



## ADAPTATION FUND

AFB/PPRC.37/Inf.46  
16 March 2026

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Adaptation Fund Board  
Project and Programme Review Committee  
Thirty-seventh Meeting  
Bonn, Germany, 7-8 April 2026

### PROPOSAL FOR IRAQ, LEBANON



ADAPTATION FUND

## ADAPTATION FUND BOARD SECRETARIAT TECHNICAL REVIEW OF PROJECT/PROGRAMME PROPOSAL

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

<b>Countries/Region:</b>	Iraq and Lebanon	
<b>Project Title:</b>	Building Climate-Resilient, Migrant-Inclusive Health Systems in Iraq and Lebanon	
<b>Thematic focal area:</b>	Disaster risk reduction and early warning systems	
<b>Implementing Entity:</b>	World Health Organization	
<b>Executing Entities:</b>	Ministries of Health of Iraq and Lebanon	
<b>AF Project ID:</b>	AF00000520	
<b>IE Project ID:</b>		<b>Requested Financing from Adaptation Fund (US Dollars):</b> 29,946,000
<b>Reviewer and contact person:</b>	UnaMay Gordon	<b>Co-reviewer(s):</b> Timileyin Tobi Oyebade
<b>IE Contact Person(s):</b>		

<b>Technical Summary</b>	<p>The project “Building Climate-Resilient, Migrant-Inclusive Health Systems in Iraq and Lebanon” aims to build climate-resilient, migrant-inclusive health systems in Iraq and Lebanon so that vulnerable populations including migrants, IDPs, returnees and host communities in climate-affected areas are better protected from climate-related health risks and disasters. This will be done through the three components below:</p> <p><u>Component 1:</u> Capacity Building and institutional strengthening (USD 3.5 million).</p> <p><u>Component 2:</u> Climate resilient health systems and facilities in hosting communities of migrants, IDPs and other mobile populations. (USD 18 million)</p> <p><u>Component 3:</u> Evidence generation, knowledge management, and regional cross-sectoral collaboration. (USD 3.5 million).</p> <p><u>Requested financing overview:</u>  Project/Programme Execution Cost: USD 2,600,000  Total Project/Programme Cost: USD 27,600,000  Implementing Fee: USD 2,346,000  Financing Requested: USD 29,946,000</p>
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	<p>The proposal includes a request for a project formulation grant of USD 30,000.</p> <p>The initial technical review raised several issues, such as administrative costs associated with IE fees and EE costs, economic, social and environmental benefits, consultations and amending PFG request form as is discussed in the number of Clarification Requests (CRs) and Corrective Action Request (CAR) raised in the review.</p>
Date	3 March 2026

Review Criteria	Questions	First Technical Review Comments (March 3, 2026)
Country Eligibility	1. Are all of the participating countries party to the Kyoto Protocol and/or the Paris Agreement?	<p><b>Yes</b></p> <p>Kyoto Protocol Iraq: 28 Jul 2009 Lebanon: 13 Nov 2006</p> <p>Paris Agreement Iraq: 8 Dec 2016 Lebanon: 22 Apr 2016</p>
	2. Are all of the participating countries developing countries particularly vulnerable to the adverse effects of climate change?	<p><b>Yes.</b></p> <p>In Iraq and Lebanon, climate change compounds protracted humanitarian, economic and political crises. All two countries are experiencing more frequent and intense heatwaves, prolonged droughts, severe water scarcity, floods and sand and dust storms.</p>
Project Eligibility	3. Have the designated government authorities for the Adaptation Fund from each of the participating countries endorsed the project/programme?	<p><b>Yes.</b></p> <p>As per the Endorsement letter dated 12<sup>th</sup> January 2026 (Republic of Lebanon) and 2<sup>nd</sup> February 2026 (Iraq).</p>

