



ADAPTATION FUND

AFB/PPRC.33/22
26 March 2024

Adaptation Fund Board
Project and Programme Review Committee
Thirty third Meeting
Bonn, Germany, 16-17 April 2024

Agenda Item 6d)

PROPOSAL FOR GUINEA, KENYA, SAO TOME AND PRINCIPE

Background

1. The strategic priorities, policies and guidelines of the Adaptation Fund (the Fund), as well as its operational policies and guidelines include provisions for funding projects and programmes at the regional, i.e., transnational level. However, the Fund has thus far not funded such projects and programmes.

2. The Adaptation Fund Board (the Board), as well as its Project and Programme Review Committee (PPRC) and Ethics and Finance Committee (EFC) considered issues related to regional projects and programmes on a number of occasions between the Board's fourteenth and twenty-first meetings but the Board did not make decisions for the purpose of inviting proposals for such projects. Indeed, in its fourteenth meeting, the Board decided to:

- (c) *Request the secretariat to send a letter to any accredited regional implementing entities informing them that they could present a country project/programme but not a regional project/programme until a decision had been taken by the Board, and that they would be provided with further information pursuant to that decision*

(Decision B.14/25 (c))

3. At its eighth meeting in March 2012, the PPRC came up with recommendations on certain definitions related to regional projects and programmes. However, as the subsequent seventeenth Board meeting took a different strategic approach to the overall question of regional projects and programmes, these PPRC recommendations were not included in a Board decision.

4. At its twenty-fourth meeting, the Board heard a presentation from the coordinator of the working group set up by decision B.17/20 and tasked with following up on the issue of regional projects and programmes. She circulated a recommendation prepared by the working group, for the consideration by the Board, and the Board decided:

- (a) *To initiate steps to launch a pilot programme on regional projects and programmes, not to exceed US\$ 30 million;*
- (b) *That the pilot programme on regional projects and programmes will be outside of the consideration of the 50 per cent cap on multilateral implementing entities (MIEs) and the country cap;*
- (c) *That regional implementing entities (RIEs) and MIEs that partner with national implementing entities (NIEs) or other national institutions would be eligible for this pilot programme, and*
- (d) *To request the secretariat to prepare for the consideration of the Board, before the twenty-fifth meeting of the Board or intersessionally, under the guidance of the working group set up under decision B.17/20, a proposal for such a pilot programme based on consultations with contributors, MIEs, RIEs, the Adaptation Committee, the Climate Technology Centre and Network (CTCN), the Least Developed Countries Expert Group (LEG), and other relevant bodies, as appropriate, and in that proposal make a recommendation on possible options on approaches, procedures and priority areas for the implementation of the pilot programme.*

(Decision B.24/30)

5. The proposal requested under (d) of the decision above was prepared by the secretariat and submitted to the Board in its twenty-fifth meeting, and the Board decided to:

- (a) *Approve the pilot programme on regional projects and programmes, as contained in document AFB/B.25/6/Rev.2;*
- (b) *Set a cap of US\$ 30 million for the programme;*
- (c) *Request the secretariat to issue a call for regional project and programme proposals for consideration by the Board in its twenty-sixth meeting; and*
- (d) *Request the secretariat to continue discussions with the Climate Technology Center and Network (CTCN) towards operationalizing, during the implementation of the pilot programme on regional projects and programmes, the Synergy Option 2 on knowledge management proposed by CTCN and included in Annex III of the document AFB/B.25/6/Rev.2.*

(Decision B.25/28)

6. Based on the Board Decision B.25/28, the first call for regional project and programme proposals was issued and an invitation letter to eligible Parties to submit project and programme proposals to the Fund was sent out on 5 May 2015.

7. At its twenty-sixth meeting the Board decided to *request the secretariat to inform the Multilateral Implementing Entities and Regional Implementing Entities that the call for proposals under the Pilot Programme for Regional Projects and Programmes is still open and to encourage them to submit proposals to the Board at its 27th meeting, bearing in mind the cap established by Decision B.25/26.*

(Decision B.26/3)

8. At its twenty-seventh meeting the Board decided to:

- (a) *Continue consideration of regional project and programme proposals under the pilot programme, while reminding the implementing entities that the amount set aside for the pilot programme is US\$ 30 million;*
- (b) *Request the secretariat to prepare for consideration by the Project and Programme Review Committee at its nineteenth meeting, a proposal for prioritization among regional project/programme proposals, including for awarding project formulation grants, and for establishment of a pipeline; and*
- (c) *Consider the matter of the pilot programme for regional projects and programmes at its twenty-eighth meeting.*

9. The proposal requested in (b) above was presented to the nineteenth meeting of the PPRC as document AFB/PPRC.19/5. The Board subsequently decided:

