
Annual Performance Report

Project/Programme title: Strengthening Climate Resilience of the Lao People's Democratic Republic (PDR) Health System (SAP030)

Accredited Entity: Save the Children Australia (SCA)

Date of Report submission: 15 April 2026

Version number V1.0



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RATIONALE

This report layout is designed to support the drafting of a structured report that assesses, evaluates, documents, and communicates the progress on Funding Proposal (FP) implementation and on its associated Funded Activity Agreement (FAA). The layout aims to provide a clear and comprehensive understanding of key objectives, progress, and risks, drawing on project implementation related data provided by Accredited Entities (AEs). Considering the Green Climate Fund's (GCF) evolving strategic direction toward a Risk-Based Approach, the report is intended to:

- Track quantitative and qualitative progress of the project implementation.
- Highlight critical findings and emerging trends.
- Identify risks and propose actionable mitigation strategies.
- Support evidence-based decision-making.
- Promote transparency and accountability.
- Align with strategic and regulatory frameworks.
- Serve as a foundation for AE engagement on project performance

METHODOLOGY

The report's layout mirrors, to the extent possible, the structure of the Funding Proposal (FP) to maintain coherence with the presented information. However, the FP and the Report differ in scope and strategic intent; thus, while the FP serves a functional role in informing the Report, it does not dictate a strictly parallel structure.

A. PROJECT DATA (Prefilled where possible)																
Should any information/data prefilled from Section A.1 to Section A.12 be incorrect or require updating, please inform GCF's Project Lead of appropriate corrective action.																
A.1. Date of report submission		15 April 2026														
A.2. Project or programme	Project	A.3. Sector	Public													
A.4. Total Financing (GCF + Cofinance)	<table border="1"> <tr> <td>GCF Financing</td> <td>Mill. USD 25.0</td> </tr> <tr> <td>Grants</td> <td>Mill. USD 25.0</td> </tr> <tr> <td>Co-Financing</td> <td>Mill. USD 3.2</td> </tr> <tr> <td>Grants</td> <td>Mill. USD 1.7</td> </tr> <tr> <td>InKind</td> <td>Mill. USD 1.5</td> </tr> <tr> <td>Total Financing</td> <td>Mill. USD 28.2</td> </tr> </table>				GCF Financing	Mill. USD 25.0	Grants	Mill. USD 25.0	Co-Financing	Mill. USD 3.2	Grants	Mill. USD 1.7	InKind	Mill. USD 1.5	Total Financing	Mill. USD 28.2
	GCF Financing	Mill. USD 25.0														
	Grants	Mill. USD 25.0														
	Co-Financing	Mill. USD 3.2														
	Grants	Mill. USD 1.7														
	InKind	Mill. USD 1.5														
	Total Financing	Mill. USD 28.2														
A.5. Total GCF funding disbursed to this date	NA (draft)															
A.6. Implementation period	From NA to NA															
A.7. ESS Category (Refers to GCF revised <u>Environmental and Social Policy</u> and GCF ESS Standards to assess your FP category.)			Category C													
A.8. Executing Entity Information																
Full legal name	Country of registration (or, for intl orgs, country of HQ)	Entity type	Role in project	Focal Point(s) and email(s)												
Government of Lao PDR acting through its Ministry of Health	Lao People's Democratic Republic (the)	Public sector – Government (which may be acting through a ministry or department)	Executing Entity	Dr. Phonepraseuth Sayamongkhoun, phonepraseuth70@gmail.com												
Save the Children International Laos	Lao People's Democratic Republic (the)	Civil society organization/Non-governmental organization	Lead Executing Entity	Md. Anisul Islam, Chief of Party, anisul.islam@savethechildren.org												
Save the Children Federation Inc	United States	Civil society organization/Non-governmental organization	Channeling Funds Executing Entity	Betsy Zorio, bzorio@savechildren.org												

A.9. Co-Financier information				
Full legal name	Country of registration <i>(or, for intl orgs, country of HQ)</i>	Focal Point(s) and email(s)	Ownership Type	Beneficial Owner(s)
World Health Organization	Lao People's Democratic Republic (the)	Timothy Armstrong, armstrongt@who.int	Multi-lateral	N/A
J. Heinrich Jessen	Singapore	Mr. Heinrich Jessen, heinrich_jessen@jjsea.com	Private	N/A
Government of Lao PDR acting through its Ministry of Health	Lao People's Democratic Republic (the)	Mme Baykham Khattiya, info@moh.gov.la	Government Ministry	In-kind contribution

A.10. Alignment with country NDCs & NAP <i>(NB Only populate if applicable, e.g., if your project/programme specifically contributes to a country's NDC or NAP target/s)</i>				
Country	Date of NDC/ NAP submission	NDC/ NAP objective	Brief description of project's alignment with NDC/ NAP objectives	Percentage of target met with proposed project.Beneficial owner(s)
Lao People's Democratic Republic (the)	9 March 2021	The Lao PDR's NDC 2021 outlines both mitigation and adaptation objectives. Adaptation objectives include strengthening resilience across key sectors - agriculture, forestry and land use, water resources, transport and urban development, public health, and energy - to increase the population's capacity to respond to climate change impacts.	This project contributes significantly to the health adaptation components of Lao PDR's NDC and contributes to all 10 health adaptation strategies of H-NAP directly and indirectly. The SAP030 project specifically supports implementation of the public health adaptation objectives in Lao PDR's NDC by enhancing the climate resilience of the national health system. It strengthens governance and leadership, integrates climate and weather data into health information systems, improves health service delivery in climate-vulnerable rural provinces, and builds community capacity to respond to climate-related health risks. These interventions contribute directly to the health-related adaptation targets in the NDC, particularly by improving infrastructure resilience, enhancing capacity to anticipate and manage climate-sensitive diseases, and expanding climate-informed early warning and response.	100%

A.11. Estimated duration of impact	
A.12 Report to be shared with NDA	Yes ☐ No ☐

B. EXECUTIVE SUMMARY

Should any information/data prefilled in Section “B” be incorrect or require updating, please inform GCF’s Project Lead for appropriate corrective action.

B.1. Summary

During the reporting period, the Project made progress after Ministry of Health (MOH) signed the project MOU in April 2025 and GCF’s first disbursement. The project established the Project Management Unit (PMU), onboarded staff, completed the baseline, inception and formative research activities, disseminated results, formalized partnerships with WHO and HCWH, adapted global tools and guidelines, and built capacity among stakeholders. The project launched in all seven target provinces, ensuring provincial and district teams were oriented on objectives, implementation procedures, SCI and GCF’s mandatory policies and compliance.

National-level capacity was improved as the MOH strengthened its participation in global climate–health forums through engagement in COP30, and the ATACH Working Group. At national and subnational levels, 50 master trainers and 69 provincial officers were trained on the national Safe Clean Green Climate Resilient Health Care Facility (SCGCR HCF) Initiative, while 50 officials were trained on HCF GHG assessments using the project’s Climate Impact Check-Up tool. A total of 520 individuals benefited through capacity-building initiatives, workshop engagement and consultative processes, directly contributing to project implementation.

The National Health Management Information System (HMIS) was strengthened through integration of climate-related data and climate-sensitive disease indicators that will improve early warning and response. The project completed 23 HCF assessments to guide climate-resilient upgrades and better equip HCFs to manage climate-related diseases. Formative research on community knowledge, care-seeking behavior and communication preferences was completed and informed the project’s Risk Communication and Community Engagement (RCCE) Strategy. Using baseline and formative research findings, the project is finalizing a climate-health resilience action planning guide to help communities assess risks and implement solutions.

Implementation and spending accelerated to account for initial implementation delays. Lessons include the importance of regular and wider government engagement, and recognition that climate resilient infrastructure assessment and design processes often require more time than originally planned.

C. RESULTS AND IMPACTS

C.1. Overall Summary of the Project Progress

(This section provides a narrative report summarizing the overall progress of the implementation status of the funded activity progress during the reporting period. 1,500 words)

Component 1: The health system's governance and leadership is climate-resilient

Output 1.1: Health strategies, policies, and guidelines are informed by climate change information

In 2025, significant progress was made in strengthening national leadership and institutional capacity for a climate-resilient health system. The MOH finalized and approved the Health National Adaptation Plan (H-NAP) after extensive consultations, and an operationalization plan and monitoring framework are being developed with WHO and ADB support. The health component was incorporated into NDC 3.0 in July 2025. Through participation in COP30 and the ATACH Working Group, the MOH enhanced its leadership in global climate–health efforts. National capacity was further strengthened through trainings that prepared 50 master trainers for the Safe, Clean, Green, Climate-Resilient Health Care Facility (SCG-CR-HCF) initiative, now included in the MOH 2026 Annual Plan. Experience-sharing events on WASH, clean energy, IPC, and resilient infrastructure informed continued policy refinement.

Activity 1.1.1:

In November 2025, the project convened MOH officials, health workers, provincial and district representatives, and partners—especially from climate-vulnerable provinces—to share lessons on implementing Safe, Clean, Green Climate-Resilient Health Facilities. The event strengthened nationwide commitment, including from the Minister of Health and senior MOH leadership, to scale up the SCG-CR-HCF initiative.

Activity 1.1.2:

MOH officials represented Lao PDR at COP29 and COP30, where the Vice Minister of Health chaired the ATACH Working Group. The project provided ongoing coordination and technical support to finalize the Health National Adaptation Plan and ensure the health component of NDC 3.0 was included in the national submission. This work refined adaptation targets across six priority health areas outlined in the H-NAP, which guides implementation of the NDC 3.0 health component.

Activity 1.1.3:

Technical support enabled MOH to develop and translate training modules, a facilitator's guide, and assessment tools for rolling out the SCG-CR-HCF initiative under the H-NAP. The project also supported drafting national operationalization plans, a monitoring matrix, and a provincial-level prioritization matrix to guide climate adaptation activities.

Component 2: Health information systems are improved to include climate and weather data and used to track, prepare for, and reduce climate-related risks to health.

Output 2.1: Climate-resilient health data system is strengthened

Under this output, regular technical support has been provided to strengthen the integration of climate data in the health information system. During the reporting period, the project facilitated adoption of climate-related indicators on dengue and diarrhea indicators into the HMIS. The project supported regular coordination meetings between the MoH and the Ministry of Agriculture and Environment (MAE) on exchanging climate data and maintaining data quality, which will be further formalized.

Activity 2.1.1:

The project worked with National Center for Laboratory and Epidemiology (NCLE) Department of Meteorology and Hydrology to include climate-related health indicators in HMIS. The HMIS database and reporting forms for the additional indicators were updated and tested to make sure data entry and reports work correctly.

Output 2.2: Utilization of the climate-resilient health data system is strengthened

The project supported the MOH in using the DHIS2 Health Facility Master List to collect data on service readiness and climate-related vulnerabilities and is advancing efforts to apply DHIS2 for early warning and outbreak prediction. It also contributed to global learning by submitting an abstract on Lao PDR's experience to the 2026 DHIS2 meeting. Additionally, the project helped align climate-resilient WASH standards with the national health facility accreditation platform, informed by WHO frameworks and national WASH assessments.

Activity 2.2.1:

In 2025, the project worked with MOH to improve the national DHIS2 Health Facility Master List (HFML). After enhancing data quality, an annual service delivery and infrastructure mapping feature was created to track service readiness and climate-related vulnerabilities. The expanded HFML, used nationwide, now captures information on infrastructure, electricity and internet connectivity, outreach activities, and WASH and climate-resilience indicators.

Activity 2.2.2:

National and sub-national training was conducted to introduce the use of the Early Warning, Alert, and Response System (EWARS), with an initial focus on dengue fever, to improve preparedness and response to climate sensitive disease outbreaks. A total of 115 health officials from national and provincial levels were trained. One national-level training was conducted, bringing together participants from all provinces in the country.

Activity 2.2.3:

The project supported training 50 master trainers from MOH departments, provincial teams, HCFs, universities, and development partners on the SCG-CR-HCF initiative.

Component 3: Health service delivery in rural provinces is improved and able to manage climate-related disease burden and determinants of health

Output 3.1: Improved health worker competence and capacity to address health effects of climate change

The project strengthened service delivery in 23 health facilities through capacity building, provision of essential medicines and IT equipment, and infrastructure assessments to inform climate-resilient upgrades. After training provincial trainers on SCG-CR-HCF, rollout training was conducted in five facilities. Health worker capacity improved through training 69 provincial and district trainers and 16 health-center staff, plus orientation for six workers on extreme-weather SOPs. Technical assistance also supported planning, medicine stock management, and IT system improvements to strengthen dengue and diarrheal disease surveillance.

Activity 3.1.1:

An assessment of prioritized 23 HCFs was carried out to take stock of essential medicines and supplies, HCFs' accessibility to IT systems and connectivity required to access and use national digital supply chain systems. Subsequently supplies were procured and distributed to three HCFs, supporting frontline workers to plan and access essential supplies and equipment needed for preparedness and response.

Activity 3.1.2:

This activity will be started in 2026 as per the project implementation plan.

Activity 3.1.3:

An SCGCR-HCF ToT was conducted for 69 provincial and district-level health officials. The project subsequently supported the district health office to roll out SCGCR-HCF in five HCFs which then created HCF-specific SCGCR-HCF plans. A total of 48 people from these HCFs were trained.

Output 3.2: Rural health facility infrastructure is climate-resilient and energy-efficient

Engineering assessments were completed for 31 rural health facilities to strengthen climate-resilient and energy-efficient infrastructure. The assessment covered WASH systems, electrical fittings, and structural upgrade needs. Based on the findings, detailed designs, UXO clearance assessments, and Bills of Quantities (BOQs) were developed and reviewed with Provincial Health Departments, SCI, and consultants. All recommendations were incorporated, and final designs were approved. Procurement for priority climate-resilient upgrades began in December, supported by a completed cost-benefit analysis.

Activity 3.2.1:

The project contextualized the Climate Impact Checkup Tool to assess GHG emissions in HCFs. Baseline assessments were completed in eight HCFs across three provinces, strengthening capacity for routine emissions tracking. A total of 50 master trainers (26 men, 24 women) from national and subnational levels were trained to scale up the tool and support assessments in remaining HCFs.

