

ANNEX 2a

LOGICAL FRAMEWORK

Version 4 (Nov2023)

**AKAMATUTU'ANGA TO TATOU ORA'ANGA MEITAKI
(ATOM): Building resilient and healthy Cook Islands
Communities – one block at a time.**

LOGICAL FRAMEWORK

1. GCF Impact level: Paradigm shift potential (max. 300 words)

Assessment Dimension	Current state (Baseline)		Potential target scenario (Description)	How the project will contribute (Description)
	Description	Rating		
Scale	To date, there has been little in the way of systematic policy/planning work in the CC&H domain. Accessing finance has been difficult for relevant ministries and civil society.	<u>Low</u>	CC&H will be mainstreamed into TMO operations. An enhanced HIS will enable TMO to effectively undertake syndromic surveillance and forecasting/dissemination of CSHRs.	Component 1 will drive scale, with CC&H considerations addressed at policy and operational levels, establishing an enabling environment for CC&H. Component 2 will support the scale out of the project approach across TMO.
Replicability	There is currently no coordinated approach to CC&H planning and implementation in the Cook Islands. There are also significant institutional capacity constraints that hamper effective CC&H operationalization.	<u>Low</u>	Coordination between TMO and line ministries, NGOs/CBOs, and other partner organizations is provided for at policy and operational levels.	Component 1 will be a key driver for institutional replicability by embedding CC&H planning and prioritization of actions into TMO operations. Activities under Output 1.3 and 3.2 will train a broad swath of the country to break down silos and ensure replicability. Lessons learned will be shared in other sectors and geographies via Output 3.3
Sustainability	The Cook Islands Government is committed to facilitating CC&H action. However, TMO has not updated its CC&H Action Plan for over a decade, and currently does not have a designated CC&H department or focal point.	<u>Low</u>	The target scenario will see TMO institutionalize knowledge and awareness of CSHRs and embed adaptation planning and implementation capacity across departments and with partner organisations, ensuring the project has a high likelihood of achieving sustained impact.	Four primary sustainability strategies will be employed to ensure project impacts are sustained: <ul style="list-style-type: none"> • Building capacity of government and civil society to enable improved delivery of future CC&H initiatives (Component 1) • Building the evidence base for CC&H programming, supporting both operations and future CC-related operations and aggregated data project reporting (Component 1) • Foster community awareness and buy-in (Component 3) • Incorporating CC&H functions into existing TMO programming (Output 1.2 and Component 3)

2.1. GCF Outcome level: Reduced emissions and increased resilience (IRMF core indicators 1-4, quantitative indicators)

GCF Result Area	IRMF Core Indicators (1-4)	Means of Verification (MoV)	Baseline	Target		Assumptions / Note
				Mid-term	Final	
<u>Total</u>	<u>Core 2: Direct and indirect beneficiaries reached</u>	Government and academic statistics / reports (e.g., census, GSHS, Tē 'ākirāta mārama) TMO reports NCD STEPS survey results Progress / completion reports	Direct 0 females 0 males Indirect 0 females 0 males	Direct 4,589 females 4,435 males Indirect 266 females 257 males	Direct 7,648 females 7,392 males Indirect 443 females 428 males	Based on 2021 Cook Islands Census values of 7,648 females, 7,392 males, 4,681 occupied HHs. Indirect beneficiaries in 'Total' row are derived from the number of overseas Cook Islands citizens (80,000 in NZ per NZ MFAT , 7,100 in Australia per ABS) who are projected to avail themselves of health services upon return, within the 5-year project period (figures per TMO estimate Dec 2023). Sex disaggregation based on 2021 Cook Islands Census sex proportions. N.B. Indirect beneficiaries in 'Total' row are a tally of overseas CI citizens/residents who are projected to return for treatment, and therefore differ from indirect beneficiaries tallied in other rows (who dwell in CI and indirectly benefit from individual programmatic activities)
<u>ARA2 Health, well-being, food and water security</u>	<u>Core 2: Direct and indirect beneficiaries reached</u>		Direct 0 females 0 males Indirect 0 females 0 males	Impressions of CSHR communication: Direct 1,530 females 1,478 males (corresponding with ≈20% of the	Impressions of CSHR communication: Direct 3,059 females 2,957 males (corresponding with ≈40% of the	Direct and indirect beneficiaries will be counted via aggregated project reporting and project M&E, which will include surveys of uptake, estimates of impressions of CSHR communications and

