

# Simplified Approval Process

## Annex 2a: Logical framework



# LOGICAL FRAMEWORK TEMPLATE

LOGICAL FRAMEWORK				
<p><i>This section refers to the project/programme's logical framework in accordance with the <b>GCF's Integrated Results Management Framework</b> to which the project/programme contributes as a whole, including in respect of any co-financing.</i></p>				
<p><b>1. GCF Impact level: Paradigm shift potential (max. 300 words)</b></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	<p>There is inadequate and unequal access to health services in FSM. With an increasing incidence and susceptibility to disease and illness (particularly due to climate variables), communities are shouldering exacerbated health burdens. The country is currently facing important challenges due to climate sensitive Food-, Water-, and Vector-borne diseases, with several outbreaks taking place in recent years<sup>1</sup>.</p> <p>Water, sanitation and hygiene (WASH) systems are inadequate with significant disparities between the states. While Improved drinking water and improved sanitation facilities are becoming more available according to the 2010 census, 55% of the</p>	Low	<p>The project will directly benefit 78,048 direct beneficiaries or 75.9% of the population, with improved resilience towards climate-induced health impacts.</p> <p>It will do so with the development of a HIEWS covering all four states and delivering notices directly to mobile phone subscribers. Based on the latest telecommunication information on subscribers and with the assumption that 60% of the population has mobile phone coverage, the estimated direct beneficiaries will be 61,706.</p> <p>In total 24,229 direct beneficiaries will benefit from improved WASH infrastructure (rainwater harvesting</p>	<p>Through Outcome 1, the project will address the institutional and regulatory barriers particularly, by developing an operational HNP to guide the national effort, developing SOP for prevalent climate-sensitive diseases, thus strengthening public health climate resilience.</p> <p>Outcome 2 will improve the operational capacity for surveillance and response to climate-sensitive diseases. Moreover, linking the HIEWS with the regional Pacific Public Health Surveillance Network (PPHSN) will provide data to strengthen the surveillance and response on a regional level.</p> <p>Through Outcome 3, the project will install 500 new first-flush rain harvesters, covering 500 households, and 500 climate-resilient latrines.</p>

<sup>1</sup> Prefeasibility study sub-section 3.5, ADB (2022) Political Economy of Water Management and Community Perceptions in the Pacific Island Countries.

	<p>population use outhouses (36%) or open defecation on land or sea (19%).</p>	<p>tanks and latrines) and vector control actions. Of those, 16,342 are additional to the 61,706 benefiting directly from the HIEWS. The implementation of these interventions will set a precedent of coordinated actions to tackle climate-sensitive diseases. Such targeted interventions can be replicated in the rest of the FSM curbing the important climate change-induced burden of disease.</p> <p>Indirect beneficiaries will benefit from timely public health measures based on the HIEWS. The HIEWS will cover all FSM population, through the targeted responses of DHSA and EPA personnel, as well as trained community members. With the HIEWS in place and the operationalisation of alternative communication and outreach channels and the expansion of the mobile coverage, the HIEWS will be able to cover all the population of the FSM.</p> <p>Improved policies and operational plans will contribute to climate-proofing the national public health system, further strengthening the resilience of FSM population to health impacts induced or cofounded by climate change.</p> <p>Moreover, by promoting public health awareness for climate-sensitive diseases, the project will lead to behavioural change and increased uptake of food safety, sanitation, and hygiene measures.</p>	
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<p><b>Replicability</b></p>	<p>Despite having developed a nation-wide policy framework (the National Climate Change and Health Action Plan 2012 – which identified detailed climate-sensitive health risks and adaptation needs), technical and financial capacities proved to be major stumbling blocks for mobilising the plan.</p> <p>Climate change and public health sectors within FSM currently operate in a siloed approach. Moreover, surveillance of and response to climate-sensitive disease outbreak events remains fragmented. The DHSA has insufficient collaborative mechanisms with hydrometeorological services and other ministries, and insufficient technical knowledge and capacity. SOPs are outdated or do not cover climate sensitive diseases with high burden of disease and there are no unified procedures to address climate health related public health events.</p>	<p><u>Low</u></p>	<p>The project will develop a strategic HNAP, operational documents and targeted tangible interventions to control climate-sensitive diseases.</p> <p>The Project will support the development of a comprehensive and integrated approach to address climate change challenges to public health, breaking the siloes between sectors and developing an HNAP that will operationalise the WHO guidelines in the Pacific context. The HNAP will inform the development of the respective documents of other Pacific Island Countries and Territories.</p> <p>The development of SOPs for climate-sensitive diseases will allow replicating actions and responses accurately across the FSM. The unified and accurate processes will improve surveillance and allow for comparative analyses and targeted public health interventions,</p> <p>Similarly, the operational documents of the HIEWS will set the protocols for the prevention and response of climate-sensitive diseases related public health events. The protocols will unify the response to climate-related public health events and will be replicated across FSM. Successful procedures and processes will be identified, communicated, adapted and adopted by other Pacific Island Countries and Territories.</p> <p>The systems and procedures improving climate-sensitive</p>	<p>On a national strategic level, the adaptation pathway proposed by this project is unique and will pioneer health-climate change intervention for early warning systems, through GCF funding, in the Pacific region. Such a paradigm has not been demonstrated before in the Pacific Island Countries and Territories and has great replication capacity in the region. Through output 3.3 the project will ensure effective monitoring, evaluation and learning that will identify key lessons learnt and successful interventions to be replicated within FSM and the region.</p> <p>On an operational level, the project will develop protocols and procedures for climate-sensitive diseases that will be replicated within FSM. To increase the replicability, the project will ensure that not only the documents are in place, but trainers are also trained. With the operational documents and the local capacity in place, the project will ensure that protocols and procedures are followed in all four states effectively and that all the necessary personnel have the required knowledge and technical capacity.</p> <p>The project will also communicate data, SOPs and the HIEWS operational documents to the PPHSN, ensuring that lessons learned and key knowledge developed are available to be replicated in the region.</p>
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			diseases surveillance and response, as well as the data from the surveillance will be available to other Pacific Island Countries and Territories through the PPHSN, improving the capacity to tackle public health challenges at a regional level.	
<b>Sustainability</b>	<p>In 2019, the International Monetary Fund conducted a climate change policy assessment on FSM, which revealed the following key barrier: where sectors have outlined clear climate change adaptation policies or strategies, the main hurdle to implementation lies in access to funding and human resources to implement the necessary activities.<sup>2</sup></p> <p>The following government departments and entities have been established but are not coordinated to respond to climate-induced disease outbreaks: DHSA, DECEM, EPAs, National Weather Service, FSM Food Lab, FSM Sustainable Development Council.</p> <p>Therefore, the architecture required to make this project sustainable exists – however, currently there is limited experience in FSM in mobilising this.</p>	<u>Medium</u>	<p>Through the project design, sustainable support for inter-agency and departmental cooperation and collaboration has been ensured to respond to climate-induced disease outbreaks. With capacity building through the training components, the existing institutional architecture will be able to identify, alert and mobilise on climate variables affecting health burdens in FSM.</p> <p>Adaptation interventions through Outcome 3 will provide climate-proofed WASH system improvements designed for long-lasting impacts and strengthened community-based management. This will include enhanced climate-sensitive health services delivery and climate-resilient water tanks.</p> <p>The financial sustainability of the project, especially for the HIEWS and the surveillance laboratory, will be ensured with funds secured from the national DHSA budget, state-relevant departments budget, and funds from the Compacts of Free Association. Community maintenance costs will be covered by ad-hoc contributions of</p>	<p>The implementation of standard operating procedures in Outcome 1 will support the ongoing work for cooperation and collaboration. Moreover, the integrated and operational H-NAP will set clear priorities and link actions with specific funding opportunities.</p> <p>The health and environmental personnel training under Outcome 2 will build the technical capacity, to monitor, identify and manage risks, enhancing the active engagement of health staff from local to national levels beyond the length of the project funding.</p> <p>The project will build the technical capacity of the communities to undertake maintenance of the climate-resilient WASH infrastructure (as part of Outcome 3). Post-project, communities will operate and maintain their water security and safety infrastructure. Simple repairs from the community will minimize the cost of maintenance, diminishing dependence on technical expertise from the states. The communities will also receive training concerning community-level interventions to reduce the impacts and probability of climate-sensitive public health events.</p>