- a) *With regard to the pilot programme approved by decision B.25/28:*
- (i) *To prioritize the four projects and 10 project formulation grants as follows:*
1. *If the proposals recommended to be funded in a given meeting of the PPRC do not exceed the available slots under the pilot programme, all those proposals would be submitted to the Board for funding;*
 2. *If the proposals recommended to be funded in a given meeting of the PPRC do exceed the available slots under the pilot programme, the proposals to be funded under the pilot programme would be prioritized so that the total number of projects and project formulation grants (PFGs) under the programme maximizes the total diversity of projects/PFGs. This would be done using a three-tier prioritization system: so that the proposals in relatively less funded sectors would be prioritized as the first level of prioritization. If there are more than one proposal in the same sector: the proposals in relatively less funded regions are prioritized as the second level of prioritization. If there are more than one proposal in the same region, the proposals submitted by relatively less represented implementing entity would be prioritized as the third level of prioritization;*
- (ii) *To request the secretariat to report on the progress and experiences of the pilot programme to the PPRC at its twenty-third meeting; and*
- b) *With regard to financing regional proposals beyond the pilot programme referred to above:*
- (i) *To continue considering regional proposals for funding, within the two categories originally described in document AFB/B.25/6/Rev.2: ones requesting up to US\$ 14 million, and others requesting up to US\$ 5 million, subject to review of the regional programme; (ii) To establish two pipelines for technically cleared regional proposals: one for proposals up to US\$ 14 million and the other for proposals up to US\$ 5 million, and place any technically cleared regional proposals, in those pipelines, in the order described in decision B.17/19 (their date of recommendation by the PPRC, their submission date, their lower “net” cost); and*
- (iii) *To fund projects from the two pipelines, using funds available for the respective types of implementing entities, so that the maximum number of or maximum total funding for projects and project formulation grants to be approved each fiscal year will be outlined at the time of approving the annual work plan of the Board.*

10. At its thirty-first meeting, having considered the comments and recommendation of the Project and Programme Review Committee, the Adaptation Fund Board (the Board) decided:

- (a) To merge the two pipelines for technically cleared regional proposals established in decision B.28/1(b)(ii), so that starting in fiscal year 2019 the provisional amount of funding for regional proposals would be allocated without distinction between the two categories originally described in document AFB/B.25/6/Rev.2, and that the funding of regional proposals would be established on a 'first come, first served' basis; and*
- (b) To include in its work programme for fiscal year 2019 provision of an amount of US\$ 60 million for the funding of regional project and programme proposals, as follows:*
 - (i) Up to US\$ 59 million to be used for funding regional project and programme proposals in the two categories of regional projects and programmes: ones requesting up to US \$14 million, and others requesting up to US\$ 5 million; and*
 - (ii) Up to US\$ 1 million for funding project formulation grant requests for preparing regional project and programme concepts or fully-developed project and programme documents.*

(Decision B.31/3)

11. According to the Board Decision B.12/10, a project or programme proposal needs to be received by the secretariat no less than nine weeks before a Board meeting, in order to be considered by the Board in that meeting.

12. The following project pre-concept document titled "Building Climate-Resilient Health Systems in Africa" was submitted for Guinea, Kenya, Sao Tome and Principe by the World Health Organization (WHO), which is a Multilateral Implementing Entity of the Adaptation Fund.

13. This is the first submission of the regional project pre-concept proposal using the threestep submission process.

14. The current submission was received by the secretariat in time to be considered in the forty-second Board meeting. The secretariat carried out a technical review of the project proposal, with the diary number AF00000384, and completed a review sheet.

15. In accordance with a request to the secretariat made by the Board in its 10th meeting, the secretariat shared this review sheet with WHO, and offered it the opportunity of providing responses before the review sheet was sent to the PPRC.

16. The secretariat is submitting to the PPRC the summary and, pursuant to decision B.17/15, the final technical review of the project, both prepared by the secretariat, along with the final submission of the proposal in the following section. In accordance with decision B.25.15, the proposal is submitted with changes between the initial submission and the revised version highlighted.



ADAPTATION FUND

ADAPTATION FUND BOARD SECRETARIAT TECHNICAL REVIEW OF PROJECT/PROGRAMME PROPOSAL

PROJECT/PROGRAMME CATEGORY: Pre-Concept for a Regional Project

Countries/Region: Guinea, Kenya, Sao Tome and Principe

Project Title: Building Climate-Resilient Health Systems in Africa.