Activity 3.2.2 – 3.2.4:

A detailed infrastructure assessment was carried out by an independent engineering company for 31 HCFs, and site plans and BOQs were produced, reviewed, and finalized in close consultation with the Department of Health and Hygiene Promotion (DHHP) and provincial health departments to improve health facilities' infrastructure to extreme weather events (Activity 3.2.2) and to upgrade electrical services (Activity 3.2.3) and WASH services (Activity 3.2.4) to be

climate resilient. Based on these approved plans, procurement and upgrade processes have been initiated for targeted facilities to receive improved, climate-resilient infrastructure.

Activity 3.2.5:

The project team has consulted with MOH and actively engaged technical working groups to provide technical inputs on updating the O&M guideline to be climate resilient. The project will support MOH through training after the endorsement of the new guideline on O&M (finalization expected in 2026).

Component 4: Communities respond to early warnings, manage and mitigate risk, and seek care appropriately

Output 4.1: Improved knowledge of climate change impacts on health and increased community participation in defining health and climate change priorities and gaps

Significant progress was made in strengthening community knowledge and participation in climate and health action. A localized Climate and Health Resilience Action Planning Guide was drafted through community, district, and provincial consultations to reflect local risks, priorities, and cultural contexts. The guide provides practical steps for communities to prepare for climate-related health and extreme weather events. Insights from formative research also informed the draft Risk Communication and Community Engagement (RCCE) Strategy.

Activity 4.1.1:

Community engagement activities supported development of the localized Climate and Health Resilience Action Planning Guide. Consultations with communities and stakeholders at provincial and district levels informed the draft, followed by validation exercises. The guide outlines practical steps for communities to prepare for and respond to climate-related health and weather events, including extreme weather, and serves as a foundation for strengthening community participation.

Activity 4.1.2:

Based on formative research findings, a RCCE strategy is being drafted to provide tailored, gender-responsive, culturally appropriate communication, strengthen early-warning dissemination, and promote community engagement through trusted local structures.

C.2. Performance against the Funding Proposal Logical Framework Indicators

For each of the indicators please report only the 'annual value' for the reporting year; this means reporting solely the values achieved from January 1st, 2025, to December 31st, 2025. The "cumulative value" will automatically be updated by the system by aggregating reported annual values since project FAA effectiveness.

Please ensure that targets are clearly defined and reported using the following categories:

- *Midterm Target: The results to be achieved by the midpoint of implementation.*
- *Final Target: The results to be achieved by the conclusion of project or programme implementation.*
- *Lifetime Target: The total results expected over the entire operational period of the project or programme.*

Note that the baseline, midterm, final and lifetime targets will be prefilled based on your previous Annual Performance Report and/or Funding Proposal. It is imperative that you carefully review, verify and update where relevant.

Should the project be Multicounty, please report the achievement by Country.

Lastly, avoid using commas or periods as thousand separators. Periods should only be used as decimal separators.

For REDD+ Results-Based Payment (RBP) projects, you are only required to report on the progress of activities.

Should any prefilled information/data in the Logical Framework be incorrect or require updating, please inform GCF's Project Lead for appropriate corrective action.

GCF Outcome Level: Standardized Indicators

PMF/IRMF Results Management Framework

No indicators/questions defined.



(PMF) A1 and A2 Total number of direct and indirect beneficiaries (IRMF) Core 2 Direct and indirect beneficiaries reached						
Provide the total number of direct beneficiaries (female/male) cumulatively receiving adaptation benefits from GCF-supported interventions, disaggregated by result area.						
Unit						No. of Beneficiaries
Disaggregation by: Result Areas (Adaptation)	Baseline	Mid-term	Final target	Previous Year Cumulative Value	Annual value	Cumulative Value
Livelihoods of people and communities	0	555,687	1,852,291	0	520	520
Health and well-being, and food and water security	0	555,687	1,852,291	0	520	520
Infrastructure and built environment	0	7,942,050	23,850,000	0	0	0

(PMF) A1 and A2 Total number of direct and indirect beneficiaries (IRMF) Core 2 Direct and indirect beneficiaries reached						
Provide the total number of direct beneficiaries (female/male) cumulatively receiving adaptation benefits from GCF-supported interventions, disaggregated by Gender.						
Unit						No. of Beneficiaries
Disaggregation by: Gender	Baseline	Mid-term	Final target	Previous Year Cumulative Value	Annual value	Cumulative Value
Male	0	278,399	927,998	0	257	257
Female	0	277,288	924,293	0	263	263

(PMF) A1 and A2 Total number of direct and indirect beneficiaries (IRMF) Core 2 Direct and indirect beneficiaries reached						
Provide the total number of direct beneficiaries (female/male) cumulatively receiving adaptation benefits from GCF-supported interventions, disaggregated by Country.						
Unit						No. of Beneficiaries
Disaggregation by: Project Countries	Baseline	Mid-term	Final target	Previous Year Cumulative Value	Annual value	Cumulative Value
Lao People's Democratic Republic (the)	0	555,687	1,852,291	0	520	520

(PMF) A1 and A2 Total number of direct and indirect beneficiaries (IRMF) Core 2 Direct and indirect beneficiaries reached						
Provide the total number of indirect beneficiaries (female/male) cumulatively receiving adaptation benefits from GCF-supported interventions, disaggregated by result area.						
Unit						No. of Beneficiaries
Disaggregation by: Result Areas (Adaptation)	Baseline	Mid-term	Final target	Previous Year Cumulative Value	Annual value	Cumulative Value
Health and well-being, and food and water security	0	141,091	470,302	0	0	0

(PMF) A1 and A2 Total number of direct and indirect beneficiaries (IRMF) Core 2 Direct and indirect beneficiaries reached Provide the total number of indirect beneficiaries (female/male) cumulatively receiving adaptation benefits from GCF-supported interventions, disaggregated by Gender.

Unit						No. of Beneficiaries
Disaggregation by: Gender	Baseline	Mid-term	Final target	Previous Year Cumulative Value	Annual value	Cumulative Value
Male	0	70,687	235,621	0	0	0
Female	0	70,404	234,681	0	0	0

(PMF) A1 and A2 Total number of direct and indirect beneficiaries (IRMF) Core 2 Direct and indirect beneficiaries reached						
Provide the total number of indirect beneficiaries (female/male) cumulatively receiving adaptation benefits from GCF-supported interventions, disaggregated by Country.						
Unit						No. of Beneficiaries
Disaggregation by: Project Countries	Baseline	Mid-term	Final target	Previous Year Cumulative Value	Annual value	Cumulative Value
Lao People's Democratic Republic (the)	0	141,091	470,302	0	0	0

Livelihoods of people and communities

No indicators/questions defined.

(PMF) A7.2 Number of males and females reached by [or total geographic coverage of] climate related early warning systems and other risk reduction measures established/ strengthened (IRMF) Supplementary 2.4 Beneficiaries (female/male) covered by new or improved early warning systems						
Provide the total number of direct beneficiaries (female/male) with increased capacity to anticipate, respond to, and act on climate-related early warnings, disaggregated by gender.						
Unit						No. of Beneficiaries
Disaggregation by: Gender	Baseline	Mid-term	Final target	Previous Year Cumulative Value	Annual value	Cumulative Value
Male	0	21,383	71,276	0	0	0
Female	0	21,297	70,992	0	0	0

(PMF) A7.2 Number of males and females reached by [or total geographic coverage of] climate related early warning systems and other risk reduction measures established/ strengthened (IRMF) Supplementary 2.4 Beneficiaries (female/male) covered by new or improved early warning systems						
Provide the total number of direct beneficiaries with increased capacity to anticipate, respond to, and act on climate-related early warnings, disaggregated by country.						
Unit						Enter unit
Disaggregation by: Project Countries	Baseline	Mid-term	Final target	Previous Year Cumulative Value	Annual value	Cumulative Value
Lao People's Democratic Republic (the)	0	42,680	142,268	0	0	0

(IRMF) Supplementary 2.5 Beneficiaries (female/male) adopting innovations that strengthen climate change resilience						
Provide the total number of direct beneficiaries (female/male) using new or improved climate adaptation technologies or innovations, disaggregated by gender.						
Unit						No. of Beneficiaries
Disaggregation by: Gender	Baseline	Mid-term	Final target	Previous Year Cumulative Value	Annual value	Cumulative Value
Male	0	21,533	71,775	0	0	0
Female	0	31,446	71,489	0	0	0

Infrastructure and built environment

No indicators/questions defined.

(PMF) A3.1 Number and value of physical assets made more resilient to climate variability and change, considering human benefits (reported where applicable) (IRMF) Core 3 Value of physical assets made more resilient to the effects of climate change and/or more able to reduce GHG emissions					
Provide the total estimated value (USD) of physical assets made more resilient to climate change impacts in the targeted geographic areas.					
Unit					United States dollars
Baseline	Target		Previous Year Cumulative Value	Annual value	Cumulative Value <i>(automatically calculated)</i>
	Mid-term	Final target			
0	7,942,050	23,850,000	0	0	0

(PMF) A3.1 Number and value of physical assets made more resilient to climate variability and change, considering human benefits (reported where applicable) (IRMF) Core 3 Value of physical assets made more resilient to the effects of climate change and/or more able to reduce GHG emissions						
Provide the total estimated value (USD) of physical assets made more resilient to climate change impacts in the targeted geographic areas, disaggregated by country.						
Unit						United States dollars
Disaggregation by: Project Countries	Baseline	Mid-term	Final target	Previous Year Cumulative Value	Annual value	Cumulative Value
Lao People's Democratic Republic (the)	0	7,942,050	23,850,000	0	0	0

(PMF) A3.1 Number and value of physical assets made more resilient to climate variability and change, considering human benefits (reported where applicable) (IRMF) Core 3 Value of physical assets made more resilient to the effects of climate change and/or more able to reduce GHG emissions						
Provide the total estimated value (USD) of physical assets made more resilient to climate change impacts in the targeted geographic areas, disaggregated by asset type.						
Unit						United States dollars
Disaggregation by: Physical asset types (made more resilient)	Baseline	Mid-term	Final target	Previous Year Cumulative Value	Annual value	Cumulative Value
Buildings	0	7,942,050	23,850,000	0	0	0

(PMF) A1.1 Change in expected losses of lives and economic assets (US\$) due to the impact of extreme climate-related disasters in the geographic area of the GCF intervention (IRMF) Supplementary 3.1 Change in expected losses of economic assets due to the impact of extreme climate-related disasters in the geographic area of the GCF intervention					
Provide the total reduction in expected economic loss of physical assets (USD) due to climate-related hazards as a result of GCF support.					
Unit					United States dollars
Baseline	Target		Previous Year Cumulative Value	Annual value	Cumulative Value <i>(automatically calculated)</i>
	Mid-term	Final target			
0	6,535,227	19,803,720	0	0	0

(PMF) A1.1 Change in expected losses of lives and economic assets (US\$) due to the impact of extreme climate-related disasters in the geographic area of the GCF intervention (IRMF) Supplementary 3.1 Change in expected losses of economic assets due to the impact of extreme climate-related disasters in the geographic area of the GCF intervention						
Provide the total reduction in expected economic loss of physical assets (USD) due to climate-related hazards as a result of GCF support, disaggregated by infrastructure category.						
Unit						United States dollars
Disaggregation by: Infrastructure category	Baseline	Mid-term	Final target	Previous Year Cumulative Value	Annual value	Cumulative Value
Social infrastructure	0	6,535,227	19,803,720	0	0	0

Activities				
Activity Name	Implementation Progress (%)	Utilised GCF Budget	Allocated GCF Budget	% (Automatically calculated)
Activity 1.1.1: Strengthen capacity of senior government leadership to integrate climate resilient health into policy and operationalize climate resilience policies	26	92,160	237,817	38
Activity 1.1.2: Update key health policies in collaboration with government partners to align with recommendations for addressing climate change impacts and present them for adoption and/or approval	23	136,881	402,642	34
Activity 1.1.3: Develop and disseminate guidelines and handbooks to operationalize the HNAP at provincial, district and health facility levels	14	52,158	256,530	20
Activity 2.1.1: Extend the RHIMS with climate information relevant to dengue and waterborne diseases.	17	222,921	2,013,974	11
Activity 2.2.1: Improved access to early warnings for dengue and waterborne illnesses among target health facilities.	15	112,179	901,750	12
Activity 2.2.2: Strengthen health worker capacity to respond to early warnings, including understanding the links between climate and dengue and waterborne disease outbreaks to better plan for EWEs and resource local health centers to respond to climate-sensitive disease spread.	20	161,646	974,547	16
Activity 2.2.3: Establish climate-resilient WASH service standards within the existing MOH health facility accreditation platform and cascade its use through the health system.	3	14,458	523,529	2
Activity 3.1.1: Improve health facility readiness	21	299,422	772,104	38

Activities				
Activity Name	Implementation Progress (%)	Utilised GCF Budget	Allocated GCF Budget	% (Automatically calculated)
Activity 3.1.2: Strengthen health worker capacity to detect and treat climate-related diseases.	0	0	636,355	0
Activity 3.1.3: Implement the National Safe Clean Green Hospitals Initiative and climate-resilient WASH guide within health facilities.	11	121,297	585,114	20
Activity 3.2.1: Conduct GHG emissions and infrastructure quality assessments at climate-vulnerable HCFs.	13	133,404	1,567,476	8
Activity 3.2.2: Improve health facility infrastructure resilience to EWEs.	9	173,032	2,917,627	5
Activity 3.2.3: Upgrade electrical services to be climate resilient and provide cold chain capacity to support the delivery of climate-resilient health services. Improvements will be site-specific based on site assessments.	9	183,543	3,142,457	5
Activity 3.2.4: Upgrade WASH services within climate-vulnerable HCFs to be climate resilient.	9	201,956	3,457,711	5
Activity 3.2.5: Strengthen the capacity of MOH, Nam Saat, and private sector partners to effectively operate, maintain, and monitor health facility infrastructure.	11	33,152	469,992	7
Activity 4.1.1: Strengthen community capacity and participation in climate and health dialogue and action.	4	87,407	2,982,987	2
Activity 4.1.2: Develop communication pathways and effective early warning messages for communities.	22	115,304	765,654	15

C.2.1. Subprojects

Where applicable, include information on sub-projects. For projects and programmes approved until B.31, the logical framework should focus on the mitigation and adaptation Performance Measurement Frameworks (PMF). For projects and programmes approved from B.32 onwards, the logical framework should reflect the Integrated Results Management Framework (IRMF).

