

# Building Resilience of Health Systems in Pacific Island LDCs to Climate Change

Review CEO Endorsement and Make a recommendation

## Basic project information

**GEF ID**

8018

**Countries**

Regional (Kiribati, Solomon Islands, Vanuatu, Tuvalu)

**Project Name**

Building Resilience of Health Systems in Pacific Island LDCs to Climate Change

**Agencies**

UNDP

**Date received by PM**

9/28/2018

**Review completed by PM**

11/5/2020

**Program Manager**

Fareeha Iqbal

**Focal Area**

Climate Change

**Project Type**

FSP

**PIF**

**CEO Endorsement**

**Project Design and Financing**

**1. If there are any changes from that presented in the PIF, have justifications been provided?**

Secretariat comment at CEO Endorsement Request

FI, 12/20/18:

Cleared. Minor changes have been made to distribution of LDCF resources across components.

## Response to Secretariat comments

### **2. Is the project structure/ design appropriate to achieve the expected outcomes and outputs?**

#### Secretariat comment at CEO Endorsement Request

FI, 12/20/18:

Further information is requested. The bulk of this \$19 million LDCF grant appears to be supporting trainings, assessments, and strategies. We expect to also see a heavy emphasis on on-the-ground adaptation measures (information on this aspect had been requested at PIF clearance stage by CEO Endorsement). Even Component 3, which should be mostly investment focused, appears to comprise mostly of assessments and strategies. Can the agency please discuss? Also:

- Please provide further information on 3.1.3 (Kiribati) and 3.2.2 (Solomon Islands), which pertain to climate-proofing of healthcare facilities and climate resilient infrastructure. What kind of infrastructure resilience measures might these include? Please also provide further information on 3.1.2 and 3.1.3 for Vanuatu (adaptation strategies for water safety, and for vector-borne disease, respectively).

FI, 7/18/2019:

- a) As Outcome 2 seems to focus on trainings and assessments, please identify Component 2 as "TA" rather than "Investment";
- b) Thank you for the additional information on Component 3 provided in the agency response of April 29. Please include the text provided in the response in the CER or ProDoc as well, with climate change relevance clarified.
- c) For the Solomon Islands, Component 3 of the table of country activities in the CER only indicates that reviews, updating, developing plans, assessments, and trainings will be supported. These are not really "investments". Please discuss any adaptation investments that will be supported in the Solomon Islands and include in CER.
- c) The CER states that "UNDP is responsible for the execution of the GEF resources and the cash co-financing transferred to UNDP bank account only". The procedure for an agency to perform execution functions needs to be properly followed. As per the 'Guidelines on the GEF Project and Program Cycle Policy', the documentation presented at CEO Endorsement must include an explicit request signed by the OFP(s) of the participating country(ies) indicating the specific roles

and responsibilities of all partners, including an execution activities provided by a GEF Agency. We have not been able to locate these letters with the CER submission. They will need to be provided.

FI, 12/27/2019:

Thank you for the explanations for review items (a) to (c) of 7/18/19. This section is cleared.

11/12/2020:

1) Table D: Please fill out the 'Country' column of Table D.

2) PMC: Just 5% of the GEF grant is applied to the LDCF portion of PMC, the co-finance portion of the PMC needs to be proportional, i.e., 5% of total co-finance, which comes to \$3,584,826. Please amend accordingly.

11/25/2020:

Cleared, thank you.

Response to Secretariat comments

MS, 29/04/19

Since the proposal's was initially submitted in 2018, WHO has carried out baseline assessments in these four countries, produced a substantial amount of baseline information necessary for this project. Related funds have therefore been reallocated to the on-the-ground adaptation measures. Similarly, initially proposed costs for TA (especially the costs of international consultants) have been further reallocated to investments.

Please also see response for question 3 for re-organization of TA for the project and changes made to the project budget. The project structure was reviewed and the budget re-allocated to place more emphasis on supporting on-the-ground adaptation measures such as implementation of climate-proofing measures of health care facilities and health service delivery, in order to reduce climate-induced disturbances in the function of health care facilities (e.g. flooding, strong winds, and storm surges affecting facilities, access, electricity and water supply functions; drought affecting water supply and quantity; extreme events causing contamination through spreading inadequately disposed hospital waste).

Further information on specific activities is provided below:

*Activity 3.1.3 Kiribati - Implementation of climate-proofing measures in high-risk facilities selected during IVA phase, with reduced disruptions of healthcare services in selected facilities during extreme weather and climate events, including improved access to health services, sufficient medical and disaster response supplies, improved access to climate-smart energy, and improved communication resources and technologies*

(1) Climate proofing measures refer to the development of technical design and business or investment plans for implementing measures to reduce climate-induced disturbances in the function of health care facilities caused by flooding, strong winds, and storm surges etc. This also includes access of the healthcare facilities to sustainable energy and water safety measures to protect from climate change impacts - safe drinking water supply, basic sanitation.

(2) This project will produce a blueprint for further investment on climate proofing measures of hospitals and clinics at national and subnational levels (please refer to Project Document Page 78 -- 79) through strengthening policy and plans, strengthening institutional, technological and human resource capacity on climate proofing measure of healthcare facilities in the four countries and would also enable replication and up scaling of the climate proofing measures.

(3) Regarding Activity 3.1.3 for Kiribati, the project will focus on measures to incorporate climate proofing measures in the national climate change adaptation programs, plans and policies. Once this is achieved, it will then be incorporated into national budget plans for implementation, replication and scaling-up.