Thematic focal area: Disaster risk reduction and early warning systems

Implementing Entity: World Health Organization

Executing Entities: Guinea Ministry of Health and Public Hygiene, Kenya Ministry of Health and Ministry of Health of Sao Tome and Principe

AF Project ID: AF00000384

IE Project ID:

Requested Financing from Adaptation Fund (US Dollars): 13,920,000

Reviewer and contact person: Saliha Dobardzic

Co-reviewer(s): IE Contact Person(s):

Technical Summary

The project "Building Climate-Resilient Health Systems in Africa" aims to build climate-resilient health systems in Africa through a regional approach, focusing on three countries in the Region, specifically Guinea, Kenya, and Sao Tome and Principe. This will be done through the three components below:

Component 1: Climate-informed Disease surveillance, early warning, and response systems (USD 3,000,000).

Component 2: Climate-resilient Infrastructure and Technology (USD 6,500,000).

Component 3: Capacity building and Institutional strengthening (USD 2,300,000).

Requested financing overview:

Project/Programme Execution Cost: USD 1,000,000

Total Project/Programme Cost: USD 12,920,000

Implementing Fee: USD 1,120,000

Financing Requested: USD 13,920,000

The proposal includes a request for a project formulation grant of USD 20,000.

	The Final technical review raises no Clarification Requests (CRs) and Corrective Action Request (CARs) at this stage.
Date	29 January 2024

Review Criteria	Questions	Comments
Country Eligibility	1. Are all of the participating countries party to the Kyoto Protocol, or the Paris Agreement?	Yes.
	2. Are all of the participating countries developing countries particularly vulnerable to the adverse effects of climate change?	<p>Yes.</p> <p>All three countries are vulnerable to climate change. Guinea is an LDC and Kenya and Sao Tome and Principe are lower middle-income countries, ranking #138 and #152 respectively on the Human Development Index. The rise of vector- and water-borne diseases in Africa, such as cholera, malaria, and dengue fever, directly attributed to climate change, is having and is expected to have disproportionate effect on vulnerable countries.</p> <p><u>By project concept stage</u>, please elaborate on the specific vulnerabilities experienced by the 3 countries, as focus of the proposal.</p>
Project Eligibility	1. Have the designated government authorities for the Adaptation Fund from each of the participating countries endorsed the project/programme?	<p>Yes.</p> <p>As per the Endorsement letters dated 12th January 2024 for Guinea; 12th January 2024 for Kenya and 10th January 2024 for Sao Tome and Principe.</p>

	<p>2. Has the pre-concept provided necessary information on the problem the proposed project/programme is aiming to solve, including both the regional and the country perspective?</p>	<p>Yes</p> <p>As per information on pg. 2 The proposed project aims to build climate-resilient health systems in Africa through a regional approach, focusing on three countries in the Region, specifically Guinea, Kenya, and Sao Tome and Principe. These three countries face several common challenges that impede their ability to address climate change's impacts on health systems effectively. By starting to address these challenges in these countries, it is expected that this will help unlock the process of adaptation in the health sector in other countries in the region but transferring the knowledge and replicating the actions to address similar challenges.</p>
	<p>3. Have the project/programme objectives, components and financing been clearly explained?</p>	<p>Yes.</p> <p><u>By project concept stage</u>, please identify how the learning and knowledge management component is incorporated into the program financing.</p> <p><u>By project concept stage</u>, please clarify the micro-fund component of the sustainability plan, is this within the AF project budget or a mechanism that would be cofinanced.</p>

	<p>4. Has the project/programme been justified in terms of how:</p> <ul style="list-style-type: none"> - it supports concrete adaptation actions? - it builds added value through the regional approach? - it promotes new and innovative solutions to climate change adaptation? - it is cost-effective? - it is consistent with applicable strategies and plans? - it incorporates learning and knowledge management? - it will be developed through a consultative process with particular reference to vulnerable groups, including gender considerations, in compliance with the Environmental and Social Policy of the Adaptation Fund? - it will take into account sustainability? 	<p>Yes.</p> <p><u>By concept stage</u>, please elaborate on the resilience of the solar electrification systems and WASH facilities.</p>
	<p>5. Does the pre-concept briefly explain which organizations would be involved in the proposed regional project/programme at the regional and national/sub-national level, and how coordination would be arranged? Does it explain how national institutions, and when possible, national implementing entities (NIEs) would be involved as partners in the project?</p>	<p>Yes.</p> <p><u>By the concept stage</u>, please elaborate further specific regional and local actors involved within each country, as well as their roles in the implementation arrangements.</p>
Resource Availability	<p>6. Is the requested project / programme funding within the funding windows of the programme for regional projects/programmes?</p>	<p>Yes</p>
	<p>7. Are the administrative costs (Implementing Entity Management Fee and Project/ Programme Execution Costs) at or below 10 per cent of the project/programme for implementing entity (IE) fees and at or below 10 per cent of the project/programme cost for the execution costs?</p>	<p>Yes</p>

Eligibility of IE	8. Is the project/programme submitted through an eligible Implementing Entity that has been accredited by the Board?	Yes
-------------------	--	------------



ADAPTATION FUND

PRE-CONCEPT FOR A REGIONAL PROJECT/PROGRAMME

PART I: PROJECT/PROGRAMME INFORMATION

Title of Project/Programme: Building Climate-Resilient Health Systems in Africa.