Title	Currency	GCF Funds	Co-Financing	Country	GHG Emissions Reduced	Direct Beneficiaries	Indirect Beneficiaries
-	USD	0	N/A	N/A	N/A	N/A	N/A

C.3. Compliance with FAA covenants	Yes ☒ No ☐
C.4. Funded Activity Implementation Arrangements in the Following Year	Yes ☐ No ☒

D. RISKS ASSESSMENT AND MANAGEMENT

D.1. Risk and mitigation measures

As stated in the Board-approved "Risk Appetite Statement," a cornerstone of the GCF's Risk Framework is proactive risk management. This includes risk identification, assessment, monitoring, reporting and appropriate mitigation to minimize and respond to risks, both directly and through partners implementing GCF's projects and programmes.

Risk Management Matrix

A risk is the probability of an event to adversely affect the achievement of the project Impact (its objectives, outcomes, and results). "Inherent risk" refers to the level of risk present before any of the mitigating measures are applied. "Residual risk" represents the level of risk after mitigating measures have been implemented.

Please update the project risk matrix by reviewing and revising information for all previously identified risks, and adding any new risks identified during implementation by selecting the adequate Risk Area in the drop-down menu. For each risk, ensure you provide a clear risk description, outline the potential negative consequences, specify the mitigating measures in place, and complete the severity scoring as required.

For the Integrity Risk Area, an annual reporting (and more frequent and prompt reporting if stated in the legal agreements with the GCF) is required for each of its 3 Risk Sub-areas, as GCF has zero tolerance for Prohibited Practices, for SEAH in Fund-related Activities, and for working with parties and engaging in activities subject to sanctions imposed by the United Nations Security Council. The AE reporting obligations under GCF's policies and in the legal agreement(s) with the GCF include but are not limited to requiring AEs to take action to identify, mitigate and promptly disclose to the GCF any real or perceived Conflict of Interest, any alleged or suspected Prohibited Practice, promptly notify the Fund of any material risks or other indications of money laundering and/or financing of terrorism in relation to the Project and promptly take remedial steps in consultation with the GCF.

The AE shall also provide updates on the risks and mitigating measures under the other Risk Areas when changes to already identified risks or new risks have been identified.

Risk scoring:

For likelihood, please rate on a scale from 1 to 5: 1. Unlikely, 2. Possible, 3. Likely, 4. Almost certain, 5. Certain

For impact, please rate on a scale from 1 to 5: 1. Close to none, 2. Low, 3. Medium, 4. High, 5. Catastrophic

The severity of each risk is automatically computed based on the likelihood and impact of the risk.

Risk 1	Financial risk pertaining to difficulties in accessing co-financing [from FP]		
Risk Origin	Project Related		
Risk Area	Financial		
Risk Sub-area	N/A		
Description	This financial risk is currently the same as in project design (low), as the individual co-financier provided all committed co-financing and in-kind GOL and WHO co-financing is anticipated. However, there is a low residual risk at this moment as there are significant reductions globally on development and climate financing. However, increasing financial pressures on the project (e.g. the increasing implementation costs related to the ongoing Middle East oil and supply chain crisis) may require the project to raise additional co-financing to ensure the achievement of all activities and ensure full reach. Securing additional co-financing in a shrinking and changing donor landscape may be challenging.		
Consequences	While we have received the external co-financing, in-kind co-financing from the GoL and WHO may take more time, as they may have less resources than anticipated given the global cuts in international development funding. However, we still anticipate the same amount of in-kind co-financing from partners. Thus, while we anticipate the same activities with co-financing occurring, they may occur later in the project's timeline.		
Inherent Risk	Likelihood	Impact	Severity
	3 - Likely	3 - Medium	9 - Medium High
Mitigation Measure(s)	While the difficulty of accessing co-financing has risen given the decrease in international development funding globally, the project team is attempting to resolve this by encouraging additional in-kind support such as the allocation of time, staff, office space, and equipment instead of directly providing funding.		
Residual Risk	Likelihood	Impact	Severity
	2 - Possible	2 - Low	4 - Medium
Current Residual Risk	Likelihood	Impact	Severity

	2 - Possible	2 - Low	4 - Medium
Comments	N/A		
Risk 2	Financial risk pertaining to financial management integrity issues and misuse of funds [from FP]		
Risk Origin	Project Related		
Risk Area	Fiduciary		
Risk Sub-area	N/A		
Description	Fraud and corruption were initially rated as high risks due to weak internal controls, limited financial management capacity, and inadequate oversight identified during the project design phase. However, the country's Corruption Perceptions Index (CPI) score has improved from 28 in 2023 to 34 in 2026, indicating a declining trend in corruption risk.		
Consequences	Due to weak internal controls and inadequate oversight, there was originally anticipated a high risk of misallocation and misuse of funds leading to reduced resources, inflated costs, reduced quality and impact of the project activities.		
Inherent Risk	Likelihood	Impact	Severity
	3 - Likely	4 - High	12 - Medium High
Mitigation Measure(s)	Within Save the Children (SC), there has been training on financial management, procurement, and program accountability with particular focus on the GCF project. In addition, SC staff are working closely with the Government of Lao PDR (GoL) on financial management and reporting, to improve reporting and financial systems moving forward.		
Residual Risk	Likelihood	Impact	Severity
	2 - Possible	2 - Low	4 - Medium
Current Residual Risk	Likelihood	Impact	Severity
	2 - Possible	2 - Low	4 - Medium
Comments	N/A		
Risk 3	Low technical capacity, limited knowledge, and lack of active participation of local populations and target beneficiaries [from FP]		
Risk Origin	Project Related		
Risk Area	Design and Implementation		
Risk Sub-area	N/A		
Description	Knowledge amongst health workers operating at field level and communities on the consequences of the emerging impacts of climate change is inadequate. Combined with the existing low technical capacity and lack of active participation of local populations and target beneficiaries in the Health Care Facilities, it poses a medium-high risk.		
Consequences	Insufficient knowledge of the impacts of climate change on health could result in a reduced uptake of recommended practices, weaker commitment to implementation, and reduced long-term resilience of HCFs in Lao PDR.		
Inherent Risk	Likelihood	Impact	Severity
	3 - Likely	4 - High	12 - Medium High
Mitigation Measure(s)	The project is currently implementing capacity building measures on the risks of climate on health, with both government staff and beneficiaries. In addition, the project is helping to integrate some climate and health data into District Health Information Software 2 (DHIS2), which will make the climate-related risks to health and health service delivery more visible. The capacity building plus inclusion of data into DHIS2 is increasing the knowledge of climate and health both within key stakeholders such as the GoL as well as beneficiary populations. Thus, the residual risk is medium.		
Residual Risk	Likelihood	Impact	Severity
	2 - Possible	3 - Medium	6 - Medium
Current Residual Risk	Likelihood	Impact	Severity
	2 - Possible	3 - Medium	6 - Medium
Comments	N/A		
Risk 4	Low technical capacity of contractors/operators		
Risk Origin	Project Related		
Risk Area	Design and Implementation		
Risk Sub-area	N/A		

Description	A core focus of the project is the delivery of infrastructure and IT components that can be technically challenging. In order for these to have the necessary impact, the contractors carrying out the work need to be able to competently carry out the assigned work packages to acceptable quality levels.		
Consequences	Regarding maintenance and operation, challenging equipment may not be operated correctly and break down due to operators' lack of capacity, rendering it useless and endangering the sustainability of the project.		
Inherent Risk	Likelihood 2 - Possible	Impact 2 - Low	Severity 4 - Medium
Mitigation Measure(s)	In order to ensure high quality infrastructure built on this award and mitigate the risk of low technical capacity of contractors/operators, it is anticipated that engineering staff/contractors will supervise local subcontractors, and carry out specific, particularly challenging tasks, directly. This will help ensure the quality of the construction and ultimately the improvements of the health centers. While this will slightly reduce the risk occurring, it is not possible to supervise every contractor/operator for each component of every health facility improvement, so this risk remains at medium.		
Residual Risk	Likelihood 2 - Possible	Impact 2 - Low	Severity 4 - Medium
Current Residual Risk	Likelihood 2 - Possible	Impact 2 - Low	Severity 4 - Medium
Comments	N/A		
Risk 5	Low technical capacity of operators/maintenance challenges due to remoteness		
Risk Origin	Project Related		
Risk Area	Design and Implementation		
Risk Sub-area	N/A		
Description	Remoteness combined with limited access to early warning information for weather related events in the project's target areas are the root causes of low technical capacity of operators and the maintenance of the healthcare facilities. This remoteness presents challenges in access for contractors, materials, data and power connections, maintenance contractors, amongst others.		
Consequences	Supply chain delays and timely access to materials, challenges related to provision of onsite supportive supervision and also difficulty in providing remote technical support, prolonged shutdown of equipment and machinery could result in difficulty in implementing infrastructure activities. These delays and access issues could make upgrading health facilities and infrastructure more difficult and potentially less likely to be sustained if no materials/support can get there.		
Inherent Risk	Likelihood 2 - Possible	Impact 2 - Low	Severity 4 - Medium
Mitigation Measure(s)	This risk will be mitigated by only selecting appropriate measures that can i) be delivered at remote locations and ii) be maintained at these locations, both in terms of local operator capacity, infrastructure support and operator capacity. The residual risk would be low.		
Residual Risk	Likelihood 1 - Unlikely	Impact 2 - Low	Severity 2 - Low
Current Residual Risk	Likelihood 1 - Unlikely	Impact 2 - Low	Severity 2 - Low
Comments	N/A		
Risk 6	Legal and governance complexities at delivery level		
Risk Origin	External Factors		
Risk Area	Political		
Risk Sub-area	N/A		
Description	The project will be delivered through SCI Laos, WHO and MoH and with the participation of community leaders. The project is also developed in a context of participation of several international NGOs and DFIs. Any legal or governance issue between the stakeholders could impact project delivery.		
Consequences	Should there be any governance issues or difficulties between partners (WHO/MoH, etc.), this could be an issue in delivering the activities as planned. For example, a lack of participation or overlapping operations of other INGOs in the same project locations and		

	overlapping implementation mandates could delay the start-up of the project as well as the achievement of the various milestones. Difficulties in governance or arrangements with the GoL could equally delay start-up and delivery of the project.		
Inherent Risk	Likelihood	Impact	Severity
	3 - Likely	4 - High	12 - Medium High
Mitigation Measure(s)	The project has formed a high-level Project Steering Committee (PSC) – which includes government ministries and other key stakeholders – and will be responsible for the project's strategic direction and progress. In addition, after the MoU was signed in April 2025, the project team in collaboration with other stakeholders agreed on what activities to focus on and scale up in order to meet all targets by the end date. This risk remains low due to the agreed workplan and focus areas of the activity with all stakeholders (low/unlikely).		
Residual Risk	Likelihood	Impact	Severity
	2 - Possible	2 - Low	4 - Medium
Current Residual Risk	Likelihood	Impact	Severity
	2 - Possible	2 - Low	4 - Medium
Comments	N/A		
Risk 7	Risk related to money laundering/terrorist financing (ML/TF)		
Risk Origin	Project Related		
Risk Area	Integrity		
Risk Sub-area	Money Laundering (ML) & Terrorist Financing (TF)		
Description	There are no UN/international sanctions in force against Lao PDR. Sanctions screening will continue to be undertaken for key individuals. However, there is also a risk of money laundering as part of project implementation. Laos is on the FATF (Financial Action Task Force) list of countries that have been identified as having strategic anti money-laundering (AML) deficiencies. This residual risk is however confronted with inadequate due diligence mechanisms, inadequate vetting of contractors, and gaps in financial oversight. The anti-money laundering/combating the financing of terrorism protocols must be enforced.		
Consequences	Should GCF funding for a particular activity go to money laundering/terrorism instead of a particular activity, this results in several consequences. This includes misappropriation of funds, reputational damage to the organization, as well as reducing the quality and impact of both the respective action (if funds are laundered for a particular activity) as well as the overall GCF activity.		
Inherent Risk	Likelihood	Impact	Severity
	2 - Possible	3 - Medium	6 - Medium
Mitigation Measure(s)	In order to reduce the risk of money laundering/terrorist financing, SC has provided ongoing training and support for Ministry of Health officials and key health sector stakeholders from provincial and district levels, focusing on project objectives, implementation approaches, and orientation on key policies including Fraud, Bribery, and Corruption. Additionally, monitoring of GoL financial processes is ongoing. In addition, all procurement from GCF funding directly is performed by Save the Children and other partners (WHO, etc.) instead of GoL. As a result, the likelihood of this risk has decreased (low/unlikely).		
Residual Risk	Likelihood	Impact	Severity
	1 - Unlikely	2 - Low	2 - Low
Current Residual Risk	Likelihood	Impact	Severity
	1 - Unlikely	2 - Low	2 - Low
Comments	N/A		
Risk 8	Increased oil prices as well as increased costs due to the current crisis in Iran		
Risk Origin	External Factors		
Risk Area	Macro-economics		
Risk Sub-area	N/A		
Description	Due to the recent Middle East crisis beginning in 2026, which had large global impacts on fuel availability and increased prices, Lao PDR, a land-locked country, is fully dependent on imported fuel. The country is facing a shortage of fuel with increased price (double of the price compared to February 2026) due to the current crisis in Iran. This current crisis could mean fewer activities are able to be implemented in 2026 and in future years due to restricted access to required commodities (fuel, materials) and		

