

# Readiness Proposal

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**with WHO for the Lao People's Democratic Republic**

11 December 2021



# READINESS & PREPARATORY SUPPORT

## PROPOSAL TEMPLATE

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**Proposal title:** Enhancing Lao PDR National Capacity and Coordination in Health and Climate Change

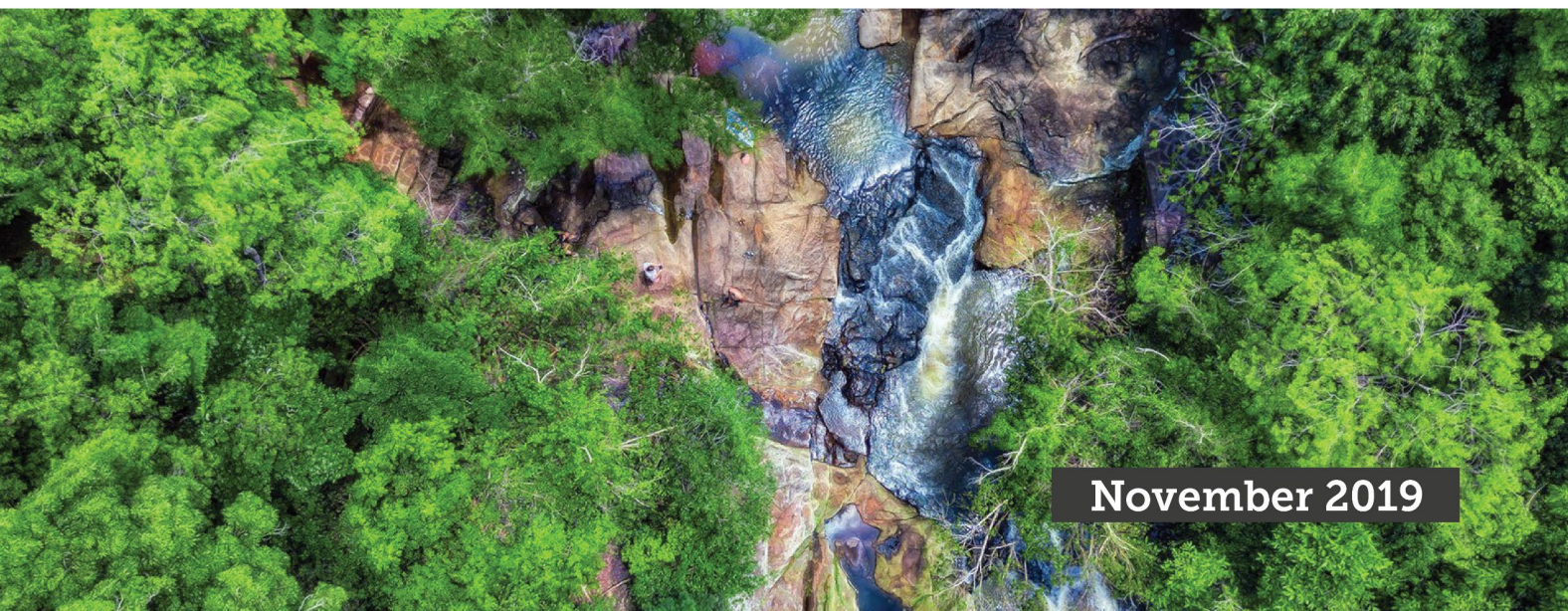
**Country:** Lao People's Democratic Republic

**National designated authority:** Department of Climate Change, Ministry of Natural Resources and Environment, Lao PDR

**Implementing Institution:** World Health Organization

**Date of first submission:** 31 March 2020

**Date of current submission / version number:** 30 June 2021 V.3



November 2019

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Download the guidebook:  
<https://g.cf/xxxxx>



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Please be concise. If you need to include any additional information, please attach it to the proposal.

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### Note: Environmental and Social Safeguards and Gender

Throughout this document, when answering questions and providing details, please make sure to pay special attention to environmental, social and gender issues, particularly to the situation of vulnerable populations, including women and men. Please be specific about proposed actions to address these issues. Consult Annex IV of the Readiness Guidebook for more information.

**Please visit the Country Portal on the GCF website to submit this proposal via the [online system](#).**

When submitting the proposal, please name the file:  
GCF Readiness -[Country]-[yymmdd]

1. SUMMARY

1.1 Country submitting the proposal

Country name: Lao People’s Democratic Republic

Name of institution representing NDA or Focal Point: Department of Planning and Finance, Ministry of Natural Resources and Environment, Lao PDR

Name of contact person: Mr Phouvong LUANGXAYSANA

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1.2 Date of initial submission

31 March 2020

1.3 Last date of resubmission

30 June 2021

Version number V.4

- ☐ National designated authority
- ☐ Accredited entity
- ☒ Delivery partner

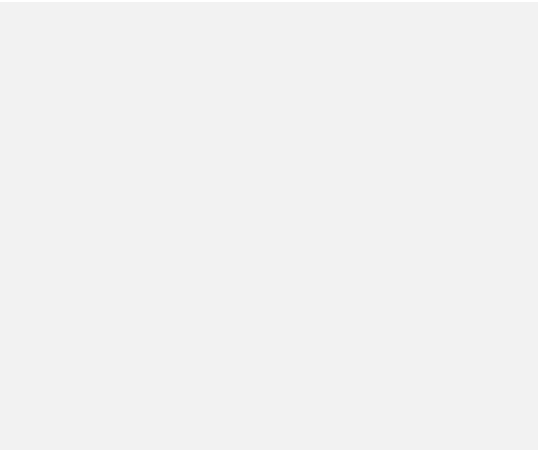
Please provide contact information if the implementing partner is not the NDA/focal point

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	Technical officer in Climate Change and Health World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland <a href="mailto:villalobose@who.int">villalobose@who.int</a> +41 22 791 2465
<b>1.5 Title of the Readiness support proposal</b>	Enhancing Lao PDR National Capacity and Coordination in Health and Climate Change
<b>1.6 Type of Readiness support sought</b>	Please select the relevant GCF Readiness objective(s) below (click on the box – please refer to Annex I and II in the Guidebook): <input checked="" type="checkbox"/> I. Capacity building <input checked="" type="checkbox"/> II. Strategic frameworks <input type="checkbox"/> III. Adaptation planning <input type="checkbox"/> IV. Pipeline development <input checked="" type="checkbox"/> V. Knowledge sharing and learning
<b>1.7 Brief summary of the request</b>	<p>Lao PDR is highly vulnerable to climate change and the related health risks, including an increased incidence of water and vector-borne diseases. Lao PDR has limited technical capacity of health systems and personnel to effectively integrate climate-related risks into interventions to control the burden of climate-sensitive health outcomes. Existing climate early warning systems managed by national meteorological organizations lack systematic coverage of observational data from regions and areas of the countries with high risks of climate-sensitive health outcomes. Climate information services are not adequately tailored to the needs of public health professionals. And primary healthcare facilities are not equipped to prepare for and respond to extreme weather and climate events, lacking information and cost-effective methods to provide health services.</p> <p>Recognizing these challenges, in consultation with stakeholders, this Readiness project was designed to increase the adaptive capacity of national health systems and institutions, and sub-national actors, to respond to and manage long-term climate-sensitive health risks, specifically by strengthening the capacity of the Ministry of Health (MoH) to develop and manage climate-informed early warning systems for climate-sensitive diseases and by establishing a coordination mechanism to share data and knowledge among relevant sectors through the following GCF guided outcomes:</p> <p><i>Outcome 1.3: Relevant country stakeholders have established adequate capacity, systems and networks to support the planning, programming and implement GCF-funded activities with training and workshop</i></p> <p><i>Outcome 2.2: Lao PDR has developed or enhanced strategic frameworks to address policy gaps, improve sectoral expertise, and enhance enabling environments for GCF programming in low-emission investment</i></p> <p><i>Outcome 5.1: Best practices with respect to institutional capacity building and coordination, direct access, and pipeline development are developed and disseminated to strengthen engagement by NDAs, DAEs, delivery partners, and government agencies</i></p> <p><i>Outcome 5.2: Partnerships established to foster development and dissemination of methods, frameworks, and information systems for enhanced climate finance programming at subnational, national, and regional levels</i></p> <p>The proposed Readiness project will ensure enhanced capacity of early intervention of the target climate sensitive diseases and systematized knowledge sharing mechanism with stakeholders and other relevant sectors</p> <p>The direct beneficiaries of this project include all involved governmental staff, particularly CCH technical unit at the Department of Hygiene and Health Promotion of the MoH and key supporting units at the MoH and the MoNRE (approximately 60 number of professional) through direct training from international and local consultants, and meetings and workshops (total 10 meetings and workshops). Further, because the project focuses on enhanced health system resilience, reduction of climate-related health risks and vulnerabilities, the project will indirectly benefit the whole of the population of Lao PDR (approximately 7.1 million people).</p>

1.8 Total requested amount and currency	US 300, 762US	1.9 Implementation period	18 months
1.10 Is this request a multiple-year strategic Readiness implementation request?	<div><input type="checkbox"/> Yes</div> <div><input checked="" type="checkbox"/> No</div> <div>For more information on how a country may be eligible to access Readiness support through this modality, please refer to <b>Annex IV of the Readiness Guidebook</b>.</div>		
1.11 Complementarity and coherence of existing readiness support	<div><input checked="" type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div>To date, a total of seven Readiness proposals have been approved in Lao PDR.</div> <div>A Readiness partners meeting is regularly held by the Department of Climate Change, Ministry of Nature and Environment to share information on ongoing projects, implementation progress and pipelines. Development partners use it as a platform to discuss complementarity. WHO country office staff in environmental health unit attend the meeting on a regular basis.</div> <div>As of Feb 2021, the government of Lao PDR has been implementing 6 Readiness projects aligned with existing GCF Readiness support and the National strategies in Climate Change and Green Growth for building climate resilient, low carbon economy by 2050 through sustainable land use, water resource management and reduced vulnerability to climate change. This WHO-MOH readiness proposal is the first health sector GCF readiness project in the country.</div> <div>There are no direct overlaps between this readiness project and other readiness projects. Ongoing projects financed by GCF Readiness support include the following:</div> <div><ul style="list-style-type: none"><li>Enhancing NDA Capacity and Access to the GCF in Lao PDR, GGGI, 2019-20, budget US\$ 239,368, to strengthen NDA capacity and country programming (CP) support. This project will make the most synergistic impact with the WHO readiness project. WHO commits to participate in this coordination mechanism and provided information in development of health adaptation part of Country Programme. The climate and health data and health co-benefit assessment reports that will be generated by the WHO readiness project will contribute to the plan to set up a database for a green city.</li><li>Readiness support for Energy Efficiency and renewable energy, UNEP, \$345,500US, 2019-20. This project will benefit from the WHO readiness project by leveraging hospitals to join the Green Hospital Initiative supported by WHO and MOH with a goal to save energy, water and reduce waste.</li><li>Urban resilience in the cities along the GMS East-West Economic Corridor, UN-Habitat, \$415,000US, 2019-20, to enhance institutional capacity in health and urban development sectors. The WHO readiness project will be sharing health advocacy and co-benefit assessment results with urban planning and transportation sectors</li></ul></div>		



which will promote urban resilience, climate action, and improved health.

- Completion of the accreditation of the EPF as DAE for Lao PDR, GIZ, \$400,000US, 2020-22, is supporting the capacity of the Environment Protection Fund, stakeholder engagement and accreditation of a direct access entity.
- Market Preparation for Industrial Energy Efficiency in Lao PDR, GGGI, \$300,000US, 2021-22. These two projects do not have any overlaps with the WHO Readiness proposal. The project team will be invited to our consultation meeting on the health co-benefit analysis and the assessment reports. Advocacy materials will be shared with the GGGI for continued collaboration and coordination.

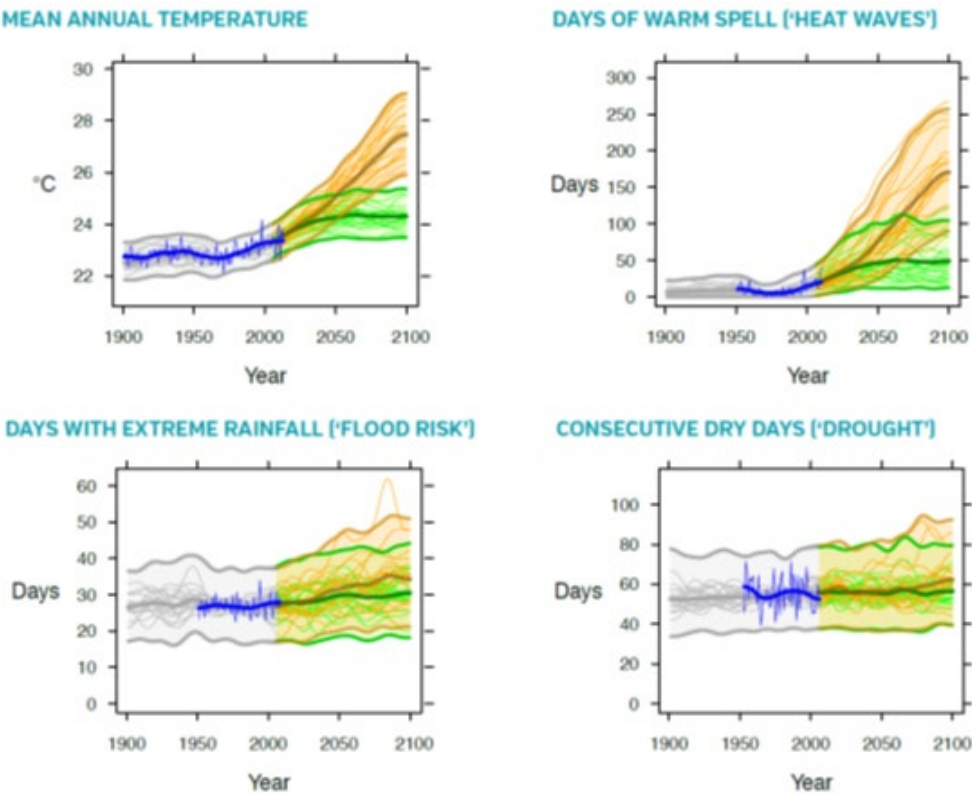
## 2. SITUATION ANALYSIS

### Climate change drivers, hazards, and health risks

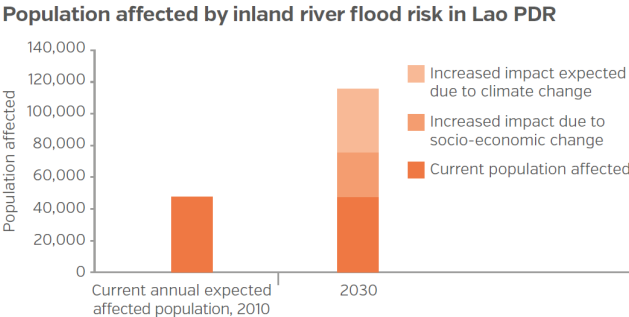
Lao PDR has two main seasons, a dry season from mid-October to April and a rainy monsoon season from May to mid-October. The climate varies across three climatic zones: montane temperate subtropical (northern highlands), tropical monsoon (central highlands), and tropical lowland floodplains along the Mekong river.