GCF Result Area	IRMF Core Indicators (1-4)	Means of Verification (MoV)	Baseline	Target		Assumptions / Note
				Mid-term	Final	
				population)* Indirect 3,059 females 2,957 males *All population figures based on 2021 Cook Islands Census values of 7,648 females, 7,392 males, 4,681 occupied HHS	population) Indirect 6,118 females 5,914 males	knowledge products, and media/social media hit count. Indirect beneficiary totals are cumulative between midterm and final, not additive.
<u>ARA3 Infrastructure and built environment</u>	<u>Core 2: Direct and indirect beneficiaries reached</u>		Direct 0 females 0 males Indirect 0 females 0 males	Direct 3,876 females 3,746 males Indirect 3,772 females 3,646 males	Direct 7,648 females 7,392 males Indirect 443 females 428 males	Adaptation benefits received by population from infrastructure and built environment-related activities include better and more consistent service provision in newly-resilient / climate-adapted health service facilities. Figures based on CIIC proposed construction schedule and service interval on Pa Enea, with improvements to 6 Pa Enea sites + 2 Rarotonga facilities (and attendant populations) by mid-term, and 13 Pa Enea sites + 2 Rarotonga facilities (and attendant populations) at project end. Sex disaggregation based on 2021 Cook Islands Census sex proportions. Indirect beneficiaries at mid-term include Pa Enea populations eligible for referrals to newly resilient / climate-adapted health facilities in Rarotonga; indirect beneficiaries at end point follow same calculation as in 'Total' row (i.e. overseas CI

GCF Result Area	IRMF Core Indicators (1-4)	Means of Verification (MoV)	Baseline	Target		Assumptions / Note
				Mid-term	Final	
						citizens/residents who are projected to return for treatment)..
<u>ARA1 Most vulnerable people and communities</u>	<u>Core 2: Direct and indirect beneficiaries reached</u>		<p>Direct 0 females 0 males</p> <p>Indirect 0 females 0 males</p>	<p>Direct 1,264 females 1,222 males</p> <p>Indirect 4,589 females 4,435 males</p>	<p>Direct 2,106 females 2,036 males</p> <p>Indirect 5,542 females 5,356 males</p>	<i>[Insert]</i> Directly-benefitting most vulnerable people and communities defined herein as residents of outlying / Pa Enea islands. Sex disaggregation based on 2021 Cook Islands Census sex proportions. For the purpose of this result area, indirect beneficiaries defined as CI residents better able to access health services and facilities due to increased supply for Pa Enea residents.
<u>ARA2 Health, well-being, food and water security</u>	<u>Supplementary 2.4: Beneficiaries (female/male) covered by new or improved early warning systems</u>	<p>TMO reports</p> <p>Progress / completion reports</p>	<p>0 Enhanced HIS / health EWS annual forecasts produced</p> <p>0% of population</p>	<p>Enhanced HIS / health EWS generates annual forecasts with basic health information.</p> <p><u>Beneficiaries</u> 7,648 females 7,392 males</p>	<p>Enhanced HIS / health EWS generates ≥twice-yearly forecasts with enhanced health information.</p> <p><u>Beneficiaries</u> 7,648 females 7,392 males</p>	Necessary institutional arrangements (e.g. memoranda of understanding) executed EWS will reach the entire population of the Cook Islands. Direct beneficiaries include TMO workforce better able to complete programmatic activities on basis of improved health/climate early warnings; indirect beneficiaries include general CI population.
<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>Government and academic statistics / reports (e.g. census, GSHS, Tē 'ākirāta mārama)</p> <p>TMO reports including GAP and ESAP reporting</p>	<p>Direct 0 females 0 males</p> <p>Indirect 0 females 0 males</p>	<p>1,530 female and 1,478 male direct and indirect participants in non-clinical health and wellbeing / food security activities</p>	<p>3,059 female and 2,957 male direct and indirect participants in non-clinical health and wellbeing / food security activities</p>	Direct and indirect beneficiaries will be counted via aggregated project reporting and project M&E, which will include surveys of uptake / participation, estimates of impressions of CSHR communications and knowledge products, and media/social media hit count