	higher prices. In addition, because of this crisis and its current result of increased costs, it is not clear that the activity will be able to reach all 250 communities with full programming as originally planned, as these activities rely heavily on frequent community visits.		
Consequences	These increased costs of fuel are heavily impacting transportation costs and there is increased materials cost from construction and other deliveries. This may result in spending more on unit costs of construction items, therefore potentially decreasing the available budget for other items.		
Inherent Risk	Likelihood	Impact	Severity
	3 - Likely	3 - Medium	9 - Medium High
Mitigation Measure(s)	As this is a new crisis with changing effects on the markets, SC is keeping track of potential impacts. In addition, as possible and practical, SC is looking at potentially doing fewer but larger procurements to minimize the costs associated with each procurement. This residual risk is still a medium even with the mitigation measures given the impacts of the Iran conflict are still unclear and increasing globally.		
Residual Risk	Likelihood	Impact	Severity
	2 - Possible	3 - Medium	6 - Medium
Current Residual Risk	Likelihood	Impact	Severity
	2 - Possible	3 - Medium	6 - Medium
Comments	N/A		
Risk 9	Sanctions compliance risk		
Risk Origin	Project Related		
Risk Area	Integrity		
Risk Sub-area	Sanctions		
Description	Risk of non-compliance with applicable international or national sanctions regimes arising from unintended engagement with sanctioned countries, individuals, entities, or transactions, as a result of insufficient sanctions screening, inadequate due diligence, or lack of timely awareness of changes to sanctions requirements.		
Consequences	A failure to comply with applicable sanctions regimes may result in the project inadvertently engaging with sanctioned countries, individuals, entities, or transactions, leading to breaches of international or national sanctions laws. This could cause project activities to be suspended or terminated, expenditures to be declared ineligible, and disbursements to be delayed or withheld. In addition, the Accredited Entity (SCA) and its partners may face legal or regulatory penalties, increased scrutiny from the GCF, and reputational harm that adversely affects stakeholder trust and future funding opportunities.		
Inherent Risk	Likelihood	Impact	Severity
	2 - Possible	3 - Medium	6 - Medium
Mitigation Measure(s)	This risk is mitigated through Save the Children's compliance framework, which requires systematic sanctions screening of partners, suppliers, consultants, and financial transactions prior to contract award and payment processing. Screening is conducted using approved organisational tools and documented in line with internal procedures. Procurement and finance teams apply enhanced due diligence in higher risk contexts, and changes in sanctions regimes are monitored centrally with guidance cascaded to country offices. Oversight is further strengthened through internal reviews, audit processes, and escalation protocols for any potential sanctions matches.		
Residual Risk	Likelihood	Impact	Severity
	2 - Possible	2 - Low	4 - Medium
Current Residual Risk	Likelihood	Impact	Severity
	2 - Possible	2 - Low	4 - Medium
Comments	N/A		
Risk 10	Fraud and corruption risk		
Risk Origin	Project Related		
Risk Area	Integrity		
Risk Sub-area	Fraud / Bribery & Corruption / Collusion and any other prohibited practice		
Description	Risk that fraud, bribery, corruption, collusion, or other prohibited practices may occur during project implementation, including procurement, contracting, financial management, or reporting processes, leading to misuse of GCF resources, financial		

	losses, reputational damage, and potential non-compliance with GCF policies and legal obligations.		
Consequences	If fraud, corruption, or other prohibited practices occur, GCF resources may be misappropriated or used inefficiently, resulting in financial losses and ineligible expenditures that may need to be refunded. Such incidents can disrupt project implementation, cause delays, or lead to partial or full suspension of activities while investigations are conducted. Findings of fraud or corruption may prompt investigations by the GCF Integrity Unit or external authorities, damage the credibility and reputation of the Accredited Entity (SCA) and partners, and jeopardise both current and future access to GCF financing.		
Inherent Risk	Likelihood 2 - Possible	Impact 3 - Medium	Severity 6 - Medium
Mitigation Measure(s)	This risk is mitigated through Save the Children's Anti Fraud, Anti Bribery, and Anti Corruption policies, which set clear standards for ethical conduct and zero tolerance for prohibited practices. Robust internal controls are applied across procurement, contracting, and financial management processes, including competitive bidding, segregation of duties, approval thresholds, and documentation requirements. Partner assessments, spot checks, internal audits, and compliance reviews are conducted, with financial and procurement records maintained. Mandatory staff training, declarations of compliance, and access to confidential whistleblowing channels further strengthen fraud prevention and detection.		
Residual Risk	Likelihood 2 - Possible	Impact 2 - Low	Severity 4 - Medium
Current Residual Risk	Likelihood 2 - Possible	Impact 2 - Low	Severity 4 - Medium
Comments	N/A		
Risk 11	Conflict of interest risk		
Risk Origin	Project Related		
Risk Area	Integrity		
Risk Sub-area	Conflict of interest		
Description	Risk that actual, potential, or perceived conflicts of interest involving project staff, implementing partners, consultants, or decision-makers may improperly influence project decisions, procurement processes, recruitment, or allocation of resources due to inadequate disclosure, management, or mitigation of conflicts of interest.		
Consequences	Unmanaged or inadequately disclosed conflicts of interest may compromise the integrity, fairness, and transparency of project decision-making processes, particularly in procurement, recruitment, or resource allocation. This can lead to biased outcomes, inefficient use of funds, and non-compliance with GCF fiduciary and governance standards. As a result, the project may face audit findings, corrective actions, and enhanced GCF oversight, along with reputational harm that weakens stakeholder confidence and trust in project governance arrangements.		
Inherent Risk	Likelihood 2 - Possible	Impact 3 - Medium	Severity 6 - Medium
Mitigation Measure(s)	This risk is mitigated through Save the Children's Conflict of Interest policy, which requires staff, consultants, and relevant partners to formally declare actual, potential, or perceived conflicts of interest at the outset and throughout the project lifecycle. Declarations are recorded and managed in accordance with internal procedures, with mitigation actions defined where conflicts are identified. Procurement and recruitment decisions are subject to committee based reviews, segregation of roles, and senior oversight. Compliance is reinforced through regular training, internal audits, and management reviews to ensure conflicts are appropriately disclosed, managed, and documented.		
Residual Risk	Likelihood 1 - Unlikely	Impact 2 - Low	Severity 2 - Low
Current Residual Risk	Likelihood 1 - Unlikely	Impact 2 - Low	Severity 2 - Low
Comments	N/A		

D.2. Report risk incidents

If any risk (previously identified or not) has materialized, please capture it here as a risk incident.

(this section is confidential)

E. FINANCIAL INFORMATION

E.1. GCF financing

In addition to the financial report in the annex, update the table with relevant GCF financial data for each country and instrument, including amounts and allocation percentages.

Country	Instrument	Currency (as per FAA)	Committed Amount	Disbursed Amount	Expenditure (reporting year)	Cumulative Expenditure	Mitigation	Adaptation
Lao People's Democratic Republic (the)	Grants	USD	24,978,084	5,505,289	2,906,277	2,906,277	0%	100%
Total		USD	24,978,084	5,505,289	2,906,277	2,906,277	N/A	N/A

E.2. Co-financing

Please populate the table with relevant Co-financing data for each Co-financier and instrument, including amounts and allocation percentages.

Co-financier	Instrument	Currency (as per FAA)	Committed Amount	Disbursed Amount	Expenditure (reporting year)	Cumulative Expenditure	Mitigation	Adaptation
World Health Organization	In-kind	USD	1,312,500	262,500	262,500	262,500	0%	100%
Government of Laos	In-kind	USD	1,483,594	198,351	198,351	198,351	0%	100%
SC Private Donor	Grants	USD	400,000	400,000	185,904	185,904	0%	100%
Total		USD	3,196,094	860,851	646,755	646,755	N/A	N/A

E.3. Additional Finance Mobilised Beyond Approved Co-financing

Report the realised (cumulative value) and/or expected volume (Final Target) of private/public finance leveraged as a result of GCF involvement in the investment, in addition to and beyond any co-financing originally committed at approval. This datapoint shall be reported separately from official co-financing figures and is intended to capture the catalytic effect of GCF investments and support institutional learning.

GCF Policy: <https://www.greenclimate.fund/sites/default/files/document/policy-cofinancing.pdf>

No additional finance mobilized information provided.

File Name: Grant-Financial-Progress -SC LAO Y1 Dec25 vF.xlsx

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F. ENVIRONMENTAL & SOCIAL SAFEGUARDS, GENDER, and INDIGENOUS PEOPLES

This section provides an update against the ESS standards agreed as part of the Environmental and Social Action Plan (ESAP) and Environmental and Social Management Framework (ESMF), as well as Environmental and Social Management System (ESMS), Environmental and Social Impact Assessment (ESIA), Environmental and Social Management Plan (ESMP), Indigenous Peoples Plan (IPP), Indigenous Peoples Plan Framework (IPPF), Resettlement Action Plan (RAP), Resettlement Policy Framework (RPF) when applicable.

F.1. progress on key challenges and updates regarding Environmental and Social Safeguards

Key Environmental and Social Changes

Have there been any changes in the key environmental and social risks and impacts? If you tick 'Yes,' please provide further information.

Yes ☐ No ☒

Environmental and Social Safeguarding Updates

Have there been any change/update on environmental and social safeguarding? you tick 'Yes,' please provide further information.

Yes ☐ No ☒

F.2. Compliance with laws and regulations applicable to ESS. Gender and Indigenous Peoples.

Have there been any changes or updates regarding compliance with applicable laws and regulations of the country, as well as the relevant conditions or covenants under the FAA?

Yes ☐ No ☒

F.3. ESS standards implementation progress

Does this reporting period include any ESS standards-related activities or updates?

Yes ☒ No ☐

If you tick 'Yes', please provide further information to report on the progress made in complying with the requirements of the relevant ESS standards that were triggered during the approval of the funding proposal and during the reporting period, if any; and the GCF Indigenous Peoples Policy, if relevant, describing achievement and specifying details outlined in the tables below.

Activities implemented during the reporting period, including monitoring

In 2025 the project carried out key environmental and social safeguards actions. Project stakeholders from the target provinces and the districts were socialized on the overall project objectives, implementation modality and on SCI code of conduct, child safeguarding, fraud bribery and corruption, reporting and handling procedures, and Environmental and Social Safeguards. The consultancy firm recruited to carry out detailed facility upgrades for climate resilient WASH and electrical services and small-scale upgrades received a detailed orientation on SEAH (Sexual Exploitation, Abuse, and Harassment), including prevention measures and reporting procedures. They were also briefed on prevention on all forms of child labour and the SCI Code of Conduct, Child Safeguarding and Fraud Bribery and Corruption, alongside reporting and handling procedures. In addition, ESS monitoring supported the early stages while assessing the planned health facility for upgrades, land slide risks, especially for signs of erosion and sedimentation source of water and discharge points for drainages through drone survey, removing construction debris has been agreed with the vendor, HS insurance for each construction workers has been ensured and well equipped PPEs are in place. This included reviewing initial infrastructure assessments findings and in the tender documents where the recommendations have been used to ensure the upgrades meet climate-resilient design standards, safety requirements, and overall ESS compliance. including gender. Ongoing monitoring efforts track progress and ensure safeguards are integrated into all preparatory activities.

Outputs during the reporting period

A standard orientation package was developed, covering project objectives and key SCI policies, including Child Safeguarding, SEAH, Code of Conduct, Fraud, Bribery and Corruption (FBC) prevention, the Feedback and Reporting Mechanism, and the GRM. Using this package, orientation sessions were delivered to project stakeholders, including government officials at both provincial and district levels. A separate briefing was provided to the consultancy firm responsible for the infrastructure assessments and the design of small-scale WASH and electrical upgrades. The firm received orientation on ESS, prevention of SEAH, prevention of child labour, and SCI's policies described above. The firm has completed the assessments and designs for the initial tranche of 23 health care facilities among which one has been called for tender and others are under review of SC engineering team. During this early stage, the project team also reviewed the initial health facility assessments findings to determine whether the proposed upgrades would meet climate resilient standards, safety requirements, and gender considerations. Based on these findings, the consultancy firm has now produced final draft designs and Bills of Quantities (BoQs) for the facilities. The review helped identify necessary adjustments to ensure all proposed designs fully comply with ESS standards.

Key environmental, social and gender issues, risks and impacts addressed during implementation

The project carried out assessment of health facilities to plan for small scale upgrades of WASH and electrical services. The assessment identified issues related to physical access challenges and poor infrastructure that needed attention to make health facilities safer, inclusive and resilient. Many of these health facilities are in places that experience floods, heatwaves, storms and water shortages which could damage buildings, disrupt power supply and limit access to clean water. The assessment identified gaps of infrastructure, WASH and electricity and recommended improvements in design such as raising floors, fixing drainage, roofs, adding ventilation, installing solar power and increasing water storage capacity. To improve accessibility for people with limited mobility, elderly, women and children, the designs have incorporated disability friendly considerations such as ramps, lighting, railings, wider toilet stalls, etc. Similarly, gender considerations were prioritized during the facility assessment where efforts were made to understand the needs of women and female health staff, and the upgraded design where possible now includes separated toilets for males and females, better lighting, separate rooms for breastfeeding, and menstrual hygiene provisions. Health facilities also face challenges in segregating and managing medical waste, as such basic improvements such as provision of color-coded bins and autoclaves are recommended.

Any pending key environmental, social and gender issues needing accredited entity's actions and GCF attention

N/A

Remarks/Notes

F.4. Sub-projects information

Have any subprojects been implemented?