	<p>4. 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><b>Yes.</b></p> <p>The pre-concept note proposal articulates the regional and national climate-related health challenges. However, information on climate projections and how the system is vulnerable to climate would support the problem statement.</p> <p><b>CR1:</b> Please provide concise details on climate projections and how the system is vulnerable to climate to support the problem statement.</p>
	<p>5. Have the project/programme objectives, components and financing been clearly explained?</p>	<p><b>Yes.</b></p> <p><b>CR2:</b> Please amend the outputs (especially Outputs 1.1.1-1.1.4), considering that outputs are the direct, tangible products (e.g., trainings held, infrastructure built) as a result of an intervention/activity, while outcomes are short-medium term effects of an intervention's output. Impacts are longer-term changes in people's lives or development conditions (e.g., improved livelihoods, greater resilience).</p>

	<p>6. Has the project/programme been justified in terms of how:</p> <ul style="list-style-type: none"> <li>- it supports concrete adaptation actions?</li> <li>- it builds added value through the regional approach?</li> <li>- it promotes new and innovative solutions to climate change adaptation?</li> <li>- it is cost-effective?</li> <li>- it is consistent with applicable strategies and plans?</li> <li>- it incorporates learning and knowledge management?</li> <li>- 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?</li> <li>- it will take into account sustainability?</li> </ul>	<p><b>Yes.</b></p> <p>However further information is needed</p> <p>The pre-concept note proposal supports concrete adaptation actions. It demonstrates added value through a regional approach through shared knowledge hub, harmonized training materials and cross-country exchange. The project has a dedicated knowledge management and learning component (Component 3). The project will be designed and implemented in line with the Adaptation Fund Environmental and Social Policy. The proponent intends to convene consultations with vulnerable groups. Sustainability is mentioned but needs to be elaborated in the proposal.</p> <p><b>CR3:</b> Please clarify the climate-resilient upgrades to the hospital and indicate the process to determine those upgrades. Also, will the project be building on other related initiatives?</p> <p><b>CAR1:</b> Please clarify that Adaptation Fund resources will finance the costs required to climate proof health facilities and that it will not require additional funds to achieve its adaptation objectives.</p> <p><b>CR4:</b> Please elaborate what is innovative versus scaled practice. More specifically, do the pilots represent new models for the region. Additionally, please indicate whether the proposed innovative solutions have been successfully implemented in other contexts, and how potential risks of failure could affect the overall success of the project.</p> <p><b>CAR2:</b> Please clarify if the project is aligned to Lebanon's National Adaptation Plan. Please clarify if Iraq has a National Adaptation Plan or Plan in progress. If no, please</p>
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share how project is aligned to the adaptation component of the NDC which refers to health. If a Plan exists, please explain how it is linked to the project. Be sure to include the dates the policies/policy-related documents were published.

**CAR3:**

1. Please confirm if there have been initial discussions to support this pre-concept note with various stakeholders.
2. Please confirm that discussions will be held with stakeholders with a gender remit and name those institutions e.g. governments, women associations etc. Also list any other vulnerable groups (associations) that will be targeted. These groups must inform the interventions of the proposal.
3. Please ensure the PFG application reflects how the vulnerable groups will be engaged and that an initial gender analysis will be a key activity in drafting the proposal.

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**CR5:** Please also indicate how the project is consistent with other regional, national policies and strategies of the two countries.

**CAR9:** Please provide some evidence to demonstrate cost-effectiveness. This may include briefly highlighting the methodology to be used.

**CR6:** Kindly name the regional platforms that would be utilized to support Component 3 and if there is intention to have a dedicated person for knowledge management to help track experiences and learning, along with support from an M&E officer.