(4) In Kiribati, climate-proofing improvements in health facilities are critical as it is an atoll country and exposed to most of the climate change hazards. This is done by strengthening information of local climate change (confirmed by IVA), identify risk factors and proposed measures to enable health service delivery during and post climate change induced disasters (refer to para 1 on page 14 of Prodoc- climate risk healthcare facilities are those located near-shore and are highly exposed to climate-induced impacts of sea-level rise and associated storm surges and extreme events, drought-induced disturbances of water supply, and risk of pollution due to inadequate waste disposal and inundation risks. ) (5) On Site Selection: the rationale for Site Selection is explained on Page 21, Para 2, line 12 of Kiribati Country proposal - "the pilot site selection process is carried out through the Office of Te Beretitenti-led Kiribati Integrated Vulnerability and Adaptation Assessment (KIVA). The process involves assessment of climate vulnerability of individual islands across all sectors based on the SPREP Integrated Vulnerability Framework for Atoll Islands, and the Pacific Islands Integrated Vulnerability Assessment Framework - forest health, coastal health, water security, security of place, energy security, income security, community health, and food security. This process will also involve community consultation and factors considered in the site selection process include infrastructure and staff capacity, level of CSHRs, telecommunication availability for HIS requirements, etc."

**(6) The specific activities for climate proofing for Kiribati are outlined under the 4 subheadings:**

**(1) Reduced disruptions of healthcare services in selected facilities during extreme weather and climate events,**

1. Review or Develop Standard Operating Procedures on the following:

- Evacuation protocol as a result of climate induced disaster

**3. Is the financing adequate and does the project demonstrate a cost-effective approach to meet the project objective?**

Secretariat comment at CEO Endorsement Request

FI, 12/20/18:

Adjustments are requested. For Component 3 (an investment component), the project budget shows that over \$4 million has been allocated to international and local consultants as well as individual contracting services. Additional consulting fees have been included in other project components as well. Please note that as per Annex 8 of the 'Guidelines for the GEF Project and Program Cycle Policy', consulting fees are categorized as project management costs and are not eligible expenses for LDCF funding.

FI, 7/30/2019:

The following adjustments are requested:

As Executing Agency for the project, WHO will avail of the 5% PMC fee. Therefore, please remove the 8% WHO admin fee from all the components.

As per GEF Policy, the LDCF can support salary costs for certain positions such as project manager and finance officer, to be budgeted in the PMC. However, salaries should not be financed from the LDCF project components. Please remove “½ salary” item in line 4B of the Budget Notes table, as well as salaries under 1B, 2B and 3B. Please note that individuals providing specialized knowledge or technical skills for certain components (climate resilient health, communications, etc.) should be paid through targeted consultancies, not through salaried positions.

The sum of all the Budget Notes table's line items for “Contractual Services – Individual” comes to over \$5 million, i.e., nearly 30% of the total project grant. Please significantly revise so that the budget is balanced more strongly toward adaptation investments in the four countries.

WHO is executing the project. However, most of the consulting budget is going to WHO individuals (item 1C, 2C and 3C). please endeavor to use local experts in the four countries instead. Please reduce travel costs pertaining to the WHO consultants accordingly.

Please note that as per GEF Policy, the project budget cannot support salaries for Government staff (e.g, MoH officers (3B); MHMS vector control staffing (3C)).

6. We understand the need for desktop computers for this project. However, the budget contains a request for several laptop computers. Please specify how many, and please provide a justification for the laptop computers.

FI, 12/27/19:

Adjustment is requested.

The provided explanations for items 2-6 of the comments for 7/30/19 are adequate and appreciated. However:

(A) Regarding the WHO admin fee of 8%, we hope you can appreciate that LDCF funds cannot be allocated among so many types of fees. We already have Agency fees of 9.5% and Executing agency fees of 5%. The proposed inclusion of an additional 8% for "admin fee" is not the norm, and would mean that over 20% of the project grant would be going toward fees, which is not in the countries' interest. We kindly reiterate the request to please remove the admin fee.

(B) The Policy, Partnerships & Operations Unit (PPO) has requested that the following costs please be removed from the M&E budget: (a) Gender Action Plan and (b) Stakeholder Engagement Plan. These should be covered by the Agency fee

FI, 8/5/2020:

Cleared. Agency has explained why the WHO admin fee cannot be removed and has offered adequate justification for it. Requested changes to the M&E budget have also been made.

1.

Response to Secretariat comments

**MS, 29/04/19**

Noted. WHO has been made aware of Annex 8 of the 'Guidelines for the GEF Project and Program Cycle Policy', and that consulting fees are categorized as project management costs and are not eligible expenses for LDCF funding. Further, the following adjustments have been made to the budget:

For Outcome 3, without changing the total project envelope of US\$ 9,645,268, US\$ 549,905 has been shifted from TA (193,048), Contractual service- individual (269,313) and travel (87,544), to equipment and refurbishing materials to implement climate-proofing measures. Details with UNDP ATLAS description code are found below:

Kiribati	93,450 >> Shifted to Equipment and Furniture
Tuvalu	102,580 >> Shifted to Equipment and Furniture
Solomon Islands	287,725 >> Shifted to Equipment and Furniture
Vanuatu	66,150 >> Shifted to Equipment and Furniture

Additionally other outcomes were reviewed and the following adjustments made:

For Outcome 1, without changing the total project envelope of US\$2,515,947, US\$ 431,924 has been re-allocated from direct TA cost (33,913) and Contractual service- individual (352,288), travel (2,070), and training and workshops (43,653) to below activities:

Kiribati	4,395 >> Shifted to Contractual services – Individual 39,125 >> Shifted to Supplies
Tuvalu	33,664 >> Shifted to Supplies 30,281 >> Shifted to Travel 22,953 >> Shifted to Training, meeting and workshop
Solomon Islands	1,293 >> Shifted to Travel 45,520 >> Shifted to Supplies 93,516 >> Shifted to Training, meeting and workshop
Vanuatu	44,660 >> Shifted to Supplies (44,660) 14,316 >> Shifted to Travel (14,316) 102,200 >> Shifted to Training, meeting and workshop

For Outcome 2, without changing the total project envelope of US\$2,838,785 US\$603,835 has been shifted from Contractual service- individual and US\$33,913 to travels, training and workshops, and supplies and equipment (e.g. digital HIS tablets, mobile device management and software and training materials) to support Health Information Systems and development of CC&H early warning system:

Kiribati	94,823 >> shifted to equipment and furniture 7,313 >> shifted to travel
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Tuvalu	83,570 >> shifted to equipment and furniture 4,550 >> shifted to travel
Solomon Islands	196,000 >> shifted to equipment and furniture 64,802 >> shifted to training, meeting and workshops 13,081 >> shifted to travel
Vanuatu	97,000 >> shifted to equipment and furniture 67,639 >> shifted to training, meeting and workshops 8,970 >> shifted to travel

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For Outcome 4, without changing the total project envelope of US\$ 2,000,000, we have made the following adjustment:

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	Before	After
Contractual Service- Individual	217,440	951,500
International Consultants	856,500	143,785

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In addition to the above, we have also made the adjustment on budget for M&E considering high travel cost in the Pacific:

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**MS, 27 Nov 2019 (Re FI, 7/30/2019)**

a.) The request is well noted, however the WHO admin fee cannot be removed. This is charged to all WHO-implemented projects to cover the indirect WHO central administration costs of implementing an agreement, such as staff and central financial functions. A similar fee would be charged by other Agencies or NGOs executing a project. The 5% PMC on the other hand is not a fee, but rather the direct costs associated with managing the project (e.g. salary costs of the project manager, IT equipment for the project team, travel related to project management activities, etc.).

b.) Reference to salaries under 1B, 2B, 3B, and 4B have been removed. The budget and budget notes have been revised to reflect these changes. Specifically, costs that were initially described as “salary” have been revised to encompass the engagement of technical advisors or consultants to guide and inform implementation of project activities in country, as well as regionally, and focus on specialized areas, such as vector-borne diseases, WASH, and climate resilient health systems. These individuals will sit within the WHO country offices but will be under long-term (5 year) consultancies, which are defined as NOB, NOE, or SSA in WHO terminology. Across all four countries, the overall contractual services-individual budget has been reduced from \$5,053,282 to \$2,762,240 , or by \$2,291,042. These funds were re-allocated to the investment components.

c.) The budget breakdown has been reviewed for Contractual Services – Individuals; the previous budget breakdown was as follows:

GEF M&E Requirements	Before	After
Inception Workshop	27,000	58,000
Inception Report	10,000	None
Monitoring of indicators in project results framework	4,000/year	6,000/year
Project Board meetings	20,000/year	25,000/year
Mid-term GEF Tracking Tool	10,000	16,000
Independent Mid-term Review (MTR)	30,000	40,000
Final GEF Tracking Tool	10,000	16,000
Independent Terminal Evaluation (TE)	60,000	70,000
.....		
Total indicative COST	332,000	420,000
Contractual Services-Individual under outcome 1		\$543,792
Contractual Services-Individual under outcome 2		\$319,215
Contractual Services-Individual under outcome 3		\$2,502,721
Contractual Services-Individual under outcome 4		\$951,499
Contractual Services-Individual under PMU		\$736,055

**Total**

**\$5,053,282**

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We have significantly revised the budget for Contractual Services – Individuals to redistribute funds back into adaptation investments in the four countries.

The new proposed budget for contractual service – individuals for all four countries across including contractual services under PMU were reduced from \$5,053,282 to \$2,738,150, a reduction of 2,315,132. The revised Contractual Service – Individuals is encompassing around 15% of the total project budget. The revised breakdown is as follows:

Revised Contractual Services-Individual under outcome 1	\$267,300
Revised Contractual Services-Individual under outcome 2	\$267,300
Revised Contractual Services-Individual under outcome 3	\$267,300
Revised Contractual Services-Individual under outcome 4	\$1,287,500
Revised Contractual Services-Individual under PMU	\$672,750
<b>Total</b>	<b>\$2,738,150</b>

In all four countries, the new adjusted contractual services-individual are proposed to engage a local project officer (WHO consultant NOB) to facilitate in-country project implementation and provide specialized support. Costs are distributed across Outcomes 1-3 for five years. One of the challenges of the previous SCCF-funded project, per the Terminal Evaluation, was limited support to countries to support project coordination at the country level. In this way, countries will have the support needed.

Adjustments were also made in each country to balance the budget, namely reducing travel or local consultant costs or adding to supply or equipment costs, to maintain the total per Outcome.

Further, most of the contractual services – individual funds (70%) reside under Outcome 4 (a regional component lead by WHO) and the PMU.

d.) The consulting budget for WHO individuals has been reduced (i.e. items 1C, 2C, and 3C Contractual Services – Individual) in countries and reallocated to local consultants, as well as supplies, equipment and furniture to emphasize investment-focused activities.

Moreover, travel costs were also reduced across outcomes 1-3 and specifically for WHO consultants. Please see breakdown below.