Yes ☐ No ☒

N/A	N/A
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F.5. Implementation of the stakeholder engagement plan	
Were any actions undertaken to increase engagement of relevant stakeholders in the project, particularly regarding environmental, social, and gender elements?	Yes ☒ No ☐
Activities implemented during the reporting period	
Kick-off and inception meetings were conducted at the national level and across all seven project focus provinces. Participants included representatives from the Ministry of Health (MoH) and the Ministry of Natural Resources and Environment (MoNRE) at national, provincial, and district levels. Organized in collaboration with the Department of Hygiene and Health Promotion (DHHP), the meetings served as a platform to present the project's goals, objectives, expected outcomes, implementation approach, and monitoring and evaluation framework. Donor requirements, expectations, and relevant policy frameworks were also highlighted to ensure early alignment. The national-level meeting was chaired by the Director General of DHHP, with senior representatives from MoNRE and the SCI Country Office leadership team. Key coordination arrangements were discussed, including the establishment of government coordination offices and focal points for the Project Steering Committee (PSC). As recommended by DHHP, the Hygiene and Health Promotion Unit (Namsaat) within DHHP will serve as the focal office. Provincial meetings also reviewed the existing funding and implementation landscape to promote alignment with ongoing and planned initiatives. The project also maintains routine external coordination with development partners and donors working in related sectors, including ADB, UNICEF, WHO, KOICA, and other implementing partners at provincial and district level. Baseline and formative research activities completed during the reporting period included consultations with healthcare workers, community members (men and women), village leaders, and influential organizations such as local chapters of the Lao Women's Union and Lao Youth Union. Stakeholders from villages across implementation areas were engaged, ensuring representation of diverse ethno-linguistic groups. These consultations informed the project's strategic priorities and guided the development of its Social and Behavior Change strategy and Community-Based Action Planning Guide.	
Dates and venues of engagement activities	
National meetings were held in Vientiane in May and July 2025, with provincial kick-off sessions occurring across seven capitals from June to November. Baseline data collection and formative research began in April and continued through October 2025, engaging healthcare workers and community stakeholders at health facilities and local communities. Consultations for the Community Based Health and Climate Resilience Action Planning Guide took place from September to December at all administrative levels, involving government officials, INGOs, development partners, and diverse community members. A dissemination event in November in Vientiane shared research findings with key stakeholders.	
Sex-disaggregated data on stakeholder engagement participants (male + female = total)	
The project kick-off meetings, along with research and evaluation exercise have collectively engaged 1,605 stakeholders across various levels from national to province district and community. Of these 721 were female and 884 males, resulting an overall gender representation of 45% females and 55% males. The project kick off meetings at the seven provinces, including one at the national level, engaged 248 participants of which 193 male and 55 female. The research and evaluation activities, including community consultations, engaged 1,357 stakeholders of whom 666 were females and 691 males. During the period no issues or risks were identified.	
Information shared with stakeholders	
The project kick-off meetings in the seven provinces re-introduced "Strengthening Climate Resilience of the Lao People's Democratic Republic (PDR) Health System" project objectives, activities, implementation plan and expected outcomes to the government partners at the national, provincial and the district levels. The meeting provided an opportunity to share a brief overview on climate and health, and GCF project linkages with existing government policies and programs.	

It oriented the key stakeholders on key policies on Child Safeguarding, Code of Conduct, Fraud Bribery and Corruption, Safety and Security and program quality, monitoring and evaluation, along with project redress mechanism. Information was also shared on GCF requirements in terms of Environment and Social Safeguards (ESS), Gender Actions Plan, reporting and the Grievance Redress Mechanism (GRM), Anti-Money Laundering and Counter Terrorism Financing, Procurement and Prevention of Sexual Exploitation Abuse and Harassment (PSEAH). Finally, the meeting provided an opportunity to engage key implementing ministries and related departments of targeted provinces in meaningful discussions on governance and accountabilities and approaches to implementation, and engage in planning of key activities approach for 2025 with the project Provincial focal persons.
Outputs including issues raised and addressed during the reporting period
During the consultation meetings, stakeholders suggested arranging refreshers for them on policies and how to roll them out during implementation. Also, stakeholders asked how they can support the assurance of implementation quality. Concerns were mainly on transferring the budget to GoL accounts so that they can implement activities by themselves. However, as per the instruction from GCF Board approval, SCI will provide support to enhance the capacity of GoL before the next evaluation. We have explained about the risk, compliance and regulations from GCF, and they have been supportive of the discussion. All the issues, suggestions and queries have been addressed by SCI during the meetings with the support from DHHP and SCI is planning for arranging refresher training and GoL engagement plan from Q1 of 2026.
Remarks/Notes
N/A

F.6. ESS forward planning and lessons learned	
Are there any planned ESS activities for the next reporting period or lessons learned to share from this period?	Yes ☒ No ☐
Provide planned activities on environmental and social safeguards for the next reporting period	
In 2026, the project team will deliver comprehensive orientation packages to the selected technical firm responsible for carrying out the upgrades, health facility staff, provincial and district stakeholders, and community representatives. The orientation will cover the project's core environmental and social safeguards, including risks identified during facility assessments and those linked to planned upgrades. Key topics will include mitigation and preventive measures related to ESS, especially Sexual Exploitation, Abuse and Harassment (SEAH), occupational health and safety, chemical exposure, mechanical hazards, air pollution, and potential water contamination. In addition, Save the Children's mandatory policies including Child Safeguarding, Code of Conduct, Fraud, Bribery and Corruption, and incident reporting will be discussed to ensure compliance and accountability during implementation. Regular monitoring will be carried out throughout the upgrade period. The project team will conduct routine site visits to verify that contractors meet environmental and social safeguards, no unforeseen ESS risks arise, work areas remain safe and accessible, and mitigation measures are effectively implemented. Monitoring will also track issues affecting communities living in the health facility catchment area where relevant. The annual monitoring schedule will include continuous onsite supervision, quarterly safeguard compliance reviews, and documentation of progress through structured reports. This approach ensures that the upgrades enhance the resilience, safety and inclusiveness of all target health facilities. To support the successful implementation of the activities outlined above, the project will generate a set of deliverables including the orientation package and the orientation report, safeguard compliance, progress on upgrades, and monitoring reports.	
Provide any success stories, good practices, or challenges, including those related to the engagement of Indigenous peoples and local communities, promoting Indigenous knowledge and benefits to Indigenous peoples and local communities	
Xeng Vang, 25-year-old Hmong farmer, and his wife, Li Song, 20, live in Beng District, Oudomxay Province. Like many families, they face obstacles in accessing timely health care services. Unpredictable weather, limited transport often makes it challenging to reach the nearest health center. Both their children were born at home and the family faced repeated medical complications. Although Napa Health Center is three kilometers away, it lacks essentials and medical equipment, leading to repeated misdiagnoses. Xeng's father-in-law was once misdiagnosed and recovered after treatment at the district hospital. While the health staff are friendly and welcoming, the facility faces serious constraints. Limited diagnostic tools, shortages of medicines, and poor WASH conditions compromise patient safety and quality of care. Many villagers bypass the health center and travel long distances to districts or provincial hospitals. The project aims to change this. By upgrading the health center with climate-resilient infrastructure, WASH, electrical services, essential stock of supplies, and trained staff, families like Xeng Vang, and Li Song, will finally have safe and dependable care that is closer to their home. Xeng believes that the modern, health center with proper equipment could save lives, reduce financial burdens, and restore trust in local health services.	

F.7. Grievance Redress Mechanism - confirmation & grievances	
<i>Please indicate whether the project can confirm the following statement:</i>	
Fully functional and operational Grievance Redress Mechanisms are in place, have been communicated to and are accessible by all stakeholders applicable to this project	
☒ The accredited entity confirms the statement above at project-level, AE-level, and GCF-level grievance mechanisms.	
☐ The accredited entity does not confirm the statement above	
Have there been any grievances received during the reporting period?	Yes ☐ No ☒
<i>While the project has not received any grievances, 163 feedback submissions have been received from partner staff participating in trainings, meetings, and workshops. Of these, 30 were from women, 57 from men, and 76 were anonymous and did not specify. Feedback was primarily collected through Kobo Toolbox survey forms, assessing at the end of activities, and the mobile feedback box, placed in a safe area of the meeting venue. Most feedback (117 submissions) consisted of suggestions for further improvement of project activities, followed by 44 thank-you messages, one request for information, and one request for materials used in health facilities. The detail of each feedback is attached as Annex 3.</i>	
F.8. Implementation of activities and actions agreed in the Gender Action Plan	
The project made progress in mainstreaming gender and social inclusion (GESI) across all outcomes. High-level achievements include the integration of GESI-sensitive indicators into the Health National Adaptation Plan (HNAP) and the HMIS, alongside strong female representation (52%) in national policy reviews. Infrastructure readiness is advancing through the Safe, Clean, Green Initiative, where training achieved a 50% female participation rate. Technical assessments for GHG emissions and climate-resilient WASH/electrical upgrades have been completed; however, gender disparity remains a challenge in technical engineering roles, with a current 0% female representation among site assessment officers, a gap being mitigated through safeguarding and inclusion training. At the community level, validation of the Climate Resilience Action Planning Guide has commenced with balanced stakeholder participation. Operationally, while female representation in leadership is near target at 44%, overall staff hiring (42% female) and disability inclusion (0%) are currently rated AMBER, with a commitment to more inclusive recruitment strategies in the coming period. Operationally, GESI is institutionalized through 100% staff induction on inclusion policies and the appointment of a GESI Focal Person. Communication materials successfully represent vulnerable groups in empowered roles using low-literacy formats.	
Are there GAP implementation activities or progress to report for this period?	Yes ☒ No ☐
<i>Summary on Activities and Actions agreed in the Gender Action Plan (max. 200 words)</i> <i>Provide a progress report on the gender action plan developed during project preparation stage for the reporting period. This will primarily be a report on activities undertaken and results achieved because of completion of an activity. Further, it should also indicate if the project is on track to achieving the intended outcome(s). The reporting should be done for activities, targets and indicators already set in the action plan including on vulnerable groups (youth, poor, female heads of households, etc.) as would have been identified in the gender analysis and action plan. If activities or targets are not achieved as per plan, reasons should be provided, and recourse action should be proposed. Please include reporting on any changes or deviations. Include a Report on implementation challenges and lessons learnt and how these will inform on-going actions and what action will be taken by when to address the challenges faced. Incorporate both quantitative data and qualitative reports on the performance of such actions, and on progress on actions identified.</i>	

GAP Activity	
Activity 1.1.1: Strengthen capacity of senior government leadership to integrate climate resilient health into policy and operationalize climate resilience policies This activity focuses on improving the capacity of senior government health leaders including women so they can better understand climate change and integrate climate resilient approaches into health policies, plans, and routine operations. It involves building their capacity to identify climate risks, make climate informed decisions, and lead national efforts to create a more resilient health system. The activity also supports leaders – men and women - to operationalize climate resilient health facility standards, update policies and strategies, and represent the country in national and international climate health discussions. The project has intentional efforts to ensure that female government representatives are consulted and participate at each level of the health system.	
Indicator	
Indi1: No. of government stakeholders actively participate in learning workshops (T: F – 50%; M – 50%) Indi2: No. of female and male participants in TOTs on climate and health policies at central, provincial and district level (T: F – 50%; M – 50%) Indi3: No. of female and male government stakeholders participate in annual review processes on policies that integrate climate-resilient health issues (T: F – 40%; M – 60%) Indi4: Number of disability association representatives (DA), Lao Youth Union (LYU), and Lao Women's Union (LWU) who actively participate in annual review processes that integrate climate resilient health into policies (T: 21 people, 1 from each target province from each organization annually)	
Rating of Indicator	GREEN (on track to be met)
Baseline	0
Target, including sex-disaggregation where applicable	1
Annual progress update (Reporting Period)	
The project strengthened the capacity of senior government leaders to integrate climate resilient health into national policies and routine operations. Two national training rounds prepared 50 national trainers, with about half being women, to support the Safe Clean Green Climate Resilient Health Facility initiative. Gender representation was ensured in national and international events. At COP 29, two Ministry of Health (MOH) officials participated, including one woman, helping represent Lao PDR in global climate health discussions. In the NDC 3.0 workshop, 29 people attended, including 15 women (52%), showing strong female engagement. The annual review process also reached good balance, with 49 women (52%) and 45 men (48%). While annual review participation was limited to government and project partners in 2025 due to the project's focus on high level planning, formative research and activity preparation, the project plans to include disability association representatives (DA), Lao Youth Union (LYU), and Lao Women's Union (LWU) as activities begin to roll out at district level.	
Cumulative progress update (Entire period)	
Progress has been made in strengthening the leadership capacity of the MOH to integrate climate resilient health into national policies and frameworks. Training activities and workshops have improved understanding of climate risks alongside considering how these risks affect women, men, and vulnerable groups differently. Senior MOH officials particularly women participated in national and international climate health discussions ensuring Lao PDR contribution to global dialogue on climate and health. Policy related work, including HNAP and the finalization of health components of NDC 3.0, has progressed well, with attention to gender equality and the needs of at-risk groups in climate and health actions. Collaboration between SCI, WHO, MOH, and partners has supported consistent implementation and encouraged meaningful participation of women leaders and technical staff throughout planning and review processes.	
Budget	252,207
Currency	USD

Timeline (Planned completion of activity)	1 February 2029
Responsibility	
This activity is led by the World Health Organization (WHO) in close collaboration with the Department of Hygiene and Health Promotion (DHHP), MOH with support from SCI, including the national impact manager (GESI focal), Health Systems Advisor, MERL Advisor and officers.	
Remarks/Notes	
The workshops and training activities were carried out as planned, and we were able to meet the target for the number of female government officials taking part. Women's participation in these activities stayed strong throughout the reporting period. To keep this progress going, future activities will continue encouraging women's involvement and working closely with MOH to meet all targets on time.	
GAP Activity	
Activity 1.1.2: In collaboration with GoL, update and support key health policies in collaboration with government This activity supports the Ministry of Health to plan for and manage climate-related health risks through improving policies, tools, and training that support climate-resilient health services. It also supports the government to update important national policies, such as the Health National Adaptation Plan (HNAP) and the health component of Nationally Determined Contributions (NDC 3.0), to ensure they reflect climate-resilient and gender-responsive priorities.	
Indicator	
Number of new or reviewed policy/strategy documents that integrate GESI considerations and are reviewed by a gender and social inclusion specialist	
Rating of Indicator	GREEN (on track to be met)
Baseline	0
Target, including sex-disaggregation where applicable	3
Annual progress update (Reporting Period)	
The project supported updating key health policies and tools that strengthen climate-resilient health action. This included WHO's development and translation of comprehensive training modules, a facilitator's guide, and assessment tools to roll out the Safe Clean Green Climate Resilient Health Facility initiative. Policy-related work also advanced with the approval of the HNAP and finalization of the health component in NDC 3.0, ensuring these national frameworks reflect climate-resilient and gender-responsive priorities. All these reviews have carefully integrated GESI principles to ensure that the processes and outcomes remain accessible, inclusive, and responsive to diverse needs.	
Cumulative progress update (Entire period)	
Major progress has been the training of master trainers to roll out of the Safe Clean Green Climate Resilient Health Facility approach. Training materials, assessment tools, and guidance – all reviewed by the project GESI Advisor - have been developed to help health facilities improve safety, cleanliness, energy use, and WASH. Experience sharing events have shown how these practices can be applied in real settings, encouraging wider adoption across provinces. Policy related work has also advanced with national framework such as the HNAP approved and the health component of NDC 3.0 finalized.	
Budget	132,693