		<p><b>CAR4:</b></p> <ol style="list-style-type: none"><li>1. Please elaborate on the sustainability plan and if one will be developed considering who maintains structures.</li></ol> <p>Please note sustainability is beyond training and capacity building. Kindly consider partnerships needed, budget allocation, commitments etc. Please clarify that outputs will be adopted through Ministries.3. Kindly provide further details regarding the sustainability of project outputs, especially with respect to the development and retention of human resource capacity, given the heightened risk of brain drain and conflicts.</p> <p><b>CR7:</b> Please briefly include some potential economic, social and environmental benefits, with particular reference to the most vulnerable communities.</p>
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	<p>7. 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><b>Yes.</b></p> <p>The World Health Organization (WHO) will serve as the Implementing Entity for the regional project, while the Ministries of Health of Iraq and Lebanon will act as the Executing Entities.</p> <p>A Project Management Unit (PMU) will be established by WHO in coordination with UNDRR, IOM, and the respective Ministries of Health. The PMU will include regional personnel responsible for overall coordination and implementation, supported by national staff managing country-level activities.</p> <p>Oversight will be provided by a Project Board/Steering Committee, jointly led by WHO. A Technical Working Group (TWG), comprising representatives from government, civil society, research institutions, and the private sector, will provide technical guidance to the Steering Committee. There are no National Implementing Entities in Iraq or Lebanon; however, the Designated Authorities of both countries will serve as members of the Steering Committee.</p>
Resource Availability	<p>8. Is the requested project / programme funding within the funding windows of the programme for regional projects/programmes?</p>	<p><b>Yes.</b></p>

	<p>9. 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><b>Yes.</b> However further adjustments are needed.</p> <p>Given the project size, the PFG of USD 30,000 is within the threshold for the 3-step approach which is 20% of USD150,000 (maximum PFG for two countries)</p> <p><b>CAR5:</b> Though the figures are within the cap, there is a discrepancy with the calculations. For regional projects and programmes, the IE fee is <b>10% of total project/programme cost for all funding windows.</b> The Project Execution Costs are at or below 10% of the project/programme cost. Please amend calculations for IE and EE costs accordingly and ensure all figures add up and remain rounded to whole numbers.</p> <p><b>CAR6:</b></p> <ol style="list-style-type: none"><li>1. Please clarify the EE on the PFG form and clarify if the project is targeting only two countries</li><li>2. Please include the IE fee as a separate line in the PFG form.</li><li>3. At paragraph 1 of page 2 of the PFG it indicates the following "These missions will facilitate in-depth stakeholder consultations in each of the three participating countries..." please amend as only two countries are being targeted.</li><li>4. Please ensure that the authorized IE signature is included in the re-submitted PFG form.</li></ol>
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Eligibility of IE	10. Is the project/programme submitted through an eligible Implementing Entity that has been accredited by the Board?	<b>Yes.</b>  World Health Organisation (WHO) is an accredited Implementing Entity.  The Implementing Entity's accreditation expiration date is 24 November 2028.
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## ADAPTATION FUND

# PRE-CONCEPT FOR A REGIONAL PROJECT/PROGRAMME

### PART I: PROJECT/PROGRAMME INFORMATION

**Title of Project/Programme:** Building Climate-Resilient, Migrant-Inclusive Health Systems in Iraq and Lebanon

**Countries:** Iraq and Lebanon

**Thematic Focal Area<sup>1</sup>:** Disaster risk reduction and early warning systems

**Type of Implementing Entity:** Multilateral Implementing Entity

**Implementing Entity:** World Health Organization

**Executing Entities:** Ministries of Health of Iraq and Lebanon

**Amount of Financing Requested:** 29,946,000 million (in U.S Dollars Equivalent)

**Project Formulation Grant Request:** Yes  No

**Amount of Requested financing for PFG:** 30,000 (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/apply-funding/designated-authorities>*

**Stage of Submission:**

- This pre-concept has been submitted before
- This is the first submission ever of the pre-concept

In case of a resubmission, please indicate the last submission date: *Click or tap to enter a date.*

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

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

## **Project/Programme Background and Context:**

Climate change is intensifying human mobility and climate-sensitive health risks for migrants, internally displaced persons (IDPs), returnees and host communities, particularly where health systems are weak, as in much of the Eastern Mediterranean Region (EMR). In climate-fragile and mobility-prone settings, the health system is a frontline buffer against climate shocks, yet it is often overstretched, under-resourced and not adequately equipped to manage growing climate-sensitive health risks.