Countries: Guinea, Kenya, Sao Tome and Principe

Thematic Focal Area¹: Disaster risk reduction and early warning systems

Type of Implementing Entity: Multilateral Implementing Entity

Implementing Entity: World Health Organization

Executing Entities: Ministries of Health in Three Countries

Amount of Financing Requested: US\$ 13.92 Million (in U.S Dollars Equivalent)

Project Formulation Grant Request: Yes No

Amount of Requested financing for PFG: \$20,000 (in U.S Dollars Equivalent)

Letters of Endorsement (LOE) signed for all countries: Yes No

NOTE: LOEs should be signed by the Designated Authority (DA). The signatory DA must be on file with the Adaptation Fund. To find the DA currently on file check this page: <https://www.adaptation-fund.org/applyfunding/designated-authorities>

Stage of Submission:

This pre-concept has been submitted before

This is the first submission ever of the pre-concept

Please note that pre-concept should not exceed 5 pages (in addition to this first cover page)

¹ Thematic areas are: Food security; Disaster risk reduction and early warning systems; Transboundary water management; Innovation in adaptation finance.

Project/Programme Background and Context:

The urgency to address the impacts of climate change in the health sector in Africa cannot be overstated. The region has already witnessed the devastating health consequences of climate-related events, leading to widespread loss of life and human suffering. Recent cyclones in Southern Africa have caused severe flooding, extensive damage to infrastructure and facilities, and cholera outbreaks in multiple countries. Africa is facing enormous challenges, including climate change, to which the population of Small Island Developing States (SIDS) is disproportionately vulnerable due to several fragilities, such as their small size, geographical isolation, and limited societal and institutional capacities. These vulnerabilities emphasize the urgent need to prioritize climate change adaptation in the health sector. The alarming rise of vector- and water-borne diseases in Africa, such as cholera, malaria, and dengue fever, directly attributed to climate change, further highlights the urgency of action. Climate-related emergencies have become a public health concern, surpassing our limited resources. Unreliable power supplies in sub-Saharan Africa compound the issue, obstructing access to life-saving healthcare. Africa lacks the capacity, technology, and funding to address these pressing challenges effectively. Given the escalating risks and vulnerable populations, immediate action is imperative to address and respond to the adverse effects of climate change on public health in Africa.

The proposed project aims to build climate-resilient health systems in Africa through a regional approach, focusing on three countries in the Region, specifically Guinea, Kenya, and Sao Tome and Principe. These three countries face several common challenges that impede their ability to address climate change's impacts on health systems effectively. Firstly, all three nations exhibit poor disease surveillance systems. These three countries share a common limitation in climate and disease data collection, analysis, and modeling capacities. Secondly, key institutions in these countries lack the necessary capacity to support health systems in adapting to and mitigating the impacts of climate change on public health. Thirdly, the health systems in these countries are not sufficiently resilient to current climate change impacts and are illprepared for future challenges. Additionally, there is a lack of integration and mainstreaming of climate change considerations in health-related policies and strategies. Finally, there is a notable deficiency in climate-resilient infrastructure within health systems, particularly in Solar electrification and Water, Sanitation, and Hygiene (WASH). Addressing these challenges through a regional proposal targeting one French, one English, and one Portuguese-speaking country would enable a synergistic and inter-country learning approach, fostering collaboration and resource-sharing among the countries. It will support the validation and upscaling of methodologies and lessons learned to other WHO Africa Region countries. By pooling efforts, a regional initiative can enhance disease surveillance, build institutional capacity, promote climate-resilient health systems, integrate climate considerations into policies, and improve infrastructure across the region, thereby creating a more comprehensive and effective response to the intersection of climate change and public health.

Project/Programme Objectives:

Objective 1: To enhance disease surveillance and early warning systems to better respond to health risks related to climate change.

Objective 2: To improve the resilience and sustainability of healthcare facilities in the face of climate change impacts.

Objective 3: To strengthen institutional capacities for adapting to the impacts of climate change on health systems.