GCF Result Area	IRMF Core Indicators (1-4)	Means of Verification (MoV)	Baseline	Target		Assumptions / Note
				Mid-term	Final	
		NCD STEPS survey results Progress / completion reports				
<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>	Government reports (CIIC annual reports, NSDP, TMO infrastructure inventories) Progress/completion reports	0 Pa Enea medical centres outfitted with water storage and treatment facilities for resilience to extreme weather events	Detailed technical design completed for ≥13 Pa Enea medical and emergency centres to implement on-site water storage and treatment facilities	Total monetary value of physical assets and equipment protected is USD7.6 million.	Logistical considerations (procurement, technical assistance, transportation / shipping) addressed and overcome. ≥13 Pa Enea medical and emergency centres to implement on-site water storage and treatment facilities

2.2. GCF Outcome level: Enabling environment (IRMF core indicators 5-8 as applicable)

IRMF Core Indicators (5-8)	Baseline context (Description)	Rating for current state (Baseline)	Target scenario (Description)	How the project will contribute	Coverage
<u>Core Indicator 5: Degree to which GCF investments contribute to strengthening institutional and</u>	Only ad hoc or incidental CC&H planning and implementation mechanisms in place	<u>low</u>	By the end of the project period, gender sensitised CC&H will be mainstreamed into TMO policies, plans and processes.	The project will support TMO and line ministries / partners / civil society to adopt a gender sensitised national CC&H	<u>National level (one country)</u>

IRMF Core Indicators (5-8)	Baseline context (Description)	Rating for current state (Baseline)	Target scenario (Description)	How the project will contribute	Coverage
<u>regulatory frameworks for low emission climate-resilient development pathways in a country-driven manner</u>				coordination mechanism.	
<u>Core Indicator 6: Degree to which GCF investments contribute to technology deployment, dissemination, development or transfer and innovation</u>	Only ad hoc or incidental access to project-relevant CC&H resilience technologies	<u>low</u>	By the end of the project period, an enhanced gender sensitised HIS will enable TMO to effectively undertake syndromic surveillance and forecasting of CSHRs, as well as to communicate same to line ministries, emergency management personnel, partner organisations, and the wider public.	The project will support TMO and partners to forecast, generate and disseminate gender sensitised findings on CSHRs.	<u>Multiple sub-national areas within a country</u>
<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>	No systematic CC&H communications / knowledge products disseminated to targeted communities	<u>low</u>	By the end of the project period, TMO and partner organisations will be able to communicate gender sensitised risk reduction interventions relevant to CSHRs (including heat-related illness and mental health awareness), and disseminate/share evidence-based practices via visual media, school resources, SRIC materials	The project will support TMO and partners to build gender sensitised CSHR-relevant communications and knowledge management capacity	<u>Multiple sub-national areas within a country</u>