The model projections below present climate hazards under a high emissions scenario, Representative Concentration Pathway 8.5 [RCP8.5] (in orange), and a low emissions scenario, [RCP2.6] (in green). The text boxes describe the projected changes averaged across about 20 models (thick line). The figures also show each model individually and the 90% model range (shaded) as a measure of uncertainty and, where available, the annual and smoothed observed record (in blue).<sup>1</sup> Under a high emissions scenario, compared to 1990, in 2100, mean annual temperature is projected to rise by about 4.5°C, the number of days of warm spell is projected to increase from less than 10 days to about 170 days in 2100, the number of days with very heavy precipitation is projected to increase by about 7 days with increasing the risk of floods, and the longest dry spell is indicated to increase by about 10 days, with continuing large year-to-year variability.

<sup>1</sup> Climate change and health in the Western Pacific region. Geneva: World Health Organization; 2015 ([http://iris.wpro.who.int/bitstream/handle/10665.1/12401/9789290617372\\_eng.pdf](http://iris.wpro.who.int/bitstream/handle/10665.1/12401/9789290617372_eng.pdf)).



Potential risks are identified both with climate change and with current climate variability. Lao PDR faces inland river flood risk. It is projected that by 2030, an additional 40,400 people may be at risk of river floods annually as a result of climate change and 27,800 due to socioeconomic change, above the estimated 48,200 annually affected population in 2010<sup>2</sup>. In addition to deaths from drowning, flooding causes extensive indirect health effects, including impacts on food production, water provision, ecosystem disruption, infectious disease outbreak and vector distribution. More prolonged-term effects of flooding may include post-traumatic stress and population displacement.



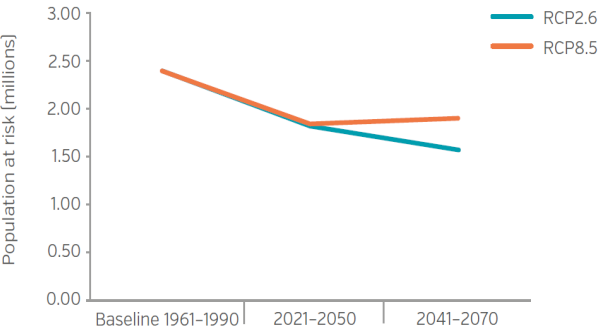
<sup>2</sup> World Resources Institute, <http://www.wri.org>. Aqueduct Global Flood Analyzer. Assumes continued current socio-economic trends (SSP2) and a 25-year flood protection.



Some of the world's most virulent infections are also highly sensitive to climate: temperature, precipitation, and humidity have a strong influence on the vectors' life-cycles and the infectious agents they carry and influence the transmission of water and foodborne diseases. Dengue outbreaks can place a heavy burden on the health system due to a lack of surveillance, vector-control, diagnostics, treatment, communication, and early warning systems. The mean relative vectorial capacity for dengue fever transmission is projected to increase under a high emissions scenario from the baseline of 0.55 to about 0.62 towards 2070. If global emissions decrease rapidly the mean relative vectorial capacity for dengue transmission could be limited to about 0.57 by 2070<sup>3</sup>.

INFECTIOUS AND VECTOR-BORNE DISEASES

Population at risk of malaria in Lao PDR (in millions)



Vulnerability

Lao PDR is listed by the World Bank as a low-middle income country. The poverty rate as of 2015 was 23.2%, down from 36.3% in 2007.<sup>4</sup> Poverty in Lao PDR is directly correlated with rural and highland areas and inversely related to road and river access; a report from 2014 found that only 33.3% of rural areas had access to roads<sup>5</sup>.

According to the WHO Country Profile on Lao PDR, the life-expectancy at birth as of 2015 for males was 64 years, and 67 years for women. In 2013 the reported infant mortality rate was 53.8 per 1,000 live births, and the under-five mortality rate was 71.4 per 1,000.<sup>6</sup> According to UNICEF's education statistics, the youth (15-24 years) literacy rate in 2012 was 89.2% for males and 78.7% for females.<sup>7</sup>

Poor sanitary environment and resultant high prevalence of intestinal parasitic infections continue to be a major problem in many districts.<sup>8</sup> Many villages within Lao PDR districts do not have a health facility, with an average of only 8% coverage.

These underlying vulnerability factors decrease the resilience of the population to the health impacts of climate change.

Climate and Weather data

<sup>3</sup> Country-level analysis, completed in 2015, was based on health models outlined in the Quantitative risk assessment of the effects of climate change on selected causes of death, 2030s and 2050s. Geneva: World Health Organization, 2014. The mean of impact estimates for three global climate models are presented. Models assume continued socioeconomic trends (SSP2 or comparable).

<sup>4</sup> Pimhidzai, Obert. Drivers of poverty reduction in Lao PDR. No. 101566. The World Bank, 2015.

<sup>5</sup> Kongsap Akkhavong CP, Chandavone Phoxay, Manithong Vonglokhom, Chansaly Phommavong, Soulivanh Pholsena. The Lao People's Democratic Republic Health System Review. Vientiane: Ministry of Health; 2014.

<sup>6</sup> World Health Organization. Climate and Health Country Profile: Lao People's Democratic Republic. 2015

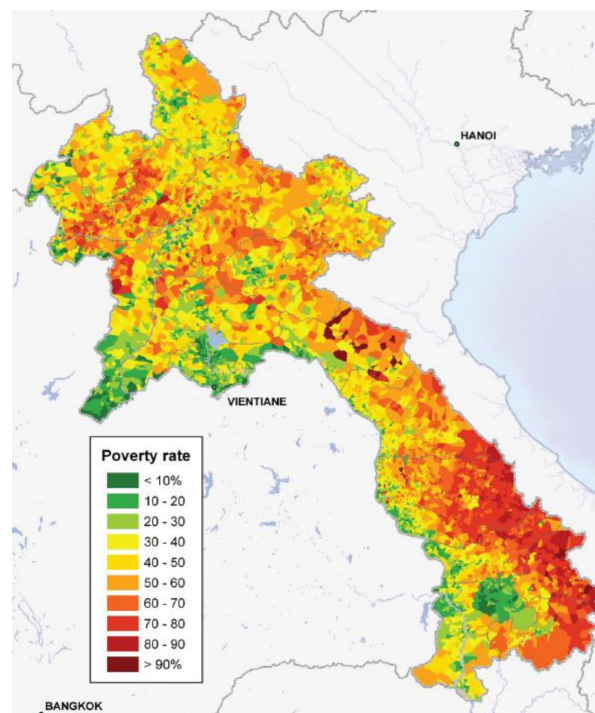
<sup>7</sup> UNICEF. At a glance: Lao People's Democratic Republic 2013

<sup>8</sup> Bounsérth Keoprasith MK, Masafumi Watanabe and Takehito Takano. The impact of community-based, workshop activities in multiple local dialects on the vaccination coverage, sanitary living and the health status of multiethnic populations in Lao PDR. Health Promotion International. 2012;28(3).

The Department of Meteorology and Hydrology (DMH) of the MoNRE provides meteorological information to users based on available tools and existing data from surface, satellite, and weather radar stations. Daily weather forecasts (table format) contain forecasts on maximum and minimum temperature and expected weather for synoptic stations in the country. These are issued daily, every 10 AM. Three-day forecasts are issued for key cities in Lao PDR, and weekly forecasts are also available in the DMH website. Throughout this Readiness project, the MoH's CCH unit and the MoNRE's DMH will establish data-sharing mechanism in real-time based.

### Climate-informed Early Warning System

Health adaptation planning in Lao PDR is limited by lack of reliable data on climate change and associated health effects as stated in the Climate Change and Health Adaptation strategy (see below subsection). The strategy identified barriers which includes limited knowledge and experience of the climate risks and health linkage, monitoring, surveillance, control, early warning, prevention, diagnosis and management of climate-sensitive diseases and associated risk factors. Currently the MoH adapted District Health Information Software 2 (DHIS2) for routine health risk monitoring and the DMH operates a routine weather monitoring. However, no integration of the two monitoring systems has been established. The integration is the first essential part of developing climate-informed early warning system. In this Readiness project, the two data will be integrated and projection of disease outbreaks will be activated for early warning of climate sensitive diseases.



Poverty incidence rate at village level in Lao PDR

### National policies and strategic direction

The enabling environment for climate change and health in Laos has been considered since 2009, with the first National Adaptation Programme of Action to Climate Change<sup>9</sup>. The following strategies, plans and regulations strongly support climate change and health as a priority of the country, and Lao PDR has a sufficient enabling environment for health adaptation to climate change. However, there are limitations in managing the plans due to lack of public and government awareness and prioritizing communication plans, knowledge products and information systems, and funds to services. The proposed Readiness project is designed to help the MoH accomplish climate change plans and actions determined by the national policies and strategies.

**The National Adaptation Programme of Action to Climate Change (NAPA)** was endorsed by the Laotian Prime Minister on 12 March 2010.<sup>10</sup> NAPA identifies urgent needs for climate change adaptation in the country within four main sectors, one of which is public health. One of the priority areas for health is to develop a timely and accurate reporting system for epidemic diseases and to improve the capacity of the epidemic disease surveillance system. The programme describes barriers to its implementation. These include limited capacity within key sectors, weak institutions; resource limitations; limited access to accurate data and information, barriers to communication and coordination of activities; and a low level of public awareness about climate change, including among policy- and decision-makers. In response to NAPA, several key policies and strategies were developed.

In 2010, **the National Strategy on Climate Change (CCHA)** was approved and provided a vision on how to address climate change in the country. In addition to the overarching strategy, climate action plans for the period 2013–2020 define mitigation and adaptation actions in the public health sector. The Strategy highlights priorities for improving health in the country by preventing malaria and dengue transmission and eliminating deficiencies in health service availability and delivery.

<sup>9</sup> Strategy on climate change of the Lao People's Democratic Republic. Vientiane: Lao People's Democratic Republic; 2010 ([http://mirror.unhabitat.org/downloads/docs/12679\\_1\\_595432.pdf](http://mirror.unhabitat.org/downloads/docs/12679_1_595432.pdf)).

<sup>10</sup> National adaptation programme of action to climate change. Vientiane: Lao People's Democratic Republic; 2009 (<http://unfccc.int/resource/docs/napa/laos01.pdf>).

**The Climate Change Action Plan of the Lao PDR for 2013–2020** was developed by the MoNRE. The Action Plan is based on the National Strategy on Climate Change (2010) and the Second National Communication to the United Nations Framework for Climate Change Convention (2013).<sup>11</sup> The Action Plan outlines key focus areas for public health, including improving public health services for climate change adaptation; and promoting community participation in drought- and flood-prone areas.

In 2015, **the intended nationally determined contributions (INDC)** plan was developed through an inclusive stakeholder consultation process, including line ministries, research institutions, civil organizations, provincial governments, the private sector, and international development partners.<sup>12</sup> INDC will be implemented in a coordinated manner with the National Strategy on Climate Change, climate change action plans, and sectoral plans. Two main adaptation measures identified for the public health system are parts of the INDC a) increasing the resilience of public health infrastructure and water supply system to climate change and b) improving public health services for climate change adaptation and coping with climate change-induced impacts.

In response to the INDC plan, the MoH developed **the Climate Change and Health Adaptation Strategy** in 2017 based on findings of the health vulnerability assessment with the objective of promoting the capacity of the public health and community sectors to prevent climate change and protect the health of the people from its effects. The plan developed six strategies to guide climate-resilient health system building. The third strategy focuses on the health information system, specifically integrating risk monitoring and early warning systems.

To further enhance health sector climate resilience, **the National Health Specific Adaptation Plan to Climate Change (HNAP)** is currently under development and will likely be finalised in 2021. It's development is a collaboration between the MoH and the MoNRE, with technical support from the WHO. The main objectives are to 1) reduce vulnerability to the current and future health effects of climate change, and to 2) increase health adaptation capacity by mainstreaming the climate change adaptation measures in the health sector's development and planning, including the 9th Health Sector Development Plan (HSDP) and other programmes, etc. The HNAP specified for the DHIS2 system to be used as the platform for the climate data integration to health outcomes for early-warning system implementation. This proposed Readiness proposal will serve as a main method to achieve HNAP's objectives by focusing on early-warning system development and activation with strengthening capacity of MoH in knowledge and skillset.

### **Partnership with local and regional stakeholders**

In collaboration with WHO, the MoH has established partnerships with local, subnational and national stakeholders, but the partnership has been limited to WASH and medical waste management. Expanded partnerships for other health resilience-building actions are needed and further support for capacity building. Expanded partnership organizations are Mekong River Committee and Mekong sub-regional countries and members states in WHO Western Pacific Region.