Project/Programme Components and Financing:

Project/ Programme Components	Expected Outcomes	Expected Outputs	Countries	Amount (US\$)
-------------------------------------	----------------------	------------------	-----------	------------------

Climateinformed disease surveillance,	1. Enhanced disease surveillance, early warning,	1.1 Functional climate-informed disease surveillance, early warning, and response procedures established and operationalized.	Guinea, Kenya, Sao Tome	3 million
early warning, and response systems	and response systems to effectively respond to climate-related health risks	1.2 Efficient institutional arrangements for data collection, analysis, early detection, and response to climate-related health risks established 1.3 Enhanced disease surveillance, early warning, and response systems infrastructure and equipment installed	and Principe.	
Climate resilient Infrastructure and Technology	2. Enhanced resilience and sustainability of healthcare facilities	2.1 Solar systems in healthcare facilities installed 2.2 Upgraded Climate-resilient WASH facilities in healthcare facilities installed 2.3 Establishment and operationalization of a micro-fund for energy and WASH infrastructure maintenance	Guinea, Kenya, Sao Tome and Principe.	6.5 million
Capacity building and Institutional strengthening	3. Strengthened institutional capacities to adapt to and mitigate climate change impacts on health systems	3.1 Enhanced technical capacity for climate and health data collection, analysis, early detection, and response to climate-related health risks 3.2 Enhanced technical capacity to develop and Implement climate-responsive health policies and strategies 3.3 Enhanced capacity to develop and roll out climate-sensitive financing mechanisms for sustainable health system strengthening 3.4 Climate change adaptation in the health sector best practices documented and widely disseminated to inform policy, practice, and future intervention design	Guinea, Kenya, Sao Tome and Principe.	2.3 million
6.	Project/Programme Execution cost			1.12 million
7.	Total Project/Programme Cost			12.92 million
8.	Project/Programme Cycle Management Fee charged by the Implementing Entity (if applicable)			1.00 million
Amount of Financing Requested				\$13.92 million

Project Duration: 3.5 Years

The project adopts a regional approach to enhance climate resilience in the health systems of Guinea, Kenya, and Sao Tome and Principe, recognizing shared challenges that transcend national borders and language barriers. This approach leverages the interconnectedness of climate change impacts on health, enabling collaborative solutions that draw upon each country's strengths. Riding on the established global and regional platforms of WHO, notably the Transformative Action on Climate and Health (ATACH) and Clim-Health Africa (<https://climhealthafrica.org/>), this project adopts an approach guided by ATACH principles to strengthen health systems against climate impacts. ATACH strategically mobilizes Member States and stakeholders to address climate and health issues collectively. Furthermore, the proposal leverages Clim-Health Africa, a network and hub for Climate and Health in Africa that collaborates with African and international institutions, including the UN, governmental bodies, NGOs, and academic entities. Clim-Health Africa focuses on enhancing institutional capacity and mechanisms for implementing Africa's climate-based public health early warning systems. By aligning with these influential platforms, the proposed intervention seeks to capitalize on collective expertise and resources to bolster climate-resilient and sustainable health systems in the targeted countries.

The project entails (i) Climate-resilient infrastructure and technology installations, (ii) the establishment of climate-informed disease surveillance, early warning and response systems, and (iii) Capacity building and institutional strengthening to address climate change impact on health. WHO utilizes its existing checklists to Assess vulnerabilities in Health Care Facilities in the Context of Climate Change. The insights gained from these assessments serve as a foundational basis for designing targeted interventions to enhance health systems' resilience and sustainability. The designing and installation of climate-resilient infrastructure, including solar electrification, will support service delivery, cold chain maintenance, and health information system strengthening. The project will climate-proof water, sanitation, and hygiene (WASH) facilities to withstand climatic shocks and ensure uninterrupted service delivery. Drawing on the valuable tools and methodologies advocated by ATACH and Clim-Health Africa, the regional approach fosters shared learning and collaboration, enabling a better understanding of climate risks and strengthening collective adaptation efforts. By implementing similar activities across multiple countries (each of the WHO Africa Region official languages' countries), the project leverages economies of scale shares resources, knowledge, and best practices and increase the potential for scaling up lessons learned in any country of the region. This approach promotes regional cooperation, knowledge transfer, and mutual support in addressing climate risks and health challenges. The project will improve preparedness, response effectiveness, and policy coherence by standardizing infrastructure models, sharing technological expertise, and enhancing capacity through training programs and policy development. The regional approach maximizes impact and long-term sustainability in building climate-resilient health systems in Africa.

