



Strengthening Climate Resilience of the Lao People's Democratic Republic (PDR) Health System

Annex 2a: Logical Framework

Accredited Entity: Save the Children Australia
Version: Final– 2023/08/14



LOGICAL FRAMEWORK TEMPLATE

LOGICAL FRAMEWORK				
<p><i>This section refers to the project/programme’s logical framework in accordance with the GCF’s Integrated Results Management Framework to which the project/programme contributes as a whole, including in respect of any co-financing.</i></p>				
<p>1. GCF Impact level: Paradigm shift potential (max. 300 words)</p>				
<p><i>This section of the logical framework is meant to help a project/programme monitor and assess how it contributes to the paradigm shift described in section D.2 above by applying three assessment dimensions - scale, replicability, and sustainability.</i></p> <p><i>Accordingly, for each assessment dimension (see the definition per assessment in the accompanying guidance note), describe the current state (baseline) and the potential scenario (target) and rate the current state (baseline) by using the three-point-scale rating (low, medium, and high) provided in the guidance note. Also describe how the project/programme will contribute to that shift/ transformation under respective assessment dimensions (scale, replicability and sustainability). In doing so, please refer to section D.2 (paradigm shift potential).</i></p>				
Assessment Dimension	Current State (Baseline)		Potential Target Scenario (Description)	How the Project/Programme Will Contribute (Description)
	Description	Rating		
Scale	While the GoL has complete authority over developing and standardizing and national policies and oversees the national, provincial, district, and local platforms that operationalize them, substantial barriers continue to inhibit the development and implementation of climate and health policies and strategies at scale. These barriers include: 1) limited intra-governmental coordination; 2) a lack of capacity and resources to develop, implement, and enforce	<u>Low</u>	<p>Climate and health policies are strengthened or established at national level and are operationalized in all provinces and districts with support from trained national GoL staff who understand climate-health linked issues.</p> <p>Climate and weather data are used to support early warnings and improved surveillance of dengue and diarrheal disease, with the capability to expand this functionality to other diseases in the future.</p> <p>Approaches to strengthen the climate-resilience of the health</p>	<p>The project intentionally incorporates strategies to facilitate implementation at scale:</p> <ul style="list-style-type: none"> • Strengthening national policy and strategy frameworks and government capacity to develop, update, and operationalize climate and health policies and strategies, and will support HNAP rollout • Incorporating climate information managed by the National Meteorological Department System into the national routine health information system (RHMIS) so it can be used by district and provincial health officers and health facility staff for decision-making • Through climate-resilient and energy-

	<p>policies and plans; 3) limited understanding of climate-health linked issues (e.g., on appropriate infrastructure and how climate impacts access to health services); and 4) persistent challenges in equitable (gender, ability, etc.) access to and use of health services at community level. These challenges result in missed opportunities to integrate climate change considerations into existing health policies and strategies and to develop new, future-oriented, and data-based climate and health policies and strategies that are tailored to the Lao PDR context.</p>		<p>system at community level are tested, refined, and scaled across GCF-supported provinces, districts, health facilities, and communities.</p> <p>Following the Phase 1 implementation period, the strengthened national policy landscape, early warning systems, and trained health system staff contribute to creating an enabling environment to address climate and health challenges together. MoH initiates post-project plans to roll out these approaches across the remaining provinces and districts to reach national scale.</p>	<p>efficient health facility upgrades and capacity strengthening for health facility staff on climate-related illnesses, the project will improve health service delivery for communities</p> <ul style="list-style-type: none"> • Early warning information and strengthened community capacity will enable communities to plan for EWEs and other health-related impacts of climate change, and to lead on implementing plans to reduce and adapt to climate-related health risks
<p>Replicability</p>	<p>Lao PDR’s centralized government structures should enable unified planning, roll out, and implementation of gender equitable policies and strategies. However, institutional capacity constraints at local, sub-national and national levels hamper effective adaptation planning processes in the health sector, inter- and intra-ministerial coordination, access to climate and health finance, and implementation of adaptation actions at scale.</p>	<p><u>Medium</u></p>	<p>MoH expands the use of climate and health information to calculate and prevent risks and provide early warnings and resilience measures for other climate-related diseases in Lao PDR.</p> <p>Other sectors (e.g., education and/or agriculture) replicate the established health system GHG emissions assessments to establish sectoral baselines, then create and implement GHG emission reduction plans.</p> <p>The GoL, SC and WHO leverage opportunities to share successful approaches and tools within</p>	<p>The project will deliver solutions that can be applied throughout the health sector and country. Specific examples include:</p> <ul style="list-style-type: none"> • Protocols for linking national climate and health information systems for dengue and diarrheal disease can be replicated to enhance climate data use for other climate-related diseases • Health facility infrastructure assessment and upgrade plans and solutions can be replicated for other government sectors with similar structures (e.g., the education sector and schools) <p>Certain aspects of the project will be primed for replication outside of Lao PDR, including:</p>

	<p>These constraints also mean the GoL has limited focus on internal knowledge sharing and dissemination across sectors and limited participation efforts in global learning focused on climate change and health.</p>		<p>regional (e.g., ASEAN) and global fora (e.g., COP meetings) adoption/replication in other regional and global contexts. Highlight tools and approaches may include GHG emissions assessment protocols and tools and protocols for linking national climate and health information systems.</p>	<ul style="list-style-type: none"> • The health system GHG emissions assessment protocol and tools for health systems and follow-on action plan will be made publicly available and promoted collectively by the project consortium and GoL in global and regional fora to advocate for other countries to use • Protocols for linking national climate and health information systems for dengue and diarrheal disease can be replicated to enhance climate data use for other climate-related diseases
<p>Sustainability</p>	<p>The introduction of new strategies and solutions in Lao PDR often fails due to a lack of official government endorsement, insufficient investment in training and capacity-strengthening, weak systems and procedures to maintain infrastructure, and a lack of widespread community participation, particularly from groups in rural, remote areas; women, girls and boys; and other groups that experience inequality and discrimination.</p>	<p><u>Low</u></p>	<p>The GoL, health system, and communities take on ownership and leadership of key activities, including keeping policies and strategies up-to-date; using climate data integrated into RMHIS; maintaining climate-resilient infrastructure; training frontline health workers on climate-related disease burdens; and scaling the community-based approach to identifying, reducing, and adapting to climate-related health risks.</p> <p>The project has a high likelihood of achieving sustained impact beyond the implementation period.</p>	<p>The project includes strategies to reinforce sustainability throughout its activities. These include:</p> <ul style="list-style-type: none"> • Updating policies and strategies in consultation with relevant government ministries, private sector partners and development partners, with MoH in a lead role on adopting and operationalizing them as national policy. Government stakeholders will co-plan and co-implement project activities as equal partners in the project. • Existing government systems will house enhanced climate and health data • Capacity strengthening includes a focus on establishing a cohort of trained, experienced GoL and health facility staff who can operationalize national policies and best practices • Infrastructure upgrades focus on context appropriate, low-resource solutions with locally available materials, and the project will share design plans for district, provincial, and national government actors

