Mid-term Review (MTR)

Project Title
Building Resilience of Health Systems in Asian LDCs to Climate Change
(GEF ID: 6984; PIMS ID: 5400)

Review Team Members:
Lead Consultant: Dr. Kristie Ebi (University of Washington)
Supporting Consultant: Mr. Christopher Boyer (University of Washington)

August 2021

Executive Summary

Project Title	Building resilience of health systems in Asian LDCs to climate change		
UNDP Project ID (PIMS #):	5400	PIF Approval Date	2 March 2016
GEF Project ID (PMIS #):	6984	CEO Endorsement Date	10 January 2018
ATLAS Business Unit, Award # Proj. ID:	00105394	Project Document (ProDoc) Signature Date (date project began):	22 February 2019
Country(ies)	Bangladesh, Cambodia, Timor Leste, Lao PDR, Myanmar, Nepal	Date project manager hired:	February 2019 (HQ). Regional PMs also in place.
Region	Asia-Pacific	Inception Workshop date:	11-13 June 2019
Focal Area	Climate Change Adaptation	Midterm Review completion date:	10 July 2021 (draft) 13 August 2021 (final)
GEF Focal Area Strategic Objective:	Accelerate Structural Transformation for Sustainable Development	Planned closing date:	22 February 2023
Trust Fund [indicate GEF TF, LDCF, SCCF, NPIF]:	LDCF	If revised, proposed op. closing date:	N/A
Executing Agency/ Implementing Partner:	United Nations Development Programme		
Other execution partners:	World Health Organization Government of Bangladesh (Ministry of Health) Government of Cambodia (Ministry of Health) Government of Lao PDR (Ministry of Health) Government of Nepal (Ministry of Health) Government of Myanmar (Ministry of Health) Government of Timor Leste (Ministry of Health)		

Project Financing	at CEO endorsement (US$)	at Midterm Review (US$)*
[1] GEF financing:	9,000,000	Approx. $2,506,258 (30 June 2021)
[2] UNDP contribution:	0	0
[3] Government:	17,985,200	7,553,784
[4] Other partners:	9,076,400	3,812,088
[5] Total co-financing [2 + 3+ 4]:	27,061,600	11,365,872
PROJECT TOTAL COSTS [1 + 5]	36,061,600	13,872,130

* As of 30 June 2021

Project description

Asian least developed countries (LDCs), namely, Bangladesh, Cambodia, Lao PDR, Myanmar, Nepal, and Timor-Leste, have limited technical capacity of health care systems and personnel to effectively integrate climate-related risks into policy, planning, and regulatory frames, and into interventions to control the burden of climate-sensitive health outcomes. Existing climate early warning systems managed by national meteorological

organizations lack systematic coverage of observational data from regions and areas of the countries with high risks of climate-sensitive health outcomes. Climate information services are not adequately tailored to the needs of public health professionals. And primary health care facilities are ill-equipped to prepare for and respond to extreme weather and climate events, lacking information and cost-effective methods and technologies to provide adequate water and sanitation services during extreme events.

Recognizing these challenges and in consultation with stakeholders, this project was designed to increase the adaptive capacity of national health systems and institutions, and sub-level actors, to respond to and manage long-term climate-sensitive health risks, through the following complementary outcomes:

- Outcome 1: Institutional capacities are strengthened to effectively integrate climate risks and adaptation options in health sector planning and implementation
- Outcome 2: Effective decision-making for health interventions is enabled through generation of information and improved surveillance and/or early warning systems
- Outcome 3: Climate resilience is enhanced in health service delivery
- Outcome 4.1: Enhanced regional cooperation and knowledge exchange for promoting scale-up and replication of interventions
- Outcome 4.2: HNAP are effectively integrated into ongoing NAP processes

Project progress summary
Across all the project objective and outcomes, participating countries have made considerable progress in terms of progression toward results, implementation, adaptive management, and sustainability in the face of significant challenges related to the on-going COVID-19 pandemic.

Objective
There has been good progress on Health components of National Adaptation Plans (HNAPs) with some countries demonstrating best practices.

Outcome 1
National guidelines for climate change and health systems are being developed, with only minor shortcomings related to implementation rate and incorporation of climate / weather considerations, and there is a diversity of guidelines and workshops to support their implementation at national and sub-national levels.

Outcome 2
All countries are progressing on vulnerability and adaptation assessments (V&As), with some having already finalized V&As, some planning to update previous assessments, and others developing methodologies for upcoming V&As. The major barrier is the uncertainty of COVID-19 pandemic and the ability to carry out the fieldwork required for V&As. The effects of COVID-19 restrictions and response is limiting the ability of project teams to complete the objectives of this Outcome within the current timeframe of the project. Additionally, progress has been made on the integration climate and weather into health surveillance and health early warning systems, including establishing strategic partnerships and piloting the predictive tool developed by WHO. All countries are implementing activities to enhance health service delivery in a changing climate, including at healthcare facility and community levels.

Outcome 3
The groundwork has been established for achieving strengthened disease prevention and control programmes, especially for water and vector borne diseases, including preparatory activities such as adaptation of WASH FIT tools for local context and to incorporate climate change considerations, assessing the climate-resilience of healthcare facilities, and roll-out of Climate-Resilient Water Safety Plans, including the improvement of WASH infrastructure in healthcare facilities.

Outcome 4.1
Action on regional coordination and cooperation has been significant despite COVID-19 challenges, including webinars and trainings on climate-informed health surveillance and health early warning systems, climate-resilient and environmentally sustainable healthcare facilities, climate resilient WASH, and accessing GCF funding. Learning across countries could be enhanced with minor adjustments, including establishing practical guidelines (for example to implement aspects of the WHO Operational Framework for Building Climate-Resilient Health Systems) and improved channels of communication across project stakeholders, including country to country and between levels of WHO and with UNDP at country level.

Outcome 4.2
A concept note for conducting economic analyses and TORs has been developed to support HNAP integration into NAP processes, but the plan for implementing this was not clear during consultations. There are efforts to plan for the integration of HNAPs into NAP processes, but concrete next steps have not been presented (in part because HNAPs are still being developed) and coordination between WHO, UNDP, and project countries, including engagement at country levels could be improved for this outcome.

Implementation of all components – management arrangements, finance and co-finance, project-level monitoring and evaluation systems, stakeholder engagement, reporting, and communications – has led to reasonably efficient implementation. Some shortcomings were identified in terms of timeliness of implementation, mostly related to COVID-19 challenges, yet several adaptive management processes underway or already implemented to mitigate these.

In terms of Project Strategy, the continued relevance of the project, including initial problem analysis, objectives, and assumptions, was highlighted throughout consultations with interviewees. In many cases, the project was identified as more relevant now than during the inception phase. This is further reflected through the alignment with national priorities. Climate change remains a major threat to population health and health systems in all the countries, justifying the need for enhanced capacity in Ministries of Health to reduce risks and prevent climate change-related morbidity and mortality, especially related to water-borne and vector-borne diseases.

MTR approach and methodology
The MTR assesses the progress towards the achievement of the project objectives and outcomes of the project *Building Resilience of Health Systems in Asian LDCs to Climate Change* (PIMS#5400) implemented by United Nations Development Programme (UNDP) and the World Health Organization (WHO) as specified in the Project Document.

The MTR took a phased approach to data collection to examine multiple sources of data and information, including reviewing project documents; conducting interviews with a range of stakeholders; compiling data and information; and finalizing and presenting the report. Triangulation of findings will be used to corroborate and check the reliability of evidence by comparing data/information across interviewees, as well as between interviews and project documents.

Findings
The Mid-Term Review reflects the findings on the project strategy, progress towards results, project implementation and adaptative management, and sustainability. The table below provides a summary of achievements across Project measures, as well as the MTR rating.

Measure	MTR Rating	Achievement Description
Project Strategy	N/A	

Progress Towards Results	Objective Achievement Rating: **HS**	Overall, all countries have made considerable progress with HNAPs without major shortcomings. Some countries can be considered as best practice and serve as template for HNAPs in the region and globally.
	Outcome 1 Achievement Rating: **S**	Each country is progressing on the development of national guidelines for climate change and health systems, with only minor shortcomings. There is a diversity of guidelines and associated workshops. Moving forward the link to climate change should be explicitly outlined in these guidelines.
	Outcome 2 Achievement Rating: **S**	Every country is progressing on vulnerability and adaptation assessments, with some having already finalized V&As, some planning to update previous assessments, and others still developing methodologies. The only cause for concern is the uncertainty of COVID-19 and the ability to carry out these assessments, which may affect the comprehensiveness of this Outcome. Additionally, progress has been made on the integration climate and weather into health surveillance and health early warning systems, including establishing strategic partnerships, and the piloting of tools such as EWARS and the DHIS2 app. However, inherent data limitations and other challenges may affect this Outcome in some countries.
	Outcome 3 Achievement Rating: **S**	All countries are making progress on this Outcome and are expected to achieve end-of-project targets with only minor shortcomings. Particularly, related to water and sanitation at healthcare facility levels, countries are adapting survey tools (e.g. WASH-FIT and checklists on climate resilient and environmentally sustainable health care facilities) to assess climate-related impacts, as well as are implementing climate-resilient Water Safety Plans. However, the measurement of direct beneficiaries of enhanced health service delivery will need to be clearly defined for the second half of the project implementation.
	Outcome 4.1 Achievement Rating: **S**	There has been significant action around this Outcome at the regional level, despite COVID-19 challenges, including webinars and trainings climate-informed health surveillance and health EWS, on climate-resilient and environmentally sustainable healthcare facilities, climate resilient WASH, and accessing GCF funding. Learning across countries could be enhanced with minor adjustments, including establishing practical guidelines and improved channels of communication.
	Outcome 4.2 Achievement Rating: **MS**	The progress on this outcome is unclear and UNDP engagement could be improved. There are efforts to plan for the integration of HNAPs into NAP processes, but concrete next steps have not been presented (in part because HNAPs are still being developed). Further, a concept note for conducting economic analyses and TORs has been developed, but the plan for implementing this did not come out during consultations.
Project Implementation	Objective Achievement Rating:	Implementation of all components – management arrangements, finance and co-finance, project-level monitoring and evaluation systems, stakeholder engagement, reporting,

	S	and communications – is leading to reasonably efficient implementation. Some shortcomings were identified in terms of timeliness of implementation, mostly related to COVID-19 challenges, yet several adaptive management processes underway or already implemented to mitigate these.
& Adaptive Management		
Sustainability	Objective Achievement Rating: **ML**	At the midpoint, and as a composite assessment, there are moderate risks regarding the sustainability of some components, but there are expectations that at least some of the outputs and outcomes will be sustained and carry on after project closure. Country ownership has been positive and discussion around scaling up and replicating activities are underway. Some outputs and activities should carry on after closure, however, there needs to be a concerted effort promote sustainability. In particular, sustainability factors regarding maintaining government(s) staff hired and trained by the Project and developing a realistic financial strategy for accessing funding resources for climate change and health are needed.

Recommendations

1. ***No-cost extension***: As expected, COVID-19 profoundly impacted project implementation. Ministries of Health were over-burdened with dealing with the COVID-19 preparedness and response, requiring the full efforts of all health professionals. Either health professionals were re-purposed as members of the COVID-19 response team or were asked to add responsibilities formerly managed by member of the COVID-19 response team. The priority had to be to save lives and initiate vaccination programs in the midst of the pandemic. Further, there were COVID-19 related impacts on field-based activities due to restrictions on movement, face-to-face meetings, and gatherings. Although considerable progress was made in each country, in part by re-aligning activities to the reality of COVID-19, additional time is necessary for countries to complete their outcomes and outputs, to achieve the project goals. 18 months would be appropriate given the ongoing uncertainties in how the COVID-19 pandemic will unfold over the next year. This should be led by WHO ROs and HQ, in close collaboration with country teams.

2. ***Encourage further adaptive management approaches to implementation***. Given uncertainties with how the pandemic will unfold over the next year or so, particularly new variants and rate of vaccination, encouraging flexibility could help countries address unforeseen challenges and mitigate emerging risks, within GEF/LDCF rules and procedures. Proactively identifying emerging risks would reduce their impact on project implementation. Changes in implementation plans should be discussed and agreed between the country and the WHO and UNDP partners. This should be led by WHO ROs and HQ, in close collaboration with country teams. UNDP should provide support as appropriate based on experience with other projects.

3. ***Practical guidance on the WHO Operational Framework*** would be valuable to further health adaptation. While countries are deeply familiar with the Operational Framework, it is not always clear how to apply it in health adaptation projects. Clearer documentation could streamline implementation of health adaptation projects. This should be led by WHO ROs and HQ, in close collaboration with country teams.

4. ***Develop explicit plans for handling the consequences of personnel turnover***. Many countries identified personnel turnover as a particular challenge. This turnover was particularly problematic

because it was more difficult to find suitable replacements during the pandemic. The turnover left gaps in expertise in project teams. Although there will hopefully be lower turnover over the rest of the project lifetime, an explicit plan should be developed for how to manage turnover, including developing training materials on the project for incoming team members, and developing stronger collaborations between countries so that one team could provide mentoring and guidance to another if expertise is lost. This should be led by country teams, with support from WHO ROs and HQ. UNDP should provide support as appropriate based on experience with other projects.

5. *Improve knowledge sharing across countries*. Lack of international in-person meetings required heavy reliance on electronic communications. Communications and knowledge sharing particularly across country teams could have been improved. Countries advocated for more opportunities to interact with other Project teams, to discuss progress and approaches, share training materials, and other peer-to-peer learning. There were requests for somewhere to upload and share documents. Efforts to increase communication via Slack and WhatsApp were unsuccessful; other means for sharing could be explored. This should be led by WHO ROs and HQ, in close collaboration with country teams. UNDP should provide support as appropriate based on experience with other projects.

6. *Consider adjustments to reporting processes*. Countries often mentioned that reporting focused on documenting activities, but the format is not conducive to critically examining and having feedback from WHO and UNDP on understanding and making adjustments to risk management. Further, clarifying the indicators used to measure gender mainstreaming, and where possible using semi-quantitative approaches (e.g., questionnaires / surveys) to capture information related to sex-disaggregated data and information collected during GEF reporting exercises, was also highlighted. This should be led by WHO ROs and HQ, in close collaboration with country teams.

7. **Consider clarification of management arrangements, particularly channels and procedures for grievances**. The Project management arrangements are complex with multiple country, regional, and HQ offices engaged with the Project. Most countries are clear on the management structure but revisiting and clearly identifying the mechanisms in place to report an issue with the Project or other sensitive matters, would be beneficial. This should be led by WHO ROs and HQ, with support from UNDP.

Acronyms

CO	Country Office
CRESHCF	Climate Resilient and Environmentally Sustainable Healthcare Facilities
DOH	Department of Health
DFID	UK Department for International Development
GCF	Green Climate Fund
GDP	Gross Domestic Product
GEF	Global Environment Facility
GIZ	Deutsche Gesellschaft fur Internationale Zusammenarbeit
HNAP	Health-National Adaptation Plan
LDC	Least Developed Country
LDCF	Least Developed Countries Fund
MoH	Ministry of Health
MOU	Memorandum of Understanding
NAP	National Adaptation Plan
NAPA	National Adaptation Programme of Action
NAP-GSP	NAP – Global Support Programme
PAC	Project Appraisal Committee
PIF	Project Identification Form
PIR	GEF Project Implementation Report
PMC	Project Management Cost
PPG	Project Preparation Grant
SDG	Sustainable Development Goal
TOR	Terms of Reference
UNDP	United Nations Development Programme
UNDP-GEF	UNDP - Global Environmental Finance
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

Table of Contents

1. Introduction

Purpose of the MTR
The MTR assesses the progress towards the achievement of the project objectives and outcomes of the project *Building Resilience of Health Systems in Asian LDCs to Climate Change* (PIMS#5400) implemented by United Nations Development Programme (UNDP) and the World Health Organization (WHO) as specified in the Project Document.

