



ADAPTATION FUND

AFB/PPRC.38/32
10 September 2026

Adaptation Fund Board
Project and Programme Review Committee
Thirty eighth Meeting
Bonn, Germany, 19-23 October 2026

Agenda Item 5 (k)

PROPOSAL FOR IRAQ, LEBANON

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.*

(Decision B.27/5)

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.*

(Decision B.28/1)

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. The following project pre-concept document titled “Building Climate-Resilient, Migrant-Inclusive Health Systems in Iraq and Lebanon” was submitted for Iraq, Lebanon by the World Health Organization (WHO), which is a Multilateral Implementing Entity of the Adaptation Fund.

12. This is the sixth submission of the regional project pre-concept proposal using the three-step submission process. It was first submitted ahead of the forty-sixth Board meeting.
13. The current submission was received by the secretariat in time to be considered in the forty-seventh Board meeting. The secretariat carried out a technical review of the project proposal, with the diary number AF00000520, and completed a review sheet.
14. 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.
15. 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 PROPOSAL FOR
"BUILDING CLIMATE-RESILIENT, MIGRANT-INCLUSIVE HEALTH SYSTEMS IN IRAQ AND
LEBANON"

Project Title	Building Climate-Resilient, Migrant-Inclusive Health Systems in Iraq and Lebanon
Project ID	AF00000520
Category	Regular size project (over \$1 million)
Type	Regional project
Stage	Pre-concept
Country	Regional (Iraq, Lebanon)
Implementing Entity	WHO
Financing Requested	USD 29,944,000.00
Reviewer	Lystra Fletcher-Paul Fletcher-Paul

Co-reviewer(s)

IE Contact Person

Antonios Kolimenakis,Elena Villalobos-Prats,Nicole Sarkis,Tonia Rifaey

Secretariat's Overall Comment

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.

The proposal includes a PFG request of 30,000 USD.

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.

The second technical review found that most of the issues raised in the initial review have been addressed. However, a few issues associated with the adequacy of the AF resources, the sustainability plan and the Amount of Financing Requested on the Title Page and project formulation amount requested as discussed in the Clarification Requests (CRs) and Corrective Action Request (CAR) raised in the review, are still to be addressed.

The third technical review found that most of the issues raised in the second review have been addressed, with the exception of a few issues associated with the IE fee in the PFG and budget of the Project Components and Financing table, as discussed in the Clarification Requests (CRs) and Correction Action Request (CAR) raised in the review.

The fourth technical review finds that most of the issues raised in the third review have been address, with the exception of the amounts in the Project Components and Financing Table as discussed in the Correction Action Request (CAR) raised in the review.

The fifth technical review finds that the issues raised in the fourth technical review have been addressed. However, the Total Project Cost in the Components and Financing Table still needs to be addressed, as discussed in the Correction Action Request (CAR) raised in the review.

The sixth technical review finds that the issues raised in the fifth technical review have been fully addressed.

Country Eligibility

Are all of the participating countries party to the Kyoto Protocol, or the Paris Agreement?

Response: Yes

Secretariat: Kyoto Protocol

Iraq: 28 Jul 2009

Lebanon: 13 Nov 2006

Paris Agreement

Iraq: 8 Dec 2016

Lebanon: 22 Apr 2016

March 3, 2026

Are all of the participating countries developing countries particularly vulnerable to the adverse effects of climate change?

Response: Yes

Secretariat: 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.

March 3, 2026

Project Eligibility

Have the designated government authorities for the Adaptation Fund from each of the participating countries endorsed the project/programme?

Response: Yes

Secretariat: As per the Endorsement letter dated 12th January 2026 (Republic of Lebanon) and 2nd February 2026 (Iraq).

March 3, 2026

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?

Response: Pending

Secretariat: 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.

CR1: Please provide concise details on climate projections and how the system is vulnerable to climate to support the problem statement.