<sup>2</sup> The IMF CCAP report can be found here: <https://www.imf.org/~media/Files/Publications/CR/2019/1FSMEA2019002.ashx>

			community members served by the infrastructure.	
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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) <sup>3</sup>	Means of Verification (MoV)	Baseline	Target		Assumptions / Note
				Mid-term	Final <sup>4</sup>	
<u>Total beneficiaries</u>	<u>Core 2: Direct and indirect beneficiaries reached</u>	Annual reporting based on monitoring and verification, national surveys, independent mid-term and final evaluations carried through the project, completion reports of trainings and infrastructure investments.	0	<p>Number of people that directly benefit from a fully functional early warning system</p> <p>Direct beneficiaries: 31,219 or 30%. (15,375 women)</p> <p>Indirect beneficiaries: 7,439 or 30% (3,682 women)</p>	<p>Number of people that directly benefit from a fully functional early warning system</p> <p>Direct beneficiaries: 78,048 direct beneficiaries or 76% (38,439 women)</p> <p>Indirect beneficiaries: 24,795 (12,211 women)</p>	<p>Beneficiaries include those receiving benefits under ARA 1 and ARA 2.</p> <p>ARA 1 beneficiaries assumptions apply.</p> <p>ARA 2 beneficiaries assumptions apply.</p> <p>There is an overlap between beneficiaries receiving benefits under ARA 1 and ARA 2.</p> <p>Beneficiaries receiving benefits under both ARAs have only been accounted once.</p> <p>Beneficiaries accounted under Supplementary indicator 2.3 indicator are additional to beneficiaries</p>

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

<sup>4</sup> 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.

						<p>receiving benefits under ARA 1.</p> <p>Indirect beneficiaries will benefit indirectly by the DHSA and EPA personnel response to the HIEWS warning, and the improved policies resulting in climate informed health system responses.</p>
<p><u>ARA1 Most vulnerable people and communities</u></p>	<p><u>Core 2: Direct and indirect beneficiaries reached</u></p>	<p>Annual reporting based on monitoring and verification, national surveys, independent mid-term and final evaluations carried through the project, completion reports of trainings and infrastructure investments</p>	<p>0</p> <p>There is currently no climate-health related Early Warning System in place.</p>	<p>Number of people that directly benefit from a fully functional early warning system</p> <p>Direct beneficiaries: Based on the 24,682. (12,156 women)</p> <p>Indirect beneficiaries: 7,439 (3,682 women)</p>	<p>Number of people that directly benefit from a fully functional early warning system</p> <p>Direct beneficiaries: 61,706 (30,390 women)</p> <p>Indirect beneficiaries: 41,137 (20,260 women)</p>	<p>The HIEWS system will be fully operational on 40% of the national area by mid-term and by 100% by the end of the project, covering all FSM</p> <p>Direct beneficiaries have direct access to HIEWS warnings through mobile phones.</p> <p>Beneficiaries receiving warning will apply the proposed precautionary/response measures.</p> <p>Direct beneficiaries include members of households with at least one subscriber to mobile service, i.e. 60% of the population<sup>5</sup></p> <p>Indirect beneficiaries will benefit indirectly by the DHSA and EPA personnel</p>

<sup>5</sup> Data on subscribers are based on FSM statistics data <https://www.fsmstatistics.fm/other-statistics/communication-statistics/> and size of household is based on the FSM Statistics 2010 Census.