Collaboratively designed capacity-building initiatives address institutional readiness gaps, and a regional framework integrates climate considerations into health policies, streamlining efforts. Joint research and data-sharing efforts enhance understanding of climate-health correlations. The regional focus extends to coordinating climate-resilient infrastructure development and fostering mutual support. The project ensures cost-effectiveness through resource optimization, economies of scale, and shared data efforts, reducing overall costs. Standardized designs for climate-resilient healthcare facilities reduce costs, and regional disease surveillance networks provide comprehensive coverage and faster response times. Integrating these approaches maximizes cost-effectiveness and promotes innovative solutions in climate change adaptation for the health sector across the region.

PART II: PROJECT/PROGRAMME JUSTIFICATION

The project promotes innovative climate change adaptation in the health sector. It includes designing climate-resilient infrastructure and technology such as solar electrification and improved WASH facilities. These solutions reduce the vulnerability of the health sector and, at the same time, reduce greenhouse gas emissions. The disease surveillance, early warning, and response systems will be integrated into the ongoing WHO Early Warning, Alert, and Response System (EWARS) work. EWARS is specifically crafted to enhance the detection of disease outbreaks in emergency settings, such as nations grappling with conflict or recovering from natural disasters. The project will integrate geographical information systems (GIS) into disease surveillance systems for early detection and warning. These technologies and data systems will enhance response effectiveness. Learning from past success stories, cost-effective, sustainable adaptation strategies will be scaled up and replicated in Africa. To maintain infrastructure, a micro-fund will be created to enable the maintenance of renewable energy and WASH facilities.

The project is consistent with national, sub-national, and regional sustainable development strategies in the project countries and region. It aligns with the goals and objectives of national development and health plans, climate change strategies and policies, and national adaptation plans with specific emphasis on Health National Adaptation Plans (H-NAPs). These strategies recognize the importance of addressing climate change impacts on health systems and

promoting climate resilience. This regional project is committed to maintaining a strong regional character while seamlessly aligning its activities with established national plans, strategies, and ongoing efforts. The project ensures a harmonized approach by prioritizing coherence and synergy with broader national and sub-national strategies and aligning with regional and international initiatives. This approach not only enhances the regional impact of the project but also reinforces its compatibility and collaboration with existing regional and national frameworks, fostering a comprehensive and unified strategy towards shared goals.

The project will implement a comprehensive learning and knowledge management component to capture and disseminate lessons learned in climate change adaptation and their impact on public health. It will conduct impact evaluations of adaptation strategies and document best practices. Tailored materials will be developed to engage diverse stakeholders, including case studies, policy briefs, online modules, and webinars. This dissemination aims to inform policy, practice, and future intervention design. Stakeholders will gain valuable insights and experiences for replication and scaling up, promoting climate resilience in the health sector.

During the project preparation phase, a highly participatory and consultative process will be undertaken to ensure inclusivity and address the needs of vulnerable groups, as required by the Environmental and Social Policy of the Adaptation Fund. This process involves engaging with stakeholders, including local communities, health practitioners, policymakers, and civil society organizations. Specific attention will be given to integrating gender considerations throughout the project design and implementation. By actively seeking inputs from vulnerable groups and considering gender dynamics, the project will be better tailored to address their specific needs and challenges related to the impacts of climate change on health systems.

The project prioritizes sustainability by incorporating various measures. This includes designing climate-resilient infrastructure, including biosafety isolation space in healthcare facilities to withstand climatic shocks and minimize repair and maintenance needs. Capacity-building initiatives will be implemented to train healthcare practitioners, policymakers, and stakeholders to address climate-related health risks even after the project ends. Best practices and lessons learned will be documented and shared to inform policy and practice. A micro-fund will be established to maintain energy and water infrastructure. Funding from multiple sources will be secured, and resilient materials and construction techniques will be used. Community involvement and gender-sensitive planning will be ensured for sustainability.

The project would provide vulnerable communities with significant economic, social, and environmental benefits. The project will improve public health in the target countries' communities by increasing the resilience of healthcare facilities and enhancing disease surveillance systems. This will bring economic benefits through reduced healthcare costs, increased productivity, and improved community well-being. The project will mainly focus on the most vulnerable communities and vulnerable groups within those communities, ensuring that they have access to affordable, reliable, and sustainable climate-resilient healthcare services. Additionally, the project will consider gender issues, aiming for gender equality and women's empowerment in healthcare systems.

The project will meet relevant national technical standards, where applicable, such as standards for environmental assessment, building codes, and healthcare regulations. These standards will be followed while designing and installing climate-resilient infrastructure and technology in the healthcare facilities. The project will also comply with the Environmental and Social Policy of the Adaptation Fund to ensure that environmental and social standards are met throughout the implementation process.