3. Project specific indicators (project outcomes and outputs)

Project results (outcomes / outputs)	Project specific indicator	Means of Verification (MoV)	Baseline	Target ¹		Assumptions / Note
				Mid-term	Final	
Component 1: strengthening the capacity and capabilities of the Te Marae Ora, partners and stakeholders to integrate climate change considerations in their health operations.	Resilience of health facilities to withstand extreme weather events and remain operational during and after such an event	Reports from TMO, EMCI and CIIC following extreme weather events	Stocktake to be completed under CC&HAP (cf. Output 1.1)	CIIC detailed technical design reports produced with assessment of current vulnerability of TMO facilities to extreme weather events	≥2 Pa Enea medical centres outfitted with solar PV facilities for resilience to extreme weather events	<ul style="list-style-type: none"> Resilience of health facilities to extreme weather events has no reliable baseline information due to the low number of previous incidents and the erratic occurrence of extreme weather events. Because baselines are so challenging to establish in an environment with limited data gathering and a constrained HIS, and resulting targets are problematic to construct without recourse to the stocktakes delineated under Output 1.1, baselines and targets will be further tailored during the project's inception phase.
	Incidence of weather-related health cases	TMO health reports	Current incidence of CSHRs and CSDs not known until release of 2023 NCD STEPS report	Decrease of 10% from 2023 baseline in incidence of reported cases of climate-sensitive health risks / climate-sensitive diseases	Decrease of 20% from 2023 baseline in incidence of reported cases of climate-sensitive health risks / climate-sensitive diseases	
	Incidence of climate change induced or aggravated mental problems	TMO health reports	TMO National Health Information Bulletin 2021 gives an incidence of ≈2.4 cases per 1,000 pax for anxiety, depression and psychosocial issues	Decrease of 10% in incidence of reported cases of climate-sensitive mental illnesses	Decrease of 20% in incidence of reported cases of climate-sensitive mental illnesses	
Component 2: Building institutional capabilities to respond to climate change and health	Incidence of mental health cases including SEAH	TMO health reports (including mental health and SEAH register)	TMO National Health Information Bulletin 2021 gives an incidence of ≈2.4 cases per	Decrease of 10% in incidence of reported cases of climate-sensitive	Decrease of 20% in incidence of reported cases of climate-	<ul style="list-style-type: none"> Disaggregated Pa Enea NCD STEPS reporting available from 2027.

¹ Because baselines are so challenging to establish in an environment with limited data gathering and a constrained HIS, and resulting targets are problematic to construct without recourse to the stocktakes delineated under Output 1.1, baselines and targets will be further tailored during the project's inception phase. Existing baselines and targets are design-stage estimates only.

Project results (outcomes / outputs)	Project specific indicator	Means of Verification (MoV)	Baseline	Target ¹		Assumptions / Note
				Mid-term	Final	
issues and effectively deliver health services to the population of the Cook Islands			1,000 pax for anxiety, depression and psychosocial issues	mental illnesses	sensitive mental illnesses	
	Incidence and severity of NCDs	TMO health reports (e.g. NCD STEPS survey)	Premature mortality due to NCDs above WHO Western Pacific Regional average (36 as of 2019)	Premature mortality due to NCDs (defined as NCD deaths under age 70) reduced by 2%	Premature mortality due to NCDs (defined as NCD deaths under age 70) reduced by 4%	
	Availability of fresh vegetables in the Pa Enea	Ministry of Agriculture publications; TMO NCD STEPS survey	Percentage of people who eat less than 5 servings of fruit and/or vegetables on average per day is 84.7%	Percentage of people in the Pa Enea who eat less than 5 servings of fruit and/or vegetables on average per day reduced by 2%	Percentage of people in the Pa Enea who eat less than 5 servings of fruit and/or vegetables on average per day reduced by 4%	
Output 1.1: Existing health policies, plans and programmes include strategies that are informed by current and projected climate change <i>(Contributing to Component 1)</i>	Number of policies, plans, programmes and guidelines that clearly incorporate climate change	Official TMO publications	None	TMO gender sensitised CC&HAP drafted, and TMO NHSP 2023+ includes CSHRs	TMO gender sensitised NHSP 2023+ implementation plan includes CSHRs	<ul style="list-style-type: none"> Cooperation and buy-in from key stakeholders at TMO Building on the V&A assessment undertaken by FP147
	Number of distinct TMO communication products that reference climate change	Official TMO publications	None	3	6	
Output 1.2: TMO health intelligence integrates HIS with meteorological and climate information for health early warnings and CSHR forecasting	Health intelligence needs assessment report approved, published and disseminated	TMO publication	No needs assessment performed	Needs assessment report approved, published and disseminated	Needs assessment report approved, published and disseminated	<ul style="list-style-type: none"> EMCI to assist in connecting IT systems and integrating CSHRs into their EWS bulletins
	CSHR forecasts issued	EMCI EWS bulletins with CSHR published	Health EWS and CSHR forecasting	Yearly, Rarotonga and	At least twice yearly,	