						<p>response to the HIEWS warning.</p> <p>49% of the beneficiaries will be women<sup>6</sup></p>
<p><u>ARA1 Most vulnerable people and communities</u></p>	<p><u>Supplementary 2.4: Beneficiaries (female/male) covered by new or improved early warning systems</u></p>	<p>Annual reporting based on monitoring and verification, national surveys, independent mid-term and final evaluations carried through the project, completion reports of trainings and infrastructure investments.</p>	<p>0</p> <p>There is currently no climate-health related Early Warning System in place.</p>	<p>Number of people that directly benefit from a fully functional early warning system</p> <p>Direct beneficiaries: Based on the 24,682. (12,156 women)</p>	<p>Number of people that directly benefit from a fully functional early warning system</p> <p>Direct beneficiaries: 61,706 (30,390 women)</p>	<p>The HIEWS system will be fully operational on 40% of the national area covered by mobile phone service by mid-term and by 100% by the end of the project, covering all FSM</p> <p>Direct beneficiaries have direct access to HIEWS warnings through mobile phones.</p> <p>Indirect beneficiaries will benefit indirectly by the DHSA and EPA personnel response to the HIEWS warning.</p> <p>Beneficiaries receiving warning will apply the proposed precautionary/response measures. 49% of the beneficiaries will be women<sup>7</sup></p>
<p><u>ARA2 Health, well-being, food and water security</u></p>	<p><u>Core 2: Direct and indirect beneficiaries reached</u></p>	<p>Annual reporting based on monitoring and verification, national surveys, independent mid-term and final evaluations carried through the project,</p>	<p>Incidence rate of 429 per 10,000 people per year of water-borne diseases (WBDs), vector-borne disease (VBDs) and</p>	<p>Number of people with reduced climate-health risks</p> <p>Direct beneficiaries:</p>	<p>Number of people with reduced climate-health risks.</p> <p>Direct beneficiaries:</p>	<p>Absence of major natural disasters.</p> <p>40% delivered by mid-term and 100% by end of the project. Mid term percentage is low as year 1 and 2 will focus on project</p>

<sup>6</sup> FSM 2010 Census data.

<sup>7</sup> FSM 2010 Census data.

		completion reports of trainings and infrastructure investments.	<p>food-borne diseases (FBDs) (2013-2019).</p> <p>Improved sanitation facilities are used and becoming more widely available. However, the 2010 census revealed that 55% of the population use outhouses (36%) or open defecation on land or sea (19%)<sup>8</sup>.</p>	<p>11,199 (5,515 women)</p> <p>Indirect beneficiaries: 22,454 (11,115 women)</p>	<p>27,997 (13,788 women)</p> <p>Indirect beneficiaries: 74,846 (36,861 women)</p>	<p>establishment and procurement. As procurement will be done at scale, materials will be in place to roll out implementation of these activities effectively in year 3, 4 and 5.</p> <p>Outcome 3 of the project will target estimated 27,997 direct beneficiaries, representing about 27.2% of the total FSM 102,843 population.</p> <p>The installation of water tanks and environmental clean ups for vector control will benefit directly all the population of the outer island, while improved toilet facilities will target people in need from the main islands.<sup>9</sup></p> <p>Direct beneficiaries of outer islands do not overlap with HIEWS direct beneficiaries, as outer islands communities are not expected to have direct access to HIEWS warnings, due to the lack of mobile phone service.</p> <p>Beneficiary communities remain engaged and apply proposed measures</p>
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<sup>8</sup> ADB (2022) Political Economy of Water Management and Community Perceptions in the Pacific Island Countries.

<sup>9</sup> Please see sub-section 4.1 Project targeting from the Pre-Feasibility study for the methodology of beneficiaries' estimation.

						<p>(mosquito nets, water tanks, food safety). SOPs and the HNAP will lead to indirect decrease in the burden of diseases from climate sensitive diseases leading to adaptation benefits to the whole population as they will improve the resilience of public health to climate change.</p> <p>WASH interventions and environmental clean-ups for vector control will benefit directly all the population of the outer island.<sup>10</sup></p>
<p><u>ARA2 Health, well-being, food and water security</u></p>	<p><u>Supplementary 2.3: Beneficiaries (female/male) with more climate-resilient water security</u></p>	<p>Annual reporting based on monitoring and verification, national surveys, independent mid-term and final evaluations carried through the project, completion reports of trainings and infrastructure investments</p>	<p>TBD water security situation of the beneficiaries at the start of the project, JMP survey results at the start of the project.</p>	<p>Number of people with more climate-resilient water security</p> <p>Direct beneficiaries: 6,537 (3,219 women)</p>	<p>Number of people with more climate-resilient water security</p> <p>Direct beneficiaries: 16,342 (8,048 women)</p>	<p>Absence of major natural disasters.</p> <p>40% delivered by mid-term and 100% by end of the project.</p> <p>Outcome 3 of the project will target estimated 16,642 people, representing about 6.46% of the total FSM 102,843 population.</p>

<sup>10</sup> Please see sub-section 4.1Project targeting for the methodology of beneficiaries' estimation.

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

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.

IRMF Core Indicators (5-8) <sup>11</sup>	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>Sector specific policies such as the NCCHAP<sup>12</sup> are in place but non-operational.</p> <p>States lack specific policies on vector management and outdated standard operating procedures for climate-sensitive diseases.</p> <p>Health, environment, and climate change policies operate in silos.</p>	<p><u>low</u></p>	<p>An integrated plan guide climate resilience in public health and enable cross-sectoral coordination.</p> <p>Operational strategies and policies are in place to address surveillance and response to public health impacts from climate change.</p> <p>Institutions incorporate climate change into existing processes.</p>	<p>Project outputs will include the development of an HNAP that will enable mainstreaming health climate adaptation, define priorities to climate-proof the public health system and develop a pathway for its implementation.</p> <p>Internal policies and procedures including updated VCA protocols, SOPs and HIEWS reference documents will lay out the operational-level cooperation and collaboration systems on the prevention of climate-sensitive FBDs, VBDs and WBDs.</p> <p>The specialised institutional development will support dealing with the impacts of climate change across health,</p>	<p><u>National level (one country)</u></p>

<sup>11</sup> The IRMF Indicators are set out in the [Integrated Results Management Framework](#).