The project aims to avoid duplication of efforts and ensure collaboration with existing initiatives. Stakeholder consultation and coordination will identify overlapping activities, maximizing impact while minimizing resource duplication. At the design stage, WHO will work with the National Designated Authority to the Adaptation Fund, the Green Climate Fund, National Implementing Entities as well as the National Focal point for the Global Environmental Facility to ensure that there is no duplication and synergies are explored to build on to existing initiatives and strengthen complementarities and upscaling. This will maximize the project's impact and avoid unnecessary duplication of resources. The funding requested for the project justifies the total cost of adaptation. It covers various activities such as climate-proofing infrastructure, capacity building, and institutional strengthening. This ensures the long-term resilience and sustainability of the health systems in the target countries. The project has identified environmental and social impacts and risks. These include disruptions to healthcare services, vulnerability of facilities

PART III: IMPLEMENTATION ARRANGEMENTS

to climate change, and gender disparities in healthcare access. To address these, the project will install climate-resilient infrastructure, provide capacity building, and integrate gender considerations into healthcare policies.


The World Health Organization (WHO) will assume full responsibility for managing and overseeing the project, including its financial, monitoring, and reporting aspects. WHO will adhere to internationally accepted procurement principles, good practices, and regulations, maintaining the highest ethical standards throughout the procurement and execution of adaptation activities of the project. The Ministries of Health (MoH) in the three countries will serve as the Executing Entities responsible for implementing the project at national and subnational levels under WHO's guidance and support. WHO will set up a Project Management Unit in collaboration with the MoHs comprising staff recruited and embedded in the MoHs to execute the project. Procurement and funds disbursement for any activity will be done according to WHO policies and procedures. Given the project's cross-sectoral nature, relevant institutions such as Ministries of Energy, Rural Electrification, and Environment and Water will also contribute to its execution. A Project Board/Project Steering Committee will be set up to govern the project, convening quarterly to review progress and make decisions. Co-chaired by WHO and the Ministry of Health, the committee's membership will include relevant ministries, National Implementing Entities (NIEs), and the National Designated Authority (NDA). Additionally, a Technical Working Group (TWG) comprising technical partners from the government, civil society, research institutions, and the private sector will provide expert advice and recommendations to the committee on project-related technical matters.

PART IV: ENDORSEMENT BY GOVERNMENTS AND CERTIFICATION BY THE IMPLEMENTING ENTITY

A. Record of endorsement on behalf of the government²

Fatoumata Sangare, National Directorate of Pollution, Nuisances and Climate Change, Ministry of Environment and Sustainable Development, Guinea.	Date: January 12 th , 2024.
Eng. Festus K. Ng'eno, Principal Secretary, State Department of Environment & Climate Change, Ministry of Environment, Climate Change & Forestry, Kenya.	Date: January 12 th , 2024.
Mr. Victor Manuel do Sacramento Bonfim, UNFCCC Focal Point of STP Ministry of Infrastructure and Natural Resources, Sao Tome and Principe	Date: January 10 th , 2024.

B. Implementing Entity certification Provide the name and signature of the Implementing Entity Coordinator and the date of signature. Provide also the project/programme contact person's name, telephone number and email address

I certify that this proposal has been prepared in accordance with guidelines provided by the Adaptation Fund Board, and prevailing National Development and Adaptation Plans of Guinea, Kenya, Sao Tome and Principe and subject to the approval by the Adaptation Fund Board, <u>commit to implementing the project/programme in compliance with the Environmental and Social Policy of the Adaptation Fund</u> and on the understanding that the Implementing Entity will be fully (legally and financially) responsible for the implementation of this project/programme.
Jeremiah MUSHOSHO, Team Lead – Climate Change, Health and Environment (WHO AFRO) 

Date: January 14 th 2024	Tel. and email: mushoshoj@who.int
Project Contact Person: Brama KONE	
Tel. and Email: koneb@who.int	

Each Party shall designate and communicate to the secretariat the authority that will endorse on behalf of the national government the projects and programmes proposed by the implementing entities.



Conakry, le 12 Janvier 2024

Référence: 001/MEDD/CAB/DNPNCC/PF-FA/2024

**The Adaptation Fund Focal Point
for the Republic of Guinea**

**To: The Adaptation Fund Board
c/o Adaptation Fund Board Secretariat
Email: afbsec@adaptation-fund.org
Fax: 202 522 3240/5**

Object: Letter of Endorsement by Government for Building Climate-Resilient Health Systems in Africa project.

In my capacity as designated authority for the Adaptation Fund in Guinea, I confirm that the above regional project proposal is in accordance with the government's national priorities in implementing adaptation activities to reduce adverse impacts of, and risks, posed by climate change in the country.

Accordingly, I am pleased to endorse the above project proposal with support from the Adaptation Fund. If approved, the project will be implemented by World Health Organization (WHO) and executed by Ministère de la Santé et de l'Hygiène Publique (MSHP) of Republic of Guinea.