Project results (outcomes / outputs)	Project specific indicator	Means of Verification (MoV)	Baseline	Target ¹		Assumptions / Note
				Mid-term	Final	
<i>(Contributing to Component 1)</i>			capabilities not established	Pa Enea	Rarotonga and Pa Enea	
	Augmented health intelligence generated and disseminated	Augmented health intelligence applications available to staff in health facilities	HIU and TMO staff not currently producing augmented health intelligence applications	1	3	
Output 1.3: Staff in TMO and partner organizations apply climate change information in their operations <i>(Contributing to Component 1)</i>	Availability of gender sensitised training materials for continuous learning by staff from TMO and partner organizations	TMO web site	None available	Gender sensitised CSHR/CC&H training module created	CSHR/CC&H training module deployed to ≥85% of TMO clinical and allied health staff and EHOs	<ul style="list-style-type: none"> Adequate internet bandwidth available for online learning, with particular reference to health staff in the Pa Enea
	Number of staff from TMO and partner organizations trained in the use of CC&H policies, procedures, tools and applications	Report from training activities	0	≥85% of TMO clinical and allied health staff delivered CC&H training module as part of professional development activities	≥85% of current EHOs trained in CSHRs	
Output 2.1: Health Centres in the Pa Enea are resilient to CC impacts <i>(Contributing to Components 1 and 2)</i>	Health Centres in the Pa Enea upgraded to withstand extreme weather events	Building completion reports	0 Pa Enea medical centres outfitted with battery back-up facilities for resilience to extreme weather events	Detailed technical design completed for ≥13 Pa Enea medical centres to implement on-site solar PV	≥2 Pa Enea medical centres outfitted with solar PV facilities for resilience to extreme weather events	
Output 2.2: TMO information systems	TMO headquarters equipped with high availability IT	Government reports (e.g. OPM ICT reports)	TMO facilities hampered by IT constraints and	TMO HQ IT infrastructure back-up scoped	TMO HQ IT infrastructure back-up	<ul style="list-style-type: none"> Availability of bandwidth, server rack space and cloud back-up access

Project results (outcomes / outputs)	Project specific indicator	Means of Verification (MoV)	Baseline	Target ¹		Assumptions / Note
				Mid-term	Final	
have high availability <i>(contributing to Component 1)</i>	infrastructure for HIS and health intelligence	Project reporting	vulnerable to extreme weather-related disruptions	and requisitioned	infrastructure installed	<ul style="list-style-type: none"> Implementation of Vodafone/OPM ICT O3b project on Pa Enea
	Health facilities have resilient information systems to ensure uninterrupted health services before, during and after extreme weather events	Government reports (e.g. OPM ICT reports) Private Industry reporting Project reporting	TMO facilities hampered by bandwidth constraints and unable to utilise tele-health for regular service delivery	TMO Pa Enea IT infrastructure back-up scoped and requisitioned	TMO Pa Enea IT infrastructure back-up installed	
Output 2.3: TMO capacity built via environment laboratory and mobile testing <i>(contributing to Component 1)</i>	Mobile environmental testing kits to assess water quality available in the Pa Enea	Government reports (e.g. TMO reporting) Project reporting	Central environmental health laboratory non-existent Pa Enea sites lack reagents and only able to institute H ₂ S testing	Mobile laboratory testing equipment needs assessment completed, solution (e.g. 'suitcase' lab) chosen and tender issued	≥16 mobile laboratory microbiology test kits for selected CSHRs procured	
Output 3.1: Existing TMO health outreach and community care strengthened to cover CSHRs <i>(contributing to Component 2)</i>	EHOs / HPOs / Tutaka from ≥11 Pa Enea sites trained in and using augmented manuals and tools	Government reports (e.g. TMO reporting) Project reporting	Existing HPO / EHO / Tutaka manuals only incidentally address CSHRs, or do so in ad hoc fashion CSHR assessment and reporting using simple one-way tools	Tablets for HPO / EHO / Tutaka inspections distributed to ≥11 Pa Enea sites, with basic set of applications	Tablets for HPO / EHO / Tutaka inspections distributed to all Pa Enea sites, with full set of applications	<ul style="list-style-type: none"> Incorporates findings from curriculum generated under Output 1.3 Partially dependent on 2.3 (testing equipment), 1.2 (CSHR forecasting), and 1.3 (CSHR training)
Output 3.2: Communities and	Availability of gender sensitised CSHR	Government and academic statistics / reports (e.g. census,	None	Impressions of CSHR	Impressions of CSHR	<ul style="list-style-type: none"> Direct and indirect beneficiaries will be