				<p>for future use.</p> <ul style="list-style-type: none"> Facilitating the creation of community risk assessments and action plans, with support for initial implementation, and building institutional capacity to manage future planning processes and secure implementation support from a range of sources (including global climate finance)
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2.1. GCF Outcome level: Reduced emissions and increased resilience (IRMF core indicators 1-4, quantitative indicators)

Select appropriate IRMF core and supplementary indicators to monitor project/programme progress. More than one IRMF (core and or supplementary) indicators may be selected as applicable for each GCF results area and project/programme outcome (as defined in the table in section B.2.2). If IRMF indicators are unable to measure any given project/programme outcomes, project/programme-specific indicators should be developed under section 3 ("Project/programme specific indicators").

GCF Result Area	IRMF Core Indicators (1-4) ¹	Means of Verification (MoV)	Baseline	Target		Assumptions/Note
				Mid-term	Final ²	
<u>ARA1 Most vulnerable people and communities</u>	<u>Core 2: Direct and indirect beneficiaries reached</u>	Census, health sector data	Direct 0 total 0 Men (M) 0 Women (W) Indirect 0 total 0 M 0 W	Direct 555,687 total 278,399 M 277,288 W Indirect 141,091 total 70,687 M 70,404 W	Direct 1,852,291 total 927,998 M 924,293 W Indirect 470,302 total 235,621 M 234,681 W	Target population can be reached through the program. Indicator will be disaggregated by gender, vulnerability status, direct, and indirect

¹ The IRMF Indicators are set out in the [Integrated Results Management Framework](#)

² The final target means the target at the end of project/programme implementation period. However, for core indicator 1 (GHG emission reduction), please also provide the target value at the end of the total lifespan period which is defined as the maximum number of years over which the impacts of the investment are expected to be effective.

<u>ARA1 Most vulnerable people and communities</u>	<u>Supplementary 2.4: Beneficiaries (female/male) covered by new or improved early warning systems</u>	Project data, telecom and EWS system data	<p>Direct 0 total 0 M 0 W</p> <p>Indirect 0 total 0 M 0 W</p>	<p>Direct 42,680 total 21,383 M 21,297 W</p> <p>Indirect 651,804 total 326,554 M 325,250 W</p>	<p>Direct 142,268 total 71,276 M 70,992 W</p> <p>Indirect 2,172,681 total 1,088,513 M 1,084,168 W</p>	Certain early warning system methods will not allow collection of personal identifying information (e.g. gender, age, village of residence)
<u>ARA2 Health, well-being, food and water security</u>	<u>Core 2: Direct and indirect beneficiaries reached</u>	Census, health sector data	<p>Direct 0 total 0 M 0 W</p> <p>Indirect 0 total 0 M 0 W</p>	<p>Direct 555,687 total 278,399 M 277,288 W</p> <p>Indirect 141,091 total 70,687 M 70,404 W</p>	<p>Direct 1,852,291 total 927,998 M 924,293 W</p> <p>Indirect 470,302 total 235,621 M 234,681 W</p>	<p>Potential for double-counting of health facilities at various levels is addressed.</p> <p>Target population can be reached through the program.</p>
<u>ARA2 Health, well-being, food and water security</u>	<u>Supplementary 2.5: Beneficiaries (female/male) adopting innovations that strengthen climate change resilience</u>		<p>Direct 0 total 0 M 0 W</p> <p>Indirect 0 total 0 M 0 feWmale</p>	<p>Direct 42,979 total 21,533 M 31,446 W</p> <p>Indirect 651,804 total 326,554 M</p>	<p>Direct 143,264 total 71,775 M 71,489 W</p> <p>Indirect 2,172,681 total 1,088,513 M</p>	Government stakeholders, communities and health facilities effectively engaged with innovative approaches and technologies for climate resilience (health facilities), early warnings and adaptation planning and implementation.

				325,250 W	1,084,168 W	<p>Direct beneficiaries Includes 996 direct beneficiaries who are health facility or MOH staff, along with the 142,268 direct beneficiaries from Output 4.1</p> <p>Indirect beneficiaries includes indirect beneficiaries for Output 4.1</p>
<u>ARA3 Infrastructure and built environment</u>	<u>Core 3: Value of physical assets made more resilient to the effects of climate change and/or more able to reduce GHG emissions</u>	Ministry of Finance appraisals Project documentation	\$0	\$7,942,050	\$23,850,000	These numbers are estimates based on a sub-sample of health facility assessments and may vary greatly after a complete assessment of the value, risks and needs at each of the 79 health facility sites
<u>ARA3 Infrastructure and built environment</u>	<u>Supplementary 3.1: Change in expected losses of economic assets due to the impact of extreme climate-related disasters in the geographic area of the GCF intervention</u>	Ministry of Finance appraisals Project documentation	\$0	\$6,535,227	\$19,803,720	These numbers include estimated avoided losses for health care equipment, materials and supplies across the 79 supported health facilities