<b>Comparison between previous and new revised budget for contractual service – individuals and travel costs</b>		
Outcome 1	Sub-total (previous)	Sub-total (revised)
Contractual services – individual (1C)	\$543,792	\$267,330
Travel (1D)	\$339,845	\$251,505
Outcome 2		
Contractual services – individual (2C)	\$319,215	\$267,330
Travel (2D)	\$597,412	\$304,010
Outcome 3		
Contractual services – individual (3C)	\$2,502,721	\$267,330
Travel (3D)	\$665,471	\$367,855
Total	\$4,968,456	\$1,725,360

Additionally, travel costs across Outcomes 1-3 have been reduced (by roughly 25% with additional reductions specific to country and outcome). For Outcome 1, these funds were reallocated to Trainings, Workshops, Meetings, specifically to support fellowships / study tours in each of the four countries. For Outcomes 2 and 3, funds were reallocated to Equipment and Furniture to focus on investment-related activities. Please see the breakdown below for the overall travel reduction.

Outcome 1			
	Sub-total (previous)	Sub-total (revised)	Funds reallocated to training (outcome 1) and equipment (outcomes 2 and 3)
Travel (1D)	339,845	251,505	83,340
Outcome 2			
Travel (2D)	597,412	304,010	293,402
Outcome 3			
Travel (3D)	665,471	367,855	297,616a

e.) Noted. These have been corrected to local consultants.

f.) Additional clarification has been provided regarding the number of and justification for computers in the Budget Notes (See ProDoc budget notes 1E, 2E, and 3E). To summarize:

- Under Outcome 1, computers will be used to enhance coordination and policy development efforts, including awareness raising and public consultation.

- Under Outcome 2, computers will be used to improve provincial and outer island climate-sensitive disease reporting and surveillance, as well as tools to facilitate climate/meteorological and health databases, including data management, storage, analysis (including GIS) of climate-related health outcomes. This includes tablets to be used at selected health facilities where health records have been digitized.
- Under Outcome 3, this would rather focus on telecommunication equipment to strengthen CSD response, reporting, and outreach at community and outer island levels.

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General comment: Adjustments to the budget resulted in small changes to Outcome level totals. These have been reflected in both the Request for Project Endorsement/Approval and the UNDP ProDoc.

#### **UNDP, 7/14/2020**

A) The admin fee has been discussed with WHO. WHO indicated that the fee could not be reduced or removed. UNDP has also assessed alternative implementation arrangements:

- National implementation by Ministries of Health. Full national implementation (without support from WHO or UNDP) may be difficult, due to limited capacity and experience with GEF projects at the Ministries of Health in the 4 LDCs. An example is ongoing work with the Global Fund, which was meant to be executed through the National Implementation Modality (NIM), but is currently being directly implemented by UNDP. Similarly, UNDP can support government with implementation of this project, but UNDP would need to charge related direct project costs, in line with UNDP's cost recovery policy (noting that a Letter of Support may be needed following new GEF guidelines).
- Engagement of other NGOs/IGOs. Given the size and complexity of the project, NGOs with such expertise are not present in the region. There are however inter-governmental organizations in the region with relevant experience and expertise, but fees (10% - 15%) exceed those of WHO (8%).
- Partial implementation by WHO. We discussed with WHO the possibility of WHO implementing only part of the project (e.g. Outcome 1). This would reduce the 8% to only part of the project, as opposed to the project total. However, there would still be a challenge related to how the rest of the project would be implemented given the above capacity and fee related issues. UNDP can support government to implement the project, but would charge direct project costs. And engagement of NGOs/IGOs for the other Outcomes could result in higher costs.

Noting GEF's comment: "We already have Agency fees of 9.5% and Executing agency fees of 5%. The proposed inclusion of an additional 8% for "admin fee" is not the norm, and would mean that over 20% of the project grant would be going toward fees, which is not in the countries' interest." While we appreciate that the total fees appear large presented this way, we must stress that the different fees cover different services and costs and should not be combined. The Agency fee to UNDP is for oversight, while the 5% PMC covers direct costs of implementation such as hiring a project manager. The WHO admin fee covers the WHO central administration costs of implementing an agreement, such as staff and central financial functions.

UNDP would like to maintain WHO's engagement in the project given its comparative advantage in the area of health systems. If this is not acceptable, we would like to request a meeting with GEF to discuss a way forward for this project.

B) The M&E budget table has been adjusted as requested.

**4. Does the project take into account potential major risks, including the consequences of climate change, and describes sufficient risk response measures? (e.g., measures to enhance climate resilience)**

Secretariat comment at CEO Endorsement Request

FI, 12/20/18:

Could the agency please also discuss the risk of coordination difficulties across the four islands for south-south learning exchange elements of the project?

FI, 7/17/2019:

Cleared.

## Response to Secretariat comments

MS, 29/04/19:

Outcomes 1-3 have country-specific logframes, while Outcome 4 is regional-focused. A dedicated budget is allocated to Outcome 4 to support related coordination and south-south learning exchange.

While Outcomes 1-3 are country-specific, the project will have a central PMU which will collate and document project results and experiences, facilitating the regional work and related south-south learning exchange. Country-based PMU staff will have clear reporting lines back to the central PMU to ensure effective coordination.

The UNDP-GEF regional office will provide oversight for the project, while the WHO Asia-Pacific Centre for Environmental Health in Seoul, Republic of Korea, will provide technical and policy support the WHO Country Offices.

### **5. Is co-financing confirmed and evidence provided?**

#### Secretariat comment at CEO Endorsement Request

FI, 12/20/18

Further information is requested. Could the agency please explain which elements of the breakdown provided by Solomon Islands in its letter are being considered for co-financing this project? (The letter shows a higher amount than entered in Table C.)