Sincerely,



Fatoumata SANGARE
Point Focal du Fonds d'Adaptation (CFA)
Direction Nationale des Pollutions, Nuisances et
Changements Climatiques



Almamy, immeuble CLNS-Commune de Kaloum -Conakry
République de Guinée
Tel: (+224) 628 449 608 / 622 498 203
Email: dnpncc.medd@gmail.com





REPUBLIC OF KENYA

**MINISTRY OF ENVIRONMENT, CLIMATE CHANGE & FORESTRY
State Department for Environment & Climate Change
Office of the Principal Secretary**

Telephone: 254-20- 2730808/9
Email : psoffice@environment.go.ke
O. Box 30126 – 00100

N.H.I.F Building
Ragati Road Website : www.environment.go.ke P.

NAIROBI

When replying, please quote:

Ref: MEF/EMC/ 8

12th January 2024

The Adaptation Fund Board c/o

Adaptation Fund Board Secretariat

Email: afbsec@adaptation-fund.org

Fax: 202 522 3240/5

RE: ENDORSEMENT FOR BUILDING CLIMATE-RESILIENT HEALTH SYSTEMS IN AFRICA PROJECT - GUINEA, KENYA, SAO TOME & PRINCIPE.

In my capacity as Designated Authority for the Adaptation Fund in Kenya, I confirm that the above Regional Project proposal is in accordance with the government of Kenya priorities in implementing adaptation activities to reduce adverse impacts of, and risks, posed by climate change in the Republic of Kenya.

Accordingly, I am pleased to endorse the above project proposal with support from the Adaptation Fund. If approved, the project will be implemented by the World Health Organization Regional Office for Africa and executed by the Kenya Ministry of Health and Ministries of Health from the Republics of Guinea and Sao Tome & Principe.

Your kind consideration on this project will be highly appreciated.

A handwritten signature in blue ink, appearing to read 'Festus K. Ng'eno', written over a horizontal line.

Eng. Festus K. Ng'eno
PRINCIPAL SECRETARY



(Unidade-Disciplina-Trabalho)

REPÚBLICA DEMOCRÁTICA DE S.TOMÉ E PRÍNCIPE

MINISTÉRIO DO AMBIENTE

DIREÇÃO GERAL DO AMBIENTE E AÇÃO CLIMÁTICA

Letter of Endorsement by Government

10 Jan

To: The Adaptation Fund Board
c/o Adaptation Fund Board Secretariat
Email: afbsec@adaptation-fund.org
Fax: 202 522 3240/5

Subject: Endorsement for Building Climate-Resilient Health Systems in Africa.

In my capacity as designated authority for the Adaptation Fund in São Tomé e Príncipe, I confirm that the above regional project proposal is in accordance with the government's priorities in implementing adaptation activities to reduce adverse impacts of, and risks from, climate change in the São Tomé e Príncipe.

Accordingly, I am pleased to endorse the above project proposal with support from the Adaptation Fund. If approved, the project will be implemented by World Health Organization (WHO) and executed by Ministry of Health and Ministry of Environment of São Tomé e Príncipe accordingly.

Sincerely,

Victor Manuel do Sacramento Bonfim
National Focal Point of Sao Tome and Principe for the Adaptation Fund.



Project Formulation Grant (PFG)

Submission Date: 14 January 2024

Adaptation Fund Project ID:

Country/ies: Guinea, Kenya, Sao Tome and Principe

Title of Project/Programme: Building Climate-Resilient Health Systems in Africa.

Type of IE (NIE/MIE): Multilateral Implementing Entity

Implementing Entity: World Health Organization

Executing Entity/ies: World Health Organization and Ministries of Health

A. Project Preparation Timeframe

Start date of PFG	01 March 2024
Completion date of PFG	30 May 2024

B. Proposed Project Preparation Activities (\$)


Describe the PFG activities and justifications:

List of Proposed Project Preparation Activities	Output of the PFG Activities	USD Amount
Three (3) Country Missions to conduct stakeholder consultation meetings	Agreed project outputs and outcomes and project development milestones.	\$20,000
Total Project Formulation Grant		\$20,000

C. Implementing Entity

This request has been prepared in accordance with the Adaptation Fund Board's procedures and meets the Adaptation Fund's criteria for project identification and formulation

Implementing Entity Coordinator, IE Name	Signature	Date (Month, day, year)	Project Contact Person	Telephone	Email Address
--	-----------	-------------------------	------------------------	-----------	---------------

Jeremiah MUSHOSHO		January 14 th , 2024	Brama KONE	+242066468982	koneb@who.int
----------------------	---	---------------------------------------	---------------	---------------	--