<sup>12</sup> National Climate Change Health Action Plan.

				water, and infrastructure sectors.	
<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>There is a lack of</p> <ul style="list-style-type: none"> <li>- vector surveillance and risk mapping</li> <li>- knowledge of climate-health issues by local health officers</li> <li>- mapping of high-risk areas</li> <li>- health data recording, collection and analysis</li> </ul> <p>There is no cross-sectional knowledge sharing around climate-health issues.</p> <p>There is inadequate cooperation and coordination of climate change projects between government agencies, NGOs, and national weather services.</p> <p>There is a lack of public understanding, community education and outreach activities.</p>	<u>low</u>	<p>Processes are established and improved to monitor and survey climate-related diseases.</p> <p>Knowledge is shared and deployed between sectors, government departments, civil society, the private sector, NGOs, and regional networks.</p> <p>Communities are alerted of potential risks and precautions.</p>	<p>The project will support the development of community-based vector surveillance, GIS mapping and the training of local health officers on managing climate-induced diseases.</p> <p>The HIEWS will contribute to effective knowledge generation for appropriate response at all levels (local, State, national, and even regional through the Pacific Public Health Surveillance Network (PPHSN).</p> <p>The project will support the development of outbreak materials and tailored community training, and the deployment of awareness campaigns.</p> <p>All training material, lessons learned, surveillance data will be communicated in a local, state, national and regional level. Critical to the above it the participation of the FSM to the PPHSN which dedicated to the promotion of public health and improving public health</p>	<u>National level (one country)</u>

				surveillance and response to health emergencies in the Pacific	
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### 3. Project/programme specific indicators (project outcomes and outputs)

*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.*

*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 ).*

Project/programme results (outcomes/ outputs)	Project/programme specific Indicator	Means of Verification (MoV)	Baseline	Target		Assumptions / Note
				Mid-term	Final	
Outcome 1: <u>Relevant policies, systems, processes and guidelines are institutionalized in the FSM for effective adaptation response to climate change-related vector-, water- and food-borne diseases</u>	Number of policies, systems, processes and tools institutionalized in FSM for climate change adaptation response	Policy instruments developed and endorsed: - Climate VCA guidance document and methodology adopted - H-NAP endorsed - Vector Control Plan - Gender-responsive SOPs for FBDs, WBDs and VBDs	0	2 policy instruments developed by mid-term	3 policy instruments developed by end of project	Government commitment and stakeholder collaboration remain strong throughout the project, ensuring timely participation, validation, and approval of climate-adaptive health policy instruments at national and state levels.  Technical expertise and project resources are available and accessible to support the development, integration, and implementation off climate adaptation measures into health and related sector policies.
Output 1.1: The relevant stakeholders	Number of guideline documents	Consolidated climate VCA guidelines and methodology document.	0	1 consolidated climate VCA	1 consolidated climate VCA	There is active collaboration and

are informed of the baseline situation of climate change vulnerability on health and adaptation response capacity of the four states of the FSM.	concerning VCA updated	1 policy recommendations document endorsed. Project report; published guideline document.		guidelines and methodology document developed by mid-term	guidelines and methodology document developed by the end of the project	communication among all relevant stakeholders, including health officials, climate experts, and community leaders, to regularly review and update the guideline documents based on the latest data and research findings.  There is interest in institutionalising the updated climate VCA guidelines and methodology.
	Number of stakeholders engaged in conducting state-level VCAs	State-level VCAs consolidated workshop report with Pre & post workshop surveys & Attendance sheets.	0	64 stakeholders engaged for state-level VCAs by mid-term	64 stakeholders engaged for state-level VCAs by end of the project	Relevant stakeholders (including government officials, local authorities, CSOs, and technical agencies) are willing and available to participate in the state-level VCA process and are not hindered by competing priorities, political changes, or external disruptions (e.g. natural disasters or health emergencies). The project maintains effective coordination and communication to identify, invite, and retain stakeholder participation throughout the assessment process.
	Number of state-level climate VCAs conducted based on updated climate VCA methodology	4 state-level climate VCAs Stakeholder consultation report with pre & post surveys	0	4 state-level climate VCAs conducted by mid-term	4 state-level climate VCAs conducted by end of project	4 state-level climate VCAs completed based on updated climate VCA methodology

Output 1.2: FSM's health sector has access to recommended policy papers and enhanced technical capacity to effectively manage FDBs, VDBs, and WBDs	Number of policy instruments on climate adaptation in the health sector developed by including management of FBDs, VBDs and WBDs.	<p>Monitoring reports provided by PMU</p> <p>Policy instruments developed and endorsed:</p> <ul style="list-style-type: none"> <li>- H-NAP endorsed</li> <li>- Vector Control Plan</li> <li>- Gender-responsive SOPs for FBDs, WBDs and VBDs</li> </ul>	0	2 policy instruments developed by mid-term	3 policy instruments developed by end of project	<p>4 policy instrument documents will be developed under Output 1.2, including 2 national plans documents (HNAP and Vector Control Plan) and, 1 gender-responsive SOP for FBDs, WBDs, and VBDs management.</p> <p>Government commitment and stakeholder collaboration remain strong throughout the project, ensuring timely participation, validation, and approval of climate-adaptive health policy instruments at national and state levels.</p> <p>Technical expertise and project resources are available and accessible to support the development, integration, and implementation off climate adaptation measures into health and related sector policies.</p>
	Number of key personnel trained reported increased knowledge on coordination, surveillance and response to climate-sensitive disease outbreaks	<p>Training workshop Report with pre &amp; post assessments</p> <p>Attendance sheets</p> <p>Monitoring reports provided by the PMU</p>	0	0 trainers trained by mid-term	20 trainers (10 women) trained on coordination, surveillance and response to climate-sensitive disease outbreaks, to support the implementation of the project	<p>Policy instruments and training materials are finalized early enough to inform good quality relevant training and administrative or coordination challenges do not delay training activities.</p> <p>Key personnel (trainers and government officials) remain available and committed to participating</p>