Currency	USD
Timeline (Planned completion of activity)	1 February 2029
Responsibility	
This activity is led by the World Health Organization (WHO) in close collaboration with the Department of Hygiene and Health Promotion (DHHP), Ministry of Health (MOH) with support from SCI including national impact manager (GESI focal), Health Systems Advisor, MERL Advisor and officers.	
Remarks/Notes	
The indicator is marked GREEN because key planned outputs were completed during the reporting period, including the finalization and publication of several documents that were reviewed by the project GESI Advisor to ensure GESI considerations were included. Those documents include the HNAP, which was formally endorsed, the national Training of Trainers (ToT) on safe clean green climate resilient health facility package, which was developed, and the health component of NDC 3.0, which was finalized.	
GAP Activity	
Activity 1.1.3: Develop and disseminate guidelines and handbooks to operationalize the HNAP at provincial, district, and health facility levels	
The activity will ensure that planned guidelines and handbooks and conduct Training of Trainers (ToT) include sufficient and relevant GESI considerations. The HNAP guidelines and handbooks will be distributed to national, provincial and district health offices.	
Indicator	
Gender, disability, youth, children, and other relevant social considerations are integrated in guidelines and ToT curriculum (T: 3 guidelines / handbooks are developed / disseminated)	
Rating of Indicator	GREEN (on track to be met)
Baseline	0
Target, including sex-disaggregation where applicable	3
Annual progress update (Reporting Period)	
The activity has commenced and is on track to be completed in 2026. While GESI considerations have been applied to the content, the final GESI reviews have not yet taken place.	
Cumulative progress update (Entire period)	
The overall progress will be updated in the next reporting period once the publications are completed and published.	
Budget	102,011
Currency	USD
Timeline (Planned completion of activity)	15 December 2026
Responsibility	

This activity is led by the World Health Organization (WHO) in close collaboration with the Department of Hygiene and Health Promotion (DHHP), Ministry of Health (MOH) with support from SCI, including the national impact manager (GESI focal point), Health Systems Advisor, MERL Advisor and officers.

Remarks/Notes

The process includes preparatory tasks for the development of guidelines and handbooks, and dissemination has started and is on track to meet the targets.

GAP Activity

Activity 2.1.1: Extend RHIMS with climate information relevant to dengue and diarrheal disease

The action focused on strengthening the RHIMS by integrating two climate related indicators linked to dengue and diarrheal diseases and important disaggregations for age, gender, ethnicity and occupation. Two indicators capture severe dengue cases and acute diarrhea cases. These indicators were selected to help track how climate/weather patterns may influence disease trends and to support early warning and response actions.

Indicator

Percentage of climate and health indicators on dengue and diarrhea that capture disaggregation by gender and other social inclusion criteria.

Rating of Indicator

GREEN (on track to be met)

Baseline

0

Target, including sex-disaggregation where applicable

100

Annual progress update (Reporting Period)

The RHIMS has been extended with inclusion of two climate related indicators related to dengue and diarrhea. These include two indicators on severe dengue cases and acute diarrhea cases. The disaggregation for severe dengue and acute diarrhea cases captures age, gender, ethnicity and occupation.

Cumulative progress update (Entire period)

Since the start of the project progress has been made to improve the RHIMS. The system now includes two climate-related indicators linked to dengue and diarrhea diseases. The two indicators track severe dengue cases and acute diarrhea cases. The disease indicators now collect important details such as age, gender, ethnicity, and occupation.

Budget

449,223

Currency

USD

Timeline (Planned completion of activity)

1 December 2025

Responsibility

This activity is led by the World Health Organization (WHO) in close collaboration with the Department of Hygiene and Health Promotion (DHHP), Ministry of Health (MOH) with support from SCI, including the national impact manager (GESI focal), Health System Advisor, MERL Advisor and Officers.

Remarks/Notes

Good progress has been made in strengthening the RHMS system, having incorporated two climate-health related indicators that can help track dengue and diarrhea and linkages with climate variables. The disaggregation for severe dengue and acute diarrhea cases captures age, gender, ethnicity and occupation.

GAP Activity

Activity 2.2.1: Improved access to EWS for dengue and diarrheal disease among target health facilities

This activity focuses on improving access to early warning information for dengue and diarrheal diseases among target health facilities, aiming to ensure that 50% of trained frontline health workers are women. This activity has not started and will be updated in the next reporting period in line with the agreed work plan.

Indicator

Percentage of the health workers trained to access and use EWS alerts that are women.

Rating of Indicator

GREEN (on track to be met)

Baseline

0

Target, including sex-disaggregation where applicable

50

Annual progress update (Reporting Period)

Progress on the indicator and targets will be updated in the next reporting period, as the activity has not yet commenced.

Cumulative progress update (Entire period)

Overall progress on the indicator and targets will be updated in the next reporting period, as the activity has not yet commenced.

Budget

566,948

Currency

USD

Timeline (Planned completion of activity)

1 August 2027

Responsibility

This activity is led by the World Health Organization (WHO) in close collaboration with the Department of Hygiene and Health Promotion (DHHP), Ministry of Health (MOH) with support from SCI. including the national impact manager (GESI focal) Health Systems Advisor, MERL Advisor and officers.

Remarks/Notes

The activity is scheduled as per the agreed work plan and timeline.

GAP Activity

Activity 2.2.2 Increase health workers' capacity to respond to RHMS EWE warnings related to dengue and waterborne diseases

This activity will build frontline health workers' skills to interpret climate linked warnings, identify early signs of

increased disease risk, and take appropriate preparedness and response measures at the facility level. These capacity strengthening activities aim to incorporate GESI considerations and content to facilitate equitable and inclusive care. The activity has not yet commenced and progress on the activity will be updated in the next reporting quarter.	
Indicator	
Indi1: GESI related capacity gaps and challenges that negatively affect responses to climate-informed early warning alerts are identified Indi2: GESI considerations are included within the existing National Dengue Action Plan 2019-2023 and National Action Plan for Elimination of Schistosomiasis in Lao PDR 2016-2020	
Rating of Indicator	GREEN (on track to be met)
Baseline	0
Target, including sex-disaggregation where applicable	1
Annual progress update (Reporting Period)	
Progress on the indicator and targets will be updated in the next reporting period, as the activity has not yet commenced.	
Cumulative progress update (Entire period)	
Progress on the indicator and targets will be updated in the next reporting period, as the activity has not yet commenced.	
Budget	615,424
Currency	USD
Timeline (Planned completion of activity)	31 December 2027
Responsibility	
This activity is led by the World Health Organization (WHO) in close collaboration with the Department of Hygiene and Health Promotion (DHHP), Ministry of Health (MOH) with support from SCI, including the national impact manager (GESI focal) Health System Advisor, MERL Advisor and officers.	
Remarks/Notes	
The activity is scheduled as per the agreed work plan and timeline.	
GAP Activity	
Activity 2.2.3: Establish climate-resilient WASH service standards within the existing MOH health facility accreditation platform and cascade its use through the health system	
The project supported training of MOH departments, provincial teams, health facilities, universities, and development partners on the Safe, Clean, Green, Climate-Resilient Health Care initiative, which includes climate-resilient WASH service standards in Health facility – ensuring adequate representation of male and female representatives from all partner organizations.	
Indicator	

Percentage of national and provincial Master trainers trained to deliver the climate resilient WASH standards in health facilities training to district and health facility staff that are female	
Rating of Indicator	GREEN (on track to be met)
Baseline	0
Target, including sex-disaggregation where applicable	40
Annual progress update (Reporting Period)	
A total of 50 master trainers (50% Male and 50% Females) were trained to lead and support the rollout of climate resilient health facility standards across the country.	
Cumulative progress update (Entire period)	
The action supported finalizing the Masters Training of Trainers (MTOT) package on Safe Clean Green Climate-Resilient Health Care Facility package, identified and trained 50 (50% male and 50% female) health stakeholders responsible for cascading the initiative.	
Budget	317,769
Currency	USD
Timeline (Planned completion of activity)	31 December 2025
Responsibility	
This activity is led by the World Health Organization (WHO) in close collaboration with the Department of Hygiene and Health Promotion (DHHP), Ministry of Health (MOH) with support from SCI, including the national impact manager (GESI focal) Health System Advisor, MERL Advisor and officers.	
Remarks/Notes	
The indicator is achieved with participation of equal numbers of male and female stakeholders in the master's training.	
GAP Activity	
Activity 3.1.1: Strengthen health facility readiness by providing technical assistance to plan and access health commodities, surveil and report on dengue and diarrheal disease, establish emergency standard operation protocols and distributing priority supplies and equipment to follow treatment and referral protocols for climate driven problems During this reporting period, work continued to strengthen health facility readiness for climate-related health risks, especially dengue and diarrheal diseases. As part of this effort, a checklist was developed to collect data on the availability of essential supplies, medicines, and IT equipment needed to support early detection, treatment, and referral during climate induced extreme weather events. This data will guide targeted support to ensure facilities remain prepared and well stocked to support all including all genders, ethnic minorities, youth and people with disabilities.	
Indicator	
Indi1: Health facility readiness scoring standards that assess health facility readiness to provide quality health services to all genders, ethnic minorities, youth and people with disabilities Indi2: EWE and climate-related disease outbreak response protocols are GESI-sensitive and address the diverse needs and capacities of targeted communities	

Rating of Indicator	GREEN (on track to be met)
Baseline	0
Target, including sex-disaggregation where applicable	1
Annual progress update (Reporting Period)	
During this reporting period, significant progress was made in strengthening health facility readiness for climate-related health risks. Following the quick facility assessment, key gaps in essential supplies, medicines, and IT equipment were identified and procurement and distributions planning were done.	
Cumulative progress update (Entire period)	
During this reporting period, work continued to strengthen health facility readiness for climate related health risks, especially dengue and diarrheal diseases. Health facility readiness data was collected to guide targeted support to ensure facilities remain prepared and well stocked to support all including all genders, ethnic minorities, youth and people with disabilities. Climate-related disease outbreak response protocols planned under this activity will be reviewed by the GESI advisor to ensure GESI considerations are adequately included within the protocols to address the diverse needs of target communities.	
Budget	579,349
Currency	USD
Timeline (Planned completion of activity)	31 July 2027
Responsibility	
This activity is led by SCI with support from the national impact manager (GESI focal), Health Systems Advisor, MERL advisor and officers in close collaboration with DHHP, MoH, the provincial and district health departments.	
Remarks/Notes	
Preparatory work completed on ensuring health facility readiness in surveillance, report on dengue and diarrheal disease, and distribution of priority supplies and equipment to follow treatment and referral protocols for climate driven problems.	
GAP Activity	
Activity 3.1.2 Strengthen health worker capacity to detect, reduce risk and treat climate-related diseases through supportive supervision, learning exchange visits, and trainings, ensuring 50% of trained healthcare workers or female and that training curriculum considers the specific needs of women, youth and people with disabilities.	
Indicator	
Indi1: % of training participants who are women Indi2: % of exchange visit participants Indi3: Treatment and referral protocols for dengue and diarrheal diseases includes a specific section addressing specific needs of women, youth, and people with disabilities	
Rating of Indicator	GREEN (on track to be met)
Baseline	0

Target, including sex-disaggregation where applicable	1
Annual progress update (Reporting Period)	
Progress on the indicator and targets will be updated in the next reporting period, as the activity has not yet commenced.	
Cumulative progress update (Entire period)	
Update on the overall progress will be made in the next reporting period.	
Budget	386,756
Currency	USD
Timeline (Planned completion of activity)	1 February 2029
Responsibility	
This activity is led by SCI with support from the national impact manager (GESI focal), Health Systems Advisor, MERL advisor and officers, in close collaboration with DHHP, MoH, the provincial and district health departments.	
Remarks/Notes	
The activity is on track to be implemented as per the agreed timeline.	
GAP Activity	
Activity 3.1.3: Implement the national Safe Clean Green Hospitals Initiative and Climate-Resilient WASH standards within health facilities	
During the reporting period master trainers' training was conducted on the Safe, Clean, Green Climate Resilient Health Facility initiative. The training focused on the key areas of the initiative, including safe water and sanitation, clean and hygienic environments, proper waste management, energy and resource efficiency, and actions to make facilities more resilient to climate-related risks. Following the master trainers' training, rolldown training sessions were carried out for health staff.	
Indicator	
% of training participants who are women	
Rating of Indicator	GREEN (on track to be met)
Baseline	0
Target, including sex-disaggregation where applicable	50
Annual progress update (Reporting Period)	
During this reporting period, progress was made in introducing the Safe, Clean, Green and Climate Resilient Health Facility Initiative. Master trainers selected from national, provincial, and district levels completed training on the Safe Clean Green Climate Resilient Health Facility package. The master trainers then delivered rolldown training to staff from five health facilities. The training focused on practical steps to keep facilities clean and safe, improve waste handling, and make WASH services more reliable during climate related events. Across all training sessions, 50% of	

the participants were women, supporting equal participation. The training focused on practical steps to keep facilities clean and safe, improve waste handling, and make WASH services more reliable during climate related events.

Cumulative progress update (Entire period)

Since the start of the activity, progress has been made in rolling out the Safe, Clean, Green and Climate Resilient Health Facility initiative. The Master Trainers' curriculum was finalized, and all logistics for training delivery were completed. The Master Training of Trainers (MTOT) was conducted for provincial, and district trainers, building their skills in key areas such as safe water, sanitation, hygiene, waste management, and climate resilient practices. Following the MTOT, cascaded training sessions was carried out for staff from five health facilities, with 50% female participation across all sessions.

Budget	360,109
Currency	USD
Timeline (Planned completion of activity)	31 December 2025

Responsibility

This activity is led by SCI with support from the national impact manager (GESI focal), Health Systems Advisor, MERL advisor and officers in close collaboration with DHHP, MoH, the provincial and district health departments.

Remarks/Notes

During this reporting period, good progress was made, including finalizing the Master Trainers' curriculum, completing logistics, and conducting both the master training of trainers and rollout trainings. Health staff from five facilities were trained, with 50% female participation across both the trainings.