March 3, 2026

Response: Pending

Secretariat: CR1: Cleared

See Page 2 of Project/Programme Background and Context

May 4, 2026

Have the project/programme objectives, components and financing been clearly explained?

Response: Pending

Secretariat: CR2: 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).

March 3, 2026

Response: Cleared

Secretariat: CR2: Cleared

See Table in Section on Project/Programme Components and Financing (pages 3 – 6) Outputs amended

May 4, 2026

Response: Not Cleared

Secretariat: CAR1 (NEW)*: On the cover page of the proposal please include that last submission date of the proposal.

July 8, 2026

Response: Cleared

Secretariat: CAR1(NEW)*: Cleared

Last submission date included in the cover page of the proposal

August 4, 2026

Has the project/programme been justified in terms of how: - 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?

Response: Pending

Secretariat: Yes.

However further information is needed

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.

CR3: 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?

CAR1: 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.

CR4: 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.

CAR2: 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 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.

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.

CAR4:

1. Please elaborate on the sustainability plan and if one will be developed considering who maintains structures. Please note sustainability is beyond training and capacity building. Kindly consider partnerships needed, budget allocation, commitments etc.
2. 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.

CR7: Please briefly include some potential economic, social and environmental benefits, with particular reference to the most vulnerable communities.

March 3, 2026

Response: Pending

Secretariat: CR3: Cleared

See page 3 (para 1) in Section on Project/Programme Objectives

CAR1: Not cleared

The IE's response indicates that The Adaptation Fund resources will finance the costs required to climate proof targeted primary healthcare facilities and should not require additional funds to achieve its adaptation objectives. However, the use of the term should not in the response suggests some uncertainty that additional funds would not be required. Please provide additional evidence that the funds requested would be sufficient.

CR4: Cleared

See page 7 (para 1) for further elaboration

CAR2: Cleared

See page 7 (para 3 – 4)

CAR3: Cleared

1. Cleared for this stage. At the concept note stage, please include in the pre- concept note a brief statement with the information on the past consultation process described in the response sheet.

2. Section B of the PFG confirms that discussions will be held with stakeholders with a gender remit.

3. Page 8 (para 2) and Section B of the PFG describe how the vulnerable groups will be engaged and that a gender analysis is a key activity in drafting the proposal.

CR5: Cleared

See Part II Project/Programme Justification (pages 6 and 7)

CAR9: Cleared

Page 7 (para 2) describes how cost effectiveness will be achieved. It also describes how the cost-effectiveness will be demonstrated.

Macro-economic modelling will also be applied to estimate annual net benefits from climate proofing interventions. Periodic financial and impact audits will be carried out to validate savings and ensure that investments deliver scalable, sustainable benefits for vulnerable populations.

CR6: Cleared

See Part III Implementation Arrangements (page 9, para 2)

CAR4: Not Cleared

Part II (page 8) describes the measures which will be employed to ensure sustainability. It covers institutional integration, capacity building, financial planning, and monitoring in line with Adaptation Fund criteria. It anchors outputs in national policies, budgets, and ministries via dedicated units and directives. It pairs infrastructure upgrades with operation/maintenance training and domestic resource mobilization. Staff retention is addressed through compensation, career paths, and conflict contingencies like digital tools.

However, two aspects of sustainability were not mentioned and could be strengthened. They are: environmental sustainability and community ownership and awareness among migrants/IDPs. Please include a brief sentence on how these two aspects of sustainability will be addressed by the project.

CR7: Cleared

See Part II (page 8 (last para) – 9 first para)

May 4, 2026

Response: Cleared

Secretariat: CAR1: Cleared

It is clarified in the last paragraph of Part II, that the financing envelope is expected to be sufficient to cover the full costs required to climate-proof targeted health facilities and implement the proposed adaptation measures. Consequently, the project is not expected to require additional funds to achieve its adaptation objectives.

Moreover, the requested funds are aligned with the budgeted cost of each expected outcome and no financing gap has been identified for achieving the required goals. As outlined in the proposal, the long-term sustainability of the project will, therefore, rely on strategic budgeting and leveraging domestic and public-private funds for

recurring costs as well as suggested interventions in the long run.