Objectives
The MTR:
- Assesses early signs of project success or failure
- Identifies necessary changes to be made in order to set the project on-track to achieve its intended results
- Reviews the project's strategy and its risks to sustainability

Impact of COVID-19
On 11 March 2020, the World Health Organization (WHO) declared COVID-19 a global pandemic as the novel coronavirus rapidly spread to all regions of the world. The health sector and health systems have faced unprecedented challenges while carrying the burden for managing COVID-19 response and recovery. This is particularly pertinent to this project because the Ministries of Health are the key country Government counterparts for the project. All project countries have been significantly affected by the COVID-19 pandemic. Travel to the region, and within project countries, has been restricted since March 2020. As a result, project countries continue to experience impacts on project implementation, including delays in activity implementation due to COVID-19.

COVID-19 MTR limitations
Due to COVID-19 travel restrictions, the MTR approach and methods shifted to remote and virtual. Standard methods, such as site visits, were removed from the process, and virtual strategies, including conducting interviews via telecommunication platforms and utilizing extended desk reviews, were employed. Moreover, due to the COVID-19 impact on Ministries of Health, the MTR must take into consideration the limited availability of key stakeholders due to increased workloads, as well as challenges related to connectivity and accessibility of stakeholders to participate in online/remote interviews. This resulted in longer than normal periods for scheduling interviews, with the possibility of not being able to contact some stakeholders.

2. Approach and Methods
The MTR provides evidence-based data and information that are credible, reliable, and useful. Moreover, the MTR takes a collaborative and participatory approach by ensuring close engagement with the Project Team, government counterparts (the GEF Operational Focal Point), the WHO Country Office(s), UNDP Country Offices, the Nature, Climate, and Energy (NCE) Regional Technical Advisor, PMU, direct beneficiaries (where possible), and other key stakeholders. To this end, stakeholder engagement is a key component of the MTR. A review of relevant documents related to fostering a participatory approach and effective stakeholder engagement were reviewed and applied, where relevant[1,2].

Data collection
The MTR took a phased approach to data collection to examine multiple sources of data and information, including reviewing project documents; conducting interviews with a range of stakeholders; compiling data and information; and finalizing and presenting the report. Triangulation of findings will be used to corroborate and check the reliability of evidence by comparing data/information across interviewees, as well as between interviews and project documents.

---

[1] UNDP Discussion Paper: Innovations in Monitoring & Evaluating Results
[2] UNDP Handbook on Planning, Monitoring and Evaluating for Development Results

Phase 1: Project Document review

A range of project documents were reviewed covering project design, implementation, and monitoring (Table 1). In addition, the MTR team reviewed the baseline GEF focal area Tracking Tool submitted to the GEF at CEO endorsement; and reviewed and completed the midterm GEF focal area Tracking Tool prior to conducting interviews.

Table 1: List of documents reviewed
1. PIF
2. Project Document
3. UNDP Social and Environmental Screening Procedure (SESP)
4. Project Inception Report
5. Year 1 Project Implementation Report (PIR)
6. Quarterly progress reports and work plans of the various implementation task teams
7. Finalized GEF focal area Tracking Tools/Core Indicators at CEO endorsement and midterm
8. Oversight mission reports
9. All project monitoring reports
10. COVID-19 related documents (e.g., revisions and surveys)
11. WHO country/countries programme documents
12. Minutes of the *Building Resilience of Health Systems in Asian LDCs to Climate Change* Board Meetings and other meetings

Phase 2: Stakeholder interviews

Interviews were conducted with a total of 21 key stakeholders from each project country (see Table 2). All interviews were conducted virtually using a telecommunications platform (e.g., Zoom) and lasted between 45-80 minutes. A semi-structured interview guide (see Annex 3) was developed to assist discussions and ensure key information was collected. Interview notes were compiled following each interview. Questions followed the structure of the four categories of project progress (See section 5). Follow-up via email post-interview was used to clarify any information if necessary. All feedback and inputs from interviewees were confidential and the final MTR report does not indicate the specific source of quotations or qualitative data to uphold this confidentiality.

Table 2: List of stakeholders interviewed	
Country/Agency	**Interviewees (number)**
Bangladesh	WHO CO (1)
	UNDP CO (1)
Cambodia	WHO CO (3)
	UNDP CO (1)
	MoH representative (1)
Lao PDR	WHO CO (2)
	UNDP CO (1)
	Other stakeholders (1)
Myanmar	WHO CO (3)
Nepal	WHO CO (1)
Timor Leste	WHO CO (1)
WHO (Regional)	WPRO Project Managers (1)
	SEARO Project Managers (2)
WHO (HQ)	Project Managers (2)
UNDP (Regional)	Project Manager (1)

Interviewee selection process
Specific interviewees were selected in collaboration with the Commissioning Unit, Project Team, and MTR team. During the interview selection process and throughout the MTR, the team used gender-responsive methods and tools to ensure that gender equality and women's empowerment, as well as other cross-cutting issues and SDGs, were incorporated into the MTR report.

In addition, consideration was taken for stakeholder availability, ability, or willingness to be interviewed remotely. This includes issues relate to stakeholder accessibility to the internet/computer due to work-at-home situations. Due to COVID-19 response and recovery commitments, it was difficult to schedule interviews with Ministry of Health representatives, thus only three MoH representatives were available for interviews. These limitations are reflected in the final MTR report.

Phase 3: Compiling data / information to finalize and present report
Upon completion of the document review and virtual interviews, the MTR team compiled all data and information to draft the initial MTR report. This was shared with and presented to the Project Team and Commissioning Unit for feedback and additional inputs. Revisions were made, and follow-up communication utilized, as necessary.

Project Description and Background Context
Development Context
Without substantial adaptation, the health risks from climate change would remain unrecognized, leading to insufficiencies, including by not limited to, limited integration of health into climate change adaptation plans and initiatives, poor coordination across ministries and departments; insufficient data and monitoring of climate-sensitive health outcomes; lack of technical capacity of public health staff; and limited human and financial resources to assess risks and to design, implement, and monitor adaptation policy. Currently, national health systems and climate monitoring systems are not linked. Evidence-based interventions are available for all climate-sensitive health outcomes, although the extent of their implementation varies across countries. These interventions were designed without considering changing weather patterns with climate change, hence human health in Asian LDCs, continues to be at risk from extreme and/or erratic weather events and slow onset changes to the climate.

Problems that the project sought to address: threats and barriers targeted
Mortality and morbidity have fallen rapidly in Asia over the past 25 years, and there has been a marked transition from communicable to non-communicable diseases. The burden of disease from major infectious causes such as respiratory infections and diarrhea has fallen sharply, while that from cancer, cardiovascular and respiratory diseases has increased. Although health indicators still lag behind those of industrialized countries, life expectancy has increased and infant mortality rates have fallen in the region. Consequently, the proportion of the population aged over 65 years is projected to increase to over 25% by 2050.

While significant achievements have been made, this progress is at risk as the health of populations in Asia remains sensitive to climate variability and change and the capacity to prepare for and respond to these challenges is limited. The number of health professionals per capita is still low by global standards and less than 5% of GDP goes to health systems.

The Intergovernmental Panel on Climate Change (IPCC) 5th Assessment Report concluded that, in Asia heat waves will increase morbidity and mortality in vulnerable groups in urban areas; transmission of infectious disease will be affected due to changes in temperature and rainfall and nutritional status will be at risk from crop losses. Further, it noted that population groups most at risk from climate extremes are those living in low-lying coastal zones and flood plains; such areas are home to 50% of Asia's urban population.

This problem is exacerbated in Asian Least Developed Countries (LDCs: Bangladesh, Cambodia, Lao PDR, Myanmar, Nepal, and Timor-Leste), where health systems often struggle to manage existing health risks, and capacity to adapt to additional climate change-related health risks is limited. In these countries, annual average temperatures are projected to rise by 1.0 to 1.6°C by the year 2100 under a low emissions scenario and 3.6-6.0°C under a high emissions scenario. These changes lead to marked increases in heatwaves, and more modest increases in the risk of floods and droughts.

These climatic changes lead to increased health risks, via direct and indirect pathways. Potential direct impacts include deaths and injuries from extreme events (heatwaves, storms and floods). Indirect effects include increased risks of infectious diseases (including water borne, food borne and vector borne infections); food insecurity and malnutrition; and diffuse health impacts from loss of livelihoods, conflicts over resources and migration.

There are a number of barriers to addressing climate-sensitive health risks in the project countries. Barriers identified by participating countries include:
- limited awareness of health risks of climate change;
- insufficient integration of health into climate change adaptation plans and initiatives;
- poor coordination across ministries and departments;
- insufficient data and monitoring of climate-sensitive health outcomes;
- limited technical capacity of public health staff; and
- limited human and financial resources to assess risks and to design, implement, and monitor adaptation.

Asian LDCs have limited technical capacity of health care systems and personnel to effectively integrate climate-related risks into policy, planning, and regulatory frameworks. In part, because climate change is a relatively new concern, and in part, because of the medium to long timeframes of projections and the indirect mechanisms linking climate change to major health outcomes, there is limited awareness across sectors of the health risks posed by climate change. This lack of awareness hinders adequate consideration of climate change impacts on health into national and sub-national adaptation planning.

Similarly, related data on health vulnerability due to climate impacts, that could inform planning, is limited and does not lead to effective early warning based on climate projections and geographic or social vulnerability. Further, early warning systems managed by national meteorological organizations lack systematic coverage of observational data from regions and areas of the countries with high risks of climate-sensitive health outcomes. Climate data is not adequately disseminated or tailored to the needs of public health professionals to enable application to planning and preparedness measures.

The project's target countries face formidable development challenges with limited public resources. As a result, health care facilities are ill-equipped to prepare for, and respond to, climate change, including extreme weather and climate events, lacking information and cost-effective methods and technologies to provide adequate water and sanitation services during extreme events.

Project Description and Strategy
Climate change and its consequences have serious impacts on health, including but not limited to dehydration, increased incidence of water and vector-borne diseases, undernutrition related to reduced crop yields, and physical and psychological effects of extreme events. In vulnerable countries where health systems are not able to plan, prepare for, or respond to these challenges, the impacts can be particularly devastating.

Asian least developed countries (LDCs), particularly, Bangladesh, Cambodia, Lao PDR, Myanmar, Nepal, and Timor-Leste, have limited technical capacity in their health care systems and personnel to effectively integrate climate-related risks into policy, planning, and regulatory frameworks, and into interventions to control the burden of climate-sensitive health outcomes. Existing climate early warning systems managed by national meteorological organizations lack systematic coverage of observational data from regions and areas of the countries with high risks of climate-sensitive health outcomes. Climate information services are not adequately tailored to the needs of public health professionals to effectively manage the health risks of climate change. Further, primary health care facilities are ill-equipped to prepare for and respond to extreme weather and climate events, lacking information and cost-effective methods and technologies to provide adequate water and sanitation services during extreme events.

Recognizing these challenges, the National Adaptation Programmes of Action (NAPAs) of the abovementioned countries prioritize adaptation to the health risks of climate variability and change. In consultation with stakeholders, this project was designed to increase the adaptive capacity of national health systems and institutions, and sub-level actors, to respond to and manage long-term climate-sensitive health risks, through the following complementary outcomes:

- Outcome 1: Institutional capacities are strengthened to effectively integrate climate risks and adaptation options in health sector planning and implementation
- Outcome 2: Effective decision-making for health interventions is enabled through generation of information and improved surveillance and/or early warning systems
- Outcome 3: Climate resilience is enhanced in health service delivery
- Outcome 4.1: Enhanced regional cooperation and knowledge exchange for promoting scale-up and replication of interventions
- Outcome 4.2: HNAP are effectively integrated into ongoing NAP processes

The regional approach of the project will ensure that catalytic partnerships across countries are developed, and the regional-level systematization of lessons and best practices are documented and assessed to develop technical guidelines, manuals, and toolkits, thereby ensuring that these can be replicated and scaled-up across the region.

Project Implementation Arrangements
The project is implemented following UNDP's Direct Implementation Modality (DIM). UNDP is responsible for Outcome 4.2. WHO is assigned as Responsible Partner through UN Agency to UN Agency Contribution Agreement for Outcomes 1 to 4.1. WHO is responsible for managing the project, including the monitoring and evaluation of project interventions, and achieving project outcomes. Other stakeholders and partners include the Project Board, National Technical Advisory Groups, and Ministries of Health in each country.

Project timing and milestones
This project will be implemented from 22 February 2019 to 22 February 2023. Milestones include, 0) Project Monitoring & Project Cycle; 1) Inception Workshop; 2) Annual Project Implementation Review (PIR); 3) Midterm Review; 4) Terminal Evaluation; 5) GEF Tracking Tool/Core Indicator. The total budget is USD9,000,000 with 27,061,600 of co-financing from the six countries and WHO ROs and HQ.

Main stakeholders

Ministry of Health (Vector borne diseases, WASH, and Communicable Disease Departments)
Ministry of Environment
Selected provincial health departments
UNDP
WHO

Communities
Non-governmental and civil society organizations
Research institutions / academia
Other relevant ministries and departments (e.g., agriculture, transportation, urban planning, rural development, water supply,)

3. Findings

This section of the Mid-Term Review reflects the findings on the project strategy, progress towards results, project implementation and adaptative management, and sustainability of the Project. Table 3 provides a summary of achievements across Project measures, as well as the MTR rating (Annex 2).

Table 3: MTR Ratings & Achievement Summary Table + Ratings Scale

Measure	MTR Rating	Achievement Description
Project Strategy	N/A	
Progress Towards Results	Objective Achievement Rating: **HS**	Overall, all countries have made considerable progress with HNAPs without major shortcomings. Some countries can be considered as best practice and serve as template for HNAPs in the region and globally.
	Outcome 1 Achievement Rating: **S**	Each country is progressing on the development of national guidelines for climate change and health systems, with only minor shortcomings. There is a diversity of guidelines and associated workshops. Moving forward the link to climate change should be explicitly outlined in these guidelines.
	Outcome 2 Achievement Rating: **S**	Every country is progressing on vulnerability and adaptation assessments, with some having already finalized V&As, some planning to update previous assessments, and others still developing methodologies. The only cause for concern is the uncertainty of COVID-19 and the ability to carry out these assessments, which may affect the comprehensiveness of this Outcome. Additionally, progress has been made on the integration climate and weather into health surveillance and health early warning systems, including establishing strategic partnerships, and the piloting of tools such as EWARS and the DHIS2 app. However, inherent data limitations and other challenges may affect this Outcome in some countries.
	Outcome 3 Achievement Rating: **S**	All countries are making progress on this Outcome and are expected to achieve end-of-project targets with only minor shortcomings. Particularly, related to water and sanitation at healthcare facility levels, countries are adapting survey tools (WASH-FIT) to assess climate-related impacts, as well as are implementing climate-resilient Water Safety Plans. However, the measurement of direct beneficiaries of enhanced health service delivery will need to be clearly defined for the second half of the project implementation.
	Outcome 4.1 Achievement Rating: **S**	There has been significant action around this Outcome at the regional level, despite COVID-19 challenges, including webinars and trainings climate-informed health surveillance and health EWS, on climate-resilient and environmentally sustainable healthcare facilities, climate resilient WASH, and accessing GCF

		funding. Learning across countries could be enhanced with minor adjustments, including establishing practical guidelines and improved channels of communication.
	Outcome 4.2 Achievement Rating: **MS**	The progress on this outcome is unclear and UNDP engagement could be improved. There are efforts to plan for the integration of HNAPs into NAP processes, but concrete next steps have not been presented (in part because HNAPs are still being developed). Further, a concept note for conducting economic analyses and TORs has been developed, but the plan for implementing this did not come out during consultations.
Project Implementation & Adaptive Management	Objective Achievement Rating: **S**	Implementation of all components – management arrangements, finance and co-finance, project-level monitoring and evaluation systems, stakeholder engagement, reporting, and communications – is leading to reasonably efficient implementation. Some shortcomings were identified in terms of effectiveness, mostly related to COVID-19 challenges, yet several adaptive management processes underway or already implemented to mitigate these.
Sustainability	Objective Achievement Rating: **ML**	At the midpoint, and as a composite assessment, there are moderate risks regarding the sustainability of some components, but there are expectations that at least some of the outputs and outcomes will be sustained and carry on after project closure. Country ownership has been positive and discussion around scaling up and replicating activities are underway. Some outputs and activities should carry on after closure, however, there needs to be a concerted effort promote sustainability. In particular, sustainability factors regarding maintaining government(s) staff hired and trained by the Project and developing a realistic financial strategy for accessing funding resources for climate change and health are needed.

3.1 Project Strategy

The findings of the project strategy were related to the extent that the strategy was relevant to the national priorities of the project countries. The findings also address the importance placed on the Project by the implementing agencies and associated stakeholders and the expectations and completeness of the Project Document.

Project design

The project was designed to increase the adaptive capacity of national health systems and institutions, and of sub-level actors, to respond to and manage long-term climate-sensitive health risks, through complementary outcomes, focused on strengthening institutional capacities, enhancing decision-making through integrated climate-sensitive disease surveillance / health information and early warning systems, and building climate-resilience into health service delivery at sub-national, health facility, and community levels. Moreover, regional focused outcomes lead by WHO and UNDP, respectively, were designed to enhance cooperation and knowledge exchange between project countries to facilitate scale up and replication of interventions and to facilitate the effective integration of the health component of the National Adaptation Plan (HNAP) into National Adaptation Planning processes.

Overall, across the six project countries, the continued relevance of the project, including initial problem analysis, objectives, and assumptions, was highlighted throughout consultations with interviewees. In many cases, the project was identified as more relevant now than during the inception phase. This is further reflected through the alignment with national priorities. Climate change remains a major threat to population health and health systems in all the countries, justifying the need for enhanced capacity in Ministries of Health to reduce risks and prevent climate change-related morbidity and mortality, especially related to waterborne and vector borne diseases. Moreover, the emergence of COVID-19 pandemic has brought with it a focus on health system resilience, specifically the capacity (or lack thereof) to manage emerging public health risks. Climate change, in combination with COVID-19, has the potential to disrupt and overwhelm health systems, including healthcare facilities and healthcare staff. This is especially important in settings that may already have weak health systems, including absent leadership, lack of resources, and / or limited capacity.

The emergence and national prioritization of additional climate change-related health risks that are not explicitly covered in the Project design were also noted, including efforts to reduce the carbon footprint the health sector, as well as the focus on air pollution/air quality. As new guidance is developed (e.g., WHOs Climate Resilient and Environmentally Sustainable Healthcare Facilities), there are opportunities to incorporate these priorities into Project implementation. Additionally, the Project should aim to maintain alignment with national priorities as new policies and plans are developed and endorsed.

Gender mainstreaming

Most countries have been successful in integrating gender mainstreaming approaches into project activities, including inclusion of women's groups at community levels and female leadership for project implementation, as well as incorporating relevant policies (e.g., WHO's Gender Policy). Gender mainstreaming remains a priority for countries and further efforts are needed identify and support opportunities to improve gender equality and equity through Project implementation. For example, some countries are working to conduct studies / analyses outside of the project focused on gender and climate change (e.g., impact of heat stress on occupational health) that could inform project activities. Moreover, at the project level there are plans to use available sex disaggregated data on climate-sensitive diseases to conduct more in-depth analyses in some countries. Additionally, given the importance of gender considerations and climate change and health, the Project may benefit from the development of a project-specific Gender Action Plan to further clarify the monitoring of gender mainstreaming for countries, as well as share initial findings from the gender analyses.

Results framework / log frame

Review of the project results framework and log frame found the objective and outcome indicators to be adequate to measure mid-term and end-of-project targets, including meeting requirements for specific, measurable, achievable, relevant, and time-bound (SMART) indicators. The project has done well to manage challenges and delays related to results framework indicators, as well as identify the role the project played in accomplishing these targets.

Potential wider benefits were discussed, however many interviewees expressed that it was too early in the process to identify concrete broader improvements related to Project activities and these have not necessarily been captured in the results framework at this current stage. Anecdotally, several examples were provided of the potential of these wider benefits, including expanded staff capacity and community engagement, such as the use of new survey instruments (e.g., KoBo Toolbox) and the use of questionnaires in providing knowledge to community members. There has also been increased awareness of climate change and health issues among healthcare professionals leading to inclusion in Health Sector Plans and MoH leadership support for scaling up pilot activities (e.g., climate-resilient healthcare facilities).

3.2 Progress Toward Results

The results of the Project include four outcomes and corresponding outputs. The following sections provide a summary of successes and achievements, as well as challenges and barriers to implementation, and any additional regional or national level changes that have affected the progress toward Project results.

Successes / Achievements

The following sections provide summaries of highlighted successes and achievements across all Project countries for each of the Project Outcomes. See also (Annex 1) which reports the mid-term level assessment within the progress toward results matrix.

Objective: Increase the adaptive capacity of national health systems and institutions, and sub-national level actors, to respond to and manage long-term climate-sensitive health risks in six Asian LDCs.		
Indicator	Midterm level and assessment	Achievement rating
National H-NAP for long term planning and capacity development is created and budgeted. (AMAT 3.2 Indicator 12) (Output 2.1 – UNDP Strategic Plan)		HS

All Project countries made progress in developing or updating health components of National Adaptation Plans (HNAP), with some transitioning to implementation of actions identified under the HNAP. Summaries for each Project country are provided below:

Country	Progress on HNAP
Bangladesh	The HNAP has been finalized in Bangladesh and preparation for an update is underway. To facilitate this, a workshop was conducted on 'Climate-Resilient Comprehensive Health Adaptation Plan' near the end of 2019.
Cambodia	The HNAP, entitled National Climate Change Action Plan for Public Health (2020-2024) has officially been endorsed and signed by the MoH Secretary of State in September 2020. The current HNAP is now being implemented with relevant partners/stakeholders, as detailed in the HNAP document.

Lao PDR	Lao PDR has drafted its HNAP and the endorsement and finalization process is underway.
Myanmar	A series of workshops for the development of health specific component of national adaptation plan for climate change was held in December 2019 leading to the drafting of the HNAP in 2020 with finalization planned for 2021.
Nepal	Nepal has an approved HNAP and is working closely with the Ministry of Forests and Environment to ensure integration of the HNAP into the NAP. This included participating in consultative meetings to include public health as a dedicated sector and supported the formation of a Technical Working Group with appropriate representation from relevant agencies, including WASH. HNAP implementation is on-going.
Timor Leste	Timor-Leste has a final HNAP which is undergoing endorsement/approval process at national level. Finalization is planned for 2021.

Outcome 1: Institutional capacities are strengthened to effectively integrate climate risks and adaptation options in health sector planning and implementation		
Indicator	**Midterm level and assessment**	**Achievement rating**
Development of National Standards or guidelines for climate change and health systems.		S

Countries took a variety of approaches to strengthen institutional capacities, including signing MOUs with key sectors (particularly hydrometeorological services and other key stakeholders) to facilitate collaboration and gain access to data. Countries are developing and distributing training materials and guidelines to increase awareness at national and subnational levels, including materials for use in educational institutions from high schools through university and to build ownership of climate change and health amongst policymakers. For example, the project is increasing understanding of how changing weather patterns affect the incidence of dengue fever, and the health impacts of increasing storms, floods, and drought. Discussions about cost-benefit analyses are also starting to be used to describe co-benefits and build awareness among discussion-makers in some situations (e.g., Lao PDR) of which expanded health co-benefit studies could help support.

Progress is being made on updating SOPs and guidelines, particularly for water safety plans and for dengue surveillance, to incorporate the risks of climate change. At a regional level, consultations with all six project countries were conducted and a scope of work for global and regional SOPs developed. The SOPs will provide guidance on strengthening surveillance of climate-sensitive diseases by the integration of climate/weather information. The SOPs are intended for use by MoH for integrating climate/weather data into health surveillance systems and for using the data to forecast/predict public health outbreaks and prepare for a rapid and coordinated response. A consultant has been engaged to draft the SOPs and once finalized trainings/workshops will be conducted to assist countries with implementation.

Outcome 2: Effective decision-making for health interventions is enabled through generation of information and improved surveillance and/or early warning systems		
Indicator	**Midterm level and assessment**	**Achievement rating**
Vulnerability and adaptation assessments (V+A) conducted for current and future health risks. (AMAT 2.1 Indicator 6)		S
Integrated disease surveillance system for climate sensitive disease is strengthened.		S

The mid-term target for this outcome, including both indicators, is on track across all Project countries with substantial progress on conducting climate change and health vulnerability and adaptation assessments and strengthening integrated disease surveillance systems (see table below for country-specific details). Timor-Leste has conducted and disseminated the first health V&A and Lao PDR has a comprehensive health V&A for which significant additional analyses were conducted under this project. Additionally, Bangladesh and Nepal are expected to complete a V&A update and Myanmar is on track to conduct a health V&A by project end. Cambodia has a current V&A (2019) and it is expected that the data from the V&A will be used to conduct further analyses.

A wide range of activities were undertaken for Outcome 2, focusing on integrating climate and weather into health surveillance and early warning systems. Stakeholder mapping is being used to identify critical partners within the Ministries of Health to improve surveillance of climate-sensitive health outcomes. Capacity is being built for sentinel surveillance through training of healthcare workers, including appropriate use of dengue rapid test kits in rural communities. Tools, such as EWARs and DHIS2 dashboards, are also being piloted in several project countries with technical support from WHO HQ and ROs. While much of the groundwork has been completed to support the strengthening of integrated surveillance systems, the on-going threat of COVID-19 has been highlighted as a risk for implementation and finalization of information products, particularly related to conducting field visits and availability of healthcare staff to focus on these activities. That said, the progress made at the time of the mid-term review indicates that it is likely that the project will meet the end targets for this indicator despite the identified challenges.

Country	Progress on CC&H V&As	Progress on integrated surveillance
Bangladesh	The data collection and other field activities of the V&A assessment update have been completed. Gender disaggregated data has been collected. Data collation, compilation and analysis are in progress.	Established a data sharing mechanism with the Bangladesh Meteorological Department (BMD) for obtaining weather data. The EWARS dashboard tool is being piloted in Bangladesh by IEDCR team using real cholera data from a district. Ongoing training continues to improve knowledge on the risk model and to resolve various software issues to ensure that the model runs smoothly and can provide information on outbreak alarm.
Cambodia	An updated National and Provincial Vulnerability and Adaptation Assessments report was launched in March 2019, which is sex disaggregated.	The five new Dengue Sentinel Sites which were selected during year 1 and year 2 are in progress. Another 6 cross-border provinces will be selected as new Dengue Sentinel Sites in 2021 namely: Kampong Thom, Kampong Chhnang, Kartie, Tboung Khmum, Svay Rieng and Ratanakiri. Climate change and health outcome data has been integrated into DHIS2.

		Additionally, gender disaggregated health outcome data is available for regular updates and monitoring to see climate change, health, and gender links. CDC/MoH implemented a new surveillance system CAMEWARN. for diarrhea, a climate sensitive disease.
Lao PDR	In 2019, WHO collected additional data on water-related diseases, vector-borne diseases, impacts on WASH, mental health, malnutrition, injury and disability and sudden increase of health services use during the flood season in 2018-19 to supplement a V&A conducted in 2018.	With WHO HQ support, WCO pioneered work in piloting the integration of climate data from the Meteorological Department within the Health Management Information System to link climate data with climate sensitive diseases. This will be further expanded to serve as an early warning system with the integration of climate prediction data. Climate and climate sensitive disease data integrated with district health information system (DHIS2) for regular monitoring. Health vulnerability data (WBD, VBD) updated through DHIS2.
Myanmar	Integrated assessment of ambient air quality, climate change and related disease patterns was conducted in Yangon Industrial Zone and a water scarcity and health impact study, which includes climate considerations, was conducted in 6 townships. Detailed plan to conduct V&A has been discussed and WHO has developed V&A methodology. The V&A was planned to be conducted by Occupational and Environmental Health Division of MoHS in three regions -dry, hilly, and coastal regions reflecting three different geographical areas of Myanmar. Questionnaires are being developed.	Data sharing between the Ministry of Health and the Meteorology and Hydrology Department is conducted through regular official communication mechanisms. Mapped relevant health and climate/weather surveillance activities and stakeholders. The EWARS tool to predict the outbreak of vector borne diseases (Dengue) is being piloted in three townships (Sittwe, Bago and Mawlamyine) with the technical support of WHO Headquarters. Integrated EWARS dashboard is under test run and the country is trying to consider other risk factors e.g., population density, internal and external migration etc.
Nepal	A concept note for V&A of selected climate-sensitive diseases has been developed. The concept note includes an update of the 2015 V&A data, reporting on additional climate sensitive diseases, and sex disaggregated data.	Mapped relevant health and climate/weather surveillance activities and stakeholders for the country. Conducted a review of the existing disease surveillance system from a climate change perspective. Four sentinel sites in three different ecological regions have been selected for the implementation of a climate-informed health surveillance and early warning system and the activity has been initiated.
Timor-Leste	A V&A has been completed, translated into Tetum and disseminated. A proposal has been developed for an	Dengue data was integrated into the Health Emergency Operation Centre's website to detect and promptly respond to outbreaks of

	additional V&A for five climate sensitive diseases and the proposal has been developed.	dengue. Dengue prevention and control program was supported as part of the Wet Season Preparedness Plan and Response. WHO continued supporting Ministry of Health to conduct climate-sensitive disease control/vector for enhanced active dengue surveillance in response to dengue outbreaks in seven high risk municipalities. Introduced EWARs Pilot VBDs prediction in Municipality level

Outcome 3: Climate resilience is enhanced in health service delivery		
Indicator	**Midterm level and assessment**	**Achievement rating**
Disease control and prevention programmes are strengthened to account of the effects of climate variability and change.		S
Number of direct beneficiaries from enhanced health service delivery. (AMAT 1.1 Indicator 1: number of direct beneficiaries)		S

Pilot projects worked to enhance health service delivery, often focusing on WASH and climate-resilient water safety plans (CR-WSPs). Some countries started centrally, then turning the focus to rural communities; others took the opposite approach. Climate change was mainstreamed into WASH-FIT surveys at provincial levels and into climate-resilient WSPs. Assessments were conducted of WASH in provincial healthcare facilities and infrastructure was beginning to be improved in provincial health departments, including for better managing extreme weather and climate events, such as flash floods. Training and institutional capacity building focused on addressing the needs of the communities, particularly supporting women and women's groups. Systematic evaluation of project successes will lead to identifying best practices for increasing resilience, and to scaling up the project activities in other provinces. Initial efforts are underway at pilot sites to develop climate resilient and environmentally sustainable health care facilities. And websites are under development on climate change and health.

Although, the mid-term target for the direct beneficiaries from enhanced health service delivery was zero, through discussions with MTR participants it was assessed that the completed activities to date coupled with plans moving forward are adequate and will likely result in the accomplishment of the end target for this indicator.

Additional achievements related to strengthening disease prevention and control programmes by accounting the effects of climate variability and change include:

Country	Progress on inclusion of climate variability and change into climate-sensitive disease control and prevention programmes
Bangladesh	Water Aid Bangladesh was awarded a contract to pilot 'Climate resilient health care facilities through WASH and IPC' in 8 healthcare facilities.
Cambodia	Behavior change research conducted in March 2020 to inform campaign on building climate-resilient communities. Assessments were conducted in April 2020 of Health Centers in three districts, focused on enhancing the sustainability and climate resiliency of

	health care infrastructure and service delivery. Community WASH assessments were conducted with the aim to evaluate the climate risks and hazards of water usage within 75 villages located in 15 communes of 3 districts in Ratanakiri. From the finding of the behavior change research and as part of the behavior change communication (BCC) program, almost 10,000 BCC information, education and communication (BCCIEC) material products have been printed in Khmer language. These include leaflets on dengue and diarrheal diseases, posters on the importance of boiling drinking water, on food hygiene and on mosquito elimination.
Lao PDR	CR WSP developed, and implementation started in 2 provinces and 8 district level – water suppliers. Activities include procurement and provision of water quality testing equipment and chlorine tab for water treatment during emergency at health facility level. CR-WASH FIT has been implemented in 9 district hospitals and one provincial hospital. In connection with the COVID-19, Safe, Clean and CRESHCF initiative has been expanded in other provinces and districts in climate-vulnerable areas
Myanmar	Dengue Hemorrhagic Fever IEC materials completed in 5 townships to be used in community and schools are developed. The National Strategic Plan for Malaria Elimination (2021-2025) and Dengue Action Plan 2020-2021 includes a dedicated section on climate change and malaria and incorporates climate parameters
Nepal	Technical support provided for the development and implementation of CR-WSP in ten water supply projects. The work on "Development of climate resilience and environmental sustainability of health care facilities in three different ecological regions" has been started and a training manual on climate change and VBDs has been prepared.
Timor Leste	Strengthened dengue prevention and control program with community mobilization, training of health workers, procurement of supplies, and advocacy work particularly in flood-prone areas. Dengue awareness campaign completed for schools in Ermera municipality. Situational assessment conducted for CRESHCF (1 National Hospital, 1 Referral Hospital and 1 Community Health Centre). The Dengue Prevention and Control Strategy and National Malaria Strategy includes climate/weather considerations.

Outcome 4.1: Enhanced regional cooperation and knowledge exchange for promoting scale-up and replication of interventions		
Indicator	Midterm level and assessment	Achievement rating
Three regional trainings/meetings organized (Percentage of government stakeholders participated in national review meeting on CC&H).		S

The mid-term target for this outcome has been achieved despite the restrictions on travel and face-to-face gatherings imposed by COVID-19. WHO regional offices and headquarters have continued to provide technical guidance and assistance to country offices including informal and ad-hoc support. There were many online trainings, webinars, and technical discussions organized during the first half of the Project, along with publications of guidance. Webinars/online trainings included (see Annex 4 for a full list of trainings and webinars):
- Global trainings on specific model to predict vector-borne diseases and cholera (i.e., EWARS) and monthly technical meetings with each country;
- Trainings on Climate and health risk mapping
- Trainings on DHIS2 dashboard App for the integration of climate/weather in DHIS2
- Trainings and webinars on Climate Resilient and Environmentally Sustainable Health Care Facilities (CRESHCFs)
- Participation in the NAP-GSP forum to share experiences in developing HNAPs and conducting V&As as part of this project;
- Regional GCF readiness trainings (SEARO)

Outcome 4.2: HNAP are effectively integrated into ongoing NAP processes		
Indicator	Midterm level and assessment	Achievement rating
HNAP informed by economic analyses to support integration into the NAP.		MS

Multiple activities are planned over the coming months to integrate the HNAPs into ongoing UNFCCC processes, ensuring the information and data provided are useful to decision-makers and easily used. Moreover, a concept note and associated TOR for conducting economic analyses has been developed. Progress on this Outcome, particularly the economic analyses, was paused when the COVID-19 pandemic emerged to reduce burden on Project countries, hence the current achievement rating, however through discussions with MTR participants, it has been assessed that the project will be able to accomplish the end-target for this indicator with only minor shortcomings.

Challenges / Barriers
COVID-19 pandemic
As stated, the COVID-19 pandemic has affected every Project country and added enormous pressure on the health system and Ministry of Health, of which the Project implementation falls under. The situation in all the countries is ever evolving and, in some instances, worsening, adding layers of continued uncertainty related to the implementation of this Project. Several challenges have been identified related to COVID-19 that has, and will continue to, affect progress toward results. Prolonged and sudden lockdowns and travel restrictions are major barriers to engaging at provincial and community levels and limit the ability of Project staff to provide technical support, conduct trainings and field visits, and organize meetings due to issues with internet connectivity, as well as the inability to bring in international consultants and WHO regional and HQ staff. In addition, a focus on COVID-19 response and recovery has resulted in MoH staff limitations, of which were

already scarce within the area of climate change, as personnel are reassigned to focus on the pandemic. Even at the regional coordination level, WHO was advised early in the pandemic to withhold excess communication with MoH to free capacity to focus on response efforts. Unsurprisingly, this has resulted in significant delays in implementing activities (especially those requiring field work) and achieving desired progress. COVID-19 also severely impacted regional cooperation. There has not been an opportunity for the countries to physically meet and sharing of information has been slow. As a consequence, countries are independently working through issues with implementation and addressing barriers without the benefit of learning best practices from other countries, thereby decreasing efficiency and effectiveness. All countries required more collaborative mechanisms.

Nevertheless, it should be noted that project implementation persevered even during COVID-19 albeit in an adapted approach. In some instances, the interruption of in-person activities has led to innovation and building capacity in other areas. For example, countries were forced to focus more on desk reviews, developing methodologies, and strengthening planning processes to ensure that once countries open the Project will be able to commence implementation immediately. In addition, although COVID-19 presents unprecedented challenges, countries tried to use the situation as an opportunity to strengthen provincial level implementation (e.g., shifting more responsibility to provincial leaders), as well as efforts to engage local consultants from other ministries (e.g., from the water sector), which are not directly involved with COVID-19 response and recovery.

Other challenges and barriers
Aside from COVID-19, other barriers, and challenges to achieving desired progress on Project activities were identified. Perhaps most significant has been high rates of staff turnover, mostly related to key project staff in government retiring, at the country level, as well as some individuals in new roles at regional and country level within WHO and UNDP. It was noted that information and retainment of institutional memory between changes has not gone as well as possible due to this turnover. This is combined with the low technical capacity related to climate change and health in-country (which the project is addressing), and difficulties finding and brining up to speed qualified personnel. Short-term consultants can help backstop activities; however, they often take information with them. In addition, much of the responsibility for project implementation is under the WHO country office, which is also under-staffed in some countries and burdened by other streams of work with the current COVID-19 pandemic. A simple structure for documenting Project details and progress could help support more effective transitions when turnover occurs. Moreover, some countries, such as Myanmar are experiencing additional challenges related to political situations (see section on regional / national changes below).

Data limitations, including lack of validated health and meteorological data and information, especially at sub-national levels is still a persistent challenge, although the Project is specifically trying to address this issue. An additional mechanism to share data/information, as well as forum to share data in the health information system have been offered as potential improvements. Although coordination has improved through the implementation of the Project, challenges still arise in engaging with other ministries and sectors with the tendency to remain in silos, especially if those stakeholders are not directly receiving project funds. Lastly, limited awareness among government leadership and staff on climate change and health is a barrier to effective implementation. Climate change is still new for many health staff, particularly at provincial levels, although the project has been actively working to address this limitation.

Regional / National changes that affect project implementation
There are few regional or national level changes that have affected the project implementation, aside from those mentioned in the previous sections. That said, Myanmar has been affected by political unrest, security threats related to on-going armed conflict, and a civil disobedience movement that has impacts healthcare service delivery (not just related to the Project), particularly at the township and provincial level. This, along

with COVID-19 has forced activities to be conducted virtually mostly related to preliminary discussions and stalled in-person activities including assessments and training at sub-national levels.

3.3 Project Implementation and Adaptive Management

Measure	MTR Rating
Project Implementation & Adaptive Management	Objective Achievement Rating: **S**

Although the Project's objectives and outcomes are clear and practical, there were concerns raised on the feasibility of completion within the given timeframe. Most countries have expressed that given the delays in the start of the project combined with the COVID-19 pandemic, completion of the project activities on the current timetable will be a significant challenge. Implementation is still on-going and progressing as much as possible, and there is an overarching optimism that once countries get through the pandemic the project can resume implementation quickly.

The countries demonstrated flexibility in managing changing situations and unforeseen challenges and barriers. COVID-19 could not have been anticipated, presenting countries with multiple, significant challenges over more than a year that affected project implementation. Further, unexpected political situations arose with consequences for project implementation.

Outside of these macro challenges, project implementation demonstrated flexibility. For example, this was done for activities under Outcome 3, which focused on preparedness for disease outbreaks, such as through improving WASH. Building from these examples, there are areas where efforts could be made to further accommodate unforeseen changes and emerging national priorities during the rest of the Project lifetime.

An issue repeatedly raised was that many countries focused on how climate change could affect the burden of WASH and VBD, but these are not the only climate-sensitive health risks. Several countries are now experiencing negative health impacts from heat stress and air pollution; and are seeing climate change-related impacts on mental health. With some funding flexibility because of lower travel costs, countries believe they have an opportunity to expand the numbers of climate-sensitive health outcomes included in V&A, as well as activities related to strengthening integrated disease surveillance and early warning systems.

Growing concern about the health impacts of air pollution, and of the contributions of emissions of greenhouse gases to air pollution-associated premature mortality was also highlighted. Some countries are incorporating air pollution into their activity plans (e.g., Myanmar), including in HNAP (e.g., Bangladesh and Nepal), and integrating into DHIS2 (Lao PDR). To this end the Project could benefit from some additional focus on air pollution, where relevant for activities to link EWARS and/or surveillance with air quality monitoring systems.

Another possible beneficial area for project implementation is to incorporate aspects of the WHO guidance for climate-resilient and environmentally sustainable healthcare facilities. Many health care facilities in the participating countries are particularly vulnerable to flooding, storm surge, and sea level rise. This project is an opportunity to build the resilience of healthcare facilities during implementation of project activities, of which is already underway in countries (e.g., Nepal).

As discussed elsewhere, increasing the opportunities for collaborations across countries and regions would facilitate sharing of everything from training materials to best practices, providing insights into which approaches to implementation, including overcoming barriers, where more effective in what settings. One example is that many countries independently are developing or have developed training materials on climate change and health; being able to easily share those materials with other countries would increase efficiency in

developing the materials and effectiveness of the materials themselves. All countries expressed a desire to have more collaborative mechanisms, firmly believing it would positively affect project implementation. These comments came from both WHO CO and MoH Project staff.

Management arrangements
The Project employs Project Steering Committees/Technical Working Groups (with TORs) to facilitate management and implementation of activities. In most cases, these are specific to the Project and are not necessarily integrated or overseeing climate change and health activities across the government / country. It is recommended that these groups, where possible be integrated into governmental coordination mechanisms and serve as the basis for an institutional group. Generally, the established management arrangements are well understood and supported. However, given the complexity of management arrangements, countries could benefit from the review and discussion of mechanisms for reporting Project-related grievances to ensure processes are clear and well-understood. In country, coordination between WHO and the Ministry of Health is well-established. Some limitations have been noted between country office and regional levels (both for WHO and UNDP), which has been made more difficult with the COVID-19 pandemic. There is support via emails and teleconference, but without opportunities to visit countries sustaining this engagement is a challenge. For some countries engagement with UNDP has been limited due in part to changes in staff, lack of clarity on management roles, and COVID-19 restrictions. Further, UNDP country office in participating countries involvement with project implementation has been limited, namely due to aforementioned staff turnover and COVID-19 challenges. UNDP country offices are aware of the project and receive updates periodically, however it was difficult to assess value-added. Improvements related to UNDP country office involvement, especially UNDP sharing experiences coordinating across sectors and with different non-health stakeholders, would benefit the project. It was recommended measures to further sustain engagement and coordination between UNDP, WHO, and countries be explored using these Project Steering Committees, especially as HNAP are being finalized to identify tangible next steps to link with NAP processes. This may require revisiting the TORs for these committees and sharing with UNDP CO to ensure roles are clear.

Finance and co-finance
Overall, the Project has underspent the budget mostly due to challenges with COVID-19 (see budget vs. expenditure table below). A proposed 18-month extension was submitted to UNDP, but not considered by UNDP nor submitted to the GEF. Due to Covid-19, the project has shifted the implementation approach, which includes reductions in travel (due to lockdowns and travel restrictions) and re-focusing on equipment, specifically related to Information and Communication Technology (ICT). Other finance-related challenges that were highlighted include a perceived imbalance between budget for project staff, including WHO CO staff, and consultants given the current challenges related to engaging technical staff. While this is not uniform across all countries, it was mentioned during interviews by some countries that more funds were allocated for local consultants when compared with the budget available for WHO CO staff that are responsible for managing the implementation of the Project.

	Budget amount (USD) (total for 4 years)	Expenditure (USD) (as 30 June 2021)	Budget spent (%) (as of 30 June 2021)
Outcome 1	1,907,403	690,301	36%
Outcome 2	2,032,893	425,911	21%
Outcome 3	3,039,704	817,894	27%
Outcome 4.1	1,200,000	496,116	41%
Outcome 4.2	400,000	51,504	13%
PMC	420,000	24,532	6%
Project Total	**9,000,000**	**2,506,258**	**28%**

Sources of Co-financing	Name of Co-financer	Type of Co-financing	Amount Confirmed at CEO endorsement (US$)	Actual Amount Contributed at stage of Midterm Review (US$)	Actual % of Expected Amount
Recipient country government	Bangladesh National Government	In-kind	5,300,000	2,226,000	42%
Recipient country government	Cambodia National Government	Grant	2,500,000	1,050,000	42%
Recipient country government	Lao PDR National Government	In-kind	2,385,000	1,001,784	42%
Recipient country government	Myanmar National Government	In-kind	3,000,000	1,260,000	42%
Recipient country government	Nepal National Government	In-kind	3,300,000	1,386,000	42%
Recipient country government	Timor-Leste	In-kind	1,500,000	630,000	42%
Other	Bangladesh WHO Country Office	In-kind	700,000	294,000	42%
Other	Lao PDR WHO Country Office	In-kind	1,036,400	435,288	42%
Other	Nepal WHO Country Office	In-kind	700,000	294,000	42%
Other	Timor-Leste WHO Country Office	In-kind	240,000	100,800	42%
Other	WHO Regional Offices	In-kind	6,400,000	2,688,000	42%
		TOTAL	27,061,000	11,365,872	42%

No additional funds have been leveraged for this project. Some GCF proposals have been developed along with other donor proposals e.g., KOICA (see also the Sustainability section). All of the co-financing is in-kind/grants and most of the co-financing refers to additional projects or national programmes which have been effectively implemented as planned as per the co-financing letters. Countries have regularly met with MoH (the main co-financer for in-kind contributions) to discuss and implement workplans.

Reporting
Overall, the reporting process and channels are clear and does not negatively affect project implementation. For managerial purposes, WHO country offices provide quarterly technical reports where are then aggregated at the regional and HQ levels. All WHO country offices have access to the aggregated information and reporting from all countries and can review what progress is being made or approaches are being taken.

Additionally, within countries reporting is sufficient and, in some cases, has made use of informal communications due to COVID-19 limitations (e.g., more phone calls, emails, and texts), however it was also recognized that in-country (e.g., between Project team and MoH) reporting channels could be more formalized, and could be linked more closely to established systems (e.g., health information systems). For example, a reoccurring meeting with MoH to discuss outcomes of quarterly reports, rather than sporadic SMS or email communication.

UNDP appears to have limited engagement at country level related to reporting, they may review and at times provide some inputs, but this is more on an ad hoc basis. Importantly, it was noted that the current reporting system and template is not helpful to facilitate learning across all the countries, including the sharing of best practices. There is an expectation that this will come out more prominently with the further implementation of Outcome 4.1, but it is also recommended that there is discussion with WHO country offices and government counterparts about the usefulness of the reporting system and explore opportunities to enhance learning opportunities.

Monitoring and evaluation
The process for monitoring and evaluation (M&E) of the project overall has been clear and straightforward based on consultations. However, some potential issues and improvements were noted. In particular, monitoring the progress of gender mainstreaming was flagged as unclear and/or insufficient to measure the extent of which this is being incorporated into the Project given the restrictions of the GEF reporting system. To this end, the Project team is actively working to expand efforts to explore gender and climate change at the Project and country-level, including plans to conduct a gender analysis using sex-disaggregated data of climate-sensitive diseases collected as part of the V&A in some countries. It was also recommended to expand and clarify the indicators used to measure gender mainstreaming, and where possible using semi-quantitative approaches. Also, generally, risk management of the Project was highlighted as difficult for countries to understand and make necessary adjustment in the current reporting system. Lastly, it was noted that it can be difficult to align activities with the defined indicators for M&E reporting at the project level, especially when the link to climate change is not clearly defined.

Stakeholder engagement
Stakeholder engagement and country ownership has been a strength of the Project, due in part to the design and proposal development phases. Further, the project's systems approach has been conducive to building institutional capacity, particularly activities under Outcome 1. This is noted in the establishment and/or strengthening of coordination mechanisms focused on climate change and health, as well as awareness raising within and outside the health sector to support the prioritization of climate and health risks in programmes, policies, and plans. Interviewees highlighted the importance of the stakeholder consultation meetings held during the development of the Project proposal for laying a strong foundation for continued coordination with relevant governmental sectors during Project implementation. Areas of improvement include expanded coordination with non-governmental organizations (NGOs) and civil society organizations (CSOs), especially to support implementation of activities at community levels. For example, Myanmar has high numbers of NGOs working in the country that could be engaged to through the project. Although there is no barrier to engage CSOs to work on project activities, divisions of project funds between MoH and WHO at the project development stage limits the utilization of these engagement. Lastly, effective stakeholder ownership of the activities needs to be monitored closely over the remainder of the project to build on those successes, for example ensuring the scale up of activities is strategic, incremental, and is country driven.

Communication and knowledge management
Communication between different levels of WHO and Project countries has been sufficient as evident by the progress on global and regional trainings and webinars organized as part of the project (see Annex 4 for full list from January 2020 – April 2021). For communication with the public related to the Project, efforts could be

improved. For example, website for climate change and health within MoH/PMD has been developed in Cambodia and is now live. The domain name is www.climatechangemoh.gov.kh. PMD will receive continued support for the next 4 years on the website hosting and content production. However, at present the development of content to populate the website has been limited. The plan is for government counterparts as well as GEF staff to collect stories, news, articles, and results of implemented activities related to climate change to update information. Nepal has also developed a website as part of this project (http://climate.mohp.gov.np/). Other countries have utilized social media and news outlets to share information on the project, however, a clear communication plan could aid the effectiveness of these efforts.

Consultations highlighted the need to identify and/or improve current mechanisms to promote knowledge sharing across Project countries. There have been efforts to do this including utilization of communication platforms (e.g., WhatsApp, Slack) but engagement has remained limited, partly due to difficulties related to virtual communication mechanisms and the lack of face-to-face meetings because of COVID-19. Identifying other mechanisms for interactions, aside from technical discussions and webinars, is recommended, to help facilitate effective interactions among Project countries, as well as with the broader community of practice. For example, coordinating countries around specific events (such as NAP events) to present lessons learned and best practices is an option that has the potential to increase engagement. This occurred with the NAP-GSP forum where several countries participated and ROs facilitated some sessions. Further coordination with UNDP is also needed to facilitate integration of HNAPs into NAP processes and to incorporate lessons into NDC planning.

3.4 Sustainability

Measure	MTR Rating
Sustainability	Objective Achievement Rating: ML

Overall, the Project has been designed well for sustainability. Although there are some moderate risks, including an uncertain funding landscape, the MTR identified significant country level buy-in and increasing prioritization of climate change and health risks, and therefore concludes that outcomes will be sustained.

Financial risks to sustainability
There have been discussions at country-level to tap into funding sources related to priority climate-sensitive diseases (e.g., malaria), which have more opportunities to access funding, to incorporate climate change into vector borne disease programmes. Some areas of work, such as climate resilient healthcare facilities will require more investment, whereas some activities will be integrated into national budgets and routine operations (e.g., mainstreaming climate change into health programmes such as vector-borne disease prevention), thus requiring less outside funding. Moreover, most countries are leveraging this Project to develop proposals for future climate and health funding to further expand and maintain Project activities. Notably, utilizing WHO as a delivery partner, countries are applying for Green Climate Fund (GCF) Readiness funds focused on building climate-resilient health systems. Bangladesh and Nepal have also strong synergies between this project and a DFID-funded project. However, it will be important for the sustainability of the project to also explore alternative funding options outside of the GCF. Accessing vertical funds is increasingly difficult, therefore diversifying financial resources, will be beneficial. Engagement with UNDP CO can support exploration of other programming opportunities and incorporating HNAPs into NAP processes can open the door for additional funding streams.

Socio-economic risks to sustainability
Stakeholder engagement and project awareness have been adequate for the project, including strong country buy-in and ownership of project activities, at both national and sub-national levels. To date, the project has focused on strengthening institutional awareness, however, through consultations, participants have

highlighted the potential for engaging the public and increasing awareness of project outcomes and activities, especially through improved web social media presence. In addition, the capturing of lessons learned was identified by the project teams as a key aspect of the project and it has been recommended that improved knowledge sharing across project countries be a priority for the second half of the project implementation. This will help to limit any socio-economic risks to sustainability.

Institutional Framework and Governance risks to sustainability
The overall development of a HNAP is closely tied to national priorities and will be integrated into government planning processes to be updated and refined after the Project has been completed. The same is true for the integrated surveillance and early warning system as inherently these efforts are designed to be integrated into existing systems. If climate-informed early warning systems for climate-sensitive diseases is achieved this will be embedded and be led by ministries of health support some level of sustainability. Other countries have noted that provincial governors have been proactive in supporting Project activities, including setting up provincial TWGs for climate and health, which helps to build additional country ownership and sustainability. The MTR did not identify any major risks related to legal frameworks, policies, or governance structures and processes that may jeopardize the sustainability of project outcomes.

Environmental risks to sustainability
No environmental risks were identified that may jeopardize sustenance of project outcomes.

Scale up and replication of Project activities
Several countries are proactively working on approaches to continue project activities and expand to other areas with the hope of limited gaps once the Project is completed. However, fully defined and supported next steps are needed to support the scale up and expansion of Project activities. The ProDoc does not outline a clear plan for scaling up pilot interventions or accessing additional funding (e.g., climate finance options). One recommendation emerged from consultations was to include scale up plans as an outcome for the Project. Additionally, institutional memory needs to remain, including the strengthening of governmental reporting mechanisms to ensure policies and plans are in place even after the project ends. As mentioned, countries are exploring ways to scale up the Project and there is a push from governments to expand results, however this will require additional resources and new / strengthened partnerships, such as with NGOs and academic institutes.

3.6 Additional comments
There were some additional recommendations that emerged from consultations that do not fit into the MTR categories. This includes the exploration of the institutional readiness to implement, such as the existence of other climate and health projects (such as the ADB project in Lao PDR and Cambodia and the DFID project in Nepal and Bangladesh) and whether this has helped facilitate the implementation of this project. Although, having established climate change and health activities already in country has been mentioned as helpful, there is no clear evidence that this has led to significant advantages or disadvantages across countries. The engagement with CSOs and NGOs was also highlighted as a design limitation of the Project. Specifically, the way the project is designed facilitates that funding can only go through the government, which helps to build institutional capacity, however there are some situations where implementation could be improved by utilizing CSOs or NGOs. Although, countries are able to transfer funds to any other actor the national team feels necessary, there seems to be confusion with one country on the whether this is allowable, therefore this should be reiterated to country project teams, including WHO CO. Lastly, there were recommendations for more practical guidance to support activities at the community and healthcare facility level. It was noted that currently at the policy and institutional level the Project is quite clear – but at the facility level things are less clear. Best practices and practical guidelines are needed at the healthcare facility level.

4. Conclusion

Across all the project objective and outcomes, participating countries have made considerable progress in terms of progression toward results, implementation, adaptive management, and sustainability in the face of significant challenges related to the on-going COVID-19 pandemic.

Objective

There has been good progress on Health components of National Adaptation Plans (HNAPs) with some countries demonstrating best practices.

Outcome 1

National guidelines for climate change and health systems are being developed, with only minor shortcomings related to implementation rate and incorporation of climate / weather considerations, and there is a diversity of guidelines and workshops to support their implementation at national and sub-national levels.

Outcome 2

All countries are progressing on vulnerability and adaptation assessments (V&As), with some having already finalized V&As, some planning to update previous assessments, and others developing methodologies for upcoming V&As. The major barrier is the uncertainty of COVID-19 pandemic and the ability to carry out the fieldwork required for V&As. The effects of COVID-19 restrictions and response is limiting the ability of project teams to complete of the objectives of this Outcome within the current timeframe of the project, namely affecting the timeliness by which the V&As are finalized. Additionally, progress has been made on the integration climate and weather into health surveillance and health early warning systems, including establishing strategic partnerships and piloting the predictive tool developed by WHO. All countries are implementing activities to enhance health service delivery in a changing climate, including at healthcare facility and community levels.

Outcome 3

The groundwork has been established for achieving strengthened disease prevention and control programmes, especially for water and vector borne diseases, including preparatory activities such as adaptation of WASH FIT tools for local context and to incorporate climate change considerations, assessing the climate-resilience of healthcare facilities, and roll-out of Climate-Resilient Water Safety Plans, including the improvement of WASH infrastructure in healthcare facilities.

Outcome 4.1

Action on regional coordination and cooperation has been significant despite COVID-19 challenges, including webinars and trainings on climate-informed health surveillance and health early warning systems, climate-resilient and environmentally sustainable healthcare facilities, climate resilient WASH, and accessing GCF funding. Learning across countries could be enhanced with minor adjustments, including establishing practical guidelines (for example to implement aspects of the WHO Operational Framework for Building Climate-Resilient Health Systems) and improved channels of communication across project stakeholders, including country to country and between levels of WHO and with UNDP at country level.

Outcome 4.2

A concept note for conducting economic analyses and TORs has been developed to support HNAP integration into NAP processes, but the plan for implementing this was not clear during consultations. There are efforts to plan for the integration of HNAPs into NAP processes, but concrete next steps have not been presented (in part because HNAPs are still being developed) and coordination between WHO, UNDP, and project countries, including engagement at country levels could be improved for this outcome.

Implementation of all components – management arrangements, finance and co-finance, project-level monitoring and evaluation systems, stakeholder engagement, reporting, and communications – has led to reasonably efficient implementation. Some shortcomings were identified in terms of timeliness of implementation, mostly related to COVID-19 challenges, yet several adaptive management processes underway or already implemented to mitigate these.

In terms of Project Strategy, the continued relevance of the project, including initial problem analysis, objectives, and assumptions, was highlighted throughout consultations with interviewees. In many cases, the project was identified as more relevant now than during the inception phase. This is further reflected through the alignment with national priorities. Climate change remains a major threat to population health and health systems in all the countries, justifying the need for enhanced capacity in Ministries of Health to reduce risks and prevent climate change-related morbidity and mortality, especially related to water-borne and vector-borne diseases.

5. Recommendations

1. ***No-cost extension***: As expected, COVID-19 profoundly impacted project implementation. Ministries of Health were over-burdened with dealing with the COVID-19 preparedness and response, requiring the full efforts of all health professionals. Either health professionals were re-purposed as members of the COVID-19 response team or were asked to add responsibilities formerly managed by member of the COVID-19 response team. The priority had to be to save lives and initiate vaccination programs in the midst of the pandemic. Further, there were COVID-19 related impacts on field-based activities due to restrictions on movement, face-to-face meetings, and gatherings. Although considerable progress was made in each country, in part by re-aligning activities to the reality of COVID-19, additional time is necessary for countries to complete their outcomes and outputs, to achieve the project goals. 18 months would be appropriate given the ongoing uncertainties in how the COVID-19 pandemic will unfold over the next year. This should be led by WHO ROs and HQ, in close collaboration with country teams.

2. ***Encourage further adaptive management approaches to implementation***. Given uncertainties with how the pandemic will unfold over the next year or so, particularly new variants and rate of vaccination, encouraging flexibility could help countries address unforeseen challenges and mitigate emerging risks, within GEF/LDCF rules and procedures. Proactively identifying emerging risks would reduce their impact on project implementation. Changes in implementation plans should be discussed and agreed between the country and the WHO and UNDP partners. This should be led by WHO ROs and HQ, in close collaboration with country teams. UNDP should provide support as appropriate based on experience with other projects.

3. ***Practical guidance on the WHO Operational Framework*** would be valuable to further health adaptation. While countries are deeply familiar with the Operational Framework, it is not always clear how to apply it in health adaptation projects. Clearer documentation could streamline implementation of health adaptation projects. This should be led by WHO ROs and HQ, in close collaboration with country teams.

4. ***Develop explicit plans for handling the consequences of personnel turnover***. Many countries identified personnel turnover as a particular challenge. This turnover was particularly problematic because it was more difficult to find suitable replacements during the pandemic. The turnover left gaps in expertise in project teams. Although there will hopefully be lower turnover over the rest of the project lifetime, an explicit plan should be developed for how to manage turnover, including

developing training materials on the project for incoming team members, and developing stronger collaborations between countries so that one team could provide mentoring and guidance to another if expertise is lost. This should be led by country teams, with support from WHO ROs and HQ. UNDP should provide support as appropriate based on experience with other projects.

5. *Improve knowledge sharing across countries*. Lack of international in-person meetings required heavy reliance on electronic communications. Communications and knowledge sharing particularly across country teams could have been improved. Countries advocated for more opportunities to interact with other Project teams, to discuss progress and approaches, share training materials, and other peer-to-peer learning. There were requests for somewhere to upload and share documents. Efforts to increase communication via Slack and WhatsApp were unsuccessful; other means for sharing could be explored. This should be led by WHO ROs and HQ, in close collaboration with country teams. UNDP should provide support as appropriate based on experience with other projects.

6. *Consider adjustments to reporting processes*. Countries often mentioned that reporting focused on documenting activities, but the format is not conducive to critically examining and having feedback from WHO and UNDP on understanding and making adjustments to risk management. Further, clarifying the indicators used to measure gender mainstreaming, and where possible using semi-quantitative approaches (e.g., questionnaires / surveys) to capture information related to sex-disaggregated data and information collected during GEF reporting exercises, was also highlighted. This should be led by WHO ROs and HQ, in close collaboration with country teams.

7. **Consider clarification of management arrangements, particularly channels and procedures for grievances**. The Project management arrangements are complex with multiple country, regional, and HQ offices engaged with the Project. Most countries are clear on the management structure but revisiting and clearly identifying the mechanisms in place to report an issue with the Project or other sensitive matters, would be beneficial. This should be led by WHO ROs and HQ, with support from UNDP.

Annexes

Annex 1: Progress Towards Results Matrix

Indicator[3]	Baseline Level[4]	Level in 1st PIR (self-reported)	Midterm Target[5]	End-of-project Target	Midterm Level & Assessment[6]	Achievement Rating[7]	Justification for Rating
Objective: Increase the adaptive capacity of national health systems and institutions, and sub-national level actors, to respond to and manage long-term climate-sensitive health risks in six Asian LDCs.							
Indicator 1: National H-NAP for long term planning and capacity development is created and budgeted. (AMAT 3.2 Indicator 12) (Output 2.1 – UNDP Strategic Plan)	H-NAP has not been developed and/or implemented. (Note: Cambodia and Nepal have approved H-NAP – funding and implementation planning has not yet been incorporated. Bangladesh has DFID HNAP development project – early stages).	The mid-term target for this indicator is on track to be completed before mid-term. Bangladesh, Cambodia and Timor-Leste have final HNAPs and Bangladesh is preparing for an update, Lao PDR has an advanced draft that is expected to be finalized in 2020. Myanmar has begun the procurement process for a HNAP consultant, and an advanced draft is expected by the end of 2021. Nepal has a final, endorsed HNAP and is in the process of ensuring health is integrated in the NAP.	Draft H-NAP has been developed (Bangladesh, Lao PDR, Myanmar, and Timor-Leste).	H-NAP is finalized/updated in 6 countries as the long-term plan for health adaptation to climate change and MOH is part of TWG with mandate to address cross-cutting climate change adaptation.		HS	All countries have made significant progress on this indicator, with some countries finalizing their HNAP ahead of schedule.

---

[3] Populate with data from the Log frame and scorecards
[4] Populate with data from the Project Document
[5] If available
[6] Colour code this column only
[7] Use the 6-point Progress Towards Results Rating Scale: HS, S, MS, MU, U, HU

Outcome 1: Institutional Capacities are strengthened to effectively integrate climate risks and adaptation options in health sector planning and implementation.							
Indicator 2: Development of National Standards or guidelines for climate change and health systems.	National standards, guidelines and SOPs are not available relating CC and Health.	A range of SOPs and guidelines related to climate change and health have been developed at a country level. At a regional level, consultations with all six project countries were conducted and a scope of work for global and regional SOPs developed. The SOPs will provide guidance on strengthening surveillance of climate-sensitive diseases by the integration of climate/weather information.	Draft standards or guidelines are developed and disseminated for review.	Final standards and guidelines are developed.		S	All countries have made progress and are actively working to develop and finalize SOPs and national guidelines for climate-sensitive diseases.
Outcome 2: Effective decision making for health interventions is enabled through generation of information and improved surveillance and/or early warning systems							

Indicator 3: Vulnerability and adaptation assessments (V+A) conducted for current and future health risks. (AMAT 2.1 Indicator 6)	V&A has not been completed, or existing V&A is outdated or not comprehensive.	The mid-term target for this indicator is on track: Timor-Leste has conducted and disseminated the first health V&A and Lao PDR has a comprehensive health V&A for which significant additional data was provided under this project. Additionally, Bangladesh and Nepal are expected to complete a V&A update by mid-term. Myanmar is on track to conduct a health V&A by project end. Cambodia has a current V&A (2019) conducted as part of an ADB-funded project; it is expected that the data from the V&A will be used to conduct further analyses.	Gender-disaggregated health vulnerability and adaptation assessments conducted or updated in 2 countries.	Gender-disaggregated health vulnerability and adaptation assessments completed or updated in 6 countries.		S	There has been significant progress on preparing, finalizing methodologies, and beginning the processes for conducting V&As.

Indicator	Baseline	Progress	Mid-term Target	End Target		Rating	Comments
Indicator 4: Integrated disease surveillance system for climate sensitive disease is strengthened.	Disease surveillance system does not consider climate/weather data.	Objective is on track. Strategic partnerships between key ministries for climate-sensitive disease surveillance and climate/weather information have been established or are in progress in all countries. Workshops / trainings have been conducted focused on surveillance of climate-sensitive diseases.	Integrated disease surveillance system considers climate/weather data.	Tailored products to inform decision making based on surveillance system which incorporates climate/weather data (6 countries).		S	Initial steps have been taken across countries to integrate disease surveillance systems for climate-sensitive diseases considering climate and weather data, including signing of MOU with key ministries, and conducting training of the health workforce. Some pilot analyses have been conducted

Outcome 3: Climate resilience is enhanced in health service delivery

Indicator	Baseline	Progress	Mid-term Target	End Target		Rating	Comments
Indicator 5: Disease control and prevention programmes are strengthened to account of the effects of climate variability and change.	Specific programmes and plans of climate-sensitive diseases don't include climate/weather considerations.	All countries have conducted preparatory activities for including climate/weather considerations in disease control and prevention programs.	Disease control and prevention plans and programmes strengthened in two countries by including climate/weather considerations in the areas of intervention.	Disease control and prevention programmes strengthened in 6 countries		S	The groundwork has been established for achieving this indicator, including preparatory activities such as adaptation of WASH FIT tools, assessing Healthcare facilities, identifying pilot provinces and communities, and roll-out of climate-resilient Water Safety Plans

Indicator 6: Number of direct beneficiaries from enhanced health service delivery. (AMAT 1.1 Indicator 1: number of direct beneficiaries)	Health service responds to vulnerability to climate change and health.	The Midterm target for this indicator is 0, hence this did not need to be reported on in the first PIR.	0	100,000		S	All countries are actively working on activities to enhance health service delivery in a changing climate, including at healthcare facility and community levels.
Outcome 4.1: Enhanced regional cooperation and knowledge exchange for promoting scale-up and replication of interventions							
Indicator 7: Three regional trainings/meetings organized (Percentage of government stakeholders participated in national review meeting on CC&H).	No regional exchange of experiences on climate change and health.	The annual project board meeting was conducted online in March 2020, with participation of representatives from all six countries, WHO country offices, regional offices and headquarters, and UNDP.	One Regional training/ meeting on climate change and health organized by WHO.	3 Regional Meetings on climate change and health (building on National experiences) for International South-South collaboration focused on CCH. Reports on Improvements and Challenges will be generated and shared within the meeting.		S	The importance of this indicator was highlighted throughout the consultation processes and several virtual webinars and knowledge sharing events have been conducted thus far. With minor adjustments this objective is on-track.
Outcome 4.2 HNAP are effectively integrated into ongoing NAP processes							

Indicator 8: HNAP informed by economic analyses to support integration into the NAP.	Economic analyses on climate change and health not available.	A concept note on different methodologies for economic analysis has been prepared, and presented for feedback, and establishing synergies between the outcomes of the project. A guideline for institutional context analysis for each of the countries is in the process of being prepared, as well as identification of stakeholders, by July 2021.	2 countries receive support to develop climate change and health economic analyses.	6 countries receive support to develop climate change and health economic analyses.		MS	In consultation meetings with UNDP representatives there was no mention of this indicator and/or progress made on this indicator in terms of the economic analyses. There was mention of efforts to link HNAP to NAP processes, but lacked tangible next steps.

Green= Achieved	Yellow= On target to be achieved	Red= Not on target to be achieved

Annex 2: Ratings Scale

Ratings for Progress Towards Results: (one rating for each outcome and for the objective)		
6	Highly Satisfactory (HS)	The objective/outcome is expected to achieve or exceed all its end-of-project targets, without major shortcomings. The progress towards the objective/outcome can be presented as "good practice".
5	Satisfactory (S)	The objective/outcome is expected to achieve most of its end-of-project targets, with only minor shortcomings.
4	Moderately Satisfactory (MS)	The objective/outcome is expected to achieve most of its end-of-project targets but with significant shortcomings.
3	Moderately Unsatisfactory (HU)	The objective/outcome is expected to achieve its end-of-project targets with major shortcomings.
2	Unsatisfactory (U)	The objective/outcome is expected not to achieve most of its end-of-project targets.
1	Highly Unsatisfactory (HU)	The objective/outcome has failed to achieve its midterm targets, and is not expected to achieve any of its end-of-project targets.
Ratings for Project Implementation & Adaptive Management: (one overall rating)		
6	Highly Satisfactory (HS)	Implementation of all seven components – management arrangements, work planning, finance and co-finance, project-level monitoring and evaluation systems, stakeholder

		engagement, reporting, and communications – is leading to efficient and effective project implementation and adaptive management. The project can be presented as "good practice".
5	Satisfactory (S)	Implementation of most of the seven components is leading to efficient and effective project implementation and adaptive management except for only few that are subject to remedial action.
4	Moderately Satisfactory (MS)	Implementation of some of the seven components is leading to efficient and effective project implementation and adaptive management, with some components requiring remedial action.
3	Moderately Unsatisfactory (MU)	Implementation of some of the seven components is not leading to efficient and effective project implementation and adaptive, with most components requiring remedial action.
2	Unsatisfactory (U)	Implementation of most of the seven components is not leading to efficient and effective project implementation and adaptive management.
1	Highly Unsatisfactory (HU)	Implementation of none of the seven components is leading to efficient and effective project implementation and adaptive management.
Ratings for Sustainability: (one overall rating)		
4	Likely (L)	Negligible risks to sustainability, with key outcomes on track to be achieved by the project's closure and expected to continue into the foreseeable future
3	Moderately Likely (ML)	Moderate risks, but expectations that at least some outcomes will be sustained due to the progress towards results on outcomes at the Midterm Review
2	Moderately Unlikely (MU)	Significant risk that key outcomes will not carry on after project closure, although some outputs and activities should carry on
1	Unlikely (U)	Severe risks that project outcomes as well as key outputs will not be sustained

GEF – MTR Interview Guide

1. Introduction

      1.0.1: Please describe your position and your engagement with climate change issues

      1.0.2: Please describe your role in the GEF project "Building Resilience of Health Systems in Asian LDCs to Climate Change"

2. Project Strategy

2.1: Project Design

As you know, the project was designed to increase the adaptive capacity of national health systems and institutions, and of sub-level actors, to respond to and manage long-term climate-sensitive health risks, through these complementary outcomes:

- **Outcome 1:** Institutional capacities are strengthened to effectively integrate climate risks and adaptation options in health sector planning and implementation
- **Outcome 2:** Effective decision-making for health interventions is enabled through generation of information and improved surveillance and/or early warning systems
- **Outcome 3:** Climate resilience is enhanced in health service delivery
- **Outcome 4.1:** Enhanced regional cooperation and knowledge exchange for promoting scale-up and replication of interventions
- **Outcome 4.2:** HNAPs are effectively integrated into ongoing NAP processes

2.1.1: Do you think the original problem analysis, project objective, and assumptions identified in the ProDoc are still relevant and comprehensive? (answer for each individually)
- Do you think the project is aligned with national sector priorities? Have priorities / plans changes since the project was initiated?

2.1.2: Which groups were consulted during the project design? Do you think all the relevant people and groups were consulted?

2.1.3: Are the gender issues raised in the Project Document still relevant (e.g., the impact of the project on gender equality in the programme country, involvement of women's groups, engaging women in project activities)?

2.1.4: Have there been any national or regional changes that could affect the project design? (other than the COVID-19 pandemic)

2.2: Results Framework / Log Frame

2.2.1: Are the project's objectives and outcomes or components clear, practical, and feasible within its time frame? How could they be improved?

2.2.2: Do you think there are any wider benefits of the project activities so far? (for example., income generation, gender equality and women's empowerment, improved governance etc)?

3. Progress toward results
3.0.1: How has COVID-19 affected project implementation and progress towards targets?

3.0.2: Are there other barriers affecting the project's ability to achieve its intended results; if so, please describe.
- To what extent have the expected outcomes and objectives of the project been achieved thus far? Please describe.

3.0.3: What are the main successes and achievements of the project? How can the project further expand these benefits?

4. Project implementation and adaptive management
4.0.1: Has project implementation been efficiently, cost effectively, and able to adapt to any changing conditions? Please describe.

4.0.2: To what extent are project-level monitoring and evaluation systems, reporting, and project communications supporting the project's implementation? Please describe.

4.1: Management arrangements
4.1.1: Has project management been effective? Have changes have been made to project management? If so, have they been effective?
- Are responsibilities and reporting lines clear? How could these be improved?
- What is the gender balance of project staff? What steps have been taken to ensure gender balance?

4.1.2: Is decision-making transparent and undertaken in a timely manner? How could decision-making be improved?
- Outcome 1
- Outcome 2
- Outcome 3
- Outcome 4.1
- Outcome 4.2

4.2: Work planning
4.2.1: Has implementation been timely and are work planning processes results-based? How could implementation be improved?
- Is the project's results framework used as a management tool? Is that an effective approach? How could the framework be improved?

4.3: Finance and co-finance
4.3.1: Are project activities being implemented in a cost- effective manner?
- Does the project have the appropriate financial controls, including reporting and planning, that allow management to make informed decisions regarding the budget and allow for timely flow of funds?

4.3.2: How is co-financing being used strategically to help the objectives of the project?

4.4: Project-level Monitoring and Evaluation Systems
4.4.1: Is the monitoring system appropriate, effective and participatory? How could it be improved?
- Are sufficient financial resources allocated to M&E? Are these used effectively or are additional tools and resources required?

4.5 Stakeholder engagement

4.5.1: Has the project developed and leveraged the necessary and appropriate partnerships with direct & tangential stakeholders? Please describe.

4.5.2: Do local and national government stakeholders support the objectives of the project and do they continue to have an active role in project decision-making that supports efficient and effective project implementation? Please describe.
- To what extent have stakeholder involvement and public awareness contributed to the progress towards achievement of project objectives?
- How does the project engage women and girls? Is the project likely to have the same positive and/or negative effects on women and men, girls and boys?

4.6: Social and Environmental Standards (Safeguards)
4.6.1: What do you think are the project's main risks with respect to social and environmental safeguards?

4.7: Reporting
4.7.1: Is project reporting sufficient, appropriate, and adding value to project delivery? How could reporting be improved?
- In your opinion how well does the Project Team and partners undertake and fulfil GEF reporting requirements?
- What, if any, lessons were learned about project management for an adaptation project?

4.8: Communication & Knowledge Management
4.8.1: Is there effective communication with internal and external stakeholder groups?
- Does communication with stakeholders contribute to their awareness of project outcomes and activities? How could communication be improved?
- How is project progress and impact communicated to the public (e.g., a web presence)? How could this be improved?

5. Sustainability
5.0.1: What, if any, are the social, political, financial, institutional, socio-economic, and/or environmental risks to sustaining long-term project results? Please describe.

5.0.2: Do you the level of stakeholder ownership will be sufficient to sustain project outcomes/benefits?
- Could the results be scaled up or replicated?
- Do environmental or legal risks jeopardize the project outcomes? If so, what are they are how can they be mitigated?

5.0.3: Does the project have a satisfactory risk assessment and management system? Are there ways it could be improved?

6.0: Anything else you would like to discuss or suggest?

Annex 4: List of trainings and webinars (Jan. 2020-Apr.2021)

Country level	Date	Number of Participants
Bangladesh		
EWARS (Global)	July 2020	5
EWARS (Aug TC)	August 2020	8
EWARS (Sept TC)	September 2020	10
EWARS (Oct TC)	October 2020	7
DHIS Dashboard App Demo	October 2020	4
Risk Mapping Training (EWARS)	November 2020	6
Bi-regional water safety audit training	November 2020	2
Risk Mapping Training II (January 2021)	January 2021	5
EWARS (February 2021)	February 2021	5
EWARS (March 2021)	March 2021	5
Nepal		
Training of Trainers on Environmental Health, Climate Change, Health Care Waste Management (HCWM) and WASH in HCFs	January 2020	40
EDCD Field mission training	February 2020	47
Accessing and Integrating Climate Information for Climate Resilient Water Safety Planning	February 2020	38
NHTC CCH workshops	March 2020	20
EWARS (Aug TC)	August 2020	6
EWARS (Sept TC)	September 2020	1
EWARS (Oct TC)	October 2020	1
DHIS Dashboard App Demo	October 2020	6
Risk Mapping Training (EWARS)	November 2020	1
Bi-regional water safety audit training	November 2020	2
Risk Mapping Training II (EWARS)	January 2021	2
EWARS: regional risk mapping training	February 2021	5

EWARS introductory & piloting discussion	February 2021	11
EWARS: Country Risk Mapping Training	February 2021	2
Training on Climate Change and Health Impacts at provincial level	13-15 March 2021	22
EWARS: Country Risk Mapping Training	March 2021	4
EWARS: Country Risk Mapping Training	June 2021	4
Myanmar		
EWARS (Aug TC)	August 2020	8
EWARS (Sept TC)	September 2020	17
EWARS (Oct TC)	October 2020	8
DHIS Dashboard App Demo	October 2020	**7**
Bi-regional water safety audit training	October/November 2020	**5**
Risk Mapping Training (EWARS)	November 2020	14
Risk Mapping Training II (EWARS)	January 2021	17
EWARS: regional risk mapping training	February 2021	5
EWARS: Country Risk Mapping Training	March 2021	4
Timor Leste		
EWARS (Aug TC)	August 2020	2
EWARS (Sept TC)	September 2020	20+
EWARS (Oct TC)	October 2020	11
DHIS Dashboard App Demo	October 2020	2
GCF Readiness Training/meeting	October 2020	2
Bi-regional water safety audit training	November 2020	10
Training on dengue prevention and control	October 2020	205
Training of community water management groups in three municipalities	September 2020	100
Risk Mapping Training (EWARS)	November 2020	2
Risk Mapping Training II (EWARS)	January 2021	13
Support the National Health Laboratory in conducting 2-day Refreshing training on Water Quality Testing and Evaluation of Water Safety Plan programme was conducted by the National Health Laboratory, Ministry of Health.	February 2021	65
EWARS: regional risk mapping training	February 2021	2

Cambodia		
EWARS (Aug TC)	August 2020	8
EWARS (Sept TC)	September 2020	5
EWARS (Oct TC)	October 2020	5
Training workshops for healthcare providers on surveillance indicators reporting for diarrheal diseases and COVID-19 prevention	August 2020	90
Workshop to launch curriculum on CCH for postgraduate course	December 2020	30
EWARS: regional risk mapping training	February 2021	2
EWARS (March TC)	March 2021	6
Lao PDR		
2-day healthcare waste management training, including CR-WASHFIT	February 2020	N/A
WASHFIT refresher training	August 2020	40
Onsite training for water quality monitoring and surveillance	August / September 2020	20
CR-WSP training	August / September 2020	80
Climate Resilient WASH FIT implementation and monitoring	August / September 2020	150+
DHIS2 dashboard demo	October 2020	3
Climate resilient water safety plan training	October-December 2020	110
Training on the use of the guideline for dengue vector management	November – December 2020	30
Regional level		
GCF SEARO Webinar	February 2020	66
Remote training on WASH and Climate-Resilient Healthcare Facilities (CR-HCF)	March 2020	N/A
Bi-regional water safety audit training	November 2020	50
EWARS: regional risk mapping training (Joined from Bangladesh, Nepal, Myanmar, Timor-Leste, South Korea, Sweden, Germany, USA, Swiss, and India)	February 2021	32

Annex 5: Midterm Review Terms of Reference
BASIC CONTRACT INFORMATION
Location: Home-based
Application Deadline: 15 March 2021
Type of Contract: Individual Contract

Post Level: International Consultant
Languages Required: English
Starting Date: 3 May 2021
Duration of Initial Contract: 40 days over 15 weeks
Expected Duration of Assignment: 15 weeks

BACKGROUND
A. Project Title Building Resilience of Health Systems in Asian LDCs to Climate Change (PIMS#5400)

B. Project Description
This is the Terms of Reference for the UNDP-GEF Midterm Review (MTR) of the full-sized project titled Building Resilience of Health Systems in Asian LDCs to Climate Change (PIMS#5400) implemented through the World Health Organization, which is to be undertaken in 2021/2022. The project started on the 22 February 2019 and is in its second year of implementation. This ToR sets out the expectations for this MTR. The MTR process must follow the guidance outlined in the document Guidance For Conducting Midterm Reviews of UNDP-Supported, GEF-Financed Projects.

Climate change and climate change impacts have serious impacts on health, including but not limited to dehydration, increased incidence of water and vector-borne diseases, malnutrition related to reduced crop yields, and physical and psychological effects of extreme events. In vulnerable countries where health systems are not able to plan, prepare for or respond to these challenges, the impacts can be particularly devasting.

Asian least developed countries (LDCs), namely, Bangladesh, Cambodia, Lao, Myanmar, Nepal, and Timor-Leste, have limited technical capacity of health care systems and personnel to effectively integrate climate-related risks into policy, planning, and regulatory frames, and into interventions to control the burden of climate-sensitive health outcomes. Existing climate early warning systems managed by national meteorological organizations lack systematic coverage of observational data from regions and areas of the countries with high risks of climate-sensitive health outcomes. Climate information services are not adequately tailored to the needs of public health professionals. And primary health care facilities are ill-equipped to prepare for and respond to extreme weather and climate events, lacking information and cost-effective methods and technologies to provide adequate water and sanitation services during extreme events.

Recognizing these challenges, the National Adaptation Programmes of Action (NAPAs) of the abovementioned countries prioritize adaptation to the health risks of climate variability and change. In consultation with stakeholders, this project was designed to increase the adaptive capacity of national health systems and institutions, and sub-level actors, to respond to and manage long-term climate-sensitive health risks, through the following complementary outcomes:

- Outcome 1: Institutional capacities are strengthened to effectively integrate climate risks and adaptation options in health sector planning and implementation
- Outcome 2: Effective decision-making for health interventions is enabled through generation of information and improved surveillance and/or early warning systems

- Outcome 3: Climate resilience is enhanced in health service delivery
- Outcome 4.1: Enhanced regional cooperation and knowledge exchange for promoting scale-up and replication of interventions
- Outcome 4.2: HNAP are effectively integrated into ongoing NAP processes

The regional approach of the project will ensure that catalytic partnerships across countries are developed and the regional-level systematization of lessons and best practices are documented and assessed to develop technical guidelines, manuals and tool-kits, thereby ensuring that these can be replicated and scaled-up across the region.

This project will be implemented from 22 February 2019 to 22 February 2023. The total budget is USD9,000,000 and 27,061,600 of co-financing from the six countries. The project is implemented following UNDP's Direct Implementation Modality (DIM). UNDP is responsible for Outcome 4.2. WHO is assigned as Responsible Partner through UN Agency to UN Agency Contribution Agreement for Outcomes 1 - 4.1. WHO is responsible for managing the project, including the monitoring and evaluation of project interventions, and achieving project outcomes. Other stakeholders and partners include the Project Board, National Technical Advisory Groups, and Ministries of Health in each country.

All countries have been affected by the COVID-19 pandemic and all project countries experienced impacts on project implementation due to COVID-19. COVID-19-related impacts, including delays in activity implementation, are particularly pertinent to this project because the Ministry of Health are the key country Government counterpart for the project but are also the lead agency for COVID-19 response and recovery. WHO requested an 18-month no-cost-extension in August 2020 due to COVID-19-related implementation delays.

Table 1 COVID-19 cases and deaths in project countries (as at 10 December 2020)

Country	Cumulative cases	Deaths
Bangladesh	484,104	6,930
Cambodia	356	0
Lao PDR	41	0
Myanmar	103,166	2,174
Nepal	244,433	1,651
Timor-Leste	31	0

C. MTR Purpose

The MTR will assess progress towards the achievement of the project objectives and outcomes as specified in the Project Document, and assess early signs of project success or failure with the goal of identifying[8] necessary changes to be made in order to set the project on-track to achieve its intended results. The MTR will also review the project's strategy and its risks to sustainability.

DUTIES AND RESPONSIBILITIES

D. MTR Approach & Methodology

The MTR report must provide evidence-based information that is credible, reliable and useful. The MTR team will review all relevant sources of information including documents prepared during the preparation phase (i.e. PIF, UNDP Initiation Plan, UNDP Social and Environmental Screening Procedure (SESP)), the Project Document, project reports including Annual Project Review/PIRs, project budget revisions, national strategic and legal documents, and any other materials that the team considers useful for this evidence-based review. The MTR team will review the baseline GEF focal area Core Indicators/Tracking Tools submitted to the GEF at CEO endorsement, and the midterm GEF focal area Core Indicators/Tracking Tools that must be completed before the MTR virtual fieldwork begins.

The MTR team is expected to follow a collaborative and participatory approach2 ensuring close engagement with the Project Team, government counterparts (the GEF Operational Focal Point), the WHO Country Office(s), the Nature, Climate and Energy (NCE) Regional Technical Advisor, PMU, direct beneficiaries, and other key stakeholders.

Engagement of stakeholders is vital to a successful MTR. Stakeholder involvement should include interviews with stakeholders who have project responsibilities, including but not limited to; PMU, WHO Country Offices, senior officials and task team/ component leaders, key experts and consultants in the subject area, Project Board, project stakeholders, academia, local government and CSOs, etc.

As of 11 March 2020, the World Health Organization (WHO) declared COVID-19 a global pandemic as the new coronavirus rapidly spread to all regions of the world. Travel to the region, and within project countries, has been restricted since March 2020. As such, the MTR team should develop a methodology to conduct the MTR virtually and remotely, including the use of remote interview methods and extended desk reviews, data analysis, surveys and evaluation questionnaires. Consideration should be taken for stakeholder availability, ability or willingness to be interviewed remotely. In addition, their accessibility to the internet/computer may be an issue as many government and national counterparts may be working from home. These limitations must be reflected in the final MTR report.

The specific design and methodology for the MTR should emerge from consultations between the MTR team and the above-mentioned parties regarding what is appropriate and feasible for meeting the MTR purpose and objectives and answering the evaluation questions, given limitations of budget, time and data. The MTR team must, however, use gender-responsive methodologies and tools and ensure that gender equality and women's empowerment, as well as other cross-cutting issues and SDGs are incorporated into the MTR report.

---

[8] The Johns Hopkins University (2020) https://coronavirus.jhu.edu/map.html Retrieved 10 December 2020

The final methodological approach including interview schedule and data to be used in the MTR should be clearly outlined in the Inception Report and be fully discussed and agreed between WHO, stakeholders and the MTR team. The final MTR report must describe the full MTR approach taken and the rationale for the approach making explicit the underlying assumptions, challenges, strengths and weaknesses about the methods and approach of the review.

E. Detailed Scope of the MTR
The MTR team will assess the following four categories of project progress. See the Guidance For Conducting Midterm Reviews of UNDP-Supported, GEF-Financed Projects for extended descriptions.

1. Project Strategy

Project Design:
- Review the problem addressed by the project and the underlying assumptions. Review the effect of any incorrect assumptions or changes to the context to achieving the project results as outlined in the Project Document.
- Review the relevance of the project strategy and assess whether it provides the most effective route towards expected/intended results. Were lessons from other relevant projects properly incorporated into the project design?
- Review how the project addresses country priorities. Review country ownership. Was the project concept in line with the national sector development priorities and plans of the country (or of participating countries in the case of multi-country projects)?
- Review decision-making processes: were perspectives of those who would be affected by project decisions, those who could affect the outcomes, and those who could contribute information or other resources to the process, taken into account during project design processes?
- Review the extent to which relevant gender issues were raised in the project design. See Annex 9 of Guidance For Conducting Midterm Reviews of UNDP-Supported, GEF-Financed Projects for further guidelines.
  - Were relevant gender issues (e.g. the impact of the project on gender equality in the programme country, involvement of women's groups, engaging women in project activities) raised in the Project Document?
- If there are major areas of concern, recommend areas for improvement.

Results Framework/Logframe:
- Undertake a critical analysis of the project's logframe indicators and targets, assess how "SMART" the midterm and end-of-project targets are (Specific, Measurable, Attainable, Relevant, Time-bound), and suggest specific amendments/revisions to the targets and indicators as necessary.
- Are the project's objectives and outcomes or components clear, practical, and feasible within its time frame?
- Examine if progress so far has led to, or could in the future catalyse beneficial development effects (i.e. income generation, gender equality and women's empowerment, improved governance etc...) that should be included in the project results framework and monitored on an annual basis.
- Ensure broader development and gender aspects of the project are being monitored effectively. Develop and recommend SMART 'development' indicators, including sex-disaggregated indicators and indicators that capture development benefits.

2. Progress Towards Results
- Review the logframe indicators against progress made towards the end-of-project targets; populate the Progress Towards Results Matrix, as described in the Guidance For Conducting Midterm Reviews of UNDP-Supported, GEF-Financed Projects; colour code progress in a "traffic light system" based on the level of progress achieved; assign a rating on progress for the project objective and each outcome; make recommendations from the areas marked as "not on target to be achieved" (red).
- (COVID) MTR ToR for GEF-Financed Projects during - Standard Template for UNDP Jobs Site – June 2020 5
- Review the effects of COVID-19 on project implementation and progress towards targets.
- Compare and analyse the GEF Tracking Tool/Core Indicators at the Baseline with the one completed right before the Midterm Review.
- Identify remaining barriers to achieving the project objective in the remainder of the project.
- By reviewing the aspects of the project that have already been successful, identify ways in which the project can further expand these benefits.

3. Project Implementation and Adaptive Management
Management Arrangements
- Review overall effectiveness of project management as outlined in the Project Document. Have changes been made and are they effective? Are responsibilities and reporting lines clear? Is decision-making transparent and undertaken in a timely manner? Recommend areas for improvement.
- Review the quality of execution of the Executing Agency/Implementing Partner(s) and recommend areas for improvement.
- Review the quality of support provided by the GEF Partner Agency (UNDP) and recommend areas for improvement.
- Do the Executing Agency/Implementing Partner and/or UNDP and other partners have the capacity to deliver benefits to or involve women? If yes, how?
- What is the gender balance of project staff? What steps have been taken to ensure gender balance in project staff?
- What is the gender balance of the Project Board? What steps have been taken to ensure gender balance in the Project Board?

Work Planning
- Review any delays in project start-up and implementation, identify the causes and examine if they have been resolved.
- Are work-planning processes results-based? If not, suggest ways to re-orientate work planning to focus on results?
- Examine the use of the project's results framework/ logframe as a management tool and review any changes made to it since project start.
- Finance and co-finance
- Consider the financial management of the project, with specific reference to the cost-effectiveness of interventions.
- Review the changes to fund allocations as a result of budget revisions and assess the appropriateness and relevance of such revisions.
- Does the project have the appropriate financial controls, including reporting and planning, that allow management to make informed decisions regarding the budget and allow for timely flow of funds?
- Informed by the co-financing monitoring table to be filled out by the Commissioning Unit and project team, provide commentary on co-financing: is co-financing being used strategically to help the objectives of the project? Is the Project Team meeting with all co-financing partners regularly in order to align financing priorities and annual work plans?

- Include the separate GEF Co-Financing template (filled out by the Commissioning Unit and project team) which categorizes co-financing amounts by source as 'investment mobilized' or 'recurrent expenditures'. (This template will be annexed as a separate file.
- Project-level monitoring and evaluation systems
- Review the monitoring tools currently being used: Do they provide the necessary information? Do they involve key partners? Are they aligned or mainstreamed with national systems? Do they use existing information? Are they efficient? Are they cost-effective? Are additional tools required? How could they be made more participatory and inclusive?
- Examine the financial management of the project monitoring and evaluation budget. Are sufficient resources being allocated to monitoring and evaluation? Are these resources being allocated effectively?
- Review the extent to which relevant gender issues were incorporated in monitoring systems. See Annex 9 of Guidance For Conducting Midterm Reviews of UNDP-Supported, GEF-Financed Projects for further guidelines.

Stakeholder Engagement
- Project management: Has the project developed and leveraged the necessary and appropriate partnerships with direct and tangential stakeholders?
- Participation and country-driven processes: Do local and national government stakeholders support the objectives of the project? Do they continue to have an active role in project decision-making that supports efficient and effective project implementation?
- Participation and public awareness: To what extent has stakeholder involvement and public awareness contributed to the progress towards achievement of project objectives?
- How does the project engage women and girls? Is the project likely to have the same positive and/or negative effects on women and men, girls and boys? Identify, if possible, legal, cultural, or religious constraints on women's participation in the project. What can the project do to enhance its gender benefits?

Social and Environmental Standards (Safeguards)
- Validate the risks identified in the project's most current SESP, and those risks' ratings; are any revisions needed?
- Summarize and assess the revisions made since CEO Endorsement/Approval (if any) to:
  o The project's overall safeguards risk categorization.
  o The identified types of risks (in the SESP).
  o The individual risk ratings (in the SESP).
- Describe and assess progress made in the implementation of the project's social and environmental management measures as outlined in the SESP submitted at CEO Endorsement/Approval (and prepared during implementation, if any), including any revisions to those measures. Such management measures might include Environmental and Social Management Plans (ESMPs) or other management plans, though can also include aspects of a project's design; refer to Question 6 in the SESP template for a summary of the identified management measures.

A given project should be assessed against the version of UNDP's safeguards policy that was in effect at the time of the project's approval.

Reporting
- Assess how adaptive management changes have been reported by the project management and shared with the Project Board.

- Assess how well the Project Team and partners undertake and fulfil GEF reporting requirements (i.e. how have they addressed poorly-rated PIRs, if applicable?)
- Assess how lessons derived from the adaptive management process have been documented, shared with key partners and internalized by partners.
- Communications & Knowledge Management
- Review internal project communication with stakeholders: Is communication regular and effective? Are there key stakeholders left out of communication? Are there feedback mechanisms when communication is received? Does this communication with stakeholders contribute to their awareness of project outcomes and activities and investment in the sustainability of project results?
- Review external project communication: Are proper means of communication established or being established to express the project progress and intended impact to the public (is there a web presence, for example? Or did the project implement appropriate outreach and public awareness campaigns?)
- For reporting purposes, write one half-page paragraph that summarizes the project's progress towards results in terms of contribution to sustainable development benefits, as well as global environmental benefits.
- List knowledge activities/products developed (based on knowledge management approach approved at CEO Endorsement/Approval).

4. Sustainability
- Validate whether the risks identified in the Project Document, Annual Project Review/PIRs and the ATLAS Risk Register are the most important and whether the risk ratings applied are appropriate and up to date. If not, explain why.
- In addition, assess the following risks to sustainability:

Financial risks to sustainability:
- What is the likelihood of financial and economic resources not being available once the GEF assistance ends (consider potential resources can be from multiple sources, such as the public and private sectors, income generating activities, and other funding that will be adequate financial resources for sustaining project's outcomes)?

Socio-economic risks to sustainability:
- Are there any social or political risks that may jeopardize sustainability of project outcomes? What is the risk that the level of stakeholder ownership (including ownership by governments and other key stakeholders) will be insufficient to allow for the project outcomes/benefits to be sustained? Do the various key stakeholders see that it is in their interest that the project benefits continue to flow? Is there sufficient public / stakeholder awareness in support of the long-term objectives of the project? Are lessons learned being documented by the Project Team on a continual basis and shared/ transferred to appropriate parties who could learn from the project and potentially replicate and/or scale it in the future?

Institutional Framework and Governance risks to sustainability:

- Do the legal frameworks, policies, governance structures and processes pose risks that may jeopardize sustenance of project benefits? While assessing this parameter, also consider if the required systems/ mechanisms for accountability, transparency, and technical knowledge transfer are in place.

Environmental risks to sustainability:
- Are there any environmental risks that may jeopardize sustenance of project outcomes?

Conclusions & Recommendations

The MTR consultant/team will include a section in the MTR report for evidence-based conclusions, in light of the findings.

Additionally, the MTR consultant/team is expected to make recommendations to the Project Team. Recommendations should be succinct suggestions for critical intervention that are specific, measurable, achievable, and relevant. A recommendation table should be put in the report's executive summary. The MTR consultant/team should make no more than 15 recommendations total.

Ratings

The MTR team will include its ratings of the project's results and brief descriptions of the associated achievements in a MTR Ratings & Achievement Summary Table in the Executive Summary of the MTR report. See the TOR Annexes for the Rating Table and ratings scales.

F. Expected Outputs and Deliverables

The MTR team shall prepare and submit:
- MTR Inception Report: MTR team clarifies objectives and methods of the Midterm Review no later than 2 weeks before the MTR virtual data collection. To be sent to the Commissioning Unit and project management. Completion date: (14 May 2021)
- Presentation: MTR team presents initial findings to project management and the Commissioning Unit at the end of the MTR virtual data collection. Completion date: (22 June 2021)
- Draft MTR Report: MTR team submits the draft full report with annexes within 2 weeks of the virtual data collection. Completion date: (6 July 2021)
- Final Report*: MTR team submits the revised report with annexed and completed Audit Trail detailing how all received comments have (and have not) been addressed in the final MTR report. To be sent to the Commissioning Unit within 1 week of receiving WHO comments on draft. Completion date: (July 23, 2021)

*The final MTR report must be in English. If applicable, the Commissioning Unit may choose to arrange for a translation of the report into a language more widely shared by national stakeholders.

G. Institutional Arrangements

The principal responsibility for managing this MTR resides with the Commissioning Unit. The Commissioning Unit for this project's MTR is the World Health Organization Headquarters, Climate Change and Health Unit.

The Commissioning Unit will contract the consultants. The Project Team will be responsible for liaising with the MTR team to provide all relevant documents and set up stakeholder interviews.

H. Duration of the Work

The total duration of the MTR will be approximately (40 of days) over a period of (15 of weeks) starting (3 May 2021), and shall not exceed five months from when the consultant(s) are hired. The tentative MTR timeframe is as follows:

• 15 March 2021: Application closes
• 22 March 2021: Selection of MTR Team
• 3 May 2021: Prep the MTR Team (handover of project documents)
• 3 – 6 May 2021 4 days: Document review and preparing MTR Inception Report
• 7 - 14 May 2021, 2 days: Finalization and Validation of MTR Inception Report- latest start of MTR mission
• 17 May – 11 June 2021, 15 days: MTR data collection: virtual stakeholder meetings, interviews
• 14 - 18 June 2021, 5 days: Contingency for possible COVID-19 delays (re-scheduled meetings and interviews, internet connection issues etc.)
• 21 - 22 June 2021, 1 days: Data collection wrap-up meeting & presentation of initial findings- earliest end of MTR mission
• 23 June – 6 July 2021, 10 days: Preparing draft report
• 19 - 23 July 2021, 2 days: Incorporating audit trail on draft report/Finalization of MTR report (note: accommodate time delay in dates for circulation and review of the draft report)
• 26 July – 6 August 2021: Preparation & Issue of PMU Response
• 11 August 2021, 1 day: Concluding stakeholder virtual workshop
• 13 August 2021: Expected date of full MTR completion The date start of contract is (3 May 2021).

I. Duty Station
• All work on this consultancy contract will be home-based and no travel will be required.

REQUIRED SKILLS AND EXPERIENCE
J. Qualifications of the Successful Applicants

A team of one to two independent consultants will conduct the MTR - one team leader (with experience and exposure to projects and evaluations in other regions globally) and one team expert, usually from the country/region of the project. The consultants cannot have participated in the project preparation, formulation, and/or implementation (including the writing of the Project Document) and should not have a conflict of interest with project's related activities.

The selection of consultants will be aimed at maximizing the overall "team" qualities in the following areas:

Education
• A Master's degree in epidemiology or public health, or other closely related field
Experience
• Recent experience with result-based management evaluation methodologies;
• Experience applying SMART targets and reconstructing or validating baseline scenarios;

- Competence in adaptive management, as applied to climate change and health;
- Experience in evaluating projects;
- Experience working in South and Southeast Asia;
- Work experience in relevant technical areas for at least 10 years;
- Demonstrated understanding of issues related to gender and climate change and health; experience in gender sensitive evaluation and analysis;
- Excellent communication skills;
- Demonstrable analytical skills;
- Project evaluation/review experiences within United Nations system will be considered an asset;
- Experience with implementing evaluations remotely will be considered an asset.

Language
- Fluency in written and spoken English.

K. Ethics
The MTR team will be held to the highest ethical standards and is required to sign a code of conduct upon acceptance of the assignment. This MTR will be conducted in accordance with the principles outlined in the UNEG 'Ethical Guidelines for Evaluation'. The MTR team must safeguard the rights and confidentiality of information providers, interviewees and stakeholders through measures to ensure compliance with legal and other relevant codes governing collection of data and reporting on data. The MTR team must also ensure security of collected information before and after the MTR and protocols to ensure anonymity and confidentiality of sources of information where that is expected. The information, knowledge and data gathered in the MTR process must also be solely used for the MTR and not for other uses without the express authorization of UNDP and partners.

L. Schedule of Payments
- 20% payment upon satisfactory delivery of the final MTR Inception Report and approval by the Commissioning Unit
- 40% payment upon satisfactory delivery of the draft MTR report to the Commissioning Unit
- 40% payment upon satisfactory delivery of the final MTR report and approval by the Commissioning Unit and RTA (via signatures on the TE Report Clearance Form) and delivery of completed TE Audit Trail
Criteria for issuing the final payment of 40%
- The final MTR report includes all requirements outlined in the MTR TOR and is in accordance with the MTR guidance.
- The final MTR report is clearly written, logically organized, and is specific for this project (i.e. text has not been cut & pasted from other MTR reports).
- The Audit Trail includes responses to and justification for each comment listed.

In line with the UNDP's and WHO's financial regulations, when determined by the Commissioning Unit and/or the consultant that a deliverable or service cannot be satisfactorily completed due to the impact of COVID-19 and limitations to the MTR, that deliverable or service will not be paid.

Due to the current COVID-19 situation and its implications, a partial payment may be considered if the consultant invested time towards the deliverable but was unable to complete to circumstances beyond his/her control.

APPLICATION PROCESS
M. Specific requirements

Qualifications required:
Essential: University degree in public health, environmental health, epidemiology or equivalent
Fields
Desirable: advanced University degree (Masters level) in public health, environmental health,
epidemiology or equivalent fields. Studies on climate change and health.

Experience required:
Essential
• A minimum of 5 years of professional experience working in environmental health
• Professional experience working on climate change and health project evaluations
Desirable
• Experience in project evaluations of large multi-country climate change and health projects.
Skills / Technical skills and knowledge:
• Excellent interpersonal and communication skills
• Ability to work in international settings with staff from various geographical regions
• Ability to work effectively in virtual settings

Language requirements:
Excellent written and spoken English. Advanced knowledge of French or other UN language an asset.

N. Recommended presentation of Offer
Please send an Expression of Interest letter including: a brief description of approach to work/technical proposal of why the individual considers him/herself as the most suitable for the assignment, and a proposed methodology on how they will approach and complete the assignment (max 1 page); CV(s) of lead consultant and team members (if applicable); and proposed daily rate to villalobose@who.int and savagea@who.int

Annex 6: UNEG Code of Conduct for Evaluators/Midterm Review Consultants[9]

Evaluators/Consultants:

1. Must present information that is complete and fair in its assessment of strengths and weaknesses so that decisions or actions taken are well founded.

2. Must disclose the full set of evaluation findings along with information on their limitations and have this accessible to all affected by the evaluation with expressed legal rights to receive results.

3. Should protect the anonymity and confidentiality of individual informants. They should provide maximum notice, minimize demands on time, and respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are not expected to evaluate individuals, and must balance an evaluation of management functions with this general principle.

4. Sometimes uncover evidence of wrongdoing while conducting evaluations. Such cases must be reported discreetly to the appropriate investigative body. Evaluators should consult with other relevant oversight entities when there is any doubt about if and how issues should be reported.

5. Should be sensitive to beliefs, manners and customs and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to and address issues of discrimination and gender equality. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the stakeholders' dignity and self-worth.

6. Are responsible for their performance and their product(s). They are responsible for the clear, accurate and fair written and/or oral presentation of study limitations, findings and recommendations.

7. Should reflect sound accounting procedures and be prudent in using the resources of the evaluation.

8. Must ensure that independence of judgement is maintained and that evaluation findings and recommendations are independently presented.

9. Must confirm that they have not been involved in designing, executing or advising on the project being evaluated.

MTR Consultant Agreement Form

Agreement to abide by the Code of Conduct for Evaluation in the UN System:

Name of Consultant: _____Dr. Kristie Ebi_____

Name of Consultancy Organization (where relevant): _____University of Washington_____

I confirm that I have received and understood and will abide by the United Nations Code of Conduct for Evaluation.

Signed at _____Seattle, WA USA_____ (Place)   on ___9 AUGUST 2021(Date)

Signature: _Kristie L Ebi_____

Evaluators/Consultants:

1. Must present information that is complete and fair in its assessment of strengths and weaknesses so that decisions or actions taken are well founded.
2. Must disclose the full set of evaluation findings along with information on their limitations and have this accessible to all affected by the evaluation with expressed legal rights to receive results.
3. Should protect the anonymity and confidentiality of individual informants. They should provide maximum notice, minimize demands on time, and respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are not expected to evaluate individuals, and must balance an evaluation of management functions with this general principle.
4. Sometimes uncover evidence of wrongdoing while conducting evaluations. Such cases must be reported discreetly to the appropriate investigative body. Evaluators should consult with other relevant oversight entities when there is any doubt about if and how issues should be reported.
5. Should be sensitive to beliefs, manners and customs and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to and address issues of discrimination and gender equality. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the stakeholders' dignity and self-worth.
6. Are responsible for their performance and their product(s). They are responsible for the clear, accurate and fair written and/or oral presentation of study limitations, findings and recommendations.
7. Should reflect sound accounting procedures and be prudent in using the resources of the evaluation.
8. Must ensure that independence of judgement is maintained and that evaluation findings and recommendations are independently presented.
9. Must confirm that they have not been involved in designing, executing or advising on the project being evaluated.

MTR Consultant Agreement Form

Agreement to abide by the Code of Conduct for Evaluation in the UN System:

Name of Consultant: _____Christopher Boyer_____

Name of Consultancy Organization (where relevant): _____University of Washington_____

I confirm that I have received and understood and will abide by the United Nations Code of Conduct for Evaluation.

Signed at _____Wilmington, NC, USA_____ (Place)   on August 9, 2021_____ (Date)

Signature: ___Christopher Boyer_____

Annex 7: MTR Report Clearance Form

Mid-term Review for: Building Resilience of Health Systems in Asian LDCs to Climate Change
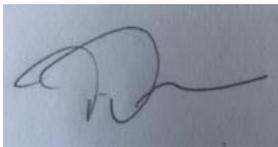(GEF ID: 6984; PIMS ID: 5400)

Reviewed and cleared by:

(signature)

World Health Organization

Elena Villalobos Prats
Climate Change and Health, Technical Officer, WHO
1 October 2021

(signature)

Tom Twining-Ward
Regional Technical Advisor, UNDP
29 September 2021