				Zero government officials (disaggregated by gender) trained on coordination, surveillance and response to climate-sensitive diseases outbreaks by mid-term	and the H-NAP report an increase in their capacity  40 government officials and 40 operational staff (disaggregated by gender) trained on coordination, surveillance and response to climate-sensitive diseases outbreaks by end of project report an increase in their capacity	in training sessions, with sustained institutional support and no major disruptions (e.g., turnover, competing obligations) that could hinder training delivery and learning outcomes.
Outcome 2: <u>The Health Information Early Warning System becomes effective in supporting timely planning and responding to climate change-sensitive diseases in the FSM</u>	Percentage of climate-sensitive health alerts issued through the HIEWS guiding the adaptive response	Surveillance Reports	No IT system in place to send climate-sensitive health alerts for effective adaptive response	30% of climate-sensitive health alerts issued through the HIEWS adaptive response actions	70% of climate-sensitive health alerts issued through the HIEWS adaptive response actions	The HIEWS is fully functional in supporting timely planning and response to climate change-sensitive diseases in the FSM.  The FSM DHSA and partners maintain adequate staffing, technical capacity and inter-agency coordination to operationalise HIEWS.
Output 2.1: Technologies,	Number of tools and procedures	HIEWS reference	0	1 fit-for-use electronic data	1 fully functional	A fully functional HIEWS will be covering 40% of the

Procedures, and Capacities for an effective and timely HIEWS operation established	developed to support effective functioning of the HIEWS.	document HIEWS operations manual Predictive model document Surveillance reports from the FSM DHSA.		management system for the HIEWS procured.  1 reference document developed	HIEWS is in place  1 predictive model on island-scale dengue spread developed  1 HIEWS operational manual developed 1 food laboratory equipped with specialized diagnostic equipment to test FBDs, 1 Operational & Maintenance Manual for food lab equipment.  4 surveillance reports.	FSM population by the mid-term evaluation.  Reference documents and personnel are fully trained to deliver all 4 key elements of the HIEWS.
	Number of key personnel and other key stakeholders trained on operationalising HIEWS and Vector surveillance and VBDs prevention report an increase in their capacity	HIEWS Training materials  Vector surveillance & VBDs prevention training material  HIEWS operationalizing Training workshop reports with pre & post-workshops surveys.	0	15 key personnel trained on HIEWS operation and maintenance of by mid-term report an increase in their capacity	120 key personnel (60 female) trained on HIEWS operation and maintenance of by end of project life report an increase in their capacity.	The identified key personnel remain in their roles throughout the training and project period.  Training modules on HIEWS operation and VBD surveillance are well-designed, contextually relevant, and delivered by qualified trainers.

		<p>Vector surveillance &amp; FBDs, VBDs and WBDs prevention reports with pre &amp; post-training surveys</p> <p>Attendance sheets</p> <p>Monitoring reports provided by the PMU</p>		<p>15 key personnel trained on vector surveillance &amp; VBDs prevention by mid-term report an increase in their capacity</p>	<p>40 key personnel (20 female) trained on vector surveillance &amp; VBDs prevention by end of project report an increase in their capacity</p>	<p>The necessary equipment, software, and infrastructure for HIEWS and VBD surveillance are available and functional.</p> <p>Training activities are not significantly delayed by external factors (e.g. natural disasters, pandemics, political changes).</p> <p>Post-training follow-up and refresher sessions are conducted to reinforce VBD surveillance.</p>
<p>Outcome 3: Communities have increased resilience to climate-related FBDs, WBDs and VBDs as well as capacity to manage associated health burdens</p>	<p>Number of communities (disaggregated by state) supported by interventions to increase resilience to climate-sensitive FBDs, WBDs and VBDs.</p>	<p>Procedural documents</p> <p>Progress reports for installation of climate-resilient latrines and water tanks)</p> <p>Environmental clean-up reports</p> <p>Pre &amp; post assessment surveys</p> <p>Lessons learnt and best practice guide on technical interventions</p>	<p>0</p>	<p>3 communities supported with WASH interventions to increase climate-sensitive FBDs, WBDs and VBDs by mid-term.</p>	<p>12 communities supported with WASH interventions to increase climate-sensitive FBDs, WBDs and VBDs by end of project.</p>	<p>The implementation of adaptation interventions (improved water and sanitation infrastructure, vector control measures, health system strengthening) progresses on schedule, with minimal delays due to procurement, logistical or financial constraints.</p> <p>Selected communities (3 from each State) are willing to participate and adopt project-supported interventions, with strong local leadership and stakeholder engagement facilitating uptake.</p> <p>No major external disruptions (e.g., extreme climate events, political instability, or pandemics) significantly delay</p>

						<p>implementation or reduce community access to project interventions.</p> <p>The HIEWS and related early response mechanisms function effectively, helping prioritize and direct interventions to the most at-risk communities.</p>
Output 3.1: Adaptation interventions to prevent the spread of FBDs, VBDs and WBDs implemented in selected communities	Number of climate adaptation interventions implemented in selected communities to prevent the spread of FBDs, VBDs, WBDs	<p>Vector distribution report</p> <p>Mosquito nets distribution report</p> <p>Site inspection reports and Completion of installation reports climate-resilient latrines and water tanks.</p> <p>Environmental clean-up reports</p> <p>Pre &amp; post assessment surveys</p> <p>Before-and-after photos for clean-ups and WASH infrastructure installations.</p>	0	<p>50 climate-resilient latrines installed,</p> <p>50 climate-resilient water tanks installed,</p> <p>2,000 mosquito nets distributed</p> <p>10 community level environmental clean-ups conducted by mid-term.</p>	<p>500 climate-resilient latrines</p> <p>500 climate-resilient water tanks</p> <p>21,000 mosquito nets</p> <p>10 community level environmental clean-ups conducted by end of project.</p>	<p>Implementation agencies remain committed and provide the necessary support for project implementation. Relevant policies and regulations remain conducive to implementing climate-resilient infrastructure and vector control measures. Adequate funding is consistently available and disbursed on time to procure materials and labour. Selected communities actively participate in the planning, installation, and maintenance of climate-resilient infrastructure. Timely procurement and delivery of materials (latrines, water tanks, and distributed mosquito nets). No major supply chain disruptions due to global crises, pandemics or economic downturns. Extreme weather events (e.g. typhoons, flooding)</p>