Project results (outcomes / outputs)	Project specific indicator	Means of Verification (MoV)	Baseline	Target ¹		Assumptions / Note
				Mid-term	Final	
people throughout the Cook Islands are aware of climate change impacts on health and of ways to reduce the impact <i>(contributing to Component 2)</i>	and health EWS messages in Rarotonga and the Pa Enea	GSHS, Tē 'ākirāta mārama) TMO reports NCD STEPS survey results Progress / completion reports		communication by 1,530 females and 1,478 males (corresponding with ≈20% of the population)	communication by 3,059 females and 2,957 males (corresponding with ≈40% of the population)	counted via aggregated project reporting and project M&E, which will include surveys of uptake, estimates of impressions of CSHR communications and knowledge products, and media/social media hit count <ul style="list-style-type: none"> Disaggregation will include island and gender, among other relevant criteria Logistical considerations (procurement, technical assistance, transportation / shipping) addressed and overcome
	Maternity and child healthy diets reduce incidence of malnutrition and disease in children	TMO reports Progress / completion reports	Maternity support services are not addressing unhealthy diets	Red Cross community outreach activities delivered to ≥5 Pa Enea sites + Rarotonga	Mother/child healthy diet food security tutors deliver trainings to ≥125 recipients (representing ≈½ of one year's worth of births)	
	Increased availability of fresh vegetables in the Pa Enea to promote healthy diets	Government reports (e.g. Ministry of Agriculture reporting) Project reporting	Limited access to highly nutritive food sources due to limited options for local growing and prohibitive transport costs	13 hydroponics kits installed in Pa Enea sites Red Cross community outreach activities delivered to ≥5 Pa Enea sites + Rarotonga	Hydroponics kits providing fresh vegetables to the Pa Enea communities	
Output 3.3: Sharing lessons learned with other sectors in Cook Islands and the Pacific Community <i>(contributing to Component 1)</i>	Gender sensitised Communications products on lessons-learned shared with the wide community	Availability of the communications products Project reporting	No activities undertaken	Sharing of communications / knowledge products at ≥2 annual CI Health Conference or similar	Sharing of communications / knowledge products at ≥2 regional and/or UNFCCC side events or similar	<ul style="list-style-type: none"> Cook Islands Māori-language skills and uptake adequate to produce communications materials Travel feasibility

Project results (outcomes / outputs)	Project specific indicator	Means of Verification (MoV)	Baseline	Target ¹		Assumptions / Note
				Mid-term	Final	
Project co-benefit indicators						
Output 2.1	Health Centres in the Pa Enea upgraded to withstand extreme weather events	Building completion reports	0 Pa Enea medical centres outfitted with battery back-up facilities for resilience to extreme weather events	Detailed technical design completed for ≥13 Pa Enea medical centres to implement on-site solar PV	≥2 Pa Enea medical centres outfitted with solar PV facilities for resilience to extreme weather events	
Output 3.2	Availability of gender sensitised CSHR and health EWS messages in Rarotonga and the Pa Enea	Government and academic statistics / reports (e.g. census, GSHS, Tē 'ākirāta mārama) TMO reports NCD STEPS survey results Progress / completion reports	None	Impressions of CSHR communication by 1,530 females and 1,478 males (corresponding with ≈20% of the population)	Impressions of CSHR communication by 3,059 females and 2,957 males (corresponding with ≈40% of the population)	

4. Project activities and deliverables

Output	Activities	Description	Deliverables
Output 1.1: Existing health policies, plans and programmes include strategies that are informed by current and projected climate change	Activity 1.1.1: Conduct a baseline assessment regarding existing legislation, policies and plans of Te Marae Ora to identify and evaluate strategies and indicators to address climate sensitive health outcomes.	Conduct a gender sensitised policy assessment around CC&H at TMO, and any other line ministries / central government with relevant policies/plans	Policy assessment