2.2. GCF Outcome level: Enabling environment (IRMF core indicators 5-8 as applicable)					
<i>Select at least two relevant IRMF core (enabling environment) indicators to monitor and elaborate the baseline context and project/programme’s targeted outcome against the respective indicators. Rate the current state (baseline) vis-à-vis the target scenario and select the geographical scope of the outcome to be assessed. Describe how the project/programme will contribute towards the target scenario. Refer to a case example in the accompanying guidance to complete this section.</i>					
IRMF Core Indicators (5-8)³	Baseline Context (Description)	Rating for Current State (Baseline)	Target Scenario (Description)	How the Project Will Contribute	Coverage
<p><u>Core Indicator 5: Degree to which GCF investments contribute to strengthening institutional and regulatory frameworks for low emission climate-resilient development pathways in a country-driven manner</u></p>	<p>Weak integration of climate change into i) central health policies and management of health facilities and ii) community/health facility coordination at community level.</p>	<p>low</p>	<ul style="list-style-type: none"> Enhanced climate and health data management at national, provincial and district level Development of a carbon mitigation plan for the health system Development of climate-resilient standards and monitoring frameworks The documentation of health facilities’ design solutions that can be replicated GCF efforts will compliment ongoing efforts like the national Safe Clean Climate Resilient Green Hospitals Initiative and will be endorsed by WHO and GoL 	<p>Support MoH to develop plans and actions to increase their capacity to adapt to a changing climate, institutionalizing processes in the health-care system, and work closely with communities through capacity strengthening, training and education in developing plans and actions to increase community ability to adapt to a changing climate.</p> <p>Specifically, the project will develop climate-resilient standards and monitoring</p>	<p><u>National level (one country)</u></p>

³ The IRMF Indicators are set out in the [Integrated Results Management Framework](#)

			<p>(essentially institutionalizing guidance as policy).</p> <ul style="list-style-type: none"> • Tested early warning alert messages ready to deploy in climate-vulnerable districts and communities 	<p>frameworks, replicable health facility improvement design solutions, and a carbon mitigation plan for the health system.</p> <p>By applying these outputs, the institutional and regulatory frameworks for the health sector as well as local coordination and health service delivery in Lao PDR will be able to develop in a climate-resilient and low-carbon manner.</p>	
<p><u>Core Indicator 6: Degree to which GCF investments contribute to technology deployment, dissemination, development or transfer and innovation</u></p>	<p>There is low or no familiarity with technology needed to reduce potential climate impacts.</p>	<p><u>low</u></p>	<ul style="list-style-type: none"> • Low GHG and climate resilient infrastructure and energy technologies deployed in health facilities • Interoperability of climate and health information systems to generate early warning data for climate-related diseases • Protocols for leveraging telecom, media and community platforms are used deliver effective and timely 	<ul style="list-style-type: none"> • Low GHG and climate resilient infrastructure and energy technologies deployed in health facilities • Use of telecoms and media and community platforms to deliver timely EWE alerts • Communities are trained and supported in the 	<p><u>Multiple sub-national areas within a country</u></p>

			<p>early warning and climate resilient messages to climate-vulnerable populations</p> <ul style="list-style-type: none"> Communities are utilising info provided through these systems to make decisions 	<p>availability and use of early warning systems to inform community planning and action</p>	
<p><u>Core indicator 8: Degree to which GCF investments contribute to effective knowledge generation and learning processes, and use of good practices, methodologies and standards</u></p>	<p>Current levels of knowledge of how to become more climate resilient, the right health practices and approaches is weak.</p>	<p><u>low</u></p>	<p>Communities, health facility staff and health officials have significantly increased understanding of the specific risks climate change poses to health and knowledge of locally-appropriate approaches to reduce these risks and have a more holistic understanding of the way climate and health interact.</p>	<p>Training, capacity strengthening, strengthened processes for learning and dissemination of knowledge.</p>	<p><u>Multiple sub-national areas within a country</u></p>

3. Project/programme specific indicators (project outcomes and outputs)						
<p><i>This section should list out project/programme-specific performance indicators (outcomes and outputs) that are not covered in sections above (1-2). List down tailored indicators to monitor /track progress against relevant project/programme results (outcomes/outputs). AEs have the freedom to decide against which outcomes they would like to set project/programme specific indicators. If any co-benefits are identified in sections B.2.2, and D.3, AEs are encouraged to add and monitor co-benefit indicators under the "Project/programme co-benefit indicators" section in table below. Add rows as needed.</i></p> <p><i>Please number each outcome and output as shown below to indicate association of outputs to the contributing outcome. The numbering for outputs under this section should correspond to the output numbering in annex 3 (budget plan that provides breakdown by type of expense).</i></p>						
Project/Programme results (Outcomes/ Outputs)	Project/Programme Specific Indicator	Means of Verification (MoV)	Baseline	Target		Assumptions/Note
				Mid-term	Final	
Component 1: The health system's governance and leadership is climate-resilient						
Output 1.1: Health strategies, policies, and guidelines are informed by climate change information	# National and provincial health officials trained as master trainers on health policy and operationalization <i>Disaggregations: province, gender</i>	Project Training Report Pre/post test	0	20 (40% women as elected/ appointed govt officials skew heavily male)	40 (40% women as elected/ appointed govt officials skew heavily male)	Training materials are appropriate and accessible.
	# project supported national policy/strategy documents presented to Ministry of Health for approval <i>Disaggregations: # reviewed by a gender and social inclusion specialist</i>	Project and Government Records	0	2	6	Ministry of Health approves suggested policies/strategies Reviewed by a gender and disabilities specialist and gender and social inclusion issues are integrated into the guidelines
	% officials participating in the national meetings to update key health	Project and Government Records	0%	40% (40% women as elected/	40% (40% women as elected/	A sufficient proportion of elected/appointed officials are female

	policies who are female			appointed govt officials skew male)	appointed govt officials skew male)	
Component 2: Health information systems are improved to include climate and weather data and used to track, prepare for, and reduce climate-related risks to health						
Output 2.1: Climate-resilient health data system is strengthened	# health-related climate indicators of dengue and diarrheal disease and climate-resilient WASH indicators added to RHMIS	Government records (RHIMS)	0	4	7	Ministry of Health approves of proposed indicators
	Climate related indicators include disaggregation of gender, social inclusion	Government records (RHIMS)	0	4 (66%)	6 (100%)	
Output 2.2: Utilization of the climate-resilient health data system is strengthened	# health workers from project-supported health facilities trained to access and use EWS alerts <i>Disaggregations: province, district gender, health facility level, role</i>	Project Training Report Pre/post test	0	100 (50% W)	225 (50% W)	
	% of targeted facilities that have access to functioning EWS	Government records (RHIMS) Project records	0	80	100	
	# national and provincial Master trainers trained to deliver the climate-resilient WASH standards in health	Project Training Report Pre/post test	0	20 (40% women as elected/ appointed govt officials skew	40 (40% women as elected/ appointed govt officials skew	Existing master trainers are available from WHO/MoH to support trainings. Among current senior trainers in MoH, 30% are