						do not cause significant delays or damage to project sites.
Output 3.2: Community awareness and prevention communications consolidated and distributed among key community stakeholders	Number of people trained report an increase in knowledge and awareness	Monitoring reports provided by the PMU National reporting Pre- and post-training self-assessments	0	50 people trained at community-level by mid-term report increased knowledge and awareness	1,200 people trained at community-level by end of project report increased knowledge and awareness	Stakeholders are interested in participating in coordination.  Community members recognize the relevance and value of the training, and they are motivated to attend.  5% of communities reached by mid-term depending on the progress of other related outputs and activities that would enable this output and 100% by the end of the project.
Output 3.3. Monitoring, learning and evaluation framework established for improved learning for climate-sensitive disease management	M&E process established and operational	Monitoring reports provided by the PMU  Knowledge exchange and lessons learned reports	No M&E process in place.	Monitoring, learning and evaluation protocol established after consultation with DHSA and other public health sector partners	Monitoring, learning and evaluation operationalized with wide access	Stakeholders are interested in participating in coordination and consultative processes for the M&E framework that has been established.
<b>Project/programme co-benefit indicators</b>						
<b>Project/programme results (outcomes/ outputs)</b>	<b>Project/programme specific Indicator</b>	<b>Means of Verification (MoV)</b>	<b>Baseline</b>	<b>Target</b>		<b>Assumptions / Note</b>
Co-benefit 1 - Promoted gender equity	Improved gender parity in the involvement of	Stakeholder Consultation reports. VCA reports	Women are not well-represented across the public	40% attendance of women	40% attendance of women	There is political will to involve women in different sub-national contexts and

	women implementing adaptation interventions in their communities	Training and workshops reports	health governance, despite being the primary care providers to alleviate the burden of disease. Exact figures are currently unavailable.			governance institutions.  Women may be unable to participate due to sociocultural barriers such as unpaid childcare and domestic labour.
Co-benefit 2 – Reduced incidence of climate-sensitive diseases	Reduction in reported cases of climate-sensitive disease in supported communities	National and state-level health surveillance data  Hospital and clinic report on disease prevalence	Baseline burden of FBDs, VBDs and WBDs in FSM 2013 - 2019  1,079 FBD, 4,671 VBD, 27,268 WBD incidences	5% reduction in climate-sensitive disease incidence	15% reduction in climate-sensitive disease incidence	Effective implementation of early warning systems, sanitation infrastructure and vector control.  Continued engagement of health professionals and communities in prevention activities. No significant increase in extreme climate events beyond projected trends.

#### 4. Project/programme activities and deliverables

*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.*

*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.*

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: The relevant stakeholders are informed of baseline situation of climate change vulnerability on health and adaptation response capacity of the four states of FSM	Activity 1.1.1 – Perform a stocktaking exercise of existing climate VCA protocols and update as necessary for integration into the FSM DHSA's processes.	This activity will focus on institutionalising the fragmented systems of VCAs that currently exist in FSM. The updated VCA processes will use various participatory tools to gauge people's exposure to and capacity to adapt to climate change impacts and natural hazards. The processes will acknowledge grassroots	1 consolidated climate VCA guidelines & methodology document uploaded on national website.  1 policy recommendations document endorsed

		priorities for appropriate action to mitigate risks and validate the design of programmes that are mutually supportive and responsive to the needs of the people most affected and at risk to climate impacts on health.	
	Activity 1.1.2 – Implement the updated climate VCA methodology in selected communities to ensure their applicability and relevance within the FSM setting	<p>The updated climate VCA methodology will be implemented in the four states to ensure their applicability and relevance within FSM setting. In this activity, health service personnel will conduct needs assessments (basing it on the VCA processes established through Activity 1.1.1), to establish the applicability and relevance of the processes. Needs assessment will focus on developing effective prevention mechanisms and improve climate risk management of FDBs, VDBs and WBDs</p> <p>4 state-state level workshops (1 per state) to validate the updated climate VCA methodology and conduct climate VCAs of States (Chuuk, Kosrae, Pohnpei and Yap)</p>	<p>4 state-level VCAs based on the updated guidelines (one in each State) uploaded on national and state websites.</p> <p>4 workshop reports on state-level VCAs with pre &amp; post-workshop surveys.</p>
Output 1.2: FSM's health sector has access to recommended policy papers and enhanced technical capacity to effectively manage FDBs, VDBs, and WBDs	Activity 1.2.1 – Develop the FSM Health National Adaptation Plan (HNAP) and supporting documents	<p>Through this activity, the four state VCAs and the original NCCHAP will contribute to the development of a key instrument, the HNAP and the supporting documents that will facilitate its operationalization. The activity will address the policy gap on climate change and health in FSM</p> <p>The activity will also update and align FSM's vector control plans with the "Manual for Surveillance and Control of Aedes vectors in the Pacific" regional guidelines</p>	<p>1 HNAP policy document developed</p> <p>1 vector control plan updated</p> <p>1 Stakeholder consultations report</p> <p>All documents uploaded to national and state websites as applicable.</p>

		6 stakeholder workshops (4 state and 2 national events) to ensure stakeholders are engaged on the development of the H-NAP.	
	Activity 1.2.2 – Formulate Standard Operating Procedures (SOPs) that defines roles and responsibilities for cooperation and collaboration in managing FBDs, VBDs, and WBDs	<p>Developing operational readiness through tailored SOPs to provide clear guidance on the processes that should be followed to ensure coordination and timely response to acute public health events.</p> <p>The activity will document current processes implemented in FDBs, VBDs, and WBDs and will update or develop SOP for climate-sensitive diseases.</p>	1 gender-responsive SOP document for surveillance and management of prevalent climate-sensitive diseases developed and uploaded on relevant national and state websites.
	Activity 1.2.3 – Conduct training and sensitisation workshops to increase operational readiness of health and climate change policies and action plans at national and state level	<p>Sensitization training to ensure that key government stakeholders at the national and state level understand climate health risks and help the trainees to fulfil their respective roles effectively, improving the coordination of interventions, the documentation of best practices and lessons learnt, and ensuring that operationalisation readiness of policy instruments is sustained, coherent and cohesive.</p> <p>Two training-of-trainers events will be held in all states to train 20 key personnel (10 women) at each event, developing a knowledge community to support the implementation of the project and the H-NAP interventions.</p> <p>Two training workshops to train a specific pool of government officials on the impacts of climate change on public health and the importance of cooperation, surveillance and response to outbreaks.</p> <p>Two sensitization workshops to train</p>	<p>Training materials on the impacts of climate change on public health and the importance of cooperation, surveillance and response to outbreaks.</p> <p>Training of trainers' workshop report with pre &amp; post-surveys</p> <p>Training &amp; sensitization workshop report with pre &amp; post-workshop surveys.</p>