CAR4: Cleared

Part II has been revised to include information on environmental sustainability and community ownership and awareness among migrants/IDPs. (see page 6). Environmental sustainability will be promoted using renewable energy, resource-efficient WASH and health-care waste management systems, while community ownership and awareness among migrants and IDPs will be strengthened through inclusive engagement, risk communication and participation in the design and uptake of locally appropriate health adaptation measures.

June 5, 2026

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?

Response: Pending

Secretariat: Yes.

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.

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.

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.

March 3, 2026

Resource Availability

Is the requested project / programme funding within the funding windows of the programme for regional projects/programmes?

Response: Cleared

Secretariat: No Comments provided

Response: Not Cleared

Secretariat: CAR2 (NEW): The PCN document and the PFG request must be signed by the IE coordinator.

According to our records, Elena Villalobos Prats is the designated signatory for both documents. Please resubmit both documents with the correct signature.

Response: Cleared

Secretariat: CAR2(NEW): Cleared As per IE coordinator's signature appended in the PCN document and PFG.
August 17, 2026

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?

Response: Pending

Secretariat: Yes.

However further adjustments are needed.

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)

CAR5: Though the figures are within the cap, there is a discrepancy with the calculations. For regional projects and programmes, the IE fee is 10% of total project/programme cost for all funding windows. 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.

CAR6:

1. Please clarify the EE on the PFG form and clarify if the project is targeting only two countries
2. Please include the IE fee as a separate line in the PFG form.
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.
4. Please ensure that the authorized IE signature is included in the re-submitted PFG form.

March 3, 2026

Response: Pending

Secretariat: CAR5: Cleared

The calculations have been amended. Please change the title in the lower part of the Project Component and Financing Table from Total Project Cost to Total Project/Programme Activities Cost

CAR6:

1. Cleared
 2. Not cleared
- IE Fee is not included in the PFG form
3. Cleared change made
 4. Cleared authorized signature included in the submitted PFG form

CAR7(NEW):

1. Please change the Amount of Financing Requested on the title page to USD29,953,000 so that the amount is consistent with the Project/Components and Financing Table
2. On the PFG form please update the start and end date of the PFG.
3. Please confirm if Ministries of Health of Iraq and Lebanon will also execute the PFG. If WHO will self-execute the PFG please update the information in the PFG request form.
4. In the PFG request form please clarify "Draft PFG package".
5. Please update the PFG requested amount to be consistent with the amount for this stage which is US \$30,000 on the cover page of the proposal and within the PFG form. The note in the last review only confirmed that the US \$30,000 being requested was the correct amount. There was no corrective action requested for the PFG amount.

6. Please present the budget in the components and financing table at the output level in the final column, an additional row can be added to reflect the total for the component, however the output level amount should be included.

May 4, 2026

Response: Not Cleared

Secretariat: CAR6:

2. Not cleared.

IE fee is still not included in the PFG form.

CAR7(NEW):

1. Cleared.

Amount of financing requested on the title page has been changed to be consistent with the Project/Components Financing table

2. Cleared.

Start and end dates have been updated.

3. Cleared

MoH of Iraq and Lebanon have been removed from the list of executing entities.

4. Cleared

The PFG request form has been revised accordingly.

5. Cleared

PFG updated

6. Not cleared

Budget at output level is still not presented. Please include output level amounts in addition to the total for each component. Additionally, please remove the million in word in the components financing table.

June 5, 2026

Response: Not Cleared

Secretariat: Although the Project Components and Financing Table has been revised to show the budget at Output level, the word "Million" has not been removed from the title. Thus the values of the last two rows of the table - Amount of Financing Requested and Total Project Cost, Project/Programme Execution Cost, Total Project/Programme Cost and Project Cycle Management Fee charged by the Implementing Entity) are all incorrect if they represent millions of dollars.