### **Synergies with the NDC's mitigation actions for health co-benefits**

The IPCC Fifth Assessment report<sup>13</sup> introduced health co-benefits from climate change mitigation actions and promoted coordinated action between health and other sectors for synergic outcomes. By raising awareness of how health adaptation and mitigation actions in other sectors, as well as the economy (through productive lives), can benefit from climate finance and interventions (co-benefits), the ambition will be raised, and more resources will flow to the health and other relevant sectors, which will lead to better implementation and planning of NDC to enhance overall mitigation ambition.

The most effective measures to reduce vulnerability in the near term are programs that implement and improve basic public health measures such as provision of clean water and sanitation, secure essential health care including vaccination and child health services, increase capacity for disaster preparedness and response, and alleviate poverty (very high confidence). In addition, there has been progress since AR4 in targeted and climate-specific

<sup>11</sup> Second national communication on climate change submitted to the United Nations Framework Convention on Climate Change. Vientiane: Lao People's Democratic Republic; 2013 ([http://www.la.undp.org/content/laos\\_pdr/en/home/library/environment\\_energy/the-second-national-communication-on-climate-change-submitted-to.html](http://www.la.undp.org/content/laos_pdr/en/home/library/environment_energy/the-second-national-communication-on-climate-change-submitted-to.html)).

<sup>12</sup> Intended nationally determined contribution. Vientiane: Lao People's Democratic Republic; 2015 ([http://www4.unfccc.int/submissions/INDC/Published%20Documents/Laos/1/Lao%20People's Democratic Republic%20INDC.pdf](http://www4.unfccc.int/submissions/INDC/Published%20Documents/Laos/1/Lao%20People's%20Democratic%20Republic%20INDC.pdf)).

<sup>13</sup> IPCC, 2014: Summary for policymakers. In: Climate Change 2014: Impacts, Adaptation, and Vulnerability. Part A: Global and Sectoral Aspects. Contribution of Working Group II to the Fifth Assessment Report of the Intergovernmental Panel on Climate Change [Field, C.B., V.R. Barros, D.J. Dokken, K.J. Mach, M.D. Mastrandrea, T.E. Bilir, M. Chatterjee, K.L. Ebi, Y.O. Estrada, R.C. Genova, B. Girma, E.S. Kissel, A.N. Levy, S. MacCracken, P.R. Mastrandrea, and L.L. White (eds.)]. Cambridge University Press, Cambridge, United Kingdom and New York, NY, USA, pp. 1-32.

measures to protect health, including **enhanced surveillance and early warning systems**. There are opportunities to achieve **co-benefits from actions that reduce emissions of warming climate altering pollutants (CAPs) and at the same time improve health**. Among others, these include: reducing local emissions of health-damaging and climate-altering air pollutants from energy systems, through improved energy efficiency, and a shift to cleaner energy sources (very high confidence); providing access to reproductive health services (including modern family planning) to improve child and maternal health through birth spacing and reduce population growth, energy use, and consequent CAP emissions over time (medium confidence); Shifting consumption away from animal products, especially from ruminant sources, in high-meat-consumption societies toward less CAP-intensive healthy diets (medium confidence); Designing transport systems that promote active transport and reduce use of motorized vehicles, leading to lower emissions of CAPs and better health through improved air quality and greater physical activity (high confidence). **There are important research gaps regarding the health consequences of climate change and co-benefits actions, particularly in low-income countries. There are now opportunities to use existing longitudinal data on population health to investigate how climate change affects the most vulnerable populations.** Another gap concerns the scientific evaluation of the health implications of adaptation measures at community and national levels. A further challenge is to improve understanding of the extent to which **taking health co-benefits into account can offset the costs of greenhouse gas mitigation strategies.**" (IPCC 2014)

### Gaps and Barriers

*Problem statement:* Lao PDR has well developed national policies and strategies that enabled environment for actions. However, the implementation has been slowed due to a lack of technical and financial capacity.

Barriers to climate change policy and strategy implementation have been defined NAPA and INDC<sup>14, 16</sup>.

These include limited capacity within key sectors, weak institutions, resource limitations, limited access to accurate data and information, and barriers to communication and coordination of activities. Another barrier is the low level of public awareness about climate change, including among policy- and decision-makers. In addition, WHO conducted an assessment to identify health sector-specific gaps and barriers as follows<sup>14</sup>:

**1) Awareness raising:** A barrier is the low level of public awareness about climate change and its health impacts, including among policy- and decision-makers. Gaps in the data and limited capacity and resources are the most substantial barriers to strengthening the health sector and in order to address these barriers the awareness must first be raised. During the government stakeholder consultation meeting for this proposal with key focal points involved in climate change actions, it was noted that the implementation rate of priority programmes for public health adaptation is low due to low awareness among government staff, limited financial and human resources, and limited know-how capacity to mobilize funding support from developmental and governmental partners.

*This barrier will be improved by achieving Outcomes 5.1 and 5.2 by sharing knowledge, best practices, guidelines, and providing training.*

**2) Coordination and implementation:** There is a significant capacity gap in addressing climate change and health issues prioritised in the national policies. A health system review in 2014, organized by WHO on behalf of the Asia Pacific Observatory on Health Systems and Policies, concluded that despite strong government commitments to health, as reflected above, there are gaps between policy intentions and effective implementation. Cross-sectoral collaboration is weak and political commitments have not yet translated into increased health spending. Specific barriers to climate change policy and strategy implementation have been defined by the National Adaptation Plan (NAP). These include limited capacity within key sectors, weak institutions, resource limitations, limited access to accurate data and information, and barriers to communication and coordination of activities.

*This barrier will be improved by achieving Outcome 2.2 by establishing a coordinating mechanism and providing health co-benefits information to other sectors for inclusion in their climate change planning and actions.*

**3) Lack of data:** Health adaptation planning is limited by a lack of reliable data on climate change and associated health effects. The MoH CCH technical unit requires access to climate, weather, and environmental data to better understand and predict climate sensitive disease spread and outbreaks. The MoH also requires support in the use and analysis of the data including the establishment of an integrated health surveillance and early warning system.

Currently, standard climate and meteorological data have been collected and available from the Department of Meteorology and Hydrology (DMH) of the MoNRE. However, there are gaps in the data. For example, there are no

<sup>14</sup> Reimann C, Lyne K, McIver L. The Lao People's Democratic Republic: review of climate-sensitive conditions and recommendations for adaptation measures. Vientiane: Lao People's Democratic Republic. WHO country office; 2016.



current mathematical models predicting shifts in distributions of parasitic diseases. There is insufficient data on the effects of a changing climate and environment on hosts and vectors, socioeconomic factors, and how populations are adapting to change. Mathematical modelling to predict or capture disease trends with collected data is an essential part of establishing integrated climate sensitive diseases surveillance and early-warning systems- one of the proposed outcomes of this project. In many instances, limited or no data are available on diseases or risk factors. There is also a lack of data on drought and underground water sources, while Population-based data on mortality are not available due to limitations of the civil registration system, with the only available mortality data being those obtained from hospital records.

*This barrier will be improved by achieving Outcome 1.3. by assisting MoH CCH technical unit to access health, climate, weather, and environmental data and guiding the implementation of the climate-informed early-warning system for climate sensitive diseases.*

**4) Limited capacity:** There is limited capacity, knowledge, and experience relevant to climate change adaptation for health at the government, health sector, and community levels in the Lao PDR. This capacity gap likely extends to limited knowledge of and experience with the monitoring, surveillance, control, prevention, diagnosis, and management of climate-sensitive diseases and associated risk factors.

*This barrier will be improved by achieving all Outcomes 1.3, 2.2, 5.1, and 5.2 by successfully completing all proposed activities and achieving expected outputs and outcomes.*

This proposed Readiness project aims to address these barriers by strengthening the internal capacity of the MoH with a focus on the early warning systems for climate-sensitive diseases, and to inform decision-makers of climate change and health so that resources will be increased to the formal health sector and healthcare managers can prepare their facilities accordingly through a knowledge-sharing mechanism establishment both within the health sector and with other health determining sectors. Therefore, we propose to address it with two objectives: capacity building including awareness raising and knowledge sharing and learning.

#### **Objective 1. Capacity Building:**

**Outcome 1.3:** Relevant country stakeholders (MoH) have established adequate capacity, systems and networks to support the planning, programming and implementation of GCF-funded activities

- **Output 1.3.1:** The MoH CCH technical unit accesses climate/weather, environment, and health outcome data, and the data are integrated on the DHIS2 platform
- **Output 1.3.2:** The climate and health data integrated early-warning system is implemented and activated to inform climate change risks to health professionals at the sub-national level and other stakeholders. The system is enabled to predict potential adverse health impacts for rapid and effective response

**Outcome 2.2:** Lao PDR has developed or enhanced strategic frameworks to address policy gaps, improve sectoral expertise, and enhance enabling environments for GCF programming in low-emission investment

- **Output 2.2.1:** Analyses to quantify health impact and health co-benefits from other sectors' mitigation and adaptation activities are completed and communicated
- **Output 2.2.2:** A coordination mechanism is established to incorporate health impacts and co-benefits from ongoing and future climate change mitigation and adaptation activities by other sectors

#### **Objective 5. Knowledge sharing and learning:**

**Outcome 5.1:** Best practices with respect to institutional capacity building and coordination, direct access, and pipeline development are developed and disseminated to strengthen engagement by NDAs, DAEs, and delivery partners with the GCF

- **Output 5.1:** Lessons learned from past and current health resilience-building activities are extracted within Lao PDR and other comparable countries. The best practices in health adaptation actions are determined and adopted in planning aligned with HNAP actions



**Outcome 5.2:** Partnerships established to foster development and dissemination of methods, frameworks, and information systems for enhanced climate finance programming at subnational, national, and regional level

- **Output 5.2.1:** Informational and awareness-raising materials for health impacts and health resilience-building to climate change are developed
- **Output 5.2.2:** Knowledge products to disseminate effective approaches to capacity building is developed to inform key stakeholders on development of policies, processes, and plans

Further information on the activities and activities under each output is in the logical framework below.

### Project stakeholders and beneficiaries

The direct beneficiaries of this project include all involved governmental staff, particularly in the CCH technical unit of the MoH (approximately 60 number of professional staff). Further, because the project focuses on enhanced health system resilience, reduction of climate-related health risks, and vulnerabilities, the project will indirectly benefit the whole of the population of Lao PDR (approximately 7.1 million people). The Lao Woman's Union will be a wider stakeholder of the project. The Ministry of Health has been working with the Lao Woman's Union to improve health at the community level. Members of the Lao Woman's Union are active female leaders in the Lao Government and community. The Lao Woman's Union has representatives in all villages to provide support to community development and gender equity. In many cases, representatives also act as members of health committees in villages. The proposed project is careful not to exacerbate any existing gender inequality and aims to empower women as agents of change in the health sector during the climate change adaptation process. Our proposal will include gender considerations at every stage and every level of the planning process, with a focus on ensuring that the proposed activities each have a gender component that promotes equality and capitalizes on the skills of men and women. Additionally, a gender element will be embedded into the monitoring and evaluation plan to include both men's and women's perspectives and sex-disaggregated data.

Direct beneficiaries:	Number of beneficiaries impacted
<i>Number of professional staff in the MoH</i>	60
<i>Number of staffs in the National Center for Environmental Health and Water and MoNRE Department of Climate Change, Metrology, Disaster Management, Ministry of Labour, Water supply Department, Ministry of Public Work and Transport received climate and health data and use for their work/coordination</i>	100
<b>Indirect beneficiaries</b>	
<i>Number of government staff, partners and relevant health staff, received climate and health info through DHIS 2 platform and used for planning/practice and actions</i>	20,000
<i>Number of population, received alert/early warning messages from climate-informed surveillance and early warning system through social media/mass media</i>	7.1 million
<b>Total</b>	<b>7.1 million</b>

### Complementarity of Readiness support in Lao PDR

As of Feb 2021, the government of Lao PDR has been implementing 6 Readiness projects aligned with existing GCF Readiness support and the National strategies in Climate Change and Green Growth for building climate resilient, low carbon economy by 2050 through sustainable land use, water resource management and reduced vulnerability to climate change. This WHO-MOH readiness proposal is the first health sector GCF readiness project in the country. There are no direct overlaps between this readiness project and the other readiness projects. However, there are good linkages, coordination and complementary efforts. This health project will fill some of the

gaps on health and climate data for assessment of current and future climate-related health outcomes and health co-benefits that will leverage health sector engagement and coordination with other sectors and the readiness partners. The project team will collaborate with and share all reports, training and advocacy materials developed and health data generated with other readiness partners listed in the Section 1.11.

### 3. LOGICAL FRAMEWORK

Outcomes	Baseline <sup>15</sup>	Targets	Outputs	Activities (brief description)	Deliverables <sup>16</sup>
<p><b>Readiness Programme Objective 1:</b> Capacity Building</p> <p><b>Outcome 1.3:</b> Relevant country stakeholders have established adequate capacity, systems and networks to support the planning, programming and implementation of GCF-funded</p>	<p>National strategies and policies included an early warning system as a priority adaptation option for climate resilience building in health. However, there is no early warning system developed and activated in Lao PDR and no established communication mechanism between the MoH and the MoNRE (owns climate/weather and environment data) for data sharing. The NAP identified that limited technical knowledge and skills in the MoH in developing a climate-informed early-warning system are barriers.</p>	<p>Trained MoH CCH technical unit for data access and management, established an ongoing data sharing and collaboration coordination mechanism between ministries and activated climate-informed early-warning system for ongoing monitoring and projection of climate-sensitive diseases.</p>	<p><b>Output 1.3.1</b> The MoH CCH technical unit is trained for climate/weather, environment, and health outcome data access and coordination mechanism for data sharing between the MoH and the MoNRE is established.</p> <p><b>Output 1.3.2</b> The climate and health data integrated early-warning system is developed and activated to inform climate change risks to health professionals at the sub-national level and other stakeholders. The system is enabled to predict potential adverse health impacts for rapid and effective response.</p>	<p><b>Activity 1.3.1:</b> Train CCH technical unit for data access by one workshop and individual follow-up training and develop a ministerial coordination mechanism between the MoH and the MoNRE for sustainable data sharing, leading by the MoH.</p> <p><b>Activity 1.3.2.a:</b> Provide health information system expertise to develop a data management protocol (also known as a standard operating procedure – SOP) that will guide the process to bridge data gaps to facilitate the integration between climate/weather and health outcomes, led by WHO.</p> <p><b>Activity 1.3.2.b:</b> Provide technical expertise in health informatics to design a data platform on the DHIS2 to host climate/weather and environmental data and add climate-informed risk prediction function for climate-sensitive diseases, leading by WHO.</p>	<p><b>Deliverable 1.3.1.:</b> Training report with results of the feedback evaluation survey and the form with identified datasets and data access mechanism during the training workshop for further use of climate change and health and meteorology units.</p> <p><b>Deliverable 1.3.2.a:</b> A technical protocol to integrate climate/weather and environment data into DHIS2 to integrate health outcome data.</p> <p><b>Deliverable 1.3.2.b:</b> A report includes procedures and results of pilot testing, and full activation of the climate-informed early-warning system for climate-sensitive diseases as well as indicated limitations and recommendations for improvement.</p>

<sup>15</sup> Please briefly elaborate on current baselines on which the proposed activities can be built on, processes that are in place that the current Readiness proposal can strengthen, or any gaps that the proposed activities would fill in. If more space is needed, please elaborate this in Section 4.