		DHSA and EPA operational staff trained (50% women) on the impacts of climate change on public health and the importance of cooperation, surveillance and response to outbreaks	
Output 2.1: Technologies, Procedures, and Capacities for an effective and timely HIEWS operation established	Activity 2.1.1 – Equip FSM Food laboratory with specialized diagnostic equipment to test FBDs.	Enhancement of the FSM Food Laboratory capacity through the procurement of specialised equipment to improve and expand its diagnostic capacity to monitor WBD, FBD, VDB.	<p>Progress Report on the supply of specialized diagnostic equipment for the FSM food laboratory.</p> <p>Operational and Maintenance Manual for diagnostic equipment.</p> <p>4 surveillance reports</p> <p>All documents uploaded to national and state websites as applicable.</p>
	Activity 2.1.2 – Development of the structural, statistical and operational features of the HIEWS	<p>The activity will include the development of a joint monitoring and warning service (IT solutions) and the development of the electronic data management system of the HIEWS, that will allow the incorporation of climate and non-climate historical health data, enable data analysis and reporting to refine warning system progression, and improve geographical information system (GIS) capacities. The activity will also support the development of a predictive model of island-scale dengue spread.</p> <p>Moreover, the project will support the development of a HIEWS reference documents that will support its operational effectiveness in terms of cooperation, surveillance and response.</p>	<p>1 fit for use electronic data management system of the HIEWS</p> <p>Final HIEWS operations manual</p> <p>1 predictive model on island-scale dengue spread report.</p> <p>1 set of reference documents for the HIEWS</p> <p>All documents uploaded to national and state websites as applicable.</p>
	Activity 2.1.3– Conduct training to support effective and timely operationalisation of HIEWS	The training will ensure that (i) there is adequate capacity to maintain the sustainability of the HIEWS including routine maintenance and update, (ii)	<p>3 sets of training materials for the HIEWS</p> <ul style="list-style-type: none"> <li>- maintenance and updating of the HIEWS</li> </ul>

		key government stakeholders can coordinate successfully to deliver cross-sector or multisector response in the case of early warning (iii) key health workforce and technical personnel can successfully implement the guidelines concerning reporting, analysing and prioritizing information; verifying signals and assessing risks; and responding to early warning and acute public health events.	<ul style="list-style-type: none"> <li>- coordination and cross-sectoral response</li> <li>- Monitoring, analysis and response to public health events</li> </ul> <p>HIEWS operational training report</p> <p>1 set of vector surveillance &amp; FBDs, VBDs and WBDs prevention training materials.</p> <p>Training workshop report for vector surveillance &amp; FBDs, VBDs and WBDs prevention training</p> <p>All documents uploaded to national and state websites as applicable.</p>
Output 3.1: Adaptation interventions to prevent the spread of FBDs, VBDs and WBDs implemented in selected communities	Activity 3.1.1 – Identify and manage high-risk vectors, such as mosquito breeding sites (using: GIS mapping, distribution of mosquito nets and conduct environmental clean-ups, and other relevant interventions)	The activity will tackle the low technical capacity at the local level to address the causes that contribute to the spread of climate-sensitive FBD, WBD, VBD diseases. The activity will monitor suspected areas prone to mosquito breeding and transmission and study the effect of climatic factors on mosquito proliferation and VBDs diseases. Identification of main mosquito habitats and breeding sites will serve as a basis for distribution of mosquito nets and conduction of environmental clean-ups, with proper handling of found waste (e.g., recycling of scrap metal).	<p>Vector Distribution Report</p> <p>Delivery status report for 21,000 mosquito nets distributed</p> <p>10 community environmental clean-ups report</p> <p>All documents uploaded to national and state websites as applicable.</p>
	Activity 3.1.2 – Community-level resilient WASH interventions	The project will improve year-round access to climate-resilient, safe and reliable drinking water supply through the following sub-activities. The State Water Utilities will be installing 500 climate-resilient first-flash rainwater tanks to selected households In addition to that, water sanitization tablets and household testing kits will	<p>Site Inspection reports and completion reports for 500 first-flush diverter climate-resilient water tanks installed.</p> <p>Training materials</p> <p>Workshop/Training Report to reflect 20 key personnel trained (10 of which women)</p> <p>Delivery status report for 7,000 sets of</p>

		be procured to ensure preparedness to address WBDs events. Moreover, to address FBDs and WBDs resulting from faecal-oral infections, the project will enhance existing sanitation practices by installing 500 climate-resilient latrine pits in at-risk communities.	<p>purification tablets and testing kits available for acute public health events</p> <p>Site Inspection reports and completion reports for 500 climate-resilient latrines installed</p> <p>10 operation and maintenance community workshops</p>
Output 3.2: Community awareness and prevention communications consolidated and distributed among key community stakeholders	Activity 3.2.1 – Run public awareness campaigns and provide tailored training to vulnerable communities for prevention and response	<p>The campaign will inform communities on climate health risks and precautions associated with FBDs, VBDs and WBDs, including safety practices for prevention; detailing action plans in case of suspected cases/outbreaks; and ensuring overall behavioural change to manage FBDs, VBDs, and WBDs better. In addition, State Departments of Health and State EPAs will provide content and carry out tailored trainings for vulnerable communities focusing on the interpretation of messages spread through HIEWS</p> <p>30 key people (15 women) at community level trained on Vector surveillance &amp; climate-sensitive FBDs, VBDs and WBDs prevention.</p>	<p>Vector surveillance &amp; FBDs, VBDs, WBDs prevention community-level training materials</p> <p>Training Report for VBDs, FBDs and WBDs prevention training.</p> <p>Report on public awareness campaigns for climate-sensitive diseases prevention.</p>
Output 3.3. Monitoring, Evaluation, and Learning (MEL) framework established, and lessons learned disseminated to enhance climate-sensitive disease management	Activity 3.3.1 – Establish a project-level MEL Framework	The project will develop a Monitoring, Evaluation, and Learning (MEL) protocol to address the need for ongoing assessment of the project interventions. The activity will ensure the implementation of mid-term and final project evaluations and also collate existing MEL practices on a state and national level into a comprehensive and robust MEL protocol. The developed protocol will provide insights for the attributable impact of the project interventions, but	1 Project MEL framework developed and operationalised