CAR1(NEW) :

1. In the Project Components and Financing Table the sum of USD 24,500,00 as the total components cost is incorrect and should be 24,500,000. Please amend.

2. The title associated with that sum (Total project costs) is also incorrect, it should be the Total Components cost. Please amend.

3. If the execution cost is intended to be \$2,730,000 then it will represent 11.4% of the total project costs and should be amended downwards to within 10%.

4. Please remove the word "million" from the Heading of the last column of the table and change the values in the last column to the actual dollar value (i.e. use 800,000 instead of 0.8 and 3,000,000 instead of 3.0 etc.

June 23, 2026

Response: Not Cleared

Secretariat: CAR 7 (3) (NEW) : Re-opened.

Please insert WHO next to EE for the PFG as this needs to be clear in the PFG request form.

CAR2 (NEW)*: Please present the budget in the Project Components and Financing Table at the output level.

July 8, 2026

Response: Not Cleared

Secretariat: CAR 7 (3) (NEW) : Cleared

WHO inserted next to EE for the PFG

CAR2 (NEW)*: Budget in the Project Components and Financing Table is now presented at the output level.

CAR3 (NEW)*: In penultimate section of the Project Components and Financing Table - just above the row titled Amount of Financing Requested, the Total Project Cost is given as USD 24,500,000 and the Total Project/Programme cost is given as USD 27,222,000. Please change the Total Project Cost in the first line of that row to Total Component cost. (i.e. Total Component cost is USD 24,500,000).

August 4, 2026

Response: Not Cleared

Secretariat: CAR4 (NEW): The IE fee exceeds the 10% cap established by AF policies. Please reduce it to USD 2,722,000 and update all related figures throughout the document accordingly.

Response: Cleared

Secretariat: CAR3 (NEW): Cleared. Total Project Cost has been revised to Total Components Cost in the budget table (Page 5)

CAR4 (NEW): Cleared. The IE fee in the budget table has been revised to USD 2,722,000

August 17, 2026

Eligibility of IE

Is the project/programme submitted through an eligible Implementing Entity that has been accredited by the Board?

Response: Cleared

Secretariat: Yes.

World Health Organisation (WHO) is an accredited Implementing Entity.

The Implementing Entity's accreditation expiration date is 24 November 2028.

March 3, 2026

Response: Not Cleared

Secretariat: CAR1 (NEW): Please include the proper legal names of the executing entities on the cover page of the proposal.

June 5, 2026

Response: Not Cleared

Secretariat: CAR1(NEW): Not cleared.

Please include the proper legal names of each of the Ministries for Iraq and Lebanon, for Lebanon an internet search suggests Ministry of Public Health please clarify and or update as needed.

Response: Cleared

Secretariat: CAR1 (NEW): Cleared

Proper legal names of each of the Ministries for Iraq and Lebanon, included and update
August 4, 2026



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 Area¹: Disaster risk reduction and early warning systems

Type of Implementing Entity: Multilateral Implementing Entity

Implementing Entity: World Health Organization

Executing Entities: Ministry of Health Iraq and Ministry of Public Health Lebanon

Amount of Financing Requested: 29,944⁵,000 (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: ~~7/8/2026~~ 8/14/2026

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:

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. Iraq ranks as the fifth most susceptible nation to climate disruption, facing extreme heat, decreasing and inconsistent rainfall, worsening droughts and water shortages, frequent sand and dust storms, and periodic flooding. These challenges are intensified by water management decisions in neighboring countries, which have reduced Iraq's essential water supplies. Additionally, rapid population growth, increased urbanization, and inefficient water consumption in agriculture and industry are driving up water demand. Without adequate planning and preparation, the environmental changes could be catastrophic, potentially forcing Iraqis to move to survive. Climate-induced migration is currently underway, evidenced by approximately 140 000 IDPs. Prolonged conflict, with over a million remaining displaced, and environmental degradation have contributed to rural-to-urban migration and internal displacement, resulting in increased health risks and pressure on facilities within affected regions.