<sup>16</sup> Please include tangible and specific deliverables for each activity proposed, Please note that during implementation all deliverables should be included within the implementation reports for GCF consideration.

Outcomes	Baseline <sup>15</sup>	Targets	Outputs	Activities (brief description)	Deliverables <sup>16</sup>
<p><b>Readiness Programme Objective 2:</b> Strategic Frameworks</p> <p><b>Outcome 2.2:</b> Lao PDR has developed or enhanced strategic frameworks to address policy gaps, improve sectoral expertise, and enhance enabling environments for GCF programming in low-emission investment.</p> <p>(Lao PDR has enhanced the health sector's expertise to assist all other relevant sectors accessing climate finance by promoting co-benefits with the health sector)</p>	<p>The HNAP is under development, with a strong collaboration between the MoH and the MoNRE. One of the main goals of the collaboration is to maximise co-benefits between two sectors, and particularly the health co-benefits of mitigation actions. Current collaboration actions are limited only to data sharing and early-warning system development but expanded collaboration on other climate change mitigation and adaptation actions is agreed.</p>	<p>All climate mitigation finance are systematically requested by the NDA to be assessed by a mechanism, such as a health co-benefit working group, for the inclusion of quantified health co-benefits thus ensuring climate mitigation finance has a higher impact, is more sustainable, more efficient, more effective, and more ambitious.</p>	<p><b>Output 2.2.1:</b> Analyses (Health Impact Assessment) to quantify health impact and health co-benefits from other sectors' mitigation are completed and communicated through a developed communication strategy</p> <p><b>Output 2.2.2:</b> A coordination mechanism is established to incorporate health impacts and co-benefits from ongoing and future climate change mitigation and adaptation activities by other sectors.</p>	<p><b>Activity 2.2.1:</b> Provide expert support in health and economics co-benefits to undertake health co-benefits analyses (such as promoting quantification tools) from other sectors activities, specifically climate mitigation such as urban development, waste management, transportation, energy, agriculture, and construction sectors (infrastructure), modeling for health co-benefits, and also data-gathering efforts in order to develop ambitious strategies for promoting and including climate change health resilience and co-benefits of other sectors, led by the MoH and WHO.</p> <p><b>Activity 2.2.2:</b> Establish a thematic working group among climate change focal points from the MoH, the MoNRE (NDA), and other stakeholders to discuss and disseminate knowledge generated by means of a communication plan by the key analyses to policymakers and planners for the inclusion of health co-benefits in the future climate finance access (for example, climate mitigation projects should all have quantified health co-benefits unless argued otherwise), leading by the MoH.</p>	<p><b>Deliverable 2.2.1:</b> Aligned with the communication strategy, a report to be disseminated to other sectors on health co-benefits from ongoing and planned climate change activities of other sectors in Lao PDR, particularly for the approved Readiness projects listed in Table I.</p> <p><b>Deliverable 2.2.2:</b> A Report on the inception and follow up meetings including, a ToR/concept note/agenda of the follow up meeting, a workplan and the minutes of the meetings.</p>

Outcomes	Baseline <sup>15</sup>	Targets	Outputs	Activities (brief description)	Deliverables <sup>16</sup>
				Inception, and at least one follow-up, meetings to disseminate health impacts of climate change through a written communication material on health and climate change will be conducted.	
<p><b>Readiness Programme Objective 5:</b> Knowledge sharing and learning</p> <p><b>Outcome 5.1:</b> Best practices with respect to institutional capacity building and coordination, direct access, and pipeline development are developed and disseminated to strengthen engagement by NDAs, DAEs, and delivery partners with the GCF</p> <p>(The MoH developed best practices on health adaptation to climate change)</p>	WHO has provided technical support to MoH DHHP on climate change policies and actions development, but the internal capacity to identify best practices has been limited.	Strengthened capacity of the CCH unit identify the existing best practices for health adaptation and develop Lao PDR specific best practices. HNAP's plans and actions are supported and enhanced by adapting the best health adaptation approaches and practices.	<b>Output 5.1:</b> Lessons learned from past and current health resilience-building activities are extracted within Lao PDR and other comparable countries. The best practices in health adaptation actions are determined and adopted in planning aligned with HNAP actions.	<p><b>Activity 5.1.1:</b> Develop a communication strategy and action plan that incorporates capacity building and best practices on health sector climate change actions by learning from past and current actions in Lao PDR and comparable countries, particularly neighbor countries in the Mekong region. Disseminate the materials to other sectors for promoting collaboration, leading by the MoH and WHO.</p> <p><b>Activity 5.1.2:</b> Develop a guideline for implementing the best practices for health adaptation to Lao PDR and promote inclusion of the best practices in the future planning of actions, targeting local, sub-national and national stakeholders including healthcare providers and water safety and waste management managers, leading by the MoH and WHO.</p>	<p><b>Deliverable 5.1.1:</b> A communication strategy and action plan of a systematic review of climate change actions in Lao PDR and other comparable countries and a workshop with climate change focal points from other ministries and private sector to disseminate the report, collect feedback, and promote collaboration.</p> <p><b>Deliverable 5.1.2:</b> A guideline to lead the health sector's climate change adaptation planning with the identified best practices. The guideline will be aligned with and support the revised NAP and new HNAP's plans and actions.</p>



Outcomes	Baseline <sup>15</sup>	Targets	Outputs	Activities (brief description)	Deliverables <sup>16</sup>
<b>Outcome 5.2:</b> Partnerships established to foster development and dissemination of methods, frameworks, and information systems for enhanced climate finance programming at subnational, national, and regional levels	In collaboration with WHO, the MoH has established partnerships with local, subnational and national stakeholders, but the partnership has been limited to WASH and medical waste management. Expanded partnerships for other health resilience-building actions are needed and further support for capacity building. Expanded partnership organizations are Mekong River Committee and Mekong sub-regional countries and members states in WHO Western Pacific Region.	Expanded partnerships with local and regional stakeholders for overall health resilience building and strengthened capacity of the focal points to adapt and implement the health resilience-building actions. HNAP's plans and actions are supported and enhanced by training the best practices to WHO Regional and country offices in Western Pacific Region will be collaboratively working on organizing experiences sharing and learning event on the HNAP among member states	<p><b>Output 5.2.1:</b> Informational and awareness-raising materials for health impacts and health resilience-building to climate change are developed.</p> <p><b>Output 5.2.2:</b> Knowledge products to disseminate effective approaches to capacity building is developed to inform stakeholders on development of policies, process, and plans</p>	<p><b>Activity 5.2.1:</b> Develop Training of Trainers (ToT) materials and guidance on climate change adaptation planning and its practical implementation at the local provinces and train subnational health staff in Central, Northern and southern regions (train 20 trainees in each training).</p> <p><b>Activity 5.2.2:</b> develop and disseminate a guideline on climate technologies on health resilience-building for health adaptation planning</p>	<p><b>Deliverable 5.2.1:</b> A ToT training materials, and guidance developed to guide climate change adaptation planning and attendance list of trainers. established partnerships with local, subnational and national stakeholders in the country<sup>17</sup>. And a Brief on the benefits and recommendations for the Ministry of Health for sustainability of the trained staff/focal points to adapt and implement the health resilience-building actions in national and subnational health institutions, and established partnerships with local and regional stakeholders for overall health resilience building and strengthened capacity</p> <p><b>Deliverable 5.2.2:</b> A guideline introducing and promoting the best climate technologies for Lao PDR's health adaptation planning.</p>

<sup>17</sup> In total 60 trainees (20 trainees in each, at 3 regional training workshops of the country)

## 4. THEORY OF CHANGE

IF capacity building and knowledge development and sharing on the health impacts of climate change impacts and how climate finance can benefit human health is enhanced within the government of Lao PDR, THEN climate resilience of the health sector will be strengthened and climate financing will be more ambitious, BECAUSE coordination mechanisms will be created, and communication plans developed and implemented.

The ultimate goal of the proposed readiness project is to strengthen the climate resilience of the health sector through capacity building and access to climate financing. The specific objectives of the proposed project are 1) capacity building and the development of a strategic framework for the health sector (GCF guided objective 1 and 2) and 2) knowledge sharing and learning within the health sector and with other sectors (GCF guided objective 5).

As noted earlier, Lao PDR has well developed national policies and strategies that fostered an enabling environment for actions. However, the implementation has been slowed due to a lack of technical and financial capacity. Currently, the specific barriers identified are: 1) the low level of public awareness about climate change and its health impact; 2) a capacity gap in addressing climate change and health issues planned by national policies; 3) no interlinked climate and health data, which prevents the health sector from monitoring the early-warning signs of climate-related risks; and 4) a lack of technical and financial resources at the MoH level for conducting climate adaptation activities planned by national strategies and access to climate financing, such as GCF projects.

The proposed activities will remove or improve barriers and fill the gaps by: 1) strengthening the CCH technical unit of the MoH by providing expert technical support to develop climate informed early-warning systems for climate sensitive diseases; 2) enhancing the strategic frameworks to improve sectoral expertise at the MoH by producing information on the health impacts from climate change and health co-benefits from other sectors' climate mitigation and adaptation activities; 3) sharing the best practices for health sector adaptation actions with respect to institutional capacity building, coordination, direct access, and pipeline development; and 4) establishing partnerships to foster knowledge sharing with key health sector stakeholders and other GCF recipients.

To enhance the MoH's capacity to execute the operational plan (**Outcome 1.3**), three areas will be strengthened: First, the CCH technical unit at the MoH will access existing and available data on climate, such as temperature, precipitation, relative humidity, rainfall, atmospheric pressure, extreme weather events (such as floods, storms, and landslides), environment (air pollution and water quality), and potential consequences from such events (i.e., population displacement, infrastructure and economic loss). In addition, the analytic capacity of the CCH technical unit will be strengthened through training and technical support from the WHO. Second, the technical units in environmental health and health information and statistics will jointly be able to integrate the climate data into DHIS2 to link the health outcomes for routine monitoring of the linkages between climate and health outcomes and to activate the climate-sensitive health outcome early-warning system. Third, the unit will implement and activate the early-warning system and a risk prediction function for both short- and long-term measures. This outcome enables evidence-based environmental health risk management in Lao PDR by equipping MoH with the technical capacity necessary for evidence generation and health risk prediction, therefore significantly contributing to the project's goal of building climate resilience. This outcome 1.3 will address the barriers related to lack of data and limited capacity.

Second (**Outcome 2.2**), the CCH technical unit will produce information on climate change-induced health impacts and health co-benefits from other sectors' climate change mitigation and adaptation activities. The evidence for linkages between climate change and health will be quantifiable and the outcomes predictable with the activated climate informed early warning system. This linkage will also produce quantifiable estimates of health co-benefits from other sectors' work which will expand the value of their efforts and lead to enhanced climate ambition and synergies between health and other sectors. This outcome will support the project's goal by building a knowledge sharing mechanism for both health and other sectors; enhancing the health sector's expertise; and the MoH

leading the promotion of health resilience building among all sectors related to climate change. This outcome 2.2 will address the barriers related to coordination and implementation and limited capacity.