FI, 6/20/2019:

This is still unclear. Please explain how exactly how the number in Table C was derived for Solomon Islands. Also, several of the projects listed on the first page of the co-finance letter are due to close this year. (Please keep in mind the amount of available time that a project will be able to effectively co-finance the LDCF project, given its expected duration, and provide the co-finance numbers accordingly. Thank you.)

FI, 12/27/19:

Thank you for the revisions and explanations. Would it be possible to please provide a co-financing letter from the Solomon Islands that displays the same amount as Table C (\$15.041 million)?

FI, 8/11/2020:

Cleared due to reasoning provided by the agency in its response of July 2020.

11/12/2020:

Based on the information provided in the co-financing letters, it looks like some of the co-financing sources/activities will most likely no longer be available to support the implementation of the LDCF grant activities. While we can still use the co-finance letters that have already been provided, the agency is requested to kindly revise the amounts shown in Table C to better reflect what can be considered as co-financing for the LDCF project (especially in the case of Vanuatu and Solomon Islands):

- Vanuatu – full amount \$25.3M has been entered in table C. Consider revising to reflect the amount that will support the implementation of the LDCF grant.
- Solomon Islands: full amount \$59.77M has been entered in Table C. Consider revising to reflect the amount that will support the implementation of the LDCF grant.

11/25/2020:

Cleared.

Response to Secretariat comments

MS, 29/04/19:

The amount differs from the co-financing letter, reflecting the reduction of the portion indicated as “MHMS HQ & Admin”, as it is understood that this is more related to regular the operating budget.

**MS, 27 November 2019 (Re FI, 6/20/2019):**

Relevant sections have been amended to further clarify the projects listed for co-financing in Solomon Islands.

During the Validation Meeting and final review process before the original submission it was identified that the initial co-financing amount, which primarily comes from the MHMS operational budget (~10,000,000 per year), did not correctly reflect the amount of funds that should be counted as co-financing, in that the entire MHMS operational budget would not necessarily be supporting the objective of this project. After consultation with government, the amount was reduced to \$14,075,350 to more accurately reflect the funds the MHMS will co-finance with this project, ie funds more aligned with the project and not the more general operating budget. This is the reason why the amount listed in Table C (\$23,661,050) is different to the amount listed in the Solomon Islands co-financing letter (\$59,778,260).

With reference, to projects that will expire in 2019 in Solomon Islands, this is noted and the co-financing figure has been further adjusted to exclude projects closing in 2019.

Previous co-financing		
MHMS	\$14,075,350	2019-2023
RWASH	\$6,750,000	2015-2019
CRISP	\$1,820,000	2014-2019
Global Fund	\$965,700	2018-2020
FAO	\$50,000	2017-2019
<b>Total</b>	<b>\$23,661,050</b>	

Revised co-financing (excluding projects that end in 2019)		
MHMS	\$14,075,350	2019-2023
Global Fund	\$965,700	2018-2020
<b>Total</b>	<b>\$15,041,050</b>	

General comment: The co-financing figures have been review and adjusted across the outcomes for better alignment to project activities.

**UNDP, 7/14/2020**

Given the current restrictive circumstances due to COVID19 it would be utterly challenging to request a new letter of co-financing and go through all required due diligence at the government counterparts. Given the amount in the letter is greater than what has been initially committed, we would appreciate if this could be retained as is at this stage. This will be duly addressed at the inception stage of the project.

**UNDP, 11/25/2020**

Noted. The co-financing letters have been reviewed again, and amounts revised to reflect expectations at this point. However, please let us point out that smaller amounts were entered in Table C. Now, the table C should look as per the screenshot below (in case there are technical glitches).

### C. Confirmed Sources of Co-financing for the Project by Name and by Type

Sources of Co-financing	Name of Co-financier	Type of Co-financing	Amount(\$)	Evidence
Government	Government of Kiribati	Grant	19,330,464.00	 
Government	Government of Kiribati	In-kind	1,000,000.00	 
Government <input type="text" value="Government"/>	Government c <input type="text" value="Government c"/>	Grant <input type="text" value="Grant"/>	<input type="text" value="14,075,350"/>	  
Government	Government of Tuvalu	Grant	4,940,000.00	 
Government	Government of Tuvalu	In-kind	660,000.00	 
Government <input type="text" value="Government"/>	Government c <input type="text" value="Government c"/>	Grant <input type="text" value="Grant"/>	<input type="text" value="13,800,000"/>	  
Others	WHO	In-kind	7,000,000.00	 
<a href="#">+ Add New</a>	Total Co-Financing(\$)		60,805,814.00	

### C. Confirmed Sources of Co-financing for the Project by Name and by Type

Sources of Co-financing	Name of Co-financier	Type of Co-financing	Amount(\$)	Evidence
Government	Government of Kiribati	Grant	19,330,464.00	 
Government	Government of Kiribati	In-kind	1,000,000.00	 
Government <input type="text" value="Government"/>	Government c <input type="text" value="Government c"/>	Grant <input type="text" value="Grant"/>	14,075,350	  
Government	Government of Tuvalu	Grant	4,940,000.00	 
Government	Government of Tuvalu	In-kind	660,000.00	 
Government <input type="text" value="Government"/>	Government c <input type="text" value="Government c"/>	Grant <input type="text" value="Grant"/>	13,800,000	  
Others	WHO	In-kind	7,000,000.00	 
<a href="#">+ Add New</a>		<b>Total Co-Financing(\$)</b>	<b>60,805,814.00</b>	

#### 6. Are relevant tracking tools completed?

Secretariat comment at CEO Endorsement Request

FI, 12/20/18:

Very few indicators have been selected in the tracking tool (e.g., number of direct beneficiaries is missing). However, the agency is requested not to revise and resubmit the tracking tool yet but to wait until the revised indicator framework is available on the Portal, at which time the relevant indicators can be selected

retroactively.