In Iraq and Lebanon, climate change compounds protracted humanitarian, economic and political crises. All two countries are experiencing more frequent and intense heatwaves, prolonged droughts, severe water scarcity, floods and sand and dust storms. In Iraq, years of conflict, environmental degradation and water scarcity have driven rural–urban migration and internal displacement, with extreme heat, drought and sand and dust storms aggravating respiratory, cardiovascular, water- and vector-borne diseases and straining damaged facilities in displacement and return areas. In Lebanon, climate stressors interact with deep economic and political crises, conflict-related damage to infrastructure, energy shortages and supply disruptions, so that facilities serving vulnerable communities and IDPs in high-risk areas face repeated climate-related disruptions that undermine continuity of care.

These overlapping pressures create a critical climate–health–migration–disaster risk reduction (DRR) nexus across the two countries. Climate change amplifies existing disease burdens, disrupts essential services and heightens the risk of health emergencies triggered by slow-onset processes (drought, water scarcity, loss of livelihoods) and sudden-onset events (floods, storms, conflict escalations). Yet climate and mobility considerations are not systematically integrated into health sector risk assessments, planning, DRR strategies or early warning and response systems, particularly at primary healthcare and community levels in migrant-hosting settings.

This regional pre-concept note responds to these gaps by placing health systems at the center of climate adaptation and DRR efforts in migrant-hosting areas of Iraq and Lebanon. Building on the Migration- Multi Partner Trust Fund programme “Harnessing synergies between Climate Change Adaptation and Risk Reduction in Migrant-Inclusive Health System Responses” (ending January 2026), which has generated tools, evidence and partnerships but with limited coverage and duration, the proposed Adaptation Fund project will: (i) embed climate and migration considerations into health and DRR governance; (ii) strengthen the climate resilience, environmental sustainability and inclusiveness of health facilities and services in migrant-hosting communities; and (iii) invest in evidence generation, knowledge management and regional cooperation on the climate–health–migration–DRR nexus. The regional approach will foster joint risk analysis and priority-setting, harmonized tools and protocols, cross-border early warning and South–South learning, creating a coherent resilience model for Iraq and Lebanon aligned with National Adaptation Plans and health sector plans, the Sendai Framework, the Paris Agreement and WHO strategies on climate change and health and on the health of vulnerable communities migrants and internally displaced persons, as well as Climate change and health: vulnerability and adaptation assessment and WHO guidance to protect health from climate change through health adaptation planning.

## **Project/Programme Objectives:**

The main objective of the project is to build climate-resilient, migrant-inclusive health systems in Iraq and Lebanon so that vulnerable populations including migrants, IDPs, returnees and host communities in climate-affected areas are better protected from climate-related health risks and disasters.

This objective will be achieved by:

- Strengthening institutional and technical capacities to integrate climate change, migration and DRR considerations into health policies, planning, monitoring and service delivery, with a focus on high-risk, migrant-hosting communities;
- Enhancing climate resilience, environmental sustainability and migrant/IDPs inclusiveness of health facilities and community-based services through investments in climate-resilient infrastructure, renewable energy, WASH and health-care waste management, mobile and digital health solutions, and climate-informed surveillance, preparedness planning and early warning; and
- Generating and using evidence, lessons learned and regional cooperation mechanisms to inform adaptive, locally relevant interventions and promote replication and scaling of successful approaches across the EMR.