		also importantly contribute to the MEL system of the HNAP	
	Activity 3.3.2 – Disseminate Lessons Learnt and Best Practices on climate-sensitive disease management	Derived from the MEL process the project will capture and share key lessons learnt and best practices. The dissemination process will ensure that lessons learned	2 knowledge-sharing workshops reports  1 Best Practice Guide

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

*Besides the arrangements (e.g., annual performance reports) laid out in Accreditation Master Agreement (AMA), please give a summary of the project/programme specific arrangements for monitoring, reporting and evaluation including a description of the monitoring and reporting system that will be used to assess the climate results of the proposed project/programme. Please also summarize the types of interim and final evaluations. Describe Accredited Entity (AE) project reporting relationships, including to the National Designated Authority (NDA)/Focal Point and between AE and Executing Entity (EE) as relevant, identifying reporting obligations from the EE to the AE.*

In its role as Accredited Entity, SPC Climate Change and Environmental Sustainability (CCES) will oversee and supervise the implementation of this project, in accordance with the agreement signed between SPC and the GCF. SPC's Public Health Division (PHD) and FSM Department of Health & Social Affairs (DHSA), in capacity as EEs, through the Project Management Unit (PMU) will be responsible for project-level Monitoring, Evaluation and Learning (MEL) and reporting in compliance with approved SPC policies and GCF requirements under relevant agreements. Further, SPC coordination between its Climate Finance Unit (CFU), Strategy, Performance and Learning (SPL) Team and the Project Steering Committee (PSC) will provide supervision and technical assistance as needed to support the PMU implement tools and methods to monitor, evaluate and learn from the project activities.

In 2020, SPC along with the New Zealand Government Ministry of Foreign Affairs and Trade, and Better Evaluation co-designed a participatory process to assess and understand the current MEL system and opportunities for capacity strengthening for projects in the region.<sup>13</sup> This MEL system is informed by a set of principles: Pacific ownership, a strengths-based approach to capacity development, adult learning, and supporting situationally appropriate choices of MEL methods and processes. The MEL for the project will derive from this *rebbilib* report announced in conjunction with Pacific leaders and communities.

The logical framework contains performance indicators by outcome and outputs, which will be monitored by the PMU and regular (semi-annual) updates provided to the NDA, PSC and SPC CCES during program implementation. Additionally, the project will undertake rigorous KM and MEL exercises through Output 3.3 that will include reporting frameworks to improve national- and state-level surveillance and knowledge-sharing and coordination mechanisms. Activities under these Outputs will improve the knowledge management in the country in line with GCF policies. Support will be provided to climate-health sector partners to be able to employ data for decision-making.

A MEL officer will be hired by the PMU to support MEL across the project. This will include establishing M&E systems that are aligned with GCF, NDA and SPC policies and results framework. This MEL officer will work together with the PSC and the EE to develop a set of MEL tools, approaches and reporting arrangements for project activities. This will include annual performance reports and project closure reports. The training, coaching and support provided to project beneficiaries will include capacity development in MEL, with a focus on how this can be used to maximize outcomes while building the evidence base for

<sup>13</sup> Pacific Monitoring, Evaluation and Learning Capacity strengthening Rebbilib / by Pacific MEL, Strategy Performance and Learning (SPL) Unit, Office of the Director-General, SPC [https://www.spc.int/DigitalLibrary/Doc/SPC/Publications/Pacific\\_Monitoring\\_Evaluation\\_and\\_Learning\\_Capacity\\_Strengthening\\_Rebbilib.pdf](https://www.spc.int/DigitalLibrary/Doc/SPC/Publications/Pacific_Monitoring_Evaluation_and_Learning_Capacity_Strengthening_Rebbilib.pdf)

the results and impact of the initiative.

Outputs and outcomes that result from project activities will be monitored in accordance with SPC's Planning, Evaluation, Accountability, Reflection and Learning (PEARL) policy. The PEARL policy provides a framework for MEL. It is managed by the SPL team who oversees all MEL activities at SPC's corporate level. Monitoring results shall be recorded in the SPC Results Matrix and will be used to learn from project implementation towards a continuous improvement of the design, assessment, approval, administration and implementation within SPC and the project itself. Monitoring will enable SPC to make adjustments to respond to unexpected events during the implementation phase as well as to build trust and respond to stakeholders and affected communities. In addition, monitoring requirements will take into consideration the circumstances in which the project takes place and is implemented.

Finally, the CFU and PHD team will be jointly responsible for coordinating the independent mid-term and final evaluations for the GCF. The evaluations will be conducted using a question-driven approach, and may include assessments against the criteria of relevance, effectiveness and sustainability, among others. The mid-term evaluation will be instrumental in contributing – through operational and strategic recommendations – to improve implementation, setting out any necessary corrective and adaptive management measures for the remaining period of the project, and identifying relevant lessons learned for stakeholders in FSM as well as the broader Pacific region. The final evaluation will assess the relevance of the intervention, its overall performance, as well as sustainability, replicability and scalability of results, differential impacts and lessons learned.

The evaluation should also assess the extent to which the intervention has contributed to the Fund's higher-level goal of achieving a paradigm shift in adaptation to climate change in FSM. Both evaluations will contribute to the evidence base for adaptation to climate change in FSM and across the Pacific region and will be published on the SPC website and other relevant platforms.