A quarter of the Lebanese population are migrants due to the protracted emergencies that surrounded the small nation. Lebanon faces climate stressors on top of ongoing economic and political crises, damaged infrastructure from conflict that has displaced hundreds of thousands, energy shortages, and interruptions in supply. This combination creates frequent climate-related disruptions for health facilities serving vulnerable groups, including refugees and IDPs, especially in areas with heightened risk, threatening their ability to provide consistent care. Climate predictions show Lebanon's average temperature could go up by 1.6–2.2°C around mid-century, while rainfall may drop by 4–11%, increasing drought and straining water and energy resources.

Along Lebanon's coast, sea levels have been rising consistently and are expected to climb by another 30 to 60 centimeters over the next thirty years. This puts the vast coastal region, home to 70% of Lebanon's population, at risk of erosion or even complete flooding. Important sandy beaches and nature reserves, including Palm Island and Tyre, will face inundation as sections of the coast disappear. The rising sea threatens economic activity—like fishing, farming, industry, and tourism—with the added danger of seawater seeping into freshwater aquifers, making them salty. Drought, storms, disease, malnutrition, and higher seas caused by climate change could push already vulnerable Lebanese families to move elsewhere.

As a result, both countries face heightened challenges in protecting vulnerable populations, including migrants, IDPs, returnees, and host communities, who are often concentrated in high-risk areas with limited resources. The health systems in Iraq and Lebanon are particularly vulnerable to climate impacts due to chronic underfunding, infrastructure damage, and concurrent humanitarian, economic, and political crises. These systems are frequently overstretched and lack the capacity to absorb additional burdens caused by climate-sensitive health risks, such as respiratory and cardiovascular diseases, water- and vector-borne illnesses, and disruptions to essential health services.

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 has left migrant-hosting settings ill-equipped to respond to escalating climate threats.

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 project aims to strengthen climate-resilient, migrant-inclusive health systems in Iraq and Lebanon, protecting vulnerable groups from climate-related health risks. Health system assessments will use the WHO refugee and migrant health system review tool, along with Lebanon's climate resilience tool, to identify gaps needing improvement. Interventions will target areas requiring climate adaptation or experiencing migration and displacement. These interventions will include:

- Upgrading infrastructure (water, sanitation, energy) for reliable operation during climate events.
- Integrating climate and health data into early warning systems for preparedness actions.
- Enhancing supply chain resilience by improving cold-chain management and procurement.
- Adapting service delivery for high-risk areas through mobile services and tailored referral pathways.
- Training health workers on climate health risks and emergency response.

The most effective entry point to target is primary healthcare, so this proposal will primarily concentrate on that level.

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:

Put budget	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 Disaster risk management policies and climate change adaptation plans revised to explicitly integrate migration and climate-health considerations, with updated policy documents and planning guidelines produced and disseminated.	Iraq, Lebanon Region	800,000
		1.1.2 Regional and national frameworks of action on climate-health-migration nexus governance developed and formally adopted, including the publication of operational manuals and implementation protocols.		600,000

