the total cost of the salaries should not exceed 25% of the project budget unless you submitted a detailed rationale that is approved by the CHINNOVA Secretariat. What to include under Item of expenditure: Identify the position title. Example: Project Manager/ Project Leader/ Project Coordinator. What to include under budget notes and explanations: Specify annual salary, the currency used for the calculation, and the percentage of time dedicated to the project and any other criteria taken into account to calculate the amounts. Make sure to state benefits are included (when applicable). Example: 75,000 USD/year x 10% time dedication. Benefits included.

Consultants: Provide the list of consultants needed to provide expert professional advice on a fee-for-service basis. Consultants are subcontractors that are contracted for shorter periods to work on specific assignments. Payments to consultants include all expenses related to acquiring the services of a consultant or subcontractor for a specific activity within the project. Costs may include fees, travel and per-diems, and non-travel expenses incurred directly by the consultant and billed to the project.

Please use a budget note to: (1) indicate the daily rate used to calculate the consultant's fee; (2) estimate travel costs (if applicable); and (3) list other related consultant costs. Please consult IDRC current per diem rates if consultant/subcontractor travel is expected. Refer to the IDRC Per Diem rates when completing this information.

Example: 1 Gender Specialist fees @400USD/day x 50 days/year

Air ticket for 1 trip to Dakar x 10 days @ 275 USD/day.

Equipment: Equipment that has a useful life of more than 1 year and costs more than USD 2,000 per item. Costs may include the basic purchase price, related sales taxes, freight costs, and other costs associated with buying the equipment. Equipment should not exceed 20% of the project budget unless you submit a detailed rationale that is approved by the CHINNOVA Secretariat. Please provide a brief reference of the type of equipment to be purchased (Make, model, power etc). Example: WESTON industrial Fruit Dehydrator MW100 100kg capacity/Stainless Steel = 17,800 USD.

International & local travels: All costs related to international & local travels incurred by Project Personnel listed in the Personnel category of the budget proposal. Allowable costs include ground transportation, accommodation, meals, airfare, departure taxes, and other related expenses. If the destination is not known at this phase, please provide an estimation based on travel expenses, indicating the region. It is required to budget travel costs for members of the team to attend CHINNOVA planned events in Côte d'Ivoire & Ghana as stated in the road map (**Annex 3**). Refer to the your institutional Per Diem rates when completing the budget table.

Example: Air tickets for 3 trips/year x 2 persons@ 1,000 USD each in Accra = 6,000/year.

Trainings & Workshops/Meetings: Include here meetings and workshops cost (e.g., catering, per diem, room rentals), any trainee's registration and tuition fees; living and other allowances; research and training expenses; and travel costs during the trainee's participation in degree or diploma programs, short courses, student field work, training, or other scholarly activities. The training budget should be reported in four sub-categories based on the type of training being supported:



Masters/Undergraduate—study leading to a Masters’/Graduate degree; Short Course — study leading to a diploma or certificate; or Other — all other scholarly activities (e.g., field work study).

Data Collection & Research: All services and materials required to collect, store and share data with CHINNOVA, and carry out the research. Costs include remuneration of persons who gather data and information or provide casual labour, maintenance and operation of project vehicles, consumable goods and non-capital equipment, computer services, training for project staff for implementation of research activities, rent paid for land or premises used in a research activity, article processing charges (APCs), and translation of project-related documents.

Indirect Cost: Include here: administrative costs not directly related to the research. Costs may include clerical, accounting, or secretarial help, general office expenses, office rental and utility charges, non-capital office furnishings, communications costs, and photocopying. The maximum contribution towards indirect costs is up to 13% of all recipient-administered costs, including capital equipment, and sub-contractors administered cost. That maximum contribution may be shared between the proposing institution and the collaborating and must never exceed 13% in total.

Example: Requested contribution towards indirect costs (8% of 83,000 USD)= 6,640 USD.