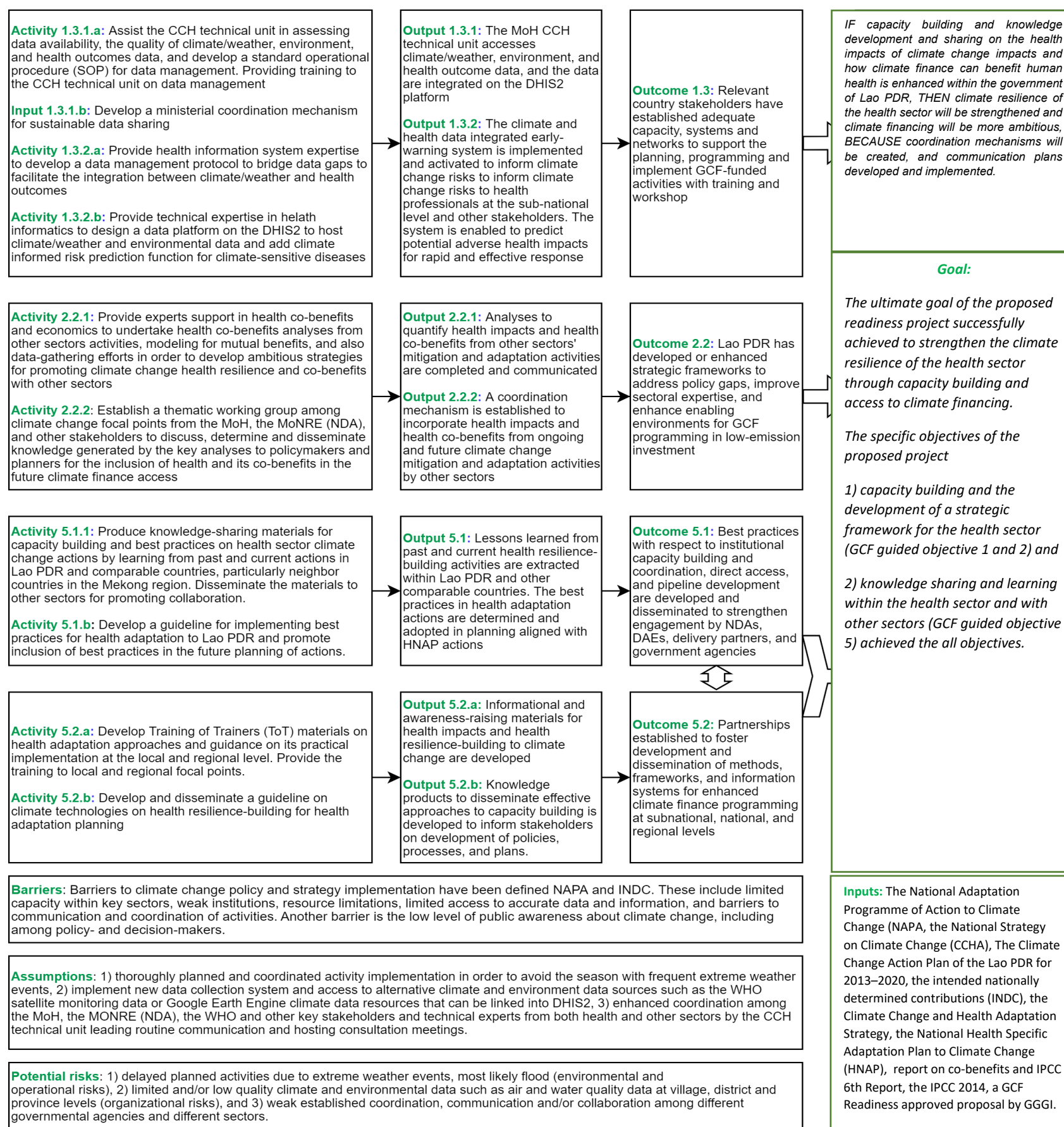
Third (**Outcome 5.1**), the CCH technical unit will be strengthened through knowledge gathering on the best practices in health systems adaptation. The WHO will provide technical support and training to the CCH technical unit by providing routine systematic info and reports on health-related climate change mitigation and adaptation activities globally, as part of an effort to extract the best practices to apply to building a climate resilient health system in Lao PDR. This outcome will support the project's goals by strengthening the implementation capacity of the MoH by identifying the best approaches to building health system resilience to climate change for Lao PDR. This outcome 5.1 will address barriers related to awareness raising and limited capacity.

Lastly (**Outcome 5.2**), the Readiness project will strengthen the capacity of the CCH technical unit by establishing partnerships with stakeholders within the health sector, from other sectors, and among other GCF Readiness support recipients and stakeholders, to foster collaborative development and facilitate the dissemination of knowledge produced from the above three outcomes (Outcome 1.3, 2.2, and 5.1). This will be accomplished through three outputs: 1) development of training materials for Training of Trainers (ToT) with technical and practical guidance on climate resilient health system building that will be disseminated to national, subnational and three regions (Central, Southern and Northern) in the country. 2) Training materials and guidance documents will be shared with other countries in Mekong sub-region and Western Pacific Region through focal points/or technical staff in environmental health, climate change and health in WHO country offices, and the Western Pacific Regional Office; and 3) development of guidelines on climate technologies related to health resilience building and dissemination of these to stakeholders, including other GCF Readiness recipients. This outcome will support the project's goal by establishing a strong partnership with health sector focal points at all levels by providing technical guidance through ToT and the introduction and promotion of technologies to develop health resilience. This outcome 5.2 will address barriers related to awareness raising and limited capacity.

The results of the proposed readiness project will strengthen the MoH's technical expertise and capacity and facilitate synergistic relationships with the existing climate change mitigation and adaptation projects in other sectors, consequently boosting the overall climate resilience framework in Lao PDR by strengthening the health sector and enhancing overall climate ambition.

The main assumptions to mitigate the risks and achieve the project goal are 1) thoroughly planned and coordinated activity implementation in order to avoid the season with frequent weather events, 2) implemented new data collection system and access to alternative climate and environmental data sources (such as the WHO satellite monitoring data or Google Earth Engine climate data resources) that can be linked into DHIS2, 3) enhanced coordination among the MoH, the MONRE (NDA), the WHO, and other key stakeholders and technical experts from both health and other sectors by the CCH technical unit leading routine communication and hosting consultation meetings.

Inputs from the main stakeholders include: The National Adaptation Programme of Action to Climate Change (NAPA), the National Strategy on Climate Change (CCHA), The Climate Change Action Plan of the Lao PDR for 2013–2020, the intended nationally determined contributions (INDC), the Climate Change and Health Adaptation Strategy, the National Health Specific Adaptation Plan to Climate Change (HNAP), report on co-benefits and IPCC 6th Report, the IPCC 2014, a GCF Readiness approved proposal by GGGI.



## 5. BUDGET, PROCUREMENT, IMPLEMENTATION AND DISBURSEMENT PLAN

### 5.1 Budget plan

Please complete the Budget Plan in Excel using the template available in the [Library](#) page of the GCF website.

### 5.2 Procurement plan

Please complete the Procurement Plan in Excel using the template available in the [Library](#) page of the GCF website. For goods, services, and consultancies to be procured, please list the items, descriptions in relation to the activities in section 2, estimated cost, procurement method, relevant threshold, and the estimated dates. Please include the procurement plan for at least the first tranche of disbursement requested below and provide a full procurement plan for the entire duration of the implementation period if available at this stage.

### 5.3 Implementation Plan

Please complete the Implementation Plan in Excel using the template available in the [Library](#) page of the GCF website.

### 5.4 Disbursement schedule

Please specify the proposed schedule for requesting disbursements from the GCF. For periodicity, specify whether it's quarterly, bi-annually or annually only.

Please choose one option among the two below and delete the one that does not apply to you. Please fill in information under brackets:

☐ **Readiness Proposal that falls within a Framework Agreement with the GCF**

Disbursements will be made in accordance to *[Clause xx] "Disbursement of Grants"* and *[Clause xx] "Use of Grant Proceeds by the Delivery Partner"* of the Framework Readiness and Preparatory Support Grant Agreement entered into between GCF and *[Delivery partner name]* on *Click or tap to enter a date**Click or tap to enter a date**Click or tap to enter a date**Click or tap to enter a date**Click or tap to enter a date**Click or tap to enter a date**Click or tap to enter a date*.

☒ **Readiness Proposal that requires a bilateral Grant Agreement**

- Please include an indicative disbursement table showing the expected amounts to be requested and keep to multiples of USD 5,000;
- The first disbursement amounting USD 70 000 will be transferred upon approval of the readiness request and effectiveness of the Grant Agreement;
- The second disbursement amounting USD 120 000 will be transferred upon submission of an interim progress report and a certified financial report, in form and substance acceptable to the Fund;

The third disbursement amounting USD 110 762 will be made upon submission of a completion report and certified financial report based on the Audited financial statement, in form and substance acceptable to the Fund;

Pursuant to the Financial Regulations and Financial Rules of the World Health Organization, the Organization's External Auditor is appointed by the World Health Assembly and reports to the Assembly on an annual basis. WHO's accounting policies apply the International Public Sector Accounting Standards to its accounting records and annual financial statements. WHO shall provide all financial statements as well as other financial reports and statements of expenditure related to the GCF Funds in the standard WHO formats. It is understood that all contributions to WHO are subject exclusively to its internal and external auditing procedures. The External Auditors' certification of accounts and audit report is made available to the World Health Assembly on an annual basis. The GCF may request a copy.



6. IMPLEMENTATION ARRANGEMENTS AND OTHER INFORMATION

6.1 Implementation arrangements

Please describe how implementation arrangements will be made and how funds will be managed by the NDA and/or the Delivery Partner.

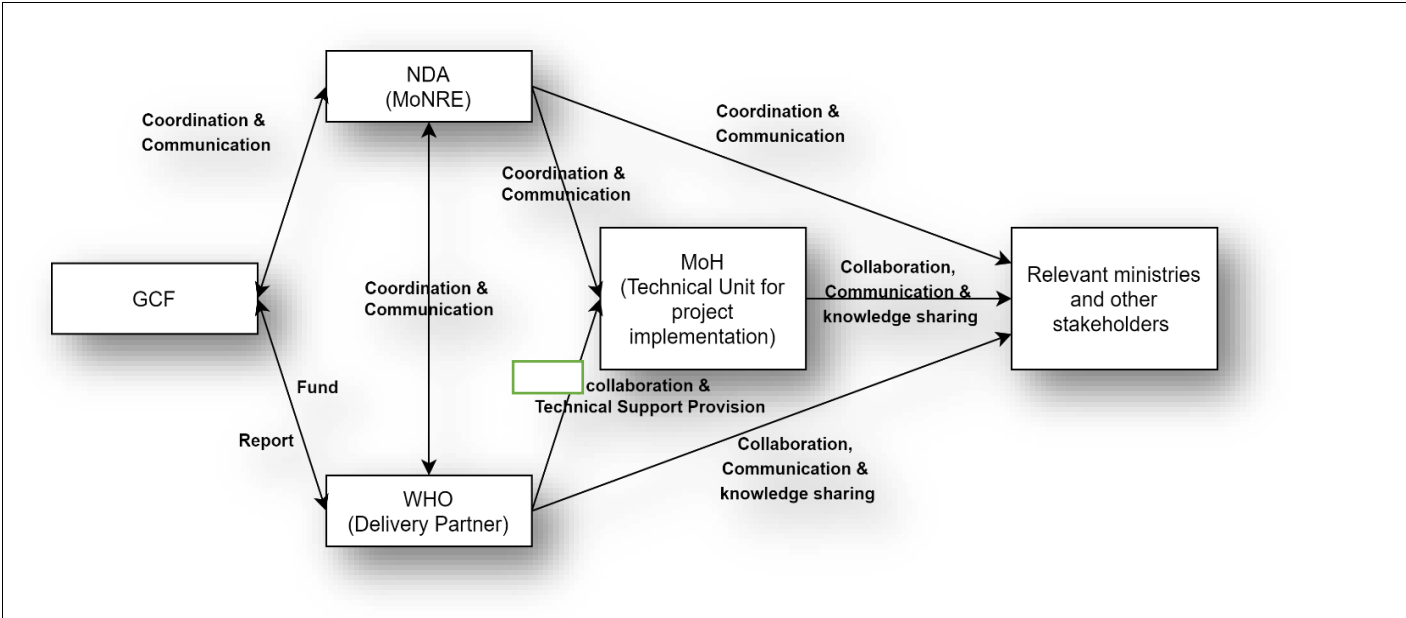


Diagram 1 - Implementation arrangements

The WHO will be the delivery partner for this readiness support through its Headquarters, Regional office and WHO Country Office of Lao PDR. The WHO will be responsible for implementation and supervision of the readiness activities, management of the funds from the GCF, procurement of goods and services, and reporting to the GCF, the NDA, and the MoH. Specifically, the WHO will carry out all the procurement activities under the proposal, in compliance with WHO procurement policies and procedures. The WHO will provide periodic reports to the NDA and GCF per the Bilateral Grant Agreement to be signed with GCF or its fiduciary agent. Periodic revision to reflect changes in six month and annual expense category budgets will be made, based on join monitoring and review with the NDA and GCF Secretariat if needed.

Direct Implementation is proposed for meeting packages (venue, catering), printing, translation, travel for attending international meeting, development of poster and educational material. Direct implementation requires WHO staff time for gathering quotations from at least three suppliers and make selection in according to bidding procedure, manages all implementation, and develops a report and keep all supporting financial documents (original bills, vouchers, receipts) for audit purpose for at least 5 years. WHO is in the addition performing random verification by reviewing all documents pertaining to certain Direct Implementation. Therefore, staff time and salary contribution for project manager is included in budget section.

The GCF and/or its agent UNOPS will be responsible for disbursement of funds to the WHO.

The NDA will be the liaison between the WHO, the MoH, the MoNRE, and the GCF. The NDA will also provide guidance based on collective feedback from relevant stakeholders to the WHO in the competitive hiring of consultants and the procurement of other services to deliver the planned activities. The NDA with support from the WHO and the MoH will oversee the monitoring and evaluation of the readiness support. Performance will be assessed according to targets, indicators and deliverables set out in the Logical Framework in this proposal. The MoH will create and supervise the CCH technical unit for project implementation with support from the WHO and the NDA. The technical unit’s role is to plan, design concept notes, agenda, identify participants and send an invitation letter to all participants of the workshops, and training funded by the readiness project.

The NDA and the MoH will coordinate the country’s engagement in this proposal, and will provide guidance for the delivery of activities nationally. The direct implementation will be carried out by the delivery partner, the implementation will be jointly planned, reported and cleared by the NDA and the MoH.

Key implementers of the project and beneficiaries are the Ministry of Health (MoH), Climate Change Department, Ministry of Natural Resources and Environment, (MONRE and the NDA), and relevant technical units of the health sector.

The Ministry of Health – Department of Hygiene and Health Promotion is responsible for coordinating the implementing unit (CCH technical unit) in the health sector in collaboration with the NDA, the Ministry of Natural Resources and Environment and supports

coordination with the environment and climate change departments and division and other relevant agencies who involved in the project.

The government of Lao PDR has identified WHO as its delivery partner for the GCF Readiness Support program. WHO will take responsibility for the execution of the proposed programme including fiduciary management.

WHO HQ will receive the funds and then disburse them to the WHO Country Office in Lao PDR for the implementation and management of the overall project. WHO Headquarter will delegate annual planning and budget utilization authority to the WHO Country Office, and provide financial and technical oversight and quality assurance.

WHO Western Pacific Regional Office (WPRO) health and environment unit provides technical support to the project by providing regional coordination, guidance support and inter-country or regional workshop/or training.