		1.1.3 Training sessions conducted, outreach campaigns launched, and educational materials produced and distributed to promote climate-sensitive, migrant-inclusive health and community services.		700,000
		1.1.4 Series of national and regional training workshops, utilizing WHO training modules, held to build the capacities of health workers, policy makers, and community leaders, with measurable increases in the number of individuals equipped to deliver equitable and responsive services in climate-affected migrant and host communities.		900,000
Project/Programme Component 1: Capacity building and institutional strengthening				3,000,000
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 Vulnerability assessments of health facilities and communities in migrant-hosting areas are conducted using a multi-partner adapted assessment tools to identify climate hazards and health systems gaps.	Iraq, Lebanon	1,500,000
		2.1.2. Preparedness strategies and protocols are developed and implemented, including training sessions for healthcare workers to strengthen anticipatory response capacity.		2,000,000
		2.1.3 Solar energy systems are installed, climate-resilient WASH (including Healthcare Waste Management) services are upgraded, and climate-resilient infrastructure is established or refurbished in health facilities, focusing on primary healthcare level, within migrant-hosting communities.		10,000,000
		2.1.4 Mobile health and telemedicine units, and/or ambulances are deployed or refurbished in hard-to-reach migrant and displaced populations.		2,500,000
		2.1.5 Climate-informed, migrant-inclusive WHO Early Warning, Alert and Response System (EWARS) is technically set up and operationalized in selected settings, with staff trained and the system integrated into existing public health programmes and actions.		2,000,000
Project/Programme Component 2: Climate resilient health systems and facilities in hosting communities of migrants, IDPs and other mobile populations				18,000,000
3. Evidence generation, knowledge management, and regional	3.1 Enhanced evidence-based decision making and knowledge exchange across	3.1.1 Operational research studies conducted on adaptive, local, and innovative interventions and solutions addressing the climate-health-migration nexus (e.g., research reports, policy briefs, data sets produced).	Iraq, Lebanon Region	1,200,000

cross-sectoral collaboration.	countries and at regional level.	3.1.2 Regional cross-sectoral knowledge and collaboration hub/network on climate-health-migration-disaster risk reduction nexus established (e.g., online platform launched, membership list created, regular meetings organized).	800,000
		3.1.3 South-South experience and knowledge exchange activities implemented, including regional and country visits and workshops (e.g., number of workshops held, participants trained, exchange visit reports).	800,000
		3.1.4 Lessons learned, best practices, and project outcomes documented and disseminated via a dedicated dashboard/toolbox (e.g., dashboard launched, resources uploaded, usage statistics).	700,000
Project/Programme Component 3: Evidence generation, knowledge management, and regional cross-sectoral collaboration			3,500,000
Sub-Total for Programme Component 2: Capacity Building and Institutional Strengthening			3,000,000
Sub-Total for Programme Component 1: Climate resilient health systems and facilities in hosting communities of migrants, IDPs and other mobile populations.			18,000,000
Sub-Total for Programme Component 3: Evidence generation, knowledge management, and regional cross-sectoral collaboration.			3,500,000
Total ~~Component~~ Project Cost			24,500,000
Project/Programme Execution cost (10%)			2,722,000
Total Project/Programme Cost			27,222,000
Project/Programme Cycle Management Fee charged by the Implementing Entity (10%)			2,722,000
Amount of Financing Requested			29,944,000

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 distinguishes between innovative and scaled practices by introducing pilot initiatives that represent new models for climate-resilient and environmentally sustainable health facilities within the region. These pilots will be implemented in Iraq and Lebanon, where such approaches have not previously been adopted at scale. Specifically, the project will test the deployment of mobile and digital health tools customized for the needs of migrant, IDP, and other mobile populations—solutions that are considered innovative for the local context but have demonstrated success in other global settings, such as low-resource and high-mobility environments. The project will also introduce novel governance mechanisms, such as migration- and climate-sensitive risk assessments integrated into health planning and disaster risk reduction (DRR) strategies, and establish a regional, cross-sectoral hub for collaboration and knowledge exchange focused on the climate–health–migration–DRR nexus. To mitigate potential risks and protect the overall success of the project, the pilots will be carefully monitored, and lessons learned will be systematically captured and shared through the regional platform.

Cost-effectiveness will be 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. Evidence for cost-effectiveness will be demonstrated using a combination of quantitative and qualitative methodologies. This includes conducting comparative cost-benefit analyses to measure the value of shared procurement and joint capacity building versus individual country approaches. Efficiency gains from harmonised training and regional knowledge exchange will be tracked through performance indicators such as reduced per-unit infrastructure costs, increased uptake of best practices, and lower operational expenses.

