



GEF SECRETARIAT REVIEW FOR FULL/MEDIUM-SIZED PROJECTS* THE GEF/LDCF/SCCF/NPIF TRUST FUNDS

GEF ID:	6984		
Country/Region:	Regional (Bangladesh, Cambodia, Lao PDR, Myanmar, Nepal, Timor Leste)		
Project Title:	Building Resilience of Health Systems in Asian LDCs to Climate Change		
GEF Agency:	UNDP	GEF Agency Project ID:	5400 (UNDP)
Type of Trust Fund:	Least Developed Countries Fund (LDCF)	GEF Focal Area (s):	Climate Change
GEF-5 Focal Area/ LDCF/SCCF Objective (s):			
Anticipated Financing PPG:	\$480,000	Project Grant:	\$9,000,000
Co-financing:	\$34,565,500	Total Project Cost:	\$44,045,500
PIF Approval:		Council Approval/Expected:	
CEO Endorsement/Approval		Expected Project Start Date:	
Program Manager:	Fareeha Iqbal	Agency Contact Person:	Claudia Ortiz

Review Criteria	Questions	Secretariat Comment at PIF (PFD)/Work Program Inclusion ¹	Secretariat Comment At CEO Endorsement(FSP)/Approval (MSP)
Eligibility	1. Is the participating country eligible ?	Yes. Bangladesh, Cambodia, Lao PDR, Myanmar, Nepal and Timor Leste are LDCs. They are eligible for NAPA-implementation and NAP-preparation support through the LDCF.	
	2. Has the operational focal point endorsed the project?	Yes, the OFP for each of the six participating countries has submitted a signed endorsement letter. Comment, FI, Oct. 14, 2014: Please note that the LDCF amounts stated in the letters have omitted to include PPG fees. However, as discussed in Item 19, the total PPG amount will in any case need to be scaled down, so revised OFP	

*Some questions here are to be answered only at PIF or CEO endorsement. No need to provide response in gray cells.

¹ Work Program Inclusion (WPI) applies to FSPs only. Submission of FSP PIFs will simultaneously be considered for WPI.

FSP/MSP review template: updated January 2013

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		<p>letters will likely not be needed.</p> <p>Update, FI, Nov. 24, 2014: Comment provided on Oct. 14 may be disregarded as Agency has provided justification for PPG that is above the norm. Amounts specified in the OFP endorsement letters are correct.</p>	
Resource Availability	3. Is the proposed Grant (including the Agency fee) within the resources available from (mark all that apply):		
	<ul style="list-style-type: none"> • the STAR allocation? 		
	<ul style="list-style-type: none"> • the focal area allocation? 		
	<ul style="list-style-type: none"> • the LDCF under the principle of equitable access 	Yes.	
	<ul style="list-style-type: none"> • the SCCF (Adaptation or Technology Transfer)? 		
	<ul style="list-style-type: none"> • the Nagoya Protocol Investment Fund 		
	<ul style="list-style-type: none"> • focal area set-aside? 		
Strategic Alignment	4. Is the project aligned with the focal area/multifocal areas/ LDCF/SCCF/NPIF results framework and strategic objectives ? <i>For BD projects: Has the project explicitly articulated which Aichi Target(s) the project will help achieve and are SMART indicators identified, that will be used to track progress toward achieving the Aichi target(s).</i>	Yes. The project is aligned with LDCF strategic objectives CCA-1 (reducing vulnerability to climate change), CCA-2 (strengthening institutional and technical capacity for effective adaptation) and CCA-3 (integrating adaptation into relevant policies, plans and processes).	
	5. Is the project consistent with the recipient country's national strategies and plans or reports and assessments under relevant	Yes. Each of the six countries selected for this project is vulnerable to adverse impacts of climate change. Health has been identified as a priority sector in each	

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	conventions, including NPFE, NAPA, NCSA, NBSAP or NAP?	country's NAPA through the impacts that climate change will have on nutrition, disaster management, vector- and water-borne disease, etc.	
Project Design	6. Is (are) the baseline project(s) , including problem(s) that the baseline project(s) seek/s to address, sufficiently described and based on sound data and assumptions?	Yes. The baseline problem is sound; each of the 6 countries hosts a range of health concerns that could be exacerbated by climate change. Several baseline projects have been listed across the countries, to which the LDCF project will bring additional adaptation benefits. These include programs for malaria control, nutrition improvements, public and environmental health, and disaster risk reduction.	
	7. Are the components, outcomes and outputs in the project framework (Table B) clear, sound and appropriately detailed?	<p>No. A few potential issues and questions come to the fore:</p> <p>(1) Outcome 1.1 and Outcome 4.2 appear to be 'H-NAP-oriented'. We would like to ensure that the LDCF-supported actions are not primarily geared towards covering a broad range topics for a 'chapter', but are driven by the need to identify and support feasible areas of intervention for systematic, long-term improvements in national and sub-national processes that will contribute to robustness of the health sector in these countries.</p> <p>(2) It is difficult to get a sense of what all the project will and will not encompass in each country. Each of the 6 countries is engaged in separate, nationally prioritized baseline health actions. It is unlikely that with \$1.5 million, each country will be able to uniformly avail of the proposed outcomes of institutional</p>	