## Project/Programme Components and Financing:

Project/Programme Components	Expected Outcomes	Expected Outputs	Countries	Amount (US\$)
1. Capacity Building and institutional strengthening	1.1 strengthened institutional and personal capacities to develop and deliver climate resilient, migrant inclusive policies and health services in climate vulnerable, migrants' hosting communities	1.1.1 Enhanced integration of migration and climate-health consideration in disaster risk management policies and climate change adaptation planning. 1.1.2 Regional and national frameworks of action on climate-health-migration nexus governance, planning, and implementation. 1.1.3 Integrated training, campaigns, and outreach materials focusing on climate-sensitive, migrant inclusive health and community services 1.1.4 Enhanced capacities of health workers, policy makers, and communities to deliver more equitable, efficient, and responsive services for migrants and vulnerable host communities in climate affected areas through series of national and regional trainings.	Iraq, Lebanon  Region	3.5 million
2. Climate resilient health systems and facilities in hosting communities of migrants, IDPs and other mobile populations.	2.1 Enhanced climate resilience sustainability, migrant inclusion, and preparedness planning in health care facilities and communities in, service delivery, and surveillance.	2.1.1 Assessment of vulnerabilities of health facilities and communities in migrants hosting areas against climate hazards using a multi-partners adapted assessment tool. 2.1.2. Preparedness approach implementation to strengthen health systems' anticipatory response capacity. 2.1.3 Solar systems installed, climate resilient WASH including HCWM services upgraded, and climate resilient infrastructures are established/refurnished in health facilities within the hosting communities. 2.1.4 Mobile health and telemedicine units, and/or ambulances are deployed or refurnished in hard-to-reach migrant populations. 2.1.5 Enhanced climate-informed, migrant-inclusive WHO Early Warning, Alert and Response System (EWARS) settings and communities, The supplier will support countries in the technical setup of the EWARS tool and facilitate its operationalization, including integration into existing public health programmes and actions.	Iraq, Lebanon	18 million
3. Evidence generation, knowledge	3.1 Enhanced evidence-based decision making	3.1.1 Operational research on adaptive, local, and innovative interventions and	Iraq, Lebanon	3.5 million

management, and regional cross-sectoral collaboration.	and knowledge exchange across countries and at regional level.	solutions on climate-health-migration nexus. 3.1.2 Regional cross-sectoral knowledge and collaboration hub/network on climate-health-migration-disaster risk reduction nexus is established. 3.1.3 South-South experience and knowledge exchange through regional and country visits and workshops. 3.1.4 lessons learned, best practices, and projects outcomes are documented and disseminated through a dedicated dashboard/toolbox.	Region	
6. Project/Programme Execution cost (9.5%)				2,600,000
7. Total Project/Programme Cost				27,600,000
8. Project/Programme Cycle Management Fee charged by the Implementing Entity (if applicable) (8.5%)				2,346,000
<b>Amount of Financing Requested</b>				<b>29,946,000</b>

**Project Duration: 4 years**

## PART II: PROJECT/PROGRAMME JUSTIFICATION

This regional initiative, spanning Iraq and Lebanon, adopts an integrated approach to enhance climate resilience and migrant inclusion within health systems. By focusing on capacity building, climate-resilient infrastructure, and cross-country knowledge exchange, the project delivers substantial benefits that extend beyond isolated national efforts. The regional strategy creates synergies, enabling each country to better anticipate, withstand, and recover from climate-health-migration challenges, thus safeguarding vulnerable and migrant populations while at the same time creating a regional space for common threats, risks, roster of experts and cross-country exchange that will enable regional adoption of best practices at lower costs. The project will promote innovative solutions to climate change adaptation in the health sector by piloting and scaling climate-resilient and environmentally sustainable health facility models, and by deploying mobile and digital health tools tailored to the hosting communities of migrants, IDPs and other mobile populations. It will also test innovative governance mechanisms, including migration- and climate-sensitive risk assessments embedded in health planning and DRR strategies, and a regional cross-sectoral hub for collaboration and knowledge exchange on the climate–health–migration–DRR nexus.

Cost-effectiveness is achieved through shared resources, joint capacity building, and coordinated procurement, reducing duplication and enabling economies of scale. Regional frameworks, such as a knowledge hub and harmonised training materials, further enhance efficiency and impact, while infrastructure investments are optimised for lower costs and sustainability.