Update, FI, 7/25/2019:

The GEF will shortly be sharing the tracking tool for CCA for GEF-7 with all agencies, which will need to be retroactively applied to this project, as was mentioned in the comment of 12/20/18.

FI, 12/27/19:

Please submit the excel sheet with project metadata and CEO Endorsement stage indicators corresponding to the GEF-7 CCA results framework. This has been available since October 2019 online at: <http://www.thegef.org/documents/gef-climate-change-adaptation-results-framework-gef-7>

FI, 8/5/2020:

Please fully fill in the excel sheet with the values for 'target at CEO endorsement'. Currently it displays almost exclusively a value of zero for nearly all fields. For example, we expect a significant number of direct beneficiaries and number of people trained through this significant regional project.

FI, 10/23/2020:

Cleared.

Response to Secretariat comments

MS, 29/04/19

Noted.

**MS, 25 Nov 2019 (Re Update, FI, 7/25/2019):**

Noted.

**UNDP, 7/14/2020**

CEO Endorsement stage indicators corresponding to the GEF-7 CCA results framework have been submitted.

**UNDP, 10/20/20**

Noted, results indicators have been added to the logframe. Namely, 1.1.3 and 3.3.1

**7. Only for Non-Grant Instrument: Has a reflow calendar been presented?**

Secretariat comment at CEO Endorsement Request

N/A

Response to Secretariat comments

**8. Is the project coordinated with other related initiatives and national/regional plans in the country or in the region?**

Secretariat comment at CEO Endorsement Request

FI, 12/20/18:

Further information is requested. Information has been provided on the baseline initiatives that provide co-financing for this project. Could information please also be provided on how this project will coordinate or synergize with other related GEF and non-GEF projects and programs planned or underway in the four islands?

FI, 5/14/2019:

Cleared.

Response to Secretariat comments MS, 29/04/19

In order to ensure that the project is aligned with other projects/programmes/national and regional climate change initiatives, the project will work closely with following streams:

Existing country-driven coordination mechanisms that oversee national climate change related programmes/projects

- o Kiribati: Kiribati National Experts group (KNEG)
- o Solomon Islands: Climate change division/Meteorology & Disaster Management vision in the Ministry of Environment
- o Tuvalu: Climate Change Policy and Disaster Coordination Unit (CCPDCU), Office of the Prime Minister
- o Vanuatu: The National Advisory Board on Climate Change and Disaster Risk Reduction (NAB)

National focal points of climate change and health

- o Through the WHO Special Initiative on Climate Change and Health in Small Island Developing States (SIDS) launched at COP23 in 2017, WHO has asked countries in the Pacific region to nominate national climate change and health focal points from both health ministry and ministry responsible for climate change. One aim is to foster collaboration between health sector and other sectors to maximise the efforts put in by different actors for both adaptation and mitigation. The project will closely work with nominated national focal points to enhance the project impact and showcase on-the-ground health adaptation both nationally and regionally.

The technical advisory groups established for each country will ensure coordination both with GEF, UNDP and/or WHO efforts, as well as those by other partners. Coordination with other sectors, government agencies, and donor partners will be strengthened to closely monitor and communicate and reduce any duplication and conflicts and maximize potential synergies.

**9. Does the project include a budgeted M&E Plan that monitors and measures results with indicators and targets?**

Secretariat comment at CEO Endorsement Request

FI, 12/20/18:

Yes.

Response to Secretariat comments

**10. Does the project have descriptions of a knowledge management plan?**

Secretariat comment at CEO Endorsement Request

FI, 12/20/18:

Further information is requested. We understand that a detailed knowledge management (KM) plan will be developed during the first two months of implementation. However, given that south-south knowledge exchange is an important aspect of this project, further information on broadly planned KM activities

is requested at this stage. What will the themes be? How will information be shared and disseminated? How will it be updated? How will it reach all relevant user groups/beneficiaries?

FI, 5/14/2019:

Cleared.

Response to Secretariat comments

MS, 29/04/19:

As highlighted in the theory-of-change diagram (page 27 of the ProDoc), the regional knowledge building is to reduce the barriers to building resilience of health systems to climate change in the Pacific (not only the four GEF-project countries but also other Pacific countries as well and they are (1) limited awareness of health risk of climate change; (2) insufficient integration of climate and disaster risks into health sector policy, planning and regulatory frameworks; (3) poor coordination across sectors; (4) insufficient data; and (5) lack of information, know-how on applying cost effectiveness techniques and technologies to avoid climate-induced disruptions, essential services and related supply need of primary health care facilities.

#### What will be the themes of knowledge management?

The overall themes would be:

1. knowledge exchange and sharing of latest techniques and good practices in the Pacific as well as from other Small Islands Developing States (SIDS) on climate change and health;
2. generation of knowledge products to support the integration of climate change impacts on health into national planning

#### How will information be shared and disseminated?

For knowledge exchange and sharing of latest techniques and good practices, the following actions/activities will be carried out (Expanded from ProDoc, page 44-45):

During the first two months of the project implementation, a regional kick-off meeting will be held amongst the project managers and relevant technical officers of the four countries and together with UNDP and WHO and other relevant stakeholders, which will amongst discuss to fine-tune the regional knowledge plans for the project;

Convene regional workshop and training programme to develop regional tools, guidance and standard operating procedures in relevant aspects of climate change and health adaptation and resilience plans which may include, simpler and practical health vulnerability assessment for the Pacific; development of health national adaptation plan; health and climate information systems; and health and climate change implementation plans including smart-and-safe health-care facilities;

Convene in country awareness seminar, symposium or workshop for all CC&H stakeholders with presentations on CSHRs/CSHOs and experiences in other countries, inviting other Pacific Island Countries (PICs) and engaging international speakers on CC&H to present. National events, such as a national health forum or a specific health day, will be fully utilised to advocate and raise awareness on CC&H and the project.