GAP Activity

Activity 3.2.1 Conduct GHG emissions and infrastructure quality assessments at climate-vulnerable health facilities

During this reporting period Climate GHG emission assessment trainers were trained and then piloted the assessment tool in selected health facilities, with the aim of training 50% females. Additionally, a detailed health facility infrastructure upgrade assessment was carried out by trainees to inform climate resilient upgrades, WASH and electrical services.

Indicator

Percentage of MoH site assessment officers trained that are female

Rating of Indicator	GREEN (on track to be met)
Baseline	0
Target, including sex-disaggregation where applicable	50

Annual progress update (Reporting Period)

GHG emission assessment tool, which is called the Climate Impact Checkup (CIC) Tool, was contextualized and translated into Lao. Following this, health stakeholders were trained to use the tool and carry out pilot assessments in eight health facilities. The pilot exercise trained a total of 60 people out of which 32 are male and 28 female. Further, two levels of training were conducted, which trained 50 trainers (26 male and 24 female) responsible for rolling out of the GHG emission assessment in remaining health facilities. Additional trainees may receive training in subsequent project years.

Cumulative progress update (Entire period)	
The project established contractual agreement with Health Care Without Harm (HCWH), a firm specialized in carrying out GHG emission assessment in health facilities. Following this, consultations was done with participation of relevant stakeholders from the national, provincial and district level to discuss and contextualize and implement the GHG emission assessment tool. A pilot GHG emission assessment was conducted in eight health facilities which led to the finalization of the assessment tool and all the training, guidance resources and materials. Following this, national level training was conducted to rollout GHG emission assessment in remaining health facilities where 50 participants took part in the training out of which 26 were male and 24 females.	
Budget	519,212
Currency	USD
Timeline (Planned completion of activity)	31 July 2026
Responsibility	
The GHG emission assessment is led by Health Care Without Harm (HCWH), a consultancy firm specializing in standardized GHG assessments for the health sector. The activity is implemented in close collaboration with Save the Children International (SCI), which provides coordination and technical oversight support from the national impact manager, health Systems Advisor, MERL advisor and officers. Key government partners include the Ministry of Health, particularly the Department of Hygiene and Health Promotion (DHHP) with participation from province and district level.	
Remarks/Notes	
The activity is on track to meet the gender targets earlier set, with provisions to meet the women participation rates in the future trainings related to GHG emission assessment.	
GAP Activity	
Activity 3.2.2 Improve HCF infrastructure resilience to EWEs through the refurbishment/upgrading of HCF infrastructure Infrastructure assessments to inform small scale upgrades to health facility superstructure (roofing, flooring, ventilation, etc.) were carried out in the prioritized health facilities. During the process key stakeholders from the province, district and health facilities were engaged to understand the contextual needs including of women, youth, and people with disabilities. The inputs from these stakeholders have been fed into the designs and Bills of Quantities (BOQs). A Safe Clean Green team at each health facility with representatives from the health center and the community will guide the upgrade process.	
Indicator	
% of upgrade design plans where women, youth, and people with disabilities contributed to design	
Rating of Indicator	GREEN (on track to be met)
Baseline	0
Target, including sex-disaggregation where applicable	100
Annual progress update (Reporting Period)	
During this period, representatives from the provincial and district health department and health facilities have actively engaged in planning the facility assessment and design for the first tranche of 23 health facilities. A Safe, Clean,	

Green and Climate-Resilient team has been formed to oversee the upgrade process and ensure that design plans consider the needs of all users, including people with limited mobility. While direct participation from women, youth, and people with disabilities in the design stage is still evolving, the team is committed to promoting inclusiveness. Monitoring of the upgrades will be carried out by the Safe, Clean, Green team to ensure accessibility and inclusivity are fully addressed.

Cumulative progress update (Entire period)

Progress has been made in preparing and strengthening health facilities for small-scale upgrades, including WASH and electrical systems. A qualified engineering team was selected to carry out detailed health facility assessments. These assessments helped identify key gaps in water supply, sanitation, drainage, electrical safety, and basic infrastructure needed to support climate-resilient services.

Based on the assessment findings, priority upgrade designs were developed for 23 health facilities, and relevant government stakeholders were engaged throughout the process. A Safe, Clean, Green and Climate-Resilient team is formed to guide the upgrade planning and ensure the designs consider inclusiveness, including access for people with limited mobility.

Procurement processes for essential materials, equipment, and supplies initiated according to the upgrade needs identified.

Budget	304,976
Currency	USD
Timeline (Planned completion of activity)	31 July 2028

Responsibility

The activity is led by SCI with support from local engineering firm BMEC in collaboration with DHHP, and health stakeholders from the province, district and health facilities. Support provided by SCI staff including construction engineers, national impact manager (GESI focal) Health System Advisor, MERL Advisors and officers.

Remarks/Notes

The indicator is rated GREEN because the activity implementation is progressing as planned, and inclusive mechanisms are prioritized in the design process. The Safe, Clean, Green and Climate-Resilient team has been established to ensure upgrade plans consider accessibility and the needs of women, youth, and people with disabilities.

GAP Activity

Activity 3.2.3 Upgrade electrical services to be climate resilient and provide cold chain capacity to support the delivery of climate resilient health services

A detailed electrical services assessment to be climate resilient in 23 prioritized health facilities has been completed by a local engineering firm. The assessment has been finalized with the BOQs with consultation with DHHP and PHD to improve climate resilience and energy efficient electrical systems. During the process, key stakeholders from the province, district and health facilities were engaged to understand the contextual needs including of women, youth, and people with disabilities. The inputs from these stakeholders have been fed into the designs and Bills of Quantities (BOQs). A Safe Clean Green team at each health facility with representatives from the health center and the community will guide the upgrade process.

Indicator

% of upgrade design plans where women, youth, and people with disabilities contributed to design

Rating of Indicator	GREEN (on track to be met)
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Baseline	0
Target, including sex-disaggregation where applicable	100
Annual progress update (Reporting Period)	
During this period, representatives from the provincial and district health department and from the 23 health facilities have actively engaged in planning the facility assessment, design and upgrades. A Safe, Clean, Green and Climate Resilient team has been formed to oversee the upgrade process and ensure that upgrade plans consider the needs of all users, including people with limited mobility. While direct participation from women, youth, and people with disabilities in the design stage is still evolving, the team is committed to promoting inclusiveness. Monitoring the upgrades will be carried out by the Safe, Clean, Green team to ensure accessibility and inclusivity are fully addressed.	
Cumulative progress update (Entire period)	
Since the beginning of the project, progress has been made in preparing and strengthening health facilities for small-scale upgrades, including electrical systems. A qualified engineering team was recruited to carry out detailed health facility assessments. These assessments helped identify key gaps in electrical needed to support climate resilient services. Based on the assessment findings, priority upgrade designs were developed for the first tranche of 23 health facilities including the BOQ for electrical systems, and relevant government stakeholders were engaged throughout the process. A Safe, Clean, Green and Climate Resilient team is formed to guide the upgrade planning and ensure the designs consider inclusiveness, including access for people with limited mobility. Procurement processes for essential materials, equipment, and supplies initiated according to the upgrade needs identified.	
Budget	327,459
Currency	USD
Timeline (Planned completion of activity)	31 July 2028
Responsibility	
The activity is led by SCI with support from local engineering firm BMEC in collaboration with DHHP, and health stakeholders from the province, district and health facilities. Support provided by SCI staff including construction engineers, national impact manager (GESI focal) Health System Advisor, MERL Advisors and officers.	
Remarks/Notes	
The indicator is rated GREEN because implementation is progressing according to plan, and inclusive mechanisms are integrated into the electrical upgrade design process. The Safe, Clean, Green and Climate-Resilient team is actively overseeing planning and ensuring that accessibility and the needs of women, youth, and people with disabilities are considered.	
GAP Activity	
Activity: 3.2.4 Upgrade WASH services within climate-vulnerable health facilities to be climate resilient A detailed infrastructure assessment to inform climate resilient WASH services have been completed in the prioritized health facilities. The assessment has been finalized with priority designs and Bills of Quantities (BOQs). During the process key stakeholders from the province, district and health facilities were engaged to understand the contextual needs including of women, youth, and people with disabilities. The inputs from these stakeholders have been fed into the designs and Bills of Quantities (BOQs). A Safe Clean Green team at each health facility with representatives from the health center and the community will guide the upgrade process.	

Indicator	
% of upgrade design plans where women, youth, and people with disabilities contributed to design	
Rating of Indicator	GREEN (on track to be met)
Baseline	0
Target, including sex-disaggregation where applicable	100
Annual progress update (Reporting Period)	
During this period, representatives from the provincial and district health department and from the health facilities have actively engaged in planning the facility assessment, design and upgrades. A Safe, Clean, Green and Climate Resilient team has been formed to oversee the upgrade process and ensure that upgrade plans consider the needs of all users, including people with limited mobility. While direct participation from women, youth, and people with disabilities in the design stage is still evolving, the team is committed to promoting inclusiveness. Monitoring the upgrades will be carried out by the Safe, Clean, Green team to ensure accessibility and inclusivity are fully addressed.	
Cumulative progress update (Entire period)	
Since the beginning of the project, progress has been made in preparing and strengthening health facilities for small-scale upgrades, including WASH systems. A qualified engineering team was recruited to carry out detailed health facility assessments. These assessments helped identify key gaps on WASH service to ensure the reliable access to basic WASH and waste management systems and support climate resilient services. Based on the assessment findings, priority upgrade designs were developed for the initial tranche of 23 health facilities, including the BOQ for electrical systems, and relevant government stakeholders were engaged throughout the process. A Safe, Clean, Green and Climate Resilient team is formed to guide the upgrade planning and ensure the designs consider inclusiveness, including access for people with limited mobility. While direct participation from women, youth, and people with disabilities in the design stage is still evolving, the team is committed to promoting inclusiveness. Monitoring the upgrades will be carried out by the Safe, Clean, Green team to ensure accessibility and inclusivity are fully addressed.	
Budget	358,984
Currency	USD
Timeline (Planned completion of activity)	31 July 2028
Responsibility	
The activity is led by SCI with support from local engineering firm BMEC in collaboration with DHHP, and health stakeholders from the province, district and health facilities. Support provided by SCI staff including construction engineers, national impact manager (GESI focal) Health System Advisor, MERL Advisors and officers.	
Remarks/Notes	
The indicator is rated GREEN because implementation is progressing according to plan, and inclusive mechanisms are integrated into the electrical upgrade design process. The Safe, Clean, Green and Climate-Resilient team is actively overseeing planning and ensuring that accessibility and the needs of women, youth, and people with disabilities are considered.	

GAP Activity	
Activity 3.2.5 Strengthen capacity of MoH, Nam Saat, and relevant private sector partners to operate & maintain infrastructure. This activity includes a responsibility to ensure that the curriculum considers relevant gender and social inclusion considerations and to ensure equal gender representation among the Nam Saat trainees. Actions implemented will be updated in the next reporting period, as the activity has not yet commenced.	
Indicator	
Indi1: Ensure curriculum is inclusive and takes into account gender and disability issues Indi2: Percentage of master trainers trained who are female	
Rating of Indicator	GREEN (on track to be met)
Baseline	0
Target, including sex-disaggregation where applicable	1
Annual progress update (Reporting Period)	
Actions implemented will be updated in the next reporting period, as the activity has not yet commenced. This activity is planned to take place once most of the health facility upgrade activities are completed.	
Cumulative progress update (Entire period)	
Actions implemented will be updated in the next reporting period, as the activity has not yet commenced.	
Budget	306,016
Currency	USD
Timeline (Planned completion of activity)	1 February 2029
Responsibility	
The activity is led by SCI in collaboration with DHHP, and health stakeholders from the province, district and health facilities. Support provided by national impact manager (GESI focal), Health Systems Advisor, MERL Advisor and officers.	
Remarks/Notes	
The activity is on track to meet the target once it's implemented.	
GAP Activity	
Activity 4.1.1: Strengthen community capacity and participation in climate and health dialogue and action through development of community climate and health action plans and their implementation This activity focuses on the development of Community Based Health and Climate Resilience Action Planning Guide for communities to cope with the impact of climate change on their health. The consultation on the community guide was conducted with the provincial and district level, and the validation was completed in provincial and district level in	

northern region. The activity includes a responsibility to include women, youth and people with disabilities in consultations on the design of the guide as well as ensure their participation throughout the community action cycle.

Indicator

Indi1: % of community stakeholders consulted in the development of the community climate resilience action guide who are women Indi2: % of trainees who are women and youth Indi 3: % of community action planning participants who are women Indi4: % of community action planning participants who are youth Indi5: Village level representatives from Lao Youth Union (LYU) and Lao Women's Union (LWU) are trained Indi6: At least one representative from the LYU and LWU are included on the village level disaster risk reduction community climate resilience action planning committee Indi7: % of project-funded action plan activities that reduce the climate risk or climate burden on women and girls

Rating of Indicator

GREEN (on track to be met)

Baseline

0

Target, including sex-disaggregation where applicable

1

Annual progress update (Reporting Period)

During this reporting period, only Indicator 1 was achieved; the remaining indicators apply to activities that will start in 2026 and will be carried forward to the next reporting period. The validation workshop in the northern region was completed in December 2025. Participants included representatives from the Department of Hygiene and Health Promotion (DHHP), Provincial Health Departments, Provincial Agriculture and Environment Offices, and Provincial Labour and Social Welfare Offices from Oudomxay, Luang Prabang, Phongsaly, and Luang Namtha provinces, as well as district-level representatives from Oudomxay Province.

Six community stakeholders (3 women and 3 men) from two villages in Beng District, Oudomxay Province participated, including village authorities and members of the Lao Women's Union.

Cumulative progress update (Entire period)

A TOR was prepared in close consultation with the DHHP, for hiring a consultancy firm to develop the Community Based Health and Climate Resilience Action Planning Guide. The consultancy firm then conducted national, provincial, and community-level consultations to gather insights from all relevant stakeholder, including women, youth and people with disabilities. These inputs informed the draft guide, which was further refined through a validation exercise. Additional validation exercises are planned in first quarter of 2026.