WHO country office (WHO Representative office for Lao PDR) will be responsible for making Direct Implementation for arranging training, workshop and coordination meetings and other relevant logistics. The project management, coordination and oversight of all activities, reporting and recruitment of the project staff, consultants, and arrangement of international travel for government staff attending conference, workshop and training will be made by WHO country office in Lao PDR. Service Specified Agreement (SSA) contract, recruitment of local staff in temporary project staff position will be made by WHO country office. ToRs are in the annex. Project manager (30 percent of salary contribution is included in the PMC) will be procured according to WHO's rules and procedures and works as project manager with support from international technical staff of the country office. The staff member has specifically detailed role and responsibilities in the project outcome.

6.2 Implementation and execution roles and responsibilities

Please briefly describe how the activities will be implemented and outputs delivered by project staff and consultants.

The project will be implemented by the WHO country office in partnership with the NDA in the Department of Climate Change (DCC), the MONRE and the DHHP, the MoH. The focal point is the Director-General of DCC, who is also the UNFCCC Focal Point.

WHO provides technical support to the government implementers in planning, reporting, jointly implementing planned activities with good quality, monitoring and capacity building. The delivery partner consolidates annual technical and financial reports on the implementation progress.

Key roles and responsibilities of main stakeholders:

- a) NDA – supports intersectoral collaboration. Facilitating communication and coordination between GCF and the Delivery Partner.
- b) MoH – Forms coordination committee and CCH technical unit. Managing daily function of the technical unit and supports staff and institutional capacity development. Strengthens intersectoral coordination and integration of climate, key environmental determinants such as water, air quality data and relevant health outcomes and promotes capacity-building efforts in data analysis for use in response actions.
- c) DHHP, MoH –plans training and workshops to strengthen national institutional capacity and provides long-term support for the sustainability of the project, such as the development of the technical unit, adding climate change and health function in job descriptions of technical staff that manages climate change and health programmes. Jointly implements institutional and staff capacity building activities with technical assistance, mentoring support from WHO and participates in the proposal development efforts.

A Lao national currently working at the MoH will be employed on an SSA contract. SSA contracts are suitable for government staff to keep their posts and provides staff development opportunities. These project staff with temporary SSA contract do not receive government salary during the grant term. After the project ends, the staff will continue to work for the technical unit and is able to manage the CCH programme at the technical unit, DHHP, MoH which ensures long-term sustainability. Continued capacity building and mentorship support for CCH program managers of the DHHP to be provided by technical officer in CCH in WHO (part-time) with leadership support from WHO country office and regional office.

The WHO regional coordinator in environmental health at the regional office will coordinate in the region by sharing relevant reports, best practices and other countries' experiences for learning and improvement. WHO regional coordinator, WHO Country Office's staff such as project assistant, driver and procurement staff salary and office/operational cost will be fully supported by the WHO and will be considered as co-funding support.

International and local consultants to be selected by open tender in accordance to WHO recruitment policy and procedures of short-term consultant selection. However, several positions will be filled by current international technical staff who possess highly technical skills, formal qualifications and extensive relevant experience working in specific technical areas in the country will provide high-level technical support to activities with a 5-10% time contribution costed to this project. All extra time spent on the project by these highly qualified staff will be part of WHO co-financing.

Current international technical staff who possess highly technical skills, formal qualifications and extensive relevant experience working in specific technical areas in the country will provide high-level technical support to activities with a 5-10% time contribution. There are several advantages for the project of utilising WHO staff with co-funding support: a) ToR requires highly technical people with proven skills and knowledge b) country office staff have been selected through the rigorous WHO recruitment process and have long-term contract ensuring in-country sustainability after the end of the project; c) there is potential coordination, and institutionalization by incorporating the produced knowledge, generated data and training materials into existing WHO programmes and plans and to capitalise on synergies between this readiness project and ongoing WHO supported program in Lao PDR; d) reduces the budget for travel of a short-term consultant and saves time for recruitment of short term consultant e) reduces the budget spent on consultancy fee by providing salary contribution to current staff of WHO while utilizing their capacity for 18 months and f) reduces risks related to delayed implementation during evolving situation of COVID-19 pandemic such as travel restrictions, lockdown and quarantine requirements for short-term consultants.

Required consultants and project management staff and their required qualifications, main roles, responsibilities, daily or monthly rates, duration of consultancy work and tasks/deliverables have been summarized in the table below:

Local or international	Duties and responsibilities (leading or supporting)	Required qualification	Daily or monthly rate/consultancy time	Deliverables
Local consultants, individual	Climate Change and Health Specialist Supporting	Experience in managing data relating to climate or health information  Experience in developing training, communication audio and video materials  Good communication,	200@80 days	1A for 1.3.1  2B Inputs for 1.3.2.a and 1.3.2.b.  3B Input 2.2.1.
	Climate Change and Health Specialist	Good Lao language, translation, editing skills	200@80 days  200@30 days	4B Input 2.2.2. 5B input 5.1.1. and 5.1.2.  6B Input 5.2.1.
International consultants, individual*	<b>a) Climate change and Health Informatics Specialist:</b>  Climate Change and Health informatics Specialist (WHO staff – approximately 5-10% of staff time to manage data/DHIS2)  Leading	Health Information and Data Management Specialist - Individual with highly technical skill, knowledge and experiences in CCH data management, use of DHIS2 system and capacity building in developing country	\$20 000 US per 6 months	1A Input 1.3.1.a
	Early Warning System Specialist, individual (WHO staff – approximately 5-10% of staff time to manage data/DHIS2)  Supporting	Health Information, Data Management specialist – Individual with highly technical skills, knowledge and experiences in health information and data management including Climate Sensitive Disease Surveillance and Monitoring developing early warning response system	\$20 000 US per 6 months	2A Inputs 1.3.2.a and 1.3.2.b.
	<b>b) Climate change and Health Specialist</b>  Health Co-benefits Specialist individual,  Supporting	CCH and health impact assessment expert with experience in assessing health co-benefits	\$32 000 per 3 , months	3B Input 2.2.1. 4A Input 2.2.3. 5A Inputs 5.1.1 and 5.1.2.
	Climate Change and Health Specialist (WHO staff - approximately 5-10% of staff time to provide technical inputs).	CCH expert with experience in assessing and developing climate change and health adaptation capacity building and training program, tools, guidance materials and a case study/best practice and implementing and making evaluation of training and communication materials	\$28 000 US per 6 months	5.2.1. 5.2.2.
	Climate Change and Health Specialist individual,  Supporting		\$12 000US per 6 months	6A Input 5.1.1 7A 5.2.2
Administrative and	Project manager (PMC)	Project management staff with good management and coordination experiences	1000@18month	8A Input

management support (funded by PMC)	Leading	and good knowledge on WHO policy, guidance in managing project.		
		Overall implementation and management of the project including daily operational management and implementation of the planned activities, oversight of consultants and quality assurance of deliverables.  Project Manager's cost that to be recovered under DPs fee		

\*Note: Depending on COVID – 19 pandemic situation, travel restriction and consultant’s availability and capacity in the country, international consultants work are bundled under a and b groups, as their duties and responsibilities, required qualifications and daily rates are the same.

6.3 Risks and mitigation measures

Please include a set of identified risks and mitigation actions for each. Please utilize the risk table below that identifies the probability of a given risk occurring and the entity that will manage the risk. Please refer to Part III Section 6.3 of the Readiness Guidebook for further information on how to complete this section.

The potential risks are, 1) delayed planned activities due to extreme weather events, most likely flood (environmental and operational risks), 2) limited and/or low-quality climate and environmental data such as air and water quality data at the village, district, and province levels (organizational risks), and 3) weak established coordination, communication, and/or collaboration among different government agencies and different sectors.

Specific risk(s) / Risk(s) description	Probabi lity	Impact level	Mitigation action(s)	Entity(ies) responsibl e to manage the risk(s)
Planned activities such as travel plan may delay due to COVID-19, climate/weather related events, particularly floods	High	Medium	Virtual communications will be the main method to conduct the proposed activities. Required travels will be planned during the season with low extreme weather events Some flexible arrangement is proposed for short term consultant support (see TORs in the proposal), as there are some challenges to bring a short-term consultant in the country for one or two months (travel restriction, requirement for 14-day quarantine, high travel cost) during COVID-19 pandemic. Therefore, flexible arrangement will be explored such as consider to recruit one consultant for longer-term (more than two months) by combining several ToRs, or virtual support and others options.	DHHP/MoH
High turnover rate of key personnel and collaboration among the different departments and sectors	Medium	Low	Exchange information to ensure proper coordination during stakeholder meeting.	DHHP/MoH
Potential risks and vulnerabilities related to prohibited practices, money laundering or terrorist financing.	Low	High	The project will be implemented in accordance with UN regulations, rules and policies including the Anti-Fraud and Anti-Corruption Framework of the United Nations Secretariat. The financial management and procurement in project will be guided by UN Financial Regulations, Rules and practices, as well as WHO's operations manual.	WHO country office



WHO developed and follows the Fraud and Prevention Policy and Fraud Awareness Guidelines. These guidelines apply to any fraud<sup>18</sup>, (actual, suspected or attempted) involving staff members as well as consultants, contractors, outside agencies doing business with WHO, and/or other parties with a business relationship with WHO as part of this project<sup>19</sup>.

WHO is committed to complying with UN Security Council sanctions, including with respect to anti-terrorism. In order to give effect to this, WHO screens its vendors against the relevant sanctions lists published by the UN Security Council. In addition, as part of its Due Diligence procedures, companies must complete Self Declaration Forms that declare they are act free from “fraud, corruption, involvement in a criminal organization, money laundering, terrorist-related offences, child labour, human trafficking or any other illegal activity”.

#### 6.4 Monitoring

Project monitoring and evaluation will be conducted in accordance with established GCF procedures and will be provided by the project reporting and coordination committee with support from WHO. The Logical Framework provides performance and impact indicators for project implementation, along with their corresponding means of verification. These will form the basis on which the project's Monitoring and Evaluation system will be built. The following sections outline the principle components of the Monitoring and Evaluation Plan and indicative cost estimates related to M&E activities. The project's Monitoring and Evaluation Plan will be presented during the Inception meeting following a collective fine-tuning of indicators, means of verification, and the full definition of project staff's M&E responsibilities.

**Inception workshop:** Late -2021, a national inception workshop will be conducted to discuss and review the detailed action plans, timelines and resources. **Quarterly:** Implementation of the proposed activities will be monitored quarterly by implementers using the annual work plan and its output indicators. **Annually:** Annual work plan and report will be consolidated and finalized by DHHP, MoH with support from WHO country office in Lao PDR in consultation with the NDA. Annual reports will measure the progress of output and outcome indicators. **Mid-term of project cycle:** Mid-term review meeting will be organized in the country with the participation of all implementers and beneficiaries. Best experiences in building capacity will be shared with other departments and sectors for learning and further expansion. Mid-term review report will be written by the delivery partner in collaboration with the secretariat of the coordination committee and NDA and to be submitted to the NDA. **End of Project:** Evaluation and final review meeting will begin 3 months prior to the project end. All stakeholders, including the coordination committee, secretariat, relevant technical units, national centers in health and some key stakeholders of environment, water and other sectors, will be invited to the final review meeting. Project implementers will give presentations on implemented activities, results, and achieved outputs and outcomes against indicators. The final technical report will be developed by the delivery partner in collaboration with the secretariat of the coordination committee and NDA and submitted to the NDA for GCF submission. The developed training, technical guidance, communication and advocacy materials for sustainable capacity building in the long-term to be submitted to NDA. **Learning and knowledge sharing:** The project proposal developed for further climate finance with support from Readiness fund will be presented during the informal and formal meetings for health and non-health sectors working on climate change adaptation and mitigation projects. During the project implementation period, the delivery partner in consultation with NDA and MOH will identify, analyze, and share lessons learned that might be beneficial in the design and implementation of future projects.

<sup>18</sup> The Fraud and Prevention Policy and Fraud Awareness Guidelines ([https://www.who.int/about/ethics/code\\_of\\_ethics\\_full\\_version.pdf?ua=1](https://www.who.int/about/ethics/code_of_ethics_full_version.pdf?ua=1)) defines fraud as the “misappropriation, irregularities and illegal acts characterized by deceit, concealment or violation of trust”, providing also a list of examples.

<sup>19</sup> Whilst the Director-General has overall responsibility for fraud prevention, and the actions taken when fraud occurs, he is assisted in this by the Comptroller, Director Human Resources Services, Legal Counsel and Director Internal Oversight Services (IOS) who have a collective role to implement the fraud prevention policy. As part of its audit procedures, IOS routinely considers fraud risk and identifies areas of inappropriate segregation of duties and recommends actions for improvement. Any fraud (confirmed, attempted or suspected), loss of cash, or loss of property either belonging to the Organization or for which it has custody, when first identified, will be reported, investigated and handled for disposition in accordance with the appropriate Manual provisions. The Fraud and Prevention Policy outlines the procedure for the reporting and follow up of fraud or presumptive fraud, including risk assessment, preventive measures and contingency measures.

### Monitoring and Evaluation Work Plan

The project activity will be implemented by implementing agencies of the government, as part of their regular function, according to their mandate and obligation. Therefore, the stakeholder engagement plan and their roles were developed based on the stakeholder's current roles and responsibilities. Capacity-building activities will target technical unit, institution and staff who has been doing relevant work and need to improve their capacity, therefore planned activities should not be additional work for the government, instead should be part of their daily job.