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		<p>strengthening/capacity building measures, EWS improvements, climate-resilient emergency preparedness and response plans, climate-proofed health infrastructure, and regional knowledge exchange measures.</p> <p>(3) The rationale for a 'regional' approach with some south Asian and some southeast Asian countries is not clear. Apart from the UNDP initiative, the baseline projects are national (and WHO programs have been mentioned for only 4 of the 6 countries.) Is regional knowledge exchange definitely expected to ensue from the project? How -- through an online platform? Is this regional collaboration expected to be sustained in the long-run, and if so, how?</p> <p>(4) Please note that the Agency fees should be within 9.5 percent of the total project cost. These are currently just over 10 percent.</p> <p>Recommended action, FI, Oct. 14, 2014: (1) Please focus on a set of priority areas in each country's health sectors that the project will realistically contribute adaptation gains to. (2) Please clarify the rationale for a regional approach, especially one where not all countries are in the same sub-region. Also, how will regional knowledge exchange occur in a way that goes beyond creation of, say, an online platform, and truly enables sustained communication across health sector</p>	

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		<p>stakeholders from the countries? (3) Please adjust Agency fees to within 9.5 percent of project costs. (PPG also needs to be adjusted; this is addressed further in comments for Item 19.)</p> <p>Update, FI, Nov. 24, 2014: Yes; GEF Sec comments of Oct. 14 have been satisfactorily addressed in the response sheet submitted by the Agency as well as the revised PIF.</p>	
	<p>8. (a) Are global environmental/adaptation benefits identified? (b) Is the description of the incremental/additional reasoning sound and appropriate?</p>	<p>Yes; the project seeks to build greater robustness across health sector programs and initiatives in the selected countries, particularly where issues could be exacerbated by climate change. The project will seek to embed these processes in broader planning across economic sectors.</p>	
	<p>9. Is there a clear description of: a) the socio-economic benefits, including gender dimensions, to be delivered by the project, and b) how will the delivery of such benefits support the achievement of incremental/ additional benefits?</p>		
	<p>10. Is the role of public participation, including CSOs, and indigenous peoples where relevant, identified and explicit means for their engagement explained?</p>	<p>Yes. The project will draw on the research, public and civil society spheres, and consult communities during PPG. Local communities will also benefit from strengthened and more comprehensive coverage of early warning systems.</p> <p>Comment, FI: We note with appreciation the project's emphasis on benefitting women and oft-excluded community groups. According</p>	

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		<p>to one study, women and children are 14 times more likely to die during a disaster than men (partly due to cultural factors such as clothing, not being taught how to swim, etc.). Easily preventable vector- and water-borne diseases, which may be exacerbated by climatic factors, often lead to maternal and infant deaths; and in times of food shortage, women often put their families' nutritional needs before their own. In short, women are not just ordinary beneficiaries for health sector projects; they are a primary stakeholder.</p>	
	<p>11. Does the project take into account potential major risks, including the consequences of climate change, and describes sufficient risk mitigation measures? (e.g., measures to enhance climate resilience)</p>		
	<p>12. Is the project consistent and properly coordinated with other related initiatives in the country or in the region?</p>	<p>Yes. The project is coordinated with several MDB/bilateral agency initiatives in disaster risk management, water and sanitation, and adaptation in the selected countries. It will also coordinate with several national programs in the health sector.</p>	
	<p>13. Comment on the project's innovative aspects, sustainability, and potential for scaling up.</p> <ul style="list-style-type: none"> • Assess whether the project is innovative and if so, how, and if not, why not. • Assess the project's strategy for sustainability, and the likelihood of achieving this based on GEF and Agency 	<p>FI, Oct. 14, 2014: More information is requested on sustainability. There is potential for innovativeness and scale-up, but the extent will depend on the specific measures that will be undertaken.</p> <p>Innovativeness: The selected LDCs are highly vulnerable to adverse impacts of climate change on the health sector, yet in most cases measures these are not</p>	

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	<p>experience.</p> <ul style="list-style-type: none"> Assess the potential for scaling up the project's intervention. 	<p>being addressed. From the perspective of introducing climate resilience to the health sector of vulnerable countries, the project is innovative.</p> <p>Sustainability: In strengthening health sector relevant institutions and building capacity on addressing issues that are expected to worsen with climate change, the project is building measures to sustain climate resilience related improvements at a national level.</p> <p>Recommended action, FI, Oct. 14, 2014: Please explain measures that will be put in place to ensure sustainability of the regional dimension of the project.</p> <p>Scale-up: Yes. There is potential for scale up of the institutional processes and actions contributing to climate resilience across the health sector, both in-country and to other countries.</p> <p>Update, FI, Nov. 24, 2014: Yes. Sustainability of the regional element of the project will be enhanced by creating a community of practice on adaptation and health across participating countries. This will enable professionals to engage on a continued basis on health & CC issues, and to contribute to relevant future programs/projects.</p>	
	<p>14. Is the project structure/design sufficiently close to what was presented at PIF, with clear justifications for changes?</p>		