Budget

729,096

Currency

USD

Timeline (Planned completion of activity)

1 February 2029

Responsibility

The activity is led by SCI and DHHP and health stakeholders from the province, district, health facilities and community authorities. Support is provided by national impact manager (GESI focal) Health Systems Advisor, MERL advisors and officers and provincial coordinators and district officers.

Remarks/Notes

This activity is on track to be met, with the preparatory processes in place with the onboarding of the consultancy firm and stakeholder consultations carried out at various levels to inform the drafting of the Community Based Health and Climate Resilience Action Planning Guide. A stakeholder validation workshop in one of the regions was completed, which provided inputs to strengthen the draft guide. Additional validation workshops are planned in 2026 to gather additional inputs before finalization and endorsement.

GAP Activity	
Activity 4.1.2: Develop communication pathways and effective early warning messages for local communities A Risk Communication and Community Engagement Strategy (RCCE) is currently drafted to serve as a guideline for distributing risk communication and climate change messages to communities through various platforms identified by formative research on community preferences. The push messages will be tailored to ensure inclusion, considering gender, ethnicity, language, and people with disabilities.	
Indicator	
Indi1: # of males and females made aware of climate threats and related appropriate responses, including unique impacts on prioritized groups (women, youth, people with disabilities) Indi2: # of males and females reached by climate-related early warning systems and other risk reduction measures	
Rating of Indicator	GREEN (on track to be met)
Baseline	0
Target, including sex-disaggregation where applicable	1
Annual progress update (Reporting Period)	
The activities related to the Early Warning System (EWS) and the dissemination of push messages have not yet commenced; therefore, the indicators have not been achieved during this reporting period.	
Cumulative progress update (Entire period)	
The activities related to the Early Warning System (EWS) and the dissemination of push messages have not yet commenced; therefore, progress on these indicators won't be made until 2026.	
Budget	253,106
Currency	USD
Timeline (Planned completion of activity)	1 February 2029
Responsibility	
The activity is led by SCI and DHHP and health stakeholders from the province, district, health facilities and community authorities. Support is provided by national impact manager (GESI focal) Health Systems Advisor, MERL advisors and officers and provincial coordinators and district officers.	
Remarks/Notes	
The activity is on track to meet the agreed targets.	
GAP Activity	
GAP Project Operation 1: Project Staff demographics throughout project - Staff recruitment ensures equal opportunity and promotes inclusion of women and people with disabilities, including in senior positions.	
Indicator	

Indicator 1: Hiring at least 50% female staff Indicator 2: 5% of project staff are people with a disability Indicator 3: 50% of project leadership positions are held by women	
Rating of Indicator	AMBER (needs attention to be met)
Baseline	0
Target, including sex-disaggregation where applicable	1
Annual progress update (Reporting Period)	
During this reporting period, 31 staff members were onboarded, including 13 female (42%) and 18 male (58%). 2 senior-level positions recruited during this period were filled by males (100%).	
Cumulative progress update (Entire period)	
In 2025, of the 48-project staff onboarded to date, 58% are male and 42% are female. At present, none of the staff identify themselves as people with disabilities. Project leadership positions are currently held by 44% female and 56% male.	
Budget	0
Currency	USD
Timeline (Planned completion of activity)	1 February 2029
Responsibility	
The hiring of project staff is carried out by the Country Office HR team, with support from the project team, ensuring inclusivity and that qualified personnel are in place to implement the action.	
Remarks/Notes	
All three indicators are rated AMBER as progress is close to the targets but not yet fully achieved. Recruitment has followed a fair and transparent process, with female candidates prioritized in shortlisting. Moving forward, the project will make a concerted effort to increase the sharing of vacancies with women-focused professional associations and organizations and women-centered job boards and networks. The Project GESI advisor will review job descriptions to ensure they are free of unconscious bias. The project will continue to maintain diverse hiring panels.	
GAP Activity	
GAP Project Operation 2: Project staff capacity - Strengthening the capacity of staff and partners on GESI and inclusive programming and ensuring the effective mainstreaming of GESI principles across all project activities.	
Indicator	
Indicator 1: All staff receive GESI training in Year 1 Indicator 2: Position descriptions for technical staff include their ability to understand and address the needs of women, people with disability, children and youth Indicator 3: GESI Advisor in PMU	
Rating of Indicator	GREEN (on track to be met)
Baseline	0

Target, including sex-disaggregation where applicable	1
Annual progress update (Reporting Period)	
In this reporting period, all project staff already onboarded received induction on SCI key policies including GESI, bringing this to 100%.	
Cumulative progress update (Entire period)	
All project staff who have been onboarded received induction on key SCI policies, including GESI. All technical staff position descriptions reflect inclusive requirements, and this will continue to be reinforced through regular orientation and onboarding processes. The National Impact Manager, who has been on board since Q2 2025, also serves as the GESI Focal Person, providing oversight and technical guidance to ensure GESI is mainstreamed across project activities.	
Budget	0
Currency	USD
Timeline (Planned completion of activity)	31 December 2025
Responsibility	
This activity is led by the National Impact Manager, in close collaboration with senior management team within the project, to ensure effective implementation and oversight.	
Remarks/Notes	
All three indicators are rated GREEN as targets have been met. GESI refresher training will be conducted bi-annually as part of the 2026 staff capacity building plan, ensuring continued mainstreaming of inclusive programming across project activities.	
GAP Activity	
GAP Project Operation 3: Support to Government throughout project - Strengthening the capacity of key government staff on GESI and advocating for the findings and recommendations of the GESI assessment during the first year of implementation.	
Indicator	
Indicator 1: GESI Advisor to train and coach staff on mainstreaming GESI into plans, budgets, and monitoring Indicator 2: Findings of GESI assessment be disseminated to project staff, government, and non-government partners in Year 1 of implementation	
Rating of Indicator	AMBER (needs attention to be met)
Baseline	0
Target, including sex-disaggregation where applicable	1
Annual progress update (Reporting Period)	
Key staff have not yet been oriented in mainstreaming GESI into project plans, budgets, and monitoring. The training on GESI will be conducted in next reporting period. However, the project kickoff meetings in four provinces included	

sessions on GESI, where the GESI assessment findings and key indicators from the Gender Action Plan were presented and advocated to government stakeholders.	
Cumulative progress update (Entire period)	
Key staff have yet to be oriented on mainstreaming GESI into project plans, budgets, and monitoring. Seven project kickoff meetings have been conducted to disseminate the Gender Action Plan to key government stakeholders.	
Budget	0
Currency	USD
Timeline (Planned completion of activity)	30 June 2026
Responsibility	
This activity is led by the National Impact Manager, in close collaboration with senior management team within the project, to ensure effective implementation and oversight.	
Remarks/Notes	
Key staff have not yet been oriented in mainstreaming GESI into project plans, budgets, and monitoring. The training on GESI will be conducted in next reporting period. However, the project kickoff meetings in four provinces included sessions on GESI, where the GESI assessment findings and key indicators from the Gender Action Plan were presented and advocated to government stakeholders.	

GAP Activity	
GAP Project Operation 4: Project communications throughout project - The communication materials and designs are being developed to be inclusive of women, children, youth, people with disabilities, and low-literacy audiences, ensuring that friendly and accessible language is used throughout.	
Indicator	
Project communications represent women, children, youth and people with disability in positive, empowered roles and use appropriate language and deliver in accessible formats	
Rating of Indicator	GREEN (on track to be met)
Baseline	0
Target, including sex-disaggregation where applicable	1
Annual progress update (Reporting Period)	
In this reporting period, communication content, including social media posts, case studies, and success stories, prioritized women and children. This included two social media posts and a success story on the experiences of a mother and child in a health facility, as well as experience-sharing by a female master trainer from DHHP and a district health officer in SCGCR TOT. A case study on home birth experiences was also developed. Additionally, information materials design for the Standard Operating Procedures (SOPs) for dengue fever and diarrhea prevention incorporated visual and non-verbal displays to ensure they are accessible and user-friendly for low-literacy audiences.	
Cumulative progress update (Entire period)	
In 2025, all project communication materials including project kickoff materials, printed roll-ups and posters, case studies, success stories, media content, and technical documents were developed with GESI considerations. All	

materials represented women, children, youth, and people with disabilities in positive roles, aligned with GESI principles, and presented in friendly and accessible formats.	
Budget	0
Currency	USD
Timeline (Planned completion of activity)	31 July 2029
Responsibility	
This activity is led by the Project Communication Advisor, in collaboration with National Impact Manager.	
Remarks/Notes	
The indicator is rated GREEN because project communication materials consistently represent children, women, and people with disabilities. Inclusive and simple language is used, and materials are designed in accessible formats, including visual and low-literacy-friendly elements.	
F.9. Gender Action Plan implementation review	
Is the gender expert for the project/programme engaged to support the implementation of the gender action plan? If engaged previously, please advise if the gender expert has been retained by the project/programme, including plans to engage another expert if a previously engaged expert has left the project/programme.	Yes ☒ No ☐
<i>In this reporting period, the Lead Advisor on Gender Equality & Social Justice has been engaged to support the implementation of the Gender Action Plan by reviewing the Gender and Social Inclusion (GESI) Standard Operating Procedures (SOPs) and providing technical guidance and ensure inclusive practices are integrated into project activities in GESI-focused meetings.</i>	
Has the implementation of gender action plan/s being implemented according to Funding Activity Agreements and GCF's Updated Gender Policy? Please ensure that the budget is included in the reporting above if it was indicated in the approved or updated gender action plan.	Yes ☒ No ☐
<i>Yes, the Gender Action Plan is being implemented in line with the Funding Activity Agreement and GCF's Updated Gender Policy. Activities such as staff capacity-building on GESI, developing inclusive communication materials, and promoting gender balance in participation and leadership are underway as planned.</i>	
Are the planned activities, targets, indicators, timelines, etc. on track during the reporting period?	Yes ☒ No ☐
<i>Overall, the planned activities, targets, indicators, and timelines are on track during this reporting period. The only exception is the capacity-building of staff on GESI, which is included in the 2026 staff capacity-building plan as biannual refresher trainings. An estimated 90% of project staff were hired and received trainings on policy, procedures, PSEAH, gender and other mandatory courses. The project leadership team comprise of 50% women. Overall, 38% of the project staff are female, despite systemic labor market inequities in some of the remote project districts.</i>	
Were there any revisions of the approved GAP during the reporting period? Please submit the updated GAP in Annex section of this APR and ensure that the updated GAP has details on each change.	Yes ☒ No ☐

<i>The indicator for Activity 3.2.4 (Upgrade WASH services within climate-vulnerable health facilities to be climate resilient) was modified from: “# of site assessment officers (50% M 50% F)” to the following indicator to align with GAP indicators for Activities 3.2.2 (Improve HCF infrastructure resilience to EWEs through the refurbishment/upgrading of HCF infrastructure) and 3.2.3 (Upgrade electrical services to be climate resilient and provide cold chain capacity to support the delivery of climate-resilient health services): “% of upgrade design plans where women, youth, and people with disabilities contributed to design”.</i>	
Are the reported results on track to contribute to meeting the sex-disaggregated targets for the direct beneficiaries in the funding proposal, if applicable?	Yes ☒ No ☐
<i>The sex-disaggregated targets for direct beneficiaries are on track. In 2025, 520 participants directly attended project trainings, workshops, consultative meetings including 257 males and 263 females, with female participants representing 51% of the total. This exceeds the 50% target, demonstrating balanced gender participation.</i>	
Has the project/programme experienced any implementation challenges that affect gender-related activities? If yes, please include lessons learnt and how they are informing ongoing actions.	Yes ☒ No ☐
<i>The project has experienced challenges in fully achieving gender-related participation targets. While the project team is aware of the goal to include 50% female participation in activities, this target is sometimes not met. This is partly because invitation letters cannot explicitly require female participants, and some departments have fewer female staff available in roles suitable for the training. To address this, the team proactively coordinates with stakeholders to encourage more female participation where relevant.</i>	
Were there any best practices identified, or case studies prepared on benefits/activities undertaken as agents of action by women and the female heads of households during the reporting period? Please share any case studies in the text boxes or in the Annex section of the APR.	Yes ☒ No ☐
<i>As documented in Annex 2, the communication team prepared and shared two success stories on master trainers from the SCGCR TOT, as well as an interview on the experiences of a mother and child at a health facility on social media. Additionally, a case study was developed highlighting a father's experience with his wife's home birth practice.</i>	
Provide planned activities on gender elements for the next reporting period	
<i>For the next reporting period, the project will implement the Gender and Social Inclusion (GESI) staff capacity-building plan, including biannual refresher training to strengthen staff knowledge and skills on gender equality, disability, and social inclusion. Efforts will continue to encourage higher female participation in project activities, ensuring that gender targets are met and that women meaningfully engage in all activities and decision-making processes. Health facility upgrades, including WASH and electrical improvements in further health facilities, will consider the specific needs of women, children, and people with disabilities. Findings from the project's baseline and formative research were used to ensure that GESI considerations were included in the project's RCCE strategy and Climate and Health Resilience Action Planning Guide – which will be used to support communities to develop and implement climate and health resilience action plans starting in 2026. The GESI assessment findings and the Gender Action Plan will also be revisited routinely with government stakeholders to enhance awareness and cooperation throughout the life of project.</i>	

G. ANNEXES (UPLOADED)
Annex 1: GHG emission reduction calculation methodology (for projects reporting GHG emission reductions) and details on the calculations of the annual and cumulative value.
No annexes provided.
Annex 2: Communication and visibility material
File Name: AN5F49~1.PDF File Name: ANNEX_~2.PDF File Name: ANNEX_~3.PDF File Name: ANB21C~1.PDF File Name: ANNEX_~1.PDF File Name: ANNEX_~4.PDF File Name: ANNEX_~2.DOC
Annex 3: List of grievances received
File Name: ANNEX3~1.XLS
Annex 4: Procurement information
File Name: Annex 4-Procurement Information_Final.xlsx
Annex 5: Updated implementation timetable for the Funded Activity for the following year
File Name: ANNEX5~1.XLS
Annex 6: Updated Gender Assessment and/or Action Plan
File Name: Annex_6 SAP_GCF_LAO_Health_Systems_GESI_Action_Plan.docx
Additional Annexes (if applicable)

No annexes provided.