	facilities training to district and health facility staff <i>Disaggregation: gender</i>			male)	male)	female.
Component 3: Health service delivery in rural provinces is improved and able to manage climate-related disease burden and determinants of health						
Output 3.1: Improved health worker competence and capacity to address health effects of climate change	% project-supported health facilities that score 80% or higher against the health facility readiness scoring standards that assess health facility readiness to provide quality health services to all genders, ethnic minorities, youth and people with disabilities	Semi-annual health facility readiness survey	0	34% (27)	95% (75)	The weighted scores and specific standards included in the scoring system will be finalized after the baseline study
Output 3.1: Improved health worker competence and capacity to address health effects of climate change	% of project-supported health facilities have approved EWE and climate-related disease outbreak response protocols. <i>Disaggregations: # protocols reviewed by a gender and social inclusion specialist</i>	Semi-annual health facility readiness survey	0%	19% (15)	95% (75)	Protocols are reviewed by a gender and social inclusion specialist to ensure extreme weather and health event response protocols respond to the needs of women, persons of disability and marginalized groups (ethnic, linguistic)
	# Provincial/District Health Officers trained to conduct supervision to increase use of climate and health data in RHMIS	Project Training Report Pre/post test Government records	0	40 (50% W)	64 (50% W)	

	<i>Disaggregations: gender, province, district</i>					
	# health workers in project-supported health facilities trained to implement treatment and referral protocols for dengue and diarrheal diseases and on EWE response protocols <i>Disaggregations: gender, province, district</i>	Project Training Report Pre/post test Government records	0	95 (50% W)	225 (50% W)	Health facilities can access internet connection(s).
	# master trainers from district health teams trained to deliver Safe Clean Green Hospitals Initiative trainings	Project Training Report Pre/post test	0	35 (50% W)	50 (50% W)	
	# health workers in project-supported health facilities are trained on Safe Clean Green Hospitals	Project Training Report Pre/post test Government records	0	125 (50% W)	225 (50% W)	
Output 3.2: Rural health facility infrastructure is climate-resilient and energy-efficient.	# of Health facility baseline GHG emissions assessments completed	Health facility GHG emissions assessment	0	75 (95% coverage of targeted facilities)	75 (95% coverage of targeted facilities)	Ministry of Health approves the GHG emissions assessment tool and protocol for use in LAO PDR health facilities
	# of project-supported health facilities with an improved score on health facility GHG	Health facility GHG emissions assessment	0	0	75 (95% coverage of targeted)	Health facilities and their partners have access to the resources required to maintain infrastructure and

	emissions assessment				facilities)	conduct repairs
	% of project-supported health facilities upgraded to have climate-resilient infrastructure	Semi-annual health facility readiness survey RHIMS data	0	31% (24)	95% (75)	Health facilities prioritized by district and provincial governments do not require repair/upgrades beyond the AEs accreditation level
	% of project-supported health facilities meeting basic WHO standards for gender (as per the Joint Monitoring program standards/indicators)	Semi-annual health facility readiness survey RHIMS data	0	25% (19)	85% (67)	Some health facilities may require construction investments outside our accreditation level to meet these standards
	% of project-supported health facilities upgraded to have climate-resilient and energy efficient electrical services	Project records RHIMS data	0	33% (26)	95% (75)	Health facilities prioritized by district and provincial governments do not require repair/upgrades beyond the AEs accreditation level
	% of project-supported health facilities upgraded to have climate-resilient WASH services	Semi-annual health facility readiness survey RHIMS data	0	24% (19)	95% (75)	Health facilities prioritized by district and provincial governments do not require repair/upgrades beyond the AEs accreditation level
	# MoH/Nam Saat monitoring visits conducted	Project records	0	75	200	
Component 4: Communities respond to early warnings, manage and mitigate risk, and seek care appropriately						
	# of community leaders from project-supported communities trained to	Semi-annual program surveys	0	150 (50% W)	450 (50% W)	Information, education, and communication (IEC) materials are beneficiary

<p>Output 4.1: Improved knowledge of climate change impacts on health and increased community participation in defining health and climate change priorities and gaps</p>	<p>plan and implement community-led climate resilience activities</p> <p><i>Disaggregations: gender, age, disabled status, ethnic group, indigenous/non-indigenous</i></p>	<p>Government Records</p>				<p>appropriate and resonate with various audience segments (women, men, youth, disabled populations, indigenous). IEC materials reach beneficiaries via an appropriate medium. Beneficiaries engage with IEC materials. An enabling environment supports the application of new understanding, knowledge, and capacity.</p>
	<p># of communities with approved health and climate resilience action plans (disaggregated by climate vulnerability level and indigenous/ non-indigenous)</p>	<p>Project post-training reports Government Records</p>	<p>0%</p>	<p>87 (35%)</p>	<p>225 (90%)</p>	<p>Communities participate in developing and formalizing plans. Communities derive value from adaptation plans. Communities have access to the resources required to mobilize the plan.</p>
	<p>% of project-supported communities have demonstrated completed activities from their community health and climate resilience action plans</p> <p><i>Disaggregations: climate vulnerability level, ethnic identity, indigenous/non-indigenous</i></p>	<p>Semi-annual program surveys Government Records</p>	<p>0%</p>	<p>35% (60)</p>	<p>85% (147)</p>	<p>The project includes funds to support 173 communities to implement community health and climate resilience action plans</p>

	<p>% of community health and climate resilience action planning participants who are women</p> <p><i>Disaggregations: members of Lao Women's Union</i></p>	<p>Project records Government Records</p>	<p>0%</p>	<p>50%</p>	<p>50%</p>	<p>Community leadership agrees to include female representatives in action planning</p>
	<p>% of community action planning participants who are youth</p> <p><i>Disaggregation: members of Lao Youth Union</i></p>	<p>Project records Government Records</p>	<p>0%</p>	<p>20%</p>	<p>20%</p>	<p>Community leadership agrees to include youth representatives in action planning. While there is no official definition of youth in Lao PDR, the common working definition used by the Lao Youth Union includes people age 15-30</p>
	<p>% of community action planning participants who have (or represent a dependent with) a disability</p>	<p>Project records Government Records</p>	<p>0%</p>	<p>5%</p>	<p>5%</p>	<p>Persons with disability reside within each community. Community leadership agrees to include disabled representatives in action planning</p>
	<p># of community members with increased understanding of climate change health risks and effective adaptation actions</p> <p><i>Disaggregations: age, gender, people with disabilities, location</i></p>	<p>Baseline, midline, endline data</p>	<p>0</p>	<p>17,783 (50% W)</p>	<p>35,567 (50% W)</p>	<p>Children not included in beneficiary count</p>