Type of M&E activity	Responsible Parties	Budget USD	Time frame
Inception Workshop	<ul style="list-style-type: none"> <li>DHHP, MOH/secretariat of the coordination committee</li> <li>NDA</li> <li>Delivery Partner - WHO</li> </ul>	2000	Within the first two months after the project steering committee has been established
Inception Report	<ul style="list-style-type: none"> <li>Secretariat of the coordination committee/DHHP, MOH</li> <li>Delivery partner – WHO</li> </ul>	500	Immediately following the inception workshop (IW)
Project Implementation Report	<ul style="list-style-type: none"> <li>Project implementers</li> <li>Secretariat of the coordination committee/DHHP, MOH</li> <li>Delivery partner - WHO</li> </ul>	500	Annually
Technical Progress Report	<ul style="list-style-type: none"> <li>Project implementers</li> <li>Secretariat of the coordination committee/DHHP, MOH</li> <li>Delivery Partner - WHO in collaboration with NDA</li> </ul>	500	Every year
Final review meeting	<ul style="list-style-type: none"> <li>Project reporting and coordination committee members</li> <li>External technical support from WHO</li> <li>Stakeholders final review meeting</li> </ul>	2 000	At the end of project implementation
Final Report	<ul style="list-style-type: none"> <li>Secretariat of the coordination committee/DHHP, MOH</li> <li>WHO</li> </ul>	500	At least one month before the end of the project
	<ul style="list-style-type: none"> <li></li> </ul>		
<b>TOTAL indicative COST</b>		6 000	<b>(included under budget summary)</b>

### 6.5 Other Relevant Information

The project will conduct capacity building and lessons-sharing activities with the relevant stakeholders and beneficiaries, which will aim to ensure technical sustainability, building knowledge capacity and strengthen the capacity of the MoH and other relevant sectors in developing future viable project proposals. The project management committee will be established within three months after the project completion to ensure close monitoring and respond to inquiries from post-project sites. The project will also identify focal points from the beneficiaries by providing regular training activities, in particular, targeting the local health staff and community representative/health volunteer in the climate change high-risk communities, enabling them to raise their own awareness on climate risks. Moreover, by strengthening capacity of the MoH through the proposed activities, it is expected that the MoH increases accessing climate change funds for the state budget, grants, and concessional loans to ensure financial sustainability in order to mobilize more state funds, climate foundation, and private capital in climate financing.

Specifically, the sustainability of the proposed activities will be achieved through:

- Enhancing capacity of the technical unit and core staff capacity can sustain the CCH program management beyond this readiness support without additional funding for training;
- Integrating climate/weather and health outcome data and implementing prediction function of future outbreaks using the DHIS2 web-based database continue data and knowledge sharing with stakeholders without additional funding;
- Inclusion into budgetary allocations to establish continuous improvement and training;
- Institutionalizing knowledge through development and maintenance of best practice learning detailed in guidelines and operational procedures;

- Embedding and maintaining automated collection of comprehensive health outcome information, correlating climatic data to bench marks and institutional metrics;
- Building of multi-sectoral teams, to allow climate-change adaptation to be integrated into planning in a wide range of sectors;
- Mainstreaming within the health community the connections of climate change and health within healthcare provider training and community awareness training programmes will support long term sustainability;
- Creation of standing ministerial Thematic Working Group will have sufficient capacity to advocate and focus cross sector coordination that will enhance the health-specific component of the national climate change actions;
- Commitment to continuous monitoring and regular evaluation of interventions over time; and
- By enhanced capacity of the CCH technical unit through the proposed project, assessing future climate financing by the CCH technical unit enables the long-term sustainable funding support in upscaling/upgrading basic adaptive capacity.

Project resources will be used to systematically capture, analyze and disseminate experience and best practices, from early stages of engagement and policy-related work. Consequently, the investments in this project will help scale up this nationwide approach for regional benefits

The project builds on developing or further developing a policy and institutional framework for building health resilience to climate change. There is strong commitment from Governments to integrate health management policies and capacities to effectively adapt to climate change across cross-sectoral programmes. The project strategy and outputs will have long term impacts – for instance, through the integration of climate change adaptation into national and local health planning and governance practices, including sharing of climate data to support integrated health care approaches. Focus on enhancing the capacity of early warning systems will all make major contributions towards enduring impacts that extend well beyond the project lifetime. Furthermore, the project aims to raise awareness around and build capacity in mainstreaming across sector and government agencies, particularly at the local levels. For example, implementation of the early warning system will be developed by the project and the related lessons learned will be adopted and applied to future phases of health care adaptation to climate change. Guidelines will be developed and shared other stakeholders to better understand and institutionalize the approaches used.

To avoid any possible conflicts of interest deriving from the Delivery Partner's role, the prioritization of investments and projects in the context of this readiness grant will be made through a broad consultation process with relevant stakeholders, including other potential implementing entities for Lao PDR. The final validation of these priorities will be carried out through the countries' own appropriate coordination mechanism and institutional arrangements, with the participation of other government agencies, as well as representatives from civil society and private sector as the NDA deems relevant, to ensure chosen priorities are fully aligned with national plans and strategies and adequately includes inputs from consulted stakeholders.

All reports, products, processes, documents, and other materials generated during the implementation of this project using GCF resources shall be with the NDA to be freely shared for all stakeholders and the means to update and manage these intellectual assets beyond the project life.

#### **UNSC restrictive measures in force within the target county**

Currently, no UNSC restrictive measures are in force within Lao PDR.

#### **Mechanisms for whistle-blower protection**

WHO Integrity Hotline provides a safe and independent mechanism to report any concerns about issues involving WHO, including allegations of possible wrongdoing in projects/activities. It is managed by a professional company selected competitively by WHO, and is contractually bound not to share an individual's personal details with WHO without permission from that individual and accepts anonymous reports.

Furthermore, WHO also has a Whistleblowing and protection against retaliation policy, with investigations of allegations of retaliation against whistleblowers conducted by the Office of Internal Oversight Services. This Office routinely considers fraud risk, identifies areas of inappropriate segregation of duties and recommends actions for improvement.

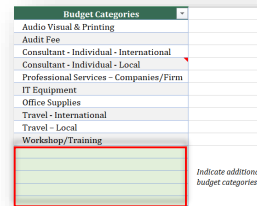
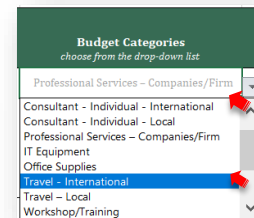


# Readiness and Preparatory Support Budget and Procurement Plan

## Readiness Grant Budget Preparation Guidelines

The following considerations are important when completing the budget:

1. Before preparing the Readiness and PPF budget, please read the full guidance on our website (<https://www.greenclimate.fund/how-we-work/empowering-countries>).
2. You can select the appropriate budget categories from the dropdown list in the budget plan:
3. To insert additional rows, right click on the row number below where you wish to insert the new row and choose INSERT.
4. Additional budget categories may be added by manually typing them on the Budget Category sheet. :

### Project Management Cost:

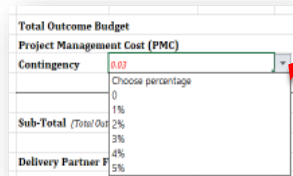
Project management costs (PMC) are the direct administrative costs incurred to execute a project. They should cover only incremental costs incurred due to the GCF contribution. In most cases, these costs are directly related to the support of a dedicated project management unit (PMU) which manages the day to day execution related activities of the project.

#### General Principles for PMC costs:

1. The percentage of PMC financed by GCF should not be more than the percentage share of the overall budget financed by GCF
2. PMC budget thresholds: Up to 7.5 per cent of total activity budget.
  - > PMC exceeding 7.5 per cent for the readiness (including NAPs) proposals, and PPF proposals, up to \$ 3 million will require detailed documentation and justification supporting the entire PMC budget.
  - > The PMC should be shown as a separate component in the project budget. A detailed breakdown of PMC should be provided by budget category.
  - > Indicative list of eligible project management costs:
    - > **Project staffing and consultants:** Project manager, Project Assistant, Procurement personnel, Finance personnel & Support/admin. Personnel
    - > **Other direct costs:** Office equipment, Mission related travel cost of the PMU, Project management systems and information technology, Office supplies, Audit cost

### Contingency :

1. Select the appropriate % of Contingency Budget from the dropdown list :



2. Contingency budget for unforeseen costs arising during the project implementation should not be included in the outcome budget separately.
3. Contingency budget must be used for any unforeseen programme (output level) cost that is unrelated to implementation/service fee.
4. Any use of contingency must be reported to and agreed by the GCF Secretariat in writing in advance provided with justifications that are acceptable to the GCF
5. If you get to the end of the project and you haven't spent Contingency, you can't increase the scope of the project or buy some more equipment to use it up.
6. The Budget Notes sheet should be used to record explanations, further details or cost breakdowns for individual lines





Budget Categories
Audio Visual & Printing
Audit Fee
Consultant - Individual - International
Consultant - Individual - Local
Professional Services – Companies/Firm
IT Equipment
Office Supplies
Travel - International
Travel – Local
Workshop/Training
Other direct cost
Project Manager - individual
WHO staff

*Indicate additional  
budget categories*

5.1 Budget Plan

Please add rows for Outcomes, Outputs and Cost Categories as required. Additional budget categories may be added by manually typing them on the Budget Category sheet.

Detailed Budget (in US\$)							Disbursement Plan			
Outcomes	Budget Categories <small>choose from the drop-down list</small>	Unit	# of Unit	Unit Cost	Total Budget <small>(per budget category)</small>	Total Budget <small>(per sub-outcome)</small>	Total Budget <small>(per outcome)</small>	6m	12m	18m
<b>Outcome 1.3:</b> Relevant country stakeholders have established adequate capacity, systems, and networks to support the planning, programming, and implement GCF-funded activities with training and workshop.	<b>Sub-outcome 1.3.1</b> The MoH CCH technical unit accesses climate/weather, environment, and health outcome data, and the data are integrated on the DHIS2 platform.	WHO staff	person	1		20,000.00	93,900.00	20,000.00		
		Consultant - Individual - Local	day	40	200.00	8,000.00		8,000.00	-	
		Workshop/Training	person	60	100.00	6,000.00		6,000.00	-	
		Workshop/Training	person	60	100.00	6,000.00			6,000.00	
		Travel - International	trip	3	2,500.00	7,500.00			7,500.00	
		Audio Visual & Printing	Lumpsum	2	500.00	1,000.00		500.00	500.00	
		Office Supplies	Lumpsum	1	200.00	200.00				200.00
		IT Equipment	Laptop	1	1,500.00	1,500.00		1,500.00		
	<b>Sub-outcome 1.3.2</b> The climate and health data integrated early-warning system is implemented and activated to inform climate change risks to health professionals at the sub-national level and other stakeholders. The system is enabled to predict potential adverse health impacts for rapid and effective response.	WHO staff	person	1		20,000.00			20,000.00	
		Consultant - Individual - Local	day	40	200.00	8,000.00			8,000.00	
		Workshop/Training	person	50	100.00	5,000.00			5,000.00	
		Workshop/Training	person	50	100.00	5,000.00			5,000.00	
		Travel – Local	day	10	500.00	5,000.00			5,000.00	
		Office Supplies	Lumpsum	1	200.00	200.00				200.00
		Audio Visual & Printing	Lumpsum	1	500.00	500.00			500.00	
<b>Outcome 2.2:</b> Lao PDR has developed or enhanced strategic frameworks to address policy gaps, improve sectoral expertise, and enhance enabling environments for GCF programming in low-emission investment.	<b>Sub-outcome 2.2.1:</b> Analyses to quantify health impact and health co-benefits from other sectors' mitigation and adaptation activities are completed and communicated.	Consultant - Individual - International	day	40	400.00	16,000.00	62,900.00	16,000.00		
		Consultant - Individual - Local	day	40	200.00	8,000.00		8,000.00		
		Workshop/Training	person	20	100.00	2,000.00		2,000.00		
		Audio Visual & Printing	Lumpsum	1	500.00	500.00		500.00		
		Office Supplies	Lumpsum	1	200.00	200.00				200.00
		Travel - International	day	3	2,500.00	7,500.00		7,500.00		
	Consultant - Individual - International	day	40	400.00	16,000.00				16,000.00	

	Sub-outcome 2.2.2: A coordination mechanism is established to incorporate health impacts and co-benefits from ongoing and future climate change mitigation and adaptation activities by other sectors.	Consultant - Individual - Local	day	40	200.00	8,000.00	28,700.00			8,000.00			
		Workshop/Training	person	40	100.00	4,000.00				4,000.00			
		Office Supplies	Lumpsum	1	200.00	200.00					200.00		
		Audio Visual & Printing	Lumpsum	1	500.00	500.00				500.00			
Outcome 5.1: Best practices with respect to institutional capacity building and coordination, direct access, and pipeline development are developed and disseminated to strengthen engagement by NDAs, DAEs, delivery partners, and government agencies	Sub-outcome 5.1: Lessons learned from past and current health resilience-building activities are extracted within Lao PDR and other comparable countries. The best practices in health adaptation actions are determined and adopted in planning aligned with HNAP actions.	WHO staff	person	1		16,000.00	24,200.00	24,200.00		16,000.00			
		Consultant - Individual - Local	day	40	200.00	8,000.00				8,000.00			
		Office Supplies	Lumpsum	1	200.00	200.00					200.00		
Outcome 5.2: Partnerships established to foster development and dissemination of methods, frameworks, and information systems for enhanced climate finance programming at subnational, national, and regional levels	Output 5.2.1: Informational and awareness-raising materials for health impacts and health resilience-building to climate change are developed.	WHO staff	person	1		12,000.00	46,200.00	65,400.00			12,000.00		
		Consultant - Individual - Local	day	30	200.00	6,000.00					6,000.00		
		Workshop/Training	person	60	100.00	6,000.00					6,000.00		
		Audio Visual & Printing	Lumpsum	1	7,000.00	7,000.00					7,000.00		
		Office Supplies	Lumpsum	1	200.00	200.00					200.00		
		Professional Services – Companies/Firm	video	1	10,000.00	10,000.00					10,000.00		
		Travel – Local	day	10	500.00	5,000.00					5,000.00		
	Output 5.2.2: Knowledge products to disseminate effective approaches to capacity building is developed to inform key stakeholders on development of policies, processes, and plans.	WHO staff	person	1		12,000.00	19,200.00				12,000.00		
		Travel – Local	day	30	200.00	6,000.00					6,000.00		
		Office Supplies	Lumpsum	1	200.00	200.00					200.00		
		Audio Visual & Printing	Lumpsum	1	1,000.00	1,000.00					1,000.00		
	Total Outcome Budget								246,400.00	70,000.00	110,000.00	66,400.00	
	Project Management Cost (PMC) Up to 7.5% of Total Activity Budget		Project Manager - individual	month	18	1,000.00	18,000.00		Actual amount and % of PMC requested: do not change the formula	Maximum PMC that can be requested: do not change the formula	Budget note: * indicates The funds for all		
Other direct cost			Lumpsum	1	480.00	480.00							
						-							
						-							