Publish findings from the project in terms of scientific evidence and policy options (e.g. Climate-based health EWS; piloting of climate proofing health care facilities; climate resilient community health adaptation strategies; linkages between CD, NCD and climate)

For the generation of knowledge products to support the integration of climate change impacts on health into national planning, this will be done through the following activities (Expanded from ProDoc, page 44-45):

Economic analyses to support integration of health into national adaptation planning and budgeting processes.

Analysis on link between climate vulnerability and health impacts of climate change

Documentation of lessons learned and best practices for health adaptation and cost of adaptation and of residual risks.

Each of the analysis will will inform the other.

#### How will it be updated?

- Project website:

## Agency Responses

### 11. Has the Agency adequately responded to comments at the PIF stage from:

GEFSEC

Secretariat comment at CEO Endorsement Request

FI, 12/20/18:

Unable to locate agency response to GEF Sec comments from PIF stage. Agency is requested to please submit or explain where it may be found.

FI, 7/9/2019:

Yes. CEO Endorsement stage comments provided during PIF review have been addressed.

Response to Secretariat comments

Please access the response to GEF Sec comment

here: [https://gefportal.worldbank.org/api/spapi/LoadDocument?fileName=https%3A%2F%2Fworldbankgroup.sharepoint.com%2Fsites%2Fgefportal%2FGEFDocuments%2F4f96fc3f-df7c-e811-8124-3863bb2e1360%2FRoadmap%2F\\_5396\\_Response%20to%20comments%20from%202015-03-17.docx](https://gefportal.worldbank.org/api/spapi/LoadDocument?fileName=https%3A%2F%2Fworldbankgroup.sharepoint.com%2Fsites%2Fgefportal%2FGEFDocuments%2F4f96fc3f-df7c-e811-8124-3863bb2e1360%2FRoadmap%2F_5396_Response%20to%20comments%20from%202015-03-17.docx)

STAP

Secretariat comment at CEO Endorsement Request

Yes.

Response to Secretariat comments

GEF Council

Secretariat comment at CEO Endorsement Request

FI, 12/20/18:

Unable to locate agency response to GEF Sec comments from PIF stage. Agency is requested to please submit or explain where it may be found.

FI, 7/17/2019:

Cleared.

Response to Secretariat comments

MS, 29/04/19:

Please access the response to GEF Council (USG) comments here:

[https://gefportal.worldbank.org/api/spapi/LoadDocument?fileName=https://worldbankgroup.sharepoint.com/sites/gefportal/GEFDocuments/4f96fc3f-df7c-e811-8124-3863bb2e1360/Roadmap/\\_5396\\_Pacific%20Health\\_Response%20to%20GEF%20council%20\(USG\).docx](https://gefportal.worldbank.org/api/spapi/LoadDocument?fileName=https://worldbankgroup.sharepoint.com/sites/gefportal/GEFDocuments/4f96fc3f-df7c-e811-8124-3863bb2e1360/Roadmap/_5396_Pacific%20Health_Response%20to%20GEF%20council%20(USG).docx)

Convention Secretariat

Secretariat comment at CEO Endorsement Request

Response to Secretariat comments

**Recommendation**

**12. Is CEO endorsement recommended?**

Secretariat comment at CEO Endorsement Request

FI, 12/20/18:

Not yet. Agency is requested to please address comments for items 2, 3, 4, 5, 8, 10 and 11.

Agency is also requested to address the following:

- Please enter a taxonomy for the project. Please be sure to include the Rio Markers (0,1, or 2, as appropriate, for both climate change mitigation and adaptation). 0 means the project is not relevant; 1 that it is somewhat relevant, and 2 that it is highly relevant.
- In Table A, please use enter the strategic objectives corresponding to the Climate Change Adaptation Strategy 2018-2022.
- In Table C, please specify for the 'Grant' investments whether the grant is 'investment mobilized' or 'recurrent expenditure'.

FI, 8/5/2019:

Not yet:

1- Please address comments for review items **2** (items a,b,c,d), **3** (sub-items 1-6) and **5**.

2- Table A has not yet been updated to reflect the CCA strategic objectives corresponding to the Climate Change Adaptation Strategy 2018-2022.

3- In the 'Project Information' section, please correctly categorize WHO. It is currently showing as a GEF Agency, which it is not. Please list the national executing partners in the participating countries.

FI, 12/27/2019:

Not yet. The agency is requested to please address review comments for items 3, 5 and 6.

FI, 8/15/20:

Not yet. Please address comment for review item 6 (results indicators).

FI, 11/3/2020:

Yes, cleared. The Agency has also discussed COVID risks and opportunities in the context of this project.

11/12/2020:

Please address comments of November 12, 2020 for item 2 (Table D and PMC) and item 5 (co-finance) of the review sheet, thank you.

11/25/2020:

Cleared.

Response to Secretariat comments

MS, 29/04/19:

Updated, as requested.

**MS, 27 Nov 2019 (Re FI, 8/5/2019)**

- 1.) Please see responses above to items 2, 3 and 5.
- 2.) Noted. Table A has been reviewed to ensure that focal areas reflect the strategic objectives of the Climate Change Adaptation Strategy 2018-2022.
- 3.) Noted. The Request for Project Endorsement and the UNDP ProDoc have been reviewed to ensure that UNDP is listed as the GEF Agency and WHO is listed as the Executing Agency.

**UNDP, 7/14/2020**

Please see responses above to 3, 5 and 6. Also, please note, given the development of COVID-19 since the first submission of this project, we have added information on the complementarity of the project to UNDP's COVID-19 Response for Small Island Developing States and national/regional responses to COVID-19. The project can apply relevant activities of this project towards informing the response. This would include for instance ensuring that the results of assessments related to the state of health systems are shared to inform COVID-19 related decision making and investment by government.

**UNDP, 10/20/20**

Noted, results indicators have been added to the logframe. Namely, 1.1.3 and 3.3.1 Additionally, the ProDoc has been updated in sections VI. M&E Plan; VII Governance and Management Arrangement; VIII Financial Planning and Management; X Legal Context; and XI Risk Management to align with the latest UNDP ProDoc template and standard texts.

**UNDP, 11/25/2020**

Noted, comments for items 2 and 5 have been addressed.

In addition, a reference has been added to the UNDP ProDoc (pg 56) to ensure complementarity with new/future initiatives, particularly the recently approved "*Enhancing Climate Information and Knowledge Services for resilience in 5 island countries of the Pacific Ocean*". This GCF/UNEP project will support Cook Islands, Niue, Rep of Marshall Islands and Tuvalu; support to climate services in Tuvalu is directly related, as is the regional component. Collaboration with this GCF/UNEP project will be important once/if it becomes operational, for efficiencies towards common objectives and to maximize impact of combined resources.

## Review Dates

### Secretariat comment at CEO Endorsement Request

### Response to Secretariat comments

<b>First Review</b>	<b>12/20/2018</b>	<b>4/29/2019</b>
<b>Additional Review (as necessary)</b>	<b>8/5/2019</b>	<b>11/27/2019</b>
<b>Additional Review (as necessary)</b>	<b>12/27/2019</b>	<b>7/14/2020</b>
<b>Additional Review (as necessary)</b>	<b>10/23/2020</b>	<b>10/23/2020</b>
<b>Additional Review (as necessary)</b>	<b>11/12/2020</b>	<b>11/25/2020</b>

## CEO Recommendation

### Brief Reasoning for CEO Recommendations

#### CONTEXT

The Pacific islands of Kiribati, Solomon Islands, Tuvalu and Vanuatu are low-lying atoll LDCs making them vulnerable to cyclones, storm surge and sea level rise, which are intensifying with climate change. In addition to the direct human health and safety impacts of extreme weather events, vulnerability is exacerbated by the fact that healthcare facilities are in low-lying coastal areas and thus prone to damage and inaccessibility. Lack of all-weather healthcare systems and services, or of proper sanitation, results in high incidences of communicable and non-communicable diseases (NCDs). All four countries have limited technical capacity to mainstream climate-related risks into health governance and regulatory frameworks, or into interventions in climate-sensitive health outcomes.

#### COMPONENTS AND RESULTS

This project takes a holistic approach to climate resilience of the health sector among the four LDC focusing on structural improvements of critical healthcare facilities as well as new, climate-resilient facilities; healthcare policies, plans and regulations; flood protection structures; water capture and storage; early warning

systems; and south-south knowledge exchange. Additional elements of support will include diagnostic equipment, HVAC systems and back-up generators. A key focus is the mainstreaming of climate related risks and resilience into national and local health policies in the four countries. Capacity building of national and local health institutions and personnel, and enhanced health service delivery in high risk communities, are also important. The project will enable integration of national health policy and related adaptation plans with ongoing NAP-related processes. Regional (technical capacity building, knowledge exchange, etc.) aspects of the project will be coordinated through WHO, which is involved in baseline health initiatives in the four countries.

The project is expected to directly benefit over 1.1 million people, mainstream climate resilience in 8 policies and plans, and train 4,820 people on climate risks and adaptation in the health context.

#### INNOVATION/ SCALE UP / GENDER / COORDINATION/ COVID-19

The LDCF project is innovative as modern technologies such as eHealth, telemedicine, mobile technology and electronic health-surveillance systems will be used to provide health care for remote communities of the outer islands across all participating Islands. It will establish a network of skilled professionals and adaptation practitioners to engage in knowledge sharing, coordinate and provide support to other Pacific countries and future programs, thus enhancing the likelihood of scale-up.

The project recognizes that gender affects vulnerability to climate-related diseases, particularly infectious diseases and undernutrition, and thus has a focus on gender mainstreaming. A gender analysis will be undertaken of all budget line items.

The project will coordinate with the GCF Information Services for Resilient Development Project, which will strengthen climate information services, to ensure link-up of health services with early warning systems.

Considerations relating to COVID-19 have been factored into the design of the project. SIDS are particularly vulnerable to COVID-19, given minimal resources, high proportion of communal living and high rates of non-communicable diseases among populations that contribute to high-risk factors. The secondary health impacts will be a concern as chronic disease treatments could be interrupted, and health systems are diverted and repurposed. Many SIDS' health care systems are ill-equipped to deal with epidemics, given the size of facilities and lack of necessary medical supplies and technologies, such as respirators. Given the project's focus on strengthening health systems, there is an opportunity for project results to inform national and regional responses to COVID-19. This would include for instance ensuring that the impact of COVID-19 is taken into account in vulnerability assessments, and that the results of assessments related to the state of health systems are shared to inform COVID-19 related decision making and investments. The project will therefore ensure complementarity with UNDP's COVID-19

Response for Small Island Developing States, which was developed in consultation with SIDS governments and is adaptable to respond to the evolving needs of each country context.

The GEF grant is being co-financed by over \$60 million in grant and in-kind resources.