	# of men and women made aware of climate threats and related appropriate responses	Alert warning system data Government records Project monitoring records	Direct 0 male 0 female Indirect 0 male 0 female	Direct 67,970 total 34,114 M 33,856 W Indirect 582,666 total 292,440 M 290,226 W	Direct 271,881 total 136,457 M 135,424 W Indirect 2,330,663 total 1,169,760 M 1,160,903 W	Achievement is dependent on the geographic need for early warning alerts over the course of the project
Project/Programme Co-benefit Indicators						
Co-benefit 1 (gender): Climate-resilient health policies, strategies and coordination mechanisms are gender-inclusive, disability-inclusive and socially-inclusive	# of gender-disability-and socially-inclusive policies, institutions, coordination mechanisms and regulatory frameworks that improve incentives for climate resilience and their effective implementation	MoH records	0	2	6	This target may change based on government priorities for drafting or revising policies, strategies.
Co-benefit 2 (health): targeted health facilities provide improved quality of care	# of health facilities with improved quality of care	RHMIS data, baseline, midline, endline assessments	0	26 (33%)	75 (95%)	
Co-benefit 3 (mitigation): targeted health facilities have reduced emissions of greenhouse gases due to project-supported infrastructure upgrades and	# of health facilities with lower estimated GHG emissions from using the nationally approved GHG emissions assessment of health facilities	Program routine monitoring data	0 (0%)	25 (32%)	79 (100%)	Emission reductions are estimates based on assessment tools and not based on actual GHG emission measurements

system efficiencies						
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4. Project/programme activities and deliverables			
<p><i>All project activities should be listed here with a description and sub-activities. Significant deliverables should be also reflected in the project/programme Timetable (Annex 5). Add rows as needed.</i></p> <p><i>Please number the activities as shown below to indicate association of activities to the related outputs provided above in section 5. Similarly, please number sub-activities as shown below to associate to the related activity.</i></p>			
Output	Activities	Description	Deliverables
<i>Please number each Output (Output 1.1, Output 1.2)</i>	<i>List of the project activities below.</i>	<i>Provide a brief description of each of the activity listed in the previous column.</i>	
Output 1.1: Health strategies, policies and guidelines are informed by climate change information	Activity 1.1.1: Strengthen capacity of senior government leadership to integrate climate resilient health into policy and operationalize climate resilience policies	1.1.1.1 Convene a learning workshop on H-NAP/climate change and health impacts for national and provincial health officials 1.1.1.2 Deliver a TOT on climate and health policy and guidance for national and provincial health officials 1.1.1.3 Conduct annual progress reviews and experience sharing workshops with national government stakeholders	1. Learning workshop completed 2. Completion of TOT on climate and health to government trainees from all 7 target provinces 3. Annual review and experience workshops completed
	Activity 1.1.2: In collaboration with GoL, update and support the rollout of key health policies to align with recommendations for addressing climate change impacts	1.1.2.1 Update key national health policies to align with recommendations for addressing climate change impacts, and present them for MoH approval 1.1.2.2 With DHOs and PHOs, assess the roll out of updated key national health policies and assess their utility	4. New/revised policy/strategy documents are submitted to Ministry of Health for approval 5. Completed roll-out and utility assessments for each new health policy 6. Ministry of Health officials participate in a minimum of two

		1.1.2.3 Support three MoH staff to attend international or regional climate and health summits/learning meetings/trainings and present on experiences/share learnings on policy development/implementation with technical working groups, other national governments and development partners	global or regional climate and health events to share GCF project lessons and best practices in policy development/implementation
	Activity 1.1.3: Develop and disseminate guidelines and handbooks to operationalize the HNAP at provincial, district and health facility levels	1.1.3.1 Develop training plans and materials and conduct TOT for central and provincial health teams on guidelines and handbooks 1.1.3.2 Design, print and disseminate all developed guidelines and handbooks 1.1.3.3 Assess the utility and effectiveness of guidelines and handbooks	7. HNAP guidelines and handbooks are published and TOTs completed 8. HNAP guidelines and handbooks are distributed to national, provincial and district health offices 9. Utility and effectiveness assessments completed
Output 2.1: Climate-resilient health data system strengthened	Activity 2.1.1: Extend RHIMS with climate information relevant to dengue and diarrheal disease	2.1.1.1. Improve data exchange practices and data quality between the National Meteorological Department System and RHIMS 2.1.1.2. Work with NCLE, DCC and DHR and MONRE's Dept. of Meteorology and Hydrology to systematize the inclusion of health-related climate indicators in the RHIMS 2.1.1.3. Develop a climate-resilient WASH in health facility monitoring platform within RHIMS	10. Data exchange best practices are published and endorsed by MoH and National Meteorological Department 11. RHIMS is updated to include health-related climate indicators and climate-resilient WASH indicators 12. Climate-resilient WASH monitoring platform is established
Output 2.2: Utilization of the climate-resilient health data system is strengthened	Activity 2.2.1: Improved access to early warnings for climate-related health risks (dengue and diarrheal	2.2.1.1 Identify gaps and challenges that may negatively affect responses following climate informed EWS alerts	13. Gaps and challenges documented in formal publication