The project is aligned with national climate and health priorities in Iraq and Lebanon as members of the WHO Alliance on Transformative Action on Climate Change and Health (ATACH), national climate change strategies and plans, health sector strategies and DRR frameworks. It supports implementation of the Paris Agreement, the Sendai Framework for Disaster Risk Reduction and the Sustainable Development Goals (in particular SDGs 3, 5, 10 and 13) and is consistent with relevant regional strategies (e.g. on climate change and health, as well as the health of migrants and IDPs).

In addition, relevant WHO approaches will be used in relation to building climate resilient and environmentally sustainable healthcare facilities, based also on our [Checklists to Assess vulnerabilities in Health Care Facilities in the Context of Climate Change](#) as well as [WHO guidance for climate resilient and environmentally sustainable health care facilities](#).

Learning and knowledge management are central to project design. Evidence, lessons learned and good practices from pilot interventions and national implementation will be systematically captured, analyzed and shared through the regional platform, technical working groups, South–South exchanges and regional workshops. This will support adaptive management within the project and facilitate replication and scaling in other EMR countries facing similar challenges.

The project will be designed and implemented in line with the Adaptation Fund Environmental and Social Policy, using a gender-responsive and human-rights-based approach. The consultative process during

preparation will engage vulnerable groups, including migrants, IDPs, returnees, women, children, older persons and people with disabilities, alongside national and local authorities, civil society and professional associations. Attention will be given to barriers faced by women and girls in accessing climate-resilient health services and information.

Sustainability will be ensured by anchoring tools and approaches in national systems (policies, plans, budgets and information systems), building long-term institutional and technical capacities and pairing infrastructure investments with training on operation and maintenance and efforts to mobilize domestic resources. By focusing on high-risk, migrant/IDP-hosting areas with significant service gaps, and by strengthening institutions, infrastructure and knowledge systems that will continue to function beyond the project period, the requested Adaptation Fund resources are justified to cover the full incremental cost of adaptation and deliver durable, scalable benefits for the most climate-vulnerable communities.

Strict compliance with national technical standards and environmental policies is assured, with transparent procurement and adherence to health and building codes. The project mitigates environmental and social risks through assessments and ongoing monitoring, promoting inclusion and equity.

The programme fills current funding gaps by addressing the climate-health-migration nexus, with minimal risk of overlap with existing UN initiatives due to its unique integrated and regional approach. Coordination with other donors and stakeholders is emphasised to maximise impact and minimise redundancy.

The requested approximately US\$30 million is justified to address urgent adaptation needs, given the compounded vulnerabilities across the two countries. While environmental and social risks are recognised, the project is designed to deliver positive, lasting impacts through thorough planning and management.

### **PART III: IMPLEMENTATION ARRANGEMENTS**

The World Health Organization (WHO) will oversee and manage the project, handling financial management, monitoring, and reporting duties in accordance with globally recognized procurement principles and regulations. In the countries where the project is implemented, the Ministries of Health (MoH) will act as Executing Entities, responsible for carrying out activities at national and subnational levels under WHO's direction and support. A Project Management Unit (PMU), established by WHO, International Organization for Migration (IOM), United Nations Disaster Risk Reduction (UNDRR), and the MoHs, will include staff embedded within the MoHs as well as regional personnel to implement the project. National and regional staff will coordinate activities, ensuring adherence to WHO and Adaptation Fund policies for procurement and financial management.

A Project Board/Steering Committee, led jointly by WHO and each country's Ministry of Health, will meet annually at the regional level and twice a year nationally to review progress and make key strategic decisions. The committee will comprise representatives from government ministries, all National Designated Authorities (NDAs), National Implementing Entities (NIEs), IOM, UNDRR, and other stakeholders from the health and WASH sectors. Additionally, a Technical Working Group (TWG)—made up of experts from government, civil society, research institutions, and the private sector—will provide technical guidance and recommendations to the committee.