The project objectives are in line with Lebanon National Adaptation Plan (NAP) which was adopted in 2025. The project's focus on strengthening climate-resilient, migrant-inclusive health systems directly supports the NAP's strategic priorities of building adaptive capacity in the health sector, safeguarding vulnerable populations, and integrating climate change considerations into health governance and service delivery. By utilising tools such as health system assessments, infrastructure upgrades, early warning systems, and capacity building specifically tailored for climate adaptation and migration challenges, the project aligns with the NAP's goals to enhance climate resilience, environmental sustainability, and equitable access to health services. It should be noted that as part of this project a Health National Adaptation Plan (HNAP) will be developed by the MOPH Lebanon with the support of WHO.

Iraq began developing its National Adaptation Plan (NAP) in 2020, and work is ongoing. The plan is still being prepared as stakeholders continue consultations and technical evaluations to identify key areas for sectoral adaptation. With support from WHO and IOM through the M-MPTF project, Iraq's Ministries of Health and Environment developed the Health National Adaptation Plan (HNAP) in 2025, based on findings from the health Vulnerability and Adaptation (V&A) assessment. This initiative aligns with Iraq's HNAP recommendations: incorporating climate change into national health strategies, enhancing capacities for climate-resilient health planning at all levels, obtaining dedicated resources for HNAP implementation, and promoting intersectoral governance and better data sharing.

The project is fully consistent with relevant national, regional and global climate, health and disaster risk reduction frameworks in Iraq and Lebanon.

The project is also aligned with national disaster risk reduction frameworks and health sector strategies implemented by the Ministries of Health in both countries. At the regional and global level, the initiative contributes to the objectives of the Paris Agreement, the Sendai Framework for Disaster Risk Reduction, and the Sustainable Development Goals, particularly SDG 3 (health), SDG 10 (reducing inequalities) and SDG 13 (climate action). It further supports regional priorities under the WHO Eastern Mediterranean climate and health agenda and WHO's Alliance for Transformative Action on Climate and Health, of which both countries are members, promoting climate-resilient and environmentally sustainable health systems. 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 is ensured by integrating tools and strategies into national systems, building lasting institutional capacity, and linking infrastructure investment with ongoing training and resource mobilization. Environmental sustainability will be promoted using renewable energy, resource-efficient WASH and health-care waste management systems, while community ownership and awareness among migrants and IDPs will be strengthened through inclusive engagement, risk communication and participation in the design and uptake of locally appropriate health adaptation measures.

Project outputs will be embedded in policies, plans, budgets, and information systems, adopted and maintained by Ministries of Health in Iraq and Lebanon through official directives and inclusion in work programmes. A dedicated unit within each ministry, focusing on the nexus, will oversee project resources to ensure continuity. Partnerships with government, international organizations, academia, and civil society

support knowledge sharing and best practice dissemination. Coordination structures, like regional knowledge hubs and technical groups, will facilitate post-project collaboration and accountability. Long-term sustainability will rely on strategic budgeting and leveraging domestic and public-private funds for recurring costs. Financial planning will include audits and cost-benefit analyses for sustained investment. Skilled personnel retention is prioritized through targeted training, competitive compensation, and clear career progression, with contingency plans for conflict-prone areas, including digital platforms and remote support. Monitoring uses integrated evaluation systems measuring institutionalization, partnership effectiveness, budget adequacy, and staff retention, with regular reviews and shared lessons via regional platforms for improvement and scalability.

The project will generate significant economic, social and environmental benefits, particularly for vulnerable communities in climate-affected and migrant-hosting areas. Economically, strengthening climate-resilient primary health facilities and early warning systems will reduce the costs associated with climate-related health emergencies, service disruptions and disease outbreaks, while lowering operational expenses through energy-efficient infrastructure such as solar power systems. Socially, the project will improve equitable access to essential health services for migrants, internally displaced persons, returnees and host communities, enhance community preparedness for climate-related health risks, and strengthen the capacity of local health workers and institutions. Environmentally, investments in renewable energy, climate-resilient water, sanitation and healthcare waste management systems will reduce the environmental footprint of health facilities while improving resilience to climate shocks. By prioritizing high-risk and underserved areas, the project will help protect the health, livelihoods and wellbeing of the most vulnerable populations while contributing to sustainable and inclusive climate adaptation.