Budget note: \* indicates The funds for all w

FOR GREEN CLIMATE FUND SECRETARIAT’S USE ONLY

Breakdown (per budget category)	Total (per budget category)
Audio Visual & Printing	10,500.00
Audit Fee	-
Consultant - Individual - International	32,000.00
Consultant - Individual - Local	46,000.00

FOR GREEN CLIMATE FUND SECRETARIAT’S USE ONLY

<b>Total Outcome Budget</b>	<b>\$ 246,400.00</b>
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Professional Services – Companies/Firm	10,000.00
IT Equipment	1,500.00
Office Supplies	1,400.00
Travel - International	15,000.00
Travel – Local	16,000.00
Workshop/Training	34,000.00
Other direct cost	480.00
Project Manager - individual	18,000.00
WHO staff	80,000.00
<b>Total Outcome Budget + PMC</b>	<b>264,880.00</b>

0

Project Management Cost (PMC)	7.50%	\$	18,480.00
Contingency	5%	\$	12,320.00
<hr/>			
Sub-Total (Total Outcome Budget + Contingency + PMC)		\$	277,200.00
Delivery Partner Fee (DP) - Up to 8.5% of the Sub-Total		\$	23,562.00
<hr/>			
<hr/>			
Total Project Budget (Total Activity Budget + Contingency + PMC + DP)		\$	300,762.00

	Detailed Description
1A	One WHO international staff (Climate change and health informatics specialist) with 5-10% time contribution costed (\$20 000) for input 1.3.1.a. develop a technical protocol to integrate climate/weather and environment data into DHIS2 to integrate health outcome data. Extra time spend on the project by those highly qualified staff will be part of WHO co-financing.
1B	One local consultant (Climate change and health specialist) for 40 days @ \$200 for input 1.3.1.a and 1.3.1.b. Writing and translating a report includes procedures and results of pilot testing of climate informed early warning system with limitations and recommendations for improvement.
1C	Catering and logistic costs for 25 persons, 2 days @ \$100 for input 1.3.1.a. one workshop and individual follow-up training and develop a ministerial coordination mechanism between the MoH and the MoNRE for sustainable data sharing, leading by the MoH,
1D	Catering and logistic costs for 30 persons, 2 days @ \$100 for input 1.3.1.b. Training for CCH technical unit for data access and follow-up actions/training to develop a ministerial coordination mechanism between the MoH and the MoNRE for sustainable data sharing, leading by the MoH.
1E	Travel cost for three government staff travel at \$2500 travel cost covering accomodation @ person for input 1.3.1.a to attend the training workshop on climate change and health and meteorology data management and early warning system.a and input 1.3.1.b. for climate-informed risk prediction and risk-mapping for climate-sensitive diseases training, leading by WHO.
1F	Audio visual and printing costs (totaling \$500) for input 1.3.1.a for conducting one workshop to develop a ministerial coordination mechanism between the MoH and the MoNRE for sustainable data sharing, leading by the MoH
1G	Stationary, paper and folders, etc (totaling \$200) for input 1.3.1.a. to conduct the workshop to integrate climate/weather and environment data into DHIS2 to integrate health outcome data and input 1.3.1.b.training for climate informed risk prediction and risk-mapping for health sector staff
1H	Cost of one laptop to support local consultant for input 1.3.1.a and 1.3.1.b. for a local staff to provide translation and facilitation support to international consultants to develop a protocol to integrate climate/weather and environment data into DHIS2 to integrate health outcome data and input 1.3.2.b: writing a report includes procedures and results of pilot testing, and full activation of the climate-informed early-warning system for climate-sensitive diseases and preparing and printing training materials
2A	One WHO international staff (Early warning system specialist) with 5-10% time contribution costed (\$20 000) for input 1.3.2.b. Provide technical expertise in health informatics to design a data platform on the DHIS2 to host climate/weather and environmental data and add climate-informed risk prediction function for climate-sensitive diseases, leading by WHO. Extra time spend on the project by those highly qualified staff will be part of WHO co-financing.
2B	One local consultant (climate change and health specialist) for 40 days @ \$200 for input 1.3.2.b.: Provide translation and assistance in writing report that includes procedures and results of pilot testing, and full activation of the climate-informed early-warning system for climate-sensitive diseases as well as indicated limitations and recommendations for improvement.
2C	Catering and logistic costs for two day training workshop on pilot testing for 25 persons, 2 days @ \$100USD for input 1.3.2.b. climate-informed early warning system for climate sensitive diseases
2D	Catering and logistic costs for two day workshop on consultation of climate informed risk prediction system, pilot testing and recommendations for improvement for 25 persons, 2 days @ \$100USD for input 1.3.2.b. A report includes procedures and results of pilot testing, and full activation of the climate-informed early-warning system for climate-sensitive diseases as well as indicated limitations and recommendations for improvement.
2E	Travel cost for incountry duty travel for 10 government staff and project manager to visit local hospitals in three regions (10 person @ \$500) for inputs 1.3.2.b. to consult with subnational stakeholders and develop recommendations for full activation of the climate informed early warning system for climate sensitive diseases in consultation with health professionals at the sub-national level and other stakeholders.
2F	Office supplies including paper, pens, folders, etc (totaling \$200) for input for 1.3.2.b. on climate-informed early warning system for climate sensitive diseases
2G	Audio visual and printing costs (totaling \$500) to develop workshop and training materials or input for 1.3.2.b.climate informed early warning system for climate sensitive diseases
3A	One international consultant (health co-benefits specialist) for 40 days @ \$400 for input 2.2.1.to undertake health co-benefits analyses and develop communication plan for sharing results of the co-benefit analysis with other ministries and stakeholders
3B	One local consultant (climate change and health specialist) for 40 days @ \$200 for input 2.2.1.to provide translation, data collection and other support to undertake health co-benefits analyses
3C	Catering and logistic costs for 20 persons, one day @ \$100 for input 2.2.1.to conduct one day workshop to share health impacts and to promote its co-benefits to other ministries and stakeholders including private sectors,



3D	Audio visual and printing costs (totaling \$500) to develop workshop and training materials for input 2.2.1. to promote its co-benefit to other ministries and stakeholders
3E	Office supplies including paper, pens, folders, etc (totaling \$200) for input 2.2.1. to co-benefit analysis and dissemination of the results
3F	Travel cost for three government staff to attend an international meeting/training on climate change and health co-benefits for input 2.2.1. to promote co-benefits to other stakeholders
4A	One international consultant (health co-benefits specialist) for 40 days @ \$400 for input 2.2.2. to develop communication materials, a report on the inception and follow up meetings including, a ToR/concept note/agenda of the follow up meeting, a workplan and the minutes of the meetings.
4B	One local consultant (climate change and health specialist) for 40 days @ \$200 for input 2.2.2. to arrange an inception, and to translate a written communication material on health and climate change and organize dissemination meeting to share the communication materials
4C	Catering and logistic costs for one day workshop to share health impacts and to promote its co-benefits to other ministries and stakeholders including private sectors, 40 persons, one day @ \$100 for input 2.2.2.DFC for MoH
4D	Office supplies including paper, pens, folders, etc (totaling \$200) for input 2.2.2. support a thematic working group meeting to discuss communication plan
4E	Audio visual and printing costs (totaling \$500) to develop workshop and training materials for input 2.2.2. development of written communication materials
5A	One WHO international staff (Climate change and health specialist) with 5-10% time contribution costed (\$16 000US) for input 5.1.1. develop a communication strategy and action plan of a systematic review of climate change actions in Lao PDR and other comparable countries and a workshop with climate change focal points from other ministries and private sector to disseminate the report, collect feedback, and promote collaboration. Extra time spend on the project by those highly qualified staff will be part of WHO co-financing.
5B	One local consultant (climate change and health specialist) for 40 days @ \$200 for input 5.1.1. for development of the communication strategy and action plans and translation, editing support and 5.1.2. disseminate the materials to other sectors for promoting collaboration, leading by the MoH and WHO.
5C	Office supplies including paper, pens, folders, etc (totaling \$200) for input 5.1.1. and 5.1.2.
6A	One WHO international staff (Climate change and health specialist) with 5-10% time contribution costed (\$12 000 US) for input 5.2.1.Develop a guideline for implementing the best practices for health adaptation to Lao PDR and promote inclusion of the best practices in the future planning of actions, targeting local, sub-national and national stakeholders including healthcare providers and water safety and waste management managers, leading by the MoH and WHO.5.2.2 Develop Training of Trainers (ToT) materials and guidance on climate change adaptation planning Extra time spend on the project by those highly qualified staff will be part of WHO co-financing
6B	One local consultant (SSA) for 30 days @ \$200 for input 5.2.1.translate, edit and train subnational health staff in Central, Northern and southern regions (train 20 trainees in each training) and write the report.
6C	Catering and logistic costs for two day training for the Training of Trainers on climate change health adaptation approaches providing to local and regional focal points for input 5.2.1.
6D	Audio visual and printing costs (totaling \$10000) to develop and disseminate nationally informational and awareness-raising materials for input 5.2.1.
6E	Office supplies including paper, pens, folders, etc (totaling \$200) for input 5.2.1. support for trainers to facilitate training
6F	Cost for graphic design and video production firm to produce informational and awareness-raising materials for 1 video for input 5.2.1.for the Training of Trainers (ToT) on climate change health adaptation
6G	Travel cost for in-country duty travel for government staff and project manager to provide training for inputs 5.2.1. ToT on climate change health adaptation
7A	One WHO international staff (Climate change and health specialist ) with 5-10% time contribution costed (\$16 000) for input 5.2.2. develop a guideline introducing and promoting the best climate technologies for Lao PDR's health adaptation planning. To develop report with recommendations for the Ministry of Health for sustainability of the trained staff/focal points to adapt and implement the health resilience-building actions in national and subnational health institutions, and established partnerships with local and regional stakeholders for overall health resilience building and strengthened capacity. Extra time spend on the project by those highly qualified staff will be part of WHO co-financing
7B	Travel cost for government staff to conduct in-country travel for 30 people @ \$200USD for input 5.2.1 provide training and awareness raising activities and 5.2.2 to provide training and capacity building actions in national and subnational institutions and promoting best climate technologies for adaptation planning and share info with partners
7C	Office supplies including paper, pens, folders, etc (totaling \$200) for input 5.2.1. ToT and 5.2.2. development of guideline and recommendations
7D	Audio visual and printing costs (totaling \$10,000) for input 5.2.2. to produce and disseminate knowledge products developed to inform stakeholders on development of policies, process, and plans
8A	PMC/DPs fee will covers Project Manager - individual (18 months@\$1000) cost to provide oversight project implementation, administrative support and daily operational management
8B	PMC covers other direct cost - in-country duty travel for PMU, \$450@1 duty travel to monitor the subnational training activities

*note: meeting package is estimated based on UN rate in Lao PDR. Consultant fee is calculated based on WHO professional fee and consultancy fee.*



5.2 Procurement Plan

For goods, services, and consultancies to be procured, please list the items, descriptions in relation to the activities in Section 3, estimated cost, procurement method, relevant threshold, and the estimated dates. Please include the procurement plan for at least the first tranche of disbursement requested below and provide a full procurement plan for the entire duration of the implementation period if available at this stage.

Item	Item Description	Estimated Cost (US\$)	Procurement Method	Thresholds (Min-Max monetary)	Estimated Start Date	Projected Contracting Date
Goods and Non-Consulting Services						
IT Equipment	1 laptop	1,500.00	Request for quotation	\$1,500 - \$25,000		
Sub-Total (US\$)		\$ 1,500.00				
Consultancy Services						
Local Consultant	Climate Change and Health Specialist	8,000.00	Open tender	6000-12000	1-Mar-2022	1-Aug-2022
Local Consultant	Climate Change and Health Specialist	8,000.00	Open tender	6000-12000	1-Aug-2022	1-Sep-2022
Local Consultant	Climate Change and Health Specialist	8,000.00	Open tender	6000-12000	1-Jan-2022	3-Apr-2022
Local Consultant	Climate Change and Health Specialist	8,000.00	Open tender	6000-12000	1-Apr-2022	1-Oct-2022
Local Consultant	Climate Change and Health Specialist	8,000.00	Open tender	6000-12000	1-Sep-2022	6-Mar-2023
Local Consultant	SSA contract staff (Q1)	6,000.00	Open tender	6000-12000	1-Mar-2022	1-Sep-2021
Project Manager*	Project Manager, daily operational management (PMC cost covers)	18,000.00	Open tender	36000-48000	1-Feb-2022	1-Jul-2023
International Consultant	Health Co-benefits Specialist	32,000.00	Open tender	32000-48000	2-Jan-2023	1-Jun-2023
Sub-Total (US\$)		\$ 96,000.00				

\*Note: International and local consultants to be selected by open tender in accordance to WHO recruitment policy and procedures of short-term consultant selection. However, several positions will be filled by current international technical staff who possess highly technical skills, formal qualifications and extensive relevant experience working in specific technical areas in the country will provide high-level technical support to activities with a 5-10% time contribution costed to this project. All extra time spent on the project by these highly qualified staff will be part of WHO co-financing. (see details from the project document, page 24).

### 5.3 Implementation Plan

Please list all the deliverables (e.g. D.1.1.1a) per activity (e.g. A1.1.1) with the identifier and mark the planned duration as show in the example. Please also indicate milestones for any deliverables to be completed during the implementation period of the activity in question.

Make sure the identifier number of each activity and deliverable matches with the proposal as this table does not require its name or description. Please refrain from adding descriptions.

For more guidance on how to fill out this tables, please see Part III Section 5 of the Readiness Guidebook



Target completion date

[illegible]

[illegible]