The project's governance structure, including the PMU, is designed to minimize governance-related risks. Led by a Project Manager based in the MoH offices of the two countries and supported by a Project Coordinator in WHO country offices, the PMU will handle daily management, coordination, reporting, and monitoring and evaluation. This approach ensures accountability and transparency throughout the project. All procurement will follow WHO's policies to maintain fairness and openness, and regular audits will be conducted according to WHO standards to prevent fraud and corruption. Financial information will be shared as needed to strengthen accountability. This inclusive governance model supports integration with national climate frameworks, encourages active participation by local governments in decision-making, and facilitates effective monitoring, reporting, and compliance with the Adaptation Fund's requirements.

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

**A. Record of endorsement on behalf of the government<sup>2</sup>** *Provide the name and position of the government official and indicate date of endorsement for each country participating in the proposed project/programme. Add more lines as necessary. The endorsement letters should be attached as annexes to the project/programme proposal.*

<i>H.E. Dr Hallo Al Askari, Minister of Environment, Iraq</i>	<i>Date: February 2, 2026</i>
<i>H.E. Dr Tamara El-Zein, Minister of Environment, Lebanon</i>	<i>Date: January 12, 2025</i>

**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*

<p>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 for Iraq and Lebanon 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.</p>	
 Dr Tonia Rifaey Technical Officer for Refugee and Migrant Health Health Financing and Governance Department Health System and Life Course World Health Organization Regional Office for Eastern Mediterranean	
Date: <i>February 5, 2026</i>	Tel. and email: +201005305828, <a href="mailto:rifaeyt@who.int">rifaeyt@who.int</a>
Project Contact Person: Elena Villalobos Prats Technical Officer, WHO/HQ/HEP/ECH/CCH	
Tel. And Email: +41792510315 and <a href="mailto:villalobose@who.int">villalobose@who.int</a>	

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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.

كۆماري عيراق  
ودزاره تي زئينگه  
نوسينگه ي وده زير  
Republic Of Iraq  
Ministry Of Environment  
Minister's Office



ADAPTATION FUND



جمهورية العراق  
وزارة البيئة  
مكتب الوزير

العدد: ج.م. و. ١٩٢ / ١  
التاريخ: ٢٠٢٦ / ٢ / ٢

**Letter of Endorsement by Government**

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

**Subject: Endorsement for Building climate- Resilient, Migrant- Inclusive Health systems in Iraq , Jordan and Lebanon**

In my capacity as designated authority for the Adaptation Fund in \_\_IRAQ\_\_, I confirm that the above regional grant 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 \_\_IRAQ\_\_.

Accordingly, I am pleased to endorse the above grant proposal with support from the Adaptation Fund. If approved, the project will be implemented by the World Health Organization and executed by the Ministry of Health of Iraq

**Please accept the assurance of our highest consideration,**

**Dr. Hallo Al Askari  
Minister of Environment  
Designated National Authority  
Feb. , 2 ,2026**

نسخة منه الى

- مكتب الوزير / للتفضل بالاطلاع ... مع التقدير
- قسم علاقات البيئة الدولية / شعبة اتفاقية تغير المناخ والاوزون / للمتابعة مع الأوليات ... لطفا



**REPUBLIC OF LEBANON**  
**MINISTRY OF ENVIRONMENT**

THE MINISTER

Beirut, 12/1/2026  
Ref.: 5335/B<sup>2025</sup>

**The Adaptation Fund Board**  
**c/o Adaptation Fund Board Secretariat**  
**Email: [Secretariat@Adaptation-Fund.org](mailto:Secretariat@Adaptation-Fund.org)**  
**Fax: 202 522 3240/5**

**Subject: Endorsement for “ Building Climate-Resilient, Migrant-Inclusive Health Systems in Iraq, Jordan, and Lebanon” project**

In my capacity as designated authority for the Adaptation Fund in Lebanon, I confirm that the above national grant 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 Lebanon.