	disease) among target health facilities	2.2.1.2 Incorporate climate-related considerations within the existing National Surveillance and Response Plan	14. National Surveillance and Response Plan is revised to include climate-related considerations
	Activity 2.2.2: Increase health workers' capacity to plan for and to respond to climate-related early warnings on outbreaks of dengue and diarrheal disease	2.2.2.1 Provide consistent data management and use coaching and technical support for MoH and MoNRE at national level 2.2.2.2 Conduct an RHIMS training for health facility data officers, district and provincial health staff on climate change information	15. MoH and MoNRE HQ offices access and use the EWS system 16. Training completed
	Activity 2.2.3: Establish climate-resilient WASH service standards within the existing MoH health facility accreditation platform and cascade its use through the health system	2.2.3.1 Hold a national health facility accreditation program review in consultation with national stakeholders, including integration of climate change and WASH considerations 2.2.3.2 Adopt revised national facility accreditation program indicators generated in the program review as relevant for each health facility level (provincial, district, health center) 2.2.3.3 Develop training plans and TOT and training materials on the implementation of climate-resilient WASH Standards in health facilities and conduct training	17. National accreditation review meeting completed 18. National accreditation standards and indicators are submitted to MoH for publication 19. Training plans and materials are finalized (for use in trainings under activity 3.1.3.2)
Output 3.1: Improved health worker competence and capacity to address health effects of climate change	Activity 3.1.1: Strengthen health facility readiness	3.1.1.1. Provide technical assistance to health facilities to plan and access sufficient stocks of health commodities and to surveil and report on dengue and diarrheal disease	20. Health facilities have the IT systems and connectivity required to access and use national digital supply chain systems

		<p>3.1.1.2. Distribute priority supplies and equipment needed to provide health facilities with sufficient stock and equipment to follow treatment and referral protocols for climate driven health problems</p> <p>3.1.1.3. Establish emergency standard operation protocols for each health facility in the case of EWE or climate driven disease outbreaks</p>	<p>21. Prioritized supplies and equipment are provided to all prioritized health facilities</p> <p>22. Project-supported health facilities have approved EWE and climate-related disease outbreak response protocols.</p>
	<p>Activity 3.1.2: Strengthen health worker capacity to detect, reduce risk and treat climate-related diseases</p>	<p>3.1.2.1 Train PHO & DHO to conduct supportive supervision visits to health facilities to increase health facilities' use of RHMIS</p> <p>3.1.2.2 Facilitate PHO & DHO supportive supervision visits to health facilities to increase health facilities use of RHMIS</p> <p>3.1.2.3 Facilitate health center exchange visits to share best practices for enhancing climate resilient health services</p> <p>3.1.2.4 Train HCWs on treatment and referral protocols for dengue and diarrheal disease and on EWE response protocols</p> <p>3.1.2.5 Train and coach health facilities and outreach teams on implementation of community led climate-related health risk reduction planning</p>	<p>23. A minimum of 14 PHOs (2 per province) and 50 DHOs (2 per district) are trained to conduct supervision to increase use of climate and health data in RHMIS</p> <p>24. 948 supportive supervision visits completed</p> <p>25. 35 exchange visits facilitated</p> <p>26. A minimum of 225 health workers in project-supported health facilities are trained to implement treatment and referral protocols for dengue and diarrheal disease and on EWE response protocols</p> <p>27. A minimum of 225 health workers trained on implementation of community-led climate-related health risk reduction planning</p>
	<p>Activity 3.1.3: Implement the national Safe Clean Green Hospitals Initiative and Climate-Resilient WASH standards within health care facilities</p>	<p>3.1.3.1 Conduct a training of trainers for provincial and district teams on Safe Clean Green Hospitals Initiative and cascade trainings to health care facility staff</p>	<p>28. A minimum of 50 master trainers from district health teams are trained to deliver Safe Clean Green Hospitals Initiative trainings</p>

		<p>3.1.3.2 Orient frontline health facilities staff to the guide for Climate Resilient -WASH Standards for health facilities</p> <p>3.1.3.3 Conduct semi-annual monitoring and visits of target facilities to assess compliance with Safe Clean Green Hospitals Initiative and Climate Resilient WASH Standards</p>	<p>29. A minimum of 225 health workers in project-supported health facilities are trained on Safe Clean Green Hospitals</p> <p>30. A minimum of 395 semi-annual monitoring visits (5 per health facility) are conducted</p>
<p>Output 3.2: Rural health facility infrastructure is climate-resilient and energy-efficient</p>	<p>Activity 3.2.1: Conduct GHG emissions and infrastructure quality assessments at climate-vulnerable health facilities</p>	<p>3.2.1.1 Develop and pre-test the GHG emissions assessment tool and protocol</p> <p>3.2.1.2 Conduct GHG emissions baseline assessments alongside MoH staff</p> <p>3.2.1.3 MoH staff conduct subsequent annual assessments to monitor progress in supported health facilities</p>	<p>31. Pre-testing tools and protocols are finalized and approved by MoH</p> <p>32. Health facility baseline GHG emissions assessment completed in 100% (79) of project-supported health facilities</p> <p>33. Annual GHG emissions assessments are completed in supported health facilities (1 per health facility per year for 2 years)</p>
	<p>Activity 3.2.2: Improve health facilities infrastructure resilience to EWE</p>	<p>3.2.2.1: Produce site plans and bills of quantity for prioritized health facilities</p> <p>3.2.2.2: Implement health facility upgrade plans</p>	<p>34. Site plans and bills of quantity are approved by MoH for all health facilities prioritized for climate-resilient infrastructure support (based on needs assessment results)</p> <p>35. 95% of prioritized health facilities are upgraded to have climate-resilient infrastructure</p>
	<p>Activity 3.2.3: Upgrade electrical services to be climate resilient and provide cold chain capacity to support the delivery of climate-resilient health services</p>	<p>3.2.3.1: Produce site plans and bills of quantity for prioritized health facilities</p>	<p>36. Site plans and bills of quantity are approved by MoH for all health facilities prioritized for climate-resilient electrical service support (based on needs</p>