Output	Activities	Description	Deliverables
	Activity 1.1.2: Draft update to Climate Change and Health Adaptation Plan 2012	Update CC&HAP to align with governmental / TMO policies and national legislation	CC&HAP created
	Activity 1.1.3: Update TMO policies, plans and procedures to include climate-sensitive health risks	Update relevant TMO policies, plans and processes to incorporate gender sensitised CSHRs	TMO CSHR policies, plans and SOPs
	Activity 1.1.4: Development of TMO communications strategy and implementation plan	Overarching national gender sensitised CC&H communications strategy and implementation plan developed	Communications strategy developed and implemented
Output 1.2: TMO health intelligence integrates HIS with meteorological and climate information for health early warnings and CSHR forecasting	Activity 1.2.1: Assess health intelligence needs to integrate CSHRs	Assess TMO HIS needs and develop strategy for the incorporation of CSHR forecasting functionality	Needs assessment HIS strategy MoU with data providers
	Activity 1.2.2: Develop a data management and dissemination system for augmented health intelligence incorporating CSHRs	Operationalize enhanced HIS, with functionality in health EWS and CSHR forecasting, and disseminate findings to wider health system	Enhanced HIS operational
	Activity 1.2.3: Conduct TMO analyst training and train staff in hospitals and clinics in augmented health intelligence	Majority of TMO HIU and coding staff trained in augmented health intelligence	≥90% of relevant TMO staff trained in enhanced HIS
Output 1.3: Staff in TMO and partner organizations apply climate change information in their operations	Activity 1.3.1: Develop targeted gender sensitised CC&H curriculum to increase capacity of health sector workforce	Create CSHR / health EWS/DRR training programme	CC&H programming curriculum developed
	Activity 1.3.2: Deliver gender sensitised CC&H educational programming, environmental health training, and other professional development at TMO	Deliver CSHR/CC&H-specific CME/CPE	CC&H curriculum delivered to ≥80% of relevant staff as part of nursing training, TMO staff trainings, environmental health training, etc.
Output 2.1: Health Centres in the Pa	Activity 2.1.1: Complete detailed technical design for improvements to	Perform assessment and design for	Technical design documents produced

Output	Activities	Description	Deliverables
Enea are resilient to CC impacts	health facilities to achieve CC resilience	improvements to health facilities and emergency centre physical infrastructure, in line with WHO guidance for climate resilient and environmentally sustainable health care facilities	
	Activity 2.1.2: Upgrade and provision health facilities to achieve CC resilience	Implement improvements delineated in 2.1.1	Relevant infrastructure/equipment upgraded in ≥90% of target facilities
Output 2.2: TMO information systems have high availability	Activity 2.2.1: Provide TMO headquarters with high availability IT infrastructure for HIS and health intelligence	TMO HQ IT infrastructure back-up infrastructure installed	Multiple redundancy (uninterruptible battery back-up, + solar PV + cloud data back-up) installed at TMO headquarters
	Activity 2.2.2: Supply health facilities with resilient information systems to ensure uninterrupted health services before, during and after extreme weather events	TMO Pa Enea IT infrastructure back-up installed	Multiple redundancy (uninterruptible battery back-up, + solar PV + cloud data back-up) installed at ≥2 Pa Enea clinics
Output 2.3: TMO capacity built via environment laboratory and mobile testing	Activity 2.3.1: Assess mobile laboratory testing equipment needs	Mobile laboratory testing equipment needs assessment completed	Mobile laboratory testing equipment needs assessment completed
	Activity 2.3.2: Provide mobile environmental testing kits to assess water quality	≥16 mobile laboratory microbiology test kits for selected CSHRs procured	≥16 mobile laboratory microbiology test kits for selected CSHRs procured
Output 3.1: Existing TMO health outreach and community care strengthened to cover CSHRs	Activity 3.1.1: Augment existing HPO/EHO manuals and tools to integrate indicators on CSHRs	Existing Health Protection Officer / Environmental Health Officer and/or Tutaka manuals updated	Health Protection Officers and/or Tutaka staff in Rarotonga and at ≥11 Pa Enea sites trained
	Activity 3.1.2: Train HPOs/EHOs in the use of augmented tools	EHOs/HPOs/Tutaka from ≥11 Pa Enea sites trained in the use of augmented manuals and tools	EHOs/HPOs/Tutaka from ≥11 Pa Enea sites trained in the use of augmented manuals and tools
Output 3.2: Communities throughout the Cook Islands are aware of climate change impacts on health and risk reduction options	Activity 3.2.1: Communicate risk reduction options relevant to CSHRs and disseminate/share evidence-based practices	≥4 vaka outreach voyages completed	≥4 vaka outreach voyages completed