Accordingly, I am pleased to endorse the above grant proposal with support from the Adaptation Fund. If approved, the project will be implemented by the World Health Organization (WHO) and executed by the Ministry of Public Health in Lebanon.

Notwithstanding the foregoing, the Ministry of Environment expects that during the preparation of the full funding proposal, the Ministry of Public Health and the WHO will work closely with the Ministry's team to ensure that the proposal includes activities and budget directly related to the mandate and scope of work of the Ministry of Environment, hence supporting the Ministry in ensuring sustainable environmental impact of the project. In addition, the Ministry of Environment expects the Ministry of Public Health and the WHO to take the necessary measures to ensure that the full project will be implemented in a manner consistent with applicable national laws, and in line with the strategic vision of the Ministry of Environment.

Sincerely,

**Minister of Environment**  
**Tamara El-Zein, PhD**

**Cc:** – Ministry of Public Health  
– WHO Country Office – Beirut  
– MoE - Service of Environmental Technology – Department of Air Quality  
– MoE - Climate Change Projects



**Revised PFG Submission Form<sup>1</sup>**  
**Project Formulation Grant (PFG)**

**Submission Date:** 5 February 2026

**Adaptation Fund Project ID:**

**Country/ies:** Iraq and Lebanon

**Title of Project/Programme:** Building Climate-Resilient, Migrant-Inclusive Health Systems in Iraq and Lebanon

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

**Implementing Entity:** World Health Organization (WHO)

**Executing Entity/ies:**

**A. Project Preparation Timeframe**

<b>Start date of PFG</b>	1 April 2026
<b>Completion date of PFG</b>	30 June 2026

**B. Proposed Project Preparation Activities (\$)**

<b>List of Proposed Project Preparation Activities</b>	<b>Output of the PFG Activities</b>	<b>US\$ Amount</b>	<b>Budget note<sup>2</sup></b>
Two (2) Country Missions to conduct stakeholder consultation meetings and Proposal drafting.	Agreed project outputs and outcomes and project development milestones.	US\$30,000	Cost for 2 missions to the 2 countries by WHO/IOM/UNDRR. These include flights, accommodation and meeting expenses.
<b>Total Project Formulation Grant</b>		<b>US\$30,000</b>	

Please describe below each of the PFG activities and provide justifications for their need and for the amount of funding required:

<sup>1</sup> As presented in AFB/PPRC.33/40 Annex 1.

<sup>2</sup> The proposal should include a detailed budget with budget notes indicating the break-down of costs at the activity level. It should also include a budget on the Implementing Entity management fee use.

The proposed country missions are essential to ensure a participatory and inclusive approach to project design, consistent with the Adaptation Fund’s requirements. These missions will facilitate in-depth stakeholder consultations in each of the three participating countries, enabling the identification of country-specific migration and climate vulnerabilities, adaptation priorities, and alignment with national strategies.

The consultations will also ensure the meaningful involvement of vulnerable groups, including women and marginalized communities, and will contribute to the integration of gender-responsive and socially inclusive approaches. The missions will support the development of the project proposal through joint planning sessions with national counterparts, IOM, UNDRR, NDAs, NIEs and key sector stakeholders. The requested funding of US\$ 30,000 is a cost-efficient investment to cover essential travel, accommodation, and meeting costs for WHO personnel, ensuring high-quality and contextually relevant project design with strong national ownership.

**For LLA Projects only:**

If requesting additional funding for LLA projects to enable devolving decision making to the local level, please specify the activities that would directly serve to enable devolving decision making to the lowest appropriate level and enable local actors to make informed decisions on how adaptation actions are defined, prioritized, designed, and implemented:

Please provide justifications for their need and for the amount of additional funding required:

**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
Dr Tonia Rifaey Technical Officer for Refugee and Migrant Health. Health Financing and Governance, Department Health System and Life Course, World Health Organization/Regional Office for Eastern Mediterranean		5 February 2026	Dr Tonia Rifaey	+201005305828	Rifaeyt@who.int