		3.2.3.2: Implement health facility upgrade plans	assessment results) 37. 95% of prioritized health facilities are upgraded to have climate-resilient and energy-efficient electrical services
	Activity 3.2.4: Upgrade WASH services within climate-vulnerable health facilities to be climate resilient	3.2.4.2: Produce site plans and bills of quantity for prioritized health facilities 3.2.4.3: Implement health facility upgrade plans	38. Site plans and bills of quantity are approved by MoH for all health facilities prioritized for climate-resilient WASH service upgrades (based on needs assessments) 39. 95% of prioritized health facilities are upgraded to have climate-resilient WASH services
	Activity 3.2.5: Strengthen capacity of MoH, Nam Saat, and relevant private sector partners to operate & maintain infrastructure	3.2.5.1 Develop operations and maintenance training curriculum 3.2.5.2: Conduct ToT trainings 3.2.5.3: Conduct post-upgrade water quality testing, monitoring, repairs and maintenance as outlined in the operations and maintenance plan	40. Training curriculum developed and approved by MoH/Nam Saat 41. A minimum of 40 master trainers from district health teams and private sector partners in project-supported districts are trained to deliver operations and maintenance training curriculum 42. Monitoring visits and any identified post-upgrade repairs are completed at supported health facilities
Output 4.1: Improved knowledge of climate change impacts on health and increased community participation capacity in defining health and climate change priorities and gaps	Activity 4.1.1: Strengthen community capacity and participation in climate and health dialogue and action	4.1.1.1 With community stakeholder input, develop (or adapt) a community climate and health resilience action planning guide for communities to prepare for, and respond to, climate-related weather and health events, including EWEs	43. Community climate resilience action planning guide published 44. Community leaders from project-supported communities are trained to plan and implement community-led disaster risk reduction activities and Project-supported communities have

		<p>4.1.1.2 Train community leaders to implement community-led health and climate resilience action planning and implement community-led health and climate resilience action plans</p> <p>4.1.1.3 Distribute community health & climate resilience action plan funds to support implementation of community adaptation activities</p> <p>4.1.1.4 Facilitate annual coordination meetings on climate change risks and resilience with village leadership and DONRE, DHO, DAF.</p>	<p>community resilience action plans</p> <p>45. Two annual tranches of community action plan funding distributed to select and approved communities</p> <p>46. annual district coordination meetings completed in all 25 districts</p>
	<p>Activity 4.1.2: Develop and deploy communication pathways and effective early warning messages for communities</p>	<p>4.1.2.1 Develop, test and distribute risk communication messages for communities on health and climate change through community platforms, media and social media platforms</p> <p>4.1.2.2 Establish WhatsApp groups for community climate information sharing (including local health facilities) with the ability to adapt and improve messaging.</p> <p>4.1.2.3 Produce standard operating procedures for telecommunications companies and coordinate with them to send push notifications for EWS notifications</p>	<p>47. Pre-tested warning alert messages are produced</p> <p>48. WhatsApp groups are functional and have active subscribers</p> <p>49. Standard operating procedures produced</p>

5. Monitoring, reporting and evaluation arrangements (max. 300 words)

SC will implement a well-designed, operational, and effective impact monitoring and measurement system that will enable the project to measure progress towards project objectives and project contributions to GCF Investment Criteria and the Results Measurement Framework. This will include implementing a monitoring system to understand efficacy, targeting and verifying the assumptions the project is making, as well as a learning plan so elements emerging from the monitoring system are used to inform planning, refine activities, and improve the quality of implementation and achievement of outcomes. The project's

monitoring, evaluation, and learning will be undertaken in compliance with SC’s Monitoring, Evaluation, and Learning systems and processes and will align with Government of Lao PDR’s monitoring systems and reporting processes. SC will be responsible for developing the project’s Monitoring, Evaluation, and Learning system, managing ongoing activity monitoring and data collection, collating reports (including annual reports to GCF) and managing the process of developing the project’s baseline and measuring impact via mid-term and final evaluations.

Appendix 1: Beneficiary Calculations

Summary:

This project targets 25 highly climate-vulnerable rural districts within Lao PDR (five of which are extremely vulnerable). However, some of the project activities will reach health system stakeholders and users of the health system nationwide. The total beneficiary numbers cited in the FP are highlighted within Table 1 and represent the highest unique beneficiary numbers within, and outside of, the target districts. Table 2 outlines the beneficiary calculations used for the overall reach numbers and for each output of the project. The reviewer’s recommended methodology would result in under-counting the true direct beneficiaries. The methodology used to estimate beneficiaries is described in detail below. It is important to note that the intervention activities are layered, and each has different direct/indirect reach numbers which we tried to reflect in the initial submission. We were careful never to double-count a direct or indirect beneficiary. We tried to carefully show that in some activities, we are directly and indirectly reaching beneficiaries within the national government and provinces beyond our target provinces. For reference, the key numbers used in our calculations include:

- Estimates of 2025 populations in Lao PDR from [population projection at district level 2015-2035_english_0.pdf](#). These reflect the population early in the project life when activities will start, and the nearest annual estimation of population to our project start time). They include:
 - The total national population is 7,200,000 in 2025
 - The total population of all seven target provinces is 2,314,949 (note that this is lower than the project’s total reach as a number of activities work at the national level – see above for more specific calculation methodology)
 - The total population in the catchment areas of all 79 targeted health care facilities is 1,828,809
 - The total population of the 250 communities in which we will work (Component 4) is 142,268

Measures to avoid double-counting beneficiaries:

As described in the calculation notes within Table 2, within our target districts we avoided double counting by only counting each member of the population within our target provinces once (either as a direct or indirect beneficiary. HCF staff and district officials were subtracted from provincial populations to ensure they were not double-counted. We also only counted each health facility and government staff from outside of our target provinces one time each.

Table 1: Total Project Reach

Unique Beneficiaries	Direct		Indirect	
	Within target districts	Outside target districts	Within target districts	Outside target districts
Individuals (excluding targeted HCF and govt staff)	1,851,295	0	462,990	0
Health Facility Staff	600	0	0	7,312

District Staff	50	246	0	0
Provincial Staff	14	40	0	0
National Staff	0	46	0	0
Total Unique Beneficiaries	1,851,959	332	462,990	7,312
Total Unique Beneficiaries	1,852,291 (25.7% of national population)		470,302 (6.5% of national population)	
Total Beneficiaries	2,322,593			

Table 2: Reach by Component

Project-wide Reach	Direct Beneficiaries	Total Indirect Beneficiaries	Calculation Notes
Project beneficiary totals	1,852,291 (25.7% of national population)	470,302 (6.5% of national population)	<p><u>Direct</u></p> <ul style="list-style-type: none"> Population of estimated catchment area for all 79 HCFs receiving infrastructure improvements (80% population of all target provinces) (1,851,959) 332 persons reached outside of target districts (246 health facility staff, 246 district staff, 40, provincial staff, 46 national staff) <p><u>Indirect</u></p> <ul style="list-style-type: none"> Includes indirect beneficiaries from output 3.2 (462,990) + total indirect beneficiaries from outside the target provinces (7,312) <p>Note: As seen in Table 2 below, for some outputs the indirect beneficiary number may exceed 501,492 because some of the direct beneficiaries for under certain outputs are also indirect beneficiaries under other outputs</p>
Component 1	Direct Beneficiaries	Total Indirect Beneficiaries	Calculation Notes
Output 1.1: Health strategies, policies and guidelines are informed by climate change information	862	2,314,385	Health strategies and policies will directly involve health officials at multiple levels – health care facility, district, province and national. Though not captured in the targets, trained provincial MoH staff from non-target provinces will also be empowered to operationalize the strategies, policies, guidelines – impacting the national population of 7.2m people. The indirect beneficiary target is equal to the population total for the 7 target provinces, who will benefit