Output	Activities	Description	Deliverables
	Activity 3.2.2: Design and implement non-clinical health and wellbeing activities to address CSHRs	Non-clinical CSHR-specific health and wellbeing activities implemented in ≥11 Pa Enea sites + Rarotonga	14 Body Composition analysers procured for Pa Enea sites Red Cross community outreach coordinator hired
	Activity 3.2.3: Promote healthy diets in the Cook Islands	Mother/child healthy diet food security tutors deliver trainings to ≥125 recipients (representing ≈½ of one year's worth of births)	Red Cross community outreach coordinator hired 13 hydroponics kits procured and delivered to Pa Enea sites Mother/child healthy diet food security tutors deliver trainings to ≥125 recipients
Output 3.3: Sharing lessons learned with other sectors in Cook Islands and the Pacific Community.	Activity 3.3.1: Sharing CC&H resilience knowledge products and experiences from this programme	Communications strategy approved, published and disseminated	≥1 Annual knowledge management product produced
	Activity 3.3.2: Participate in regional events to share lessons learned	Share lessons learned with regional and international partners	≥1 regional/international knowledge management product presented

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

Monitoring, reporting and evaluation shall be in line with the GCF Monitoring and Accountability Framework (MAF) for Accredited Entities² and MFEM Tarai Vaka Process³ (TVP). Internal monitoring and reporting system by PMU shall report against annual plans endorsed by the PSC (Project Steering Committee) involving 12 reports per year:

- Monthly updating of project Gantt chart to illustrate progress as well as financial reporting against procurement plan and budget

² Dated 5 November 2015 and adopted by decision B.11/10.

³ Cook Islands Activity Management System [overview here](#).

- Quarterly (3 quarterly reports to replace 3 monthly reports) for quarters one (January to March), two (April to June) and three (July to September). Quarter two report shall include the six-monthly GAP⁴ (Gender Action Plan) and Environmental and Social Safeguards Action Plan (ESAP) report.
- Annual project implementation review report⁵ (annual report to replace 1 quarterly report) The annual report shall include the annual GAP and ESAP report. MFEM will use this annual report for preparing and submitting annual performance reports (APRs) to GCF, including annual audited financial reports with MFEM supervising the independent external auditor.
- Project completion report (project completion report to replace last annual project implementation review report). These activity reports will be fully developed by an international monitoring and evaluation (M&E) consultant to provide adequate information against the results framework (theory of change) considering means of verification of project specific indicators involving primary and secondary data collection, analysis, and reporting and relevant stakeholders in line with GCF MAF, Integrated Results Management Framework (IRMF) and Evaluation Policy. This will help to gauge whether the project is proceeding as planned, and to make good management decisions. In addition, the M&E consultant will train and guide the PMU project staff particularly the monitoring officer, who will implement the internal monitoring and reporting system, and the gender/safeguards specialist who will ensure GAP and ESAP indicators are included in the MAF.

MFEM shall supervise the mid-term and final evaluations. The mid-term evaluation shall be conducted in the middle of Year 3 (i.e., month 30) with procurement commencing in month 27 to enable the mid-term evaluation to be completed by month 33. The final evaluation shall be conducted starting in the last quarter of Year 5 (i.e., month 59). These evaluations should also assess the performance of the funded activity against the GCF investment framework criteria, including financial/economic performances as part of the project efficiency and effectiveness criterion.

⁴ The GAP report builds on previous information so each report has a new column to complete actions for the six month period.

⁵ MFEM will use this annual report for its annual performance reports (APRs) to GCF, including financial management reports. Among other things, the financial management reports will include dates and amounts disbursed for each funded activity and compliance with financial covenants.