

Migration MPTF

Joint Programme Document

PROJECT INFORMATION	
Joint Programme Title:	Harnessing synergies between Climate Change Adaptation and Risk Reduction in Migrant-Inclusive Health System Responses
Country(ies)/ Region (or indicate if a global initiative):	Multi-country initiative in the Middle East and North Africa (MENA) region Target countries: Jordan, Iraq and Lebanon
Convening Agent (Lead PUNO)	International Organization for Migration (IOM)
PUNO(s):	World Health Organization (WHO) United Nations Office for Disaster Risk Reduction (UNDRR)
Implementing Partners	Jordan: Ministry of Environment, Ministry of Health, Minister of Interior, Municipalities Councils, Jordan Centre for Disease Control. Iraq: Ministry of Health, Ministry of Environment, Directorate of Environment and Directorate of Health, Basra governorate Lebanon: Ministry of Public