			<p>from the implementation of the health strategies and guidance.</p> <p><u>Direct (862)</u></p> <ul style="list-style-type: none"> • 5 staff from each of the 100 HCFs (500 total) • 2 officials from each of the 148 districts (296 total) • 2 provincial health officials from each of the 18 provinces (36 total) • 30 national government officials from the Ministry of Health (representing all departments). <p><u>Indirect (2,314,385)</u></p> <p>Target is equal to the provincial populations for the 7 target provinces after subtracting the 500 HCF staff, 50 district staff and 14 provincial staff from target provinces (2,314,385), who will benefit from the implementation of the health strategies and guidance..</p>
Component 2	Direct Beneficiaries	Total Indirect Beneficiaries	Calculation Notes
Output 2.1: Health strategies, policies and guidelines are informed by climate change information	696	2,314,578	<p>The linked climate-health data system will be made available directly to health officials at multiple levels. Though not captured in the targets, trained provincial MoH staff from non-target provinces will also be empowered to operationalize the strategies, policies, guidelines – impacting the national population of 7.2m people who will benefit from intensive support provided by the project to operationalize guidance. The indirect beneficiary target is equal to the provincial population total for the 7 target provinces, who will benefit from the climate-health data system being accessible by their provincial health officials.</p> <p><u>Direct:</u></p> <ul style="list-style-type: none"> • 3 HCF staff from each of the 100 HCFs in target provinces (300 total) • 2 officials from each of the 148 districts (296 total) • 3 health officials from each of the 18 provinces (54 total) • 46 national government officials from the Ministry of Health (representing all departments) <p><u>Indirect</u></p> <p>Target is equal to the total population for the 7 target provinces after</p>

			subtracting the 300 HCF staff, 50 district officials and 21 provincial officials from target provinces (2,314,578), who will benefit from the intensive support provided by the project to operationalize guidance
Output 2.2: Utilization of the climate-resilient health data system is strengthened	674	7,580	<p>Through coaching, training and technical support to <i>use</i> the climate-health data system, this output directly involves provincial, district and health facility actors. Indirect targets include those who will benefit from the development of a tailored training plan on how to use climate-health system early warnings.</p> <p><u>Direct</u></p> <ul style="list-style-type: none"> • 6 staff from each of the 100 HCFs in target provinces (600 total) • 2 district officials from each of the 25 target districts (50 total) • 2 provincial health officials from each of the 7 provinces (14 total each) • 10 national government officials from the Ministry of Health (10 total) <p><u>Indirect</u></p> <ul style="list-style-type: none"> • Average 6.5 staff in each of the 1125 non-project HCFs nationwide (7,312 total) • 2 district officials from each of the 123 non-project districts nationwide (246 total) • 2 health officials from each of the 11 non-project provinces (22 total)
Component 3	Direct Beneficiaries	Total Indirect Beneficiaries	Calculation Notes
Output 3.1: Health service delivery in rural provinces is improved and able to manage climate-related disease burden and determinants of health	674	7,580	<p>Through technical assistance directly for staff and officials at multiple levels, they will have strengthened capacity to assess climate-related health needs and develop skills for tracking, planning and managing risks. Through protocols developed to cover all health care facilities, which would be transferrable to districts and provinces not targeted in the project, the indirect primary targets are noted below.</p> <p><u>Direct</u></p> <ul style="list-style-type: none"> • 6 staff from each of the 100 HCFs in target provinces (600 total) • 2 district officials from all 25 target districts (50 total) • 2 provincial health officials from each of the 7 provinces (14 total each)

			<ul style="list-style-type: none"> • 10 national government officials from the Ministry of Health (10 total) <p><u>Indirect</u></p> <ul style="list-style-type: none"> • 6.5 staff in all 1125 non-project HCF nationwide (7,312 total) • 2 district officials from each of the 123 non-project districts nationwide (246 total) • 2 provincial health officials from each of the 11 non-project provinces (22 total)
Output 3.2: Rural health facility infrastructure is climate-resilient and energy-efficient	1,851,959	462,990	<p>By making the rural health facility infrastructure more climate resilient and energy efficient, the direct beneficiary is equal to the population of the estimated catchment area for all 79 HCFs receiving infrastructure improvements. This is 80% of the population of all target provinces. The indirect target is equal to the remaining population of all target provinces, who are likely to use the supported health facilities as they are improved.</p> <p><u>Direct</u></p> <ul style="list-style-type: none"> • Population of estimated catchment area for all 79 HCFs receiving infrastructure improvements (80% population of all target provinces = 1,851,959) <p><u>Indirect</u></p> <ul style="list-style-type: none"> • Remaining population of all target provinces, who are likely to use the supported health facilities as they are improved (7-province target population 2,314,949 subtracting the 1,828,809 direct beneficiaries) = 462,990
Component 4	Direct Beneficiaries	Total Indirect Beneficiaries	Calculation Notes
Output 4.1: Improved knowledge of climate change impacts on health and increased community participation capacity in defining health and climate	142,268	2,172,681	Through direct risk communication and community engagement with 250 communities using the community health and climate resilience action planning guide, the direct beneficiary will be equal to the population of the 250 project-supported communities. The indirect target will be the remaining population after subtracting direct beneficiaries from the 7-province target population total.

change priorities and gaps			<p><u>Direct</u></p> <ul style="list-style-type: none"> • Population of 250 project-supported communities <p><u>Indirect</u></p> <ul style="list-style-type: none"> • Remaining population (after subtracting direct beneficiaries from the total population of the 7-province target population, who will benefit from early warning weather and health alerts generated by the project. (2,314,949 less 142,268 direct beneficiaries)
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