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. This financing envelope is expected to be sufficient to cover the full costs required to climate-proof targeted health facilities and implement the proposed adaptation measures, and the project is therefore not expected to require additional funds to achieve its adaptation objectives. As the requested funds are aligned with the budgeted cost of each expected outcome and no financing gap has been identified for achieving the required goals.

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.

A regional platform will be created as a cross-sectoral hub for knowledge and collaboration on the climate-health-migration-disaster risk reduction nexus. This initiative is unprecedented and aims to advocate and promote targeted empirical research that provides evidence and guidance for Iraq,

Lebanon, and other countries in the region. Dedicated knowledge management staff will be hired to support this effort.

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 government² *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.*

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

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 for Iraq and Lebanon and subject to the approval by the Adaptation Fund Board, commit to implementing the project/programme in compliance with the Environmental and Social Policy of the Adaptation Fund and on the understanding that the Implementing Entity will be fully (legally and financially) responsible for the implementation of this project/programme.



Ms Elena Villalobos Prats
Technical Officer, WHO/HQ/HEP/ECH/CCH

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: ~~March 10, 2026~~ August 12, 2026

Tel. And Email: +41792510315 and villalobose@who.int
Tel. and email: +201005305828, rifaeyt@who.int

Project Contact Person:

Dr Tonia Rifaey
Technical Officer for Refugee and Migrant Health
Health Financing and Governance

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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.

Department Health System and Life Course
World Health Organization
Regional Office for Eastern Mediterranean
Elena Villalobos Prats
Technical Officer, WHO/HQ/HEP/ECH/CCH
Tel. And Email: +201005305828, rifaeyt@who.int Tel. And Email: +41792510315 and
villalobose@who.int

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كۆماري عیراق
ودزاره تی رینکه
نوسینگه ی وده زیر
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/B²⁰²⁵

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” 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 Form¹
Project Formulation Grant (PFG)

Submission Date: August 12~~July 8~~, 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: World Health Organization (WHO)

A. Project Preparation Timeframe

Start date of PFG	1 October 2026
Completion date of PFG	1 December 2026

B. Proposed Project Preparation Activities (\$)

List of Proposed Project Preparation Activities	Output of the PFG Activities	US\$ Amount	Budget note²
Two (2) Country Missions to conduct stakeholder consultation meetings and proposal drafting.	Agreed project outputs and outcomes and project development milestones.	USD 27,280	Cost for 2 missions to the 2 countries by WHO/IOM/UNDRR. These include flights, accommodation and meeting expenses and ensuring ample representations from affected governorates Consultation reports; validated problem statements.
IE fee (10%)		USD 2,720	IE fee (10%)

¹ As presented in AFB/PPRC.33/40 Annex 1.

² 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.

Total Project Formulation Grant		USD 30,000	
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Please describe below each of the PFG activities and provide justifications for their need and for the amount of funding required:

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.

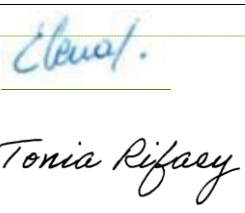
For LLA Projects only:

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
<u>Ms Elena Villalobos Prats</u> <u>Technical Officer,</u> <u>WHO/HQ/HEP/ECH/CCH</u> <u>Tel. And Email:</u> <u>+41792510315 and</u> <u>villalobose@who.int</u> <u>Dr Tonia Rifaey</u> <u>Technical Officer for</u> <u>Refugee and Migrant</u>		<u>5</u> <u>February</u> <u>12, 2026</u>	<u>Dr</u> <u>Tonia</u> <u>Rifaey</u>	<u>+201005305828</u>	<u>Rifaeyt@who.int</u>

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Health. Health Financing and Governance; Department Health System and Life Course, World Health Organization/Regional Office for Eastern Mediterranean						
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