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	15. Has the cost-effectiveness of the project been sufficiently demonstrated, including the cost-effectiveness of the project design as compared to alternative approaches to achieve similar benefits?		
Project Financing	16. Is the GEF funding and co-financing as indicated in Table B appropriate and adequate to achieve the expected outcomes and outputs?	<p>This is not clear (comment covers Items 16 and 17). The baseline problems that have been presented are extensive, and, as the proposed project activities have been discussed in only general terms and not by country, it is difficult to assess whether the GEF funding and co-financing are sufficient. For example, for one component the PIF states that EWS will be improved through integrated surveillance and monitoring systems; and, for another component, that existing health infrastructure in remote villages will be "climate-proofed". Depending on individual country needs, both categories can require significant investments, yet with a total LDCF allocation of \$1.5 million per country, resources available per component are modest unless sufficiently bolstered through supplementary sources.</p> <p>Recommended action, FI, Oct. 14, 2014 (covers Items 16 and 17): Please discuss the adequacy of total financing per country to achieve the adaptation gains proposed in the PIF.</p> <p>Update, FI, Nov. 24, 2014: Yes. The agency has clarified that \$1.5 million per country should be sufficient</p>	

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		for the envisaged activities as each country will be undertaking its own subset of the actions laid out (collectively) in the PIF. The agency has also stated in its response that if, during PPG, resources appear insufficient for the planned actions, these will either be scaled back or additional funding sought.	
	17. <u>At PIF</u> : Is the indicated amount and composition of co-financing as indicated in Table C adequate? Is the amount that the Agency bringing to the project in line with its role? <u>At CEO endorsement</u> : Has co-financing been confirmed?	More explanation is requested. Kindly refer to comment for Item 16, above. Recommended action, FI, Oct. 14, 2014: Please see recommended action for Item 16, above. Update, FI, Nov. 24, 2014: Yes, this item has been adequately addressed (please refer to the updated comment for item 16).	
	18. Is the funding level for project management cost appropriate?	Yes, PMC is 4.7 percent of the project cost.	
	19. <u>At PIF</u> , is PPG requested? If the requested amount deviates from the norm, has the Agency provided adequate justification that the level requested is in line with project design needs? <u>At CEO endorsement/ approval</u> , if PPG is completed, did Agency report on the activities using the PPG fund?	Adjustment or explanation is needed. The requested PPG (\$480,000) exceeds the amount the GEF tends to provide for a project of this size, which would normally be \$200,000. Please note that this is considered a single project, regardless of the number of countries covered, and PPG cannot be claimed for each country. Please also note that the endorsement letter has omitted to take PPG fees into account in the matrix and overall financing approval. However, as the PPG request will need to be downsized, this may not be an issue if the overall request ultimately falls within the amount	

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		<p>specified in the letters.</p> <p>Recommended action, FI, Oct. 14, 2014: Please either revise the requested PPG (and corresponding PPG fees) as per the guidelines in footnote 6 of the GEF Datasheet, or provide an explanation for why PPG fees have been requested that significantly exceed the norm.</p> <p>Update, FI, Nov. 24, 2014: Yes. The agency is requesting a PPG amount that is more than twice the norm. However, it has provided adequate reasoning for doing so and, in its written response to GEF Sec comments on the initially-submitted PIF, has included a rough breakdown of the proposed PPG expenses, justifying the requested amount.</p>	
	20. If there is a non-grant instrument in the project, is there a reasonable calendar of reflows included?	N/A	
Project Monitoring and Evaluation	21. Have the appropriate Tracking Tools been included with information for all relevant indicators, as applicable?		
	22. Does the proposal include a budgeted M&E Plan that monitors and measures results with indicators and targets?		
Agency Responses	23. Has the Agency adequately responded to comments from:		
	<ul style="list-style-type: none"> • STAP? 		
	<ul style="list-style-type: none"> • Convention Secretariat? 		
	<ul style="list-style-type: none"> • The Council? 		

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	<ul style="list-style-type: none"> Other GEF Agencies? 		
Secretariat Recommendation			
Recommendation at PIF Stage	24. Is PIF clearance/approval being recommended?	<p>No. Please address comments pertaining to Items 7, 13, 16, 17 and 19.</p> <p>Update, FI, Nov. 24, 2014: Yes. The project is recommended for approval. However, the project will not be processed for Council review and approval until adequate, additional resources become available in the LDCF.</p>	
	25. Items to consider at CEO endorsement/approval.		
Recommendation at CEO Endorsement/ Approval	26. Is CEO endorsement/approval being recommended?		
	First review*	October 14, 2014	
Review Date (s)	Additional review (as necessary)	November 24, 2014	
	Additional review (as necessary)		

* **This is the first time the Program Manager provides full comments for the project. Subsequent follow-up reviews should be recorded. For specific comments for each section, please insert a date after comments. Greyed areas in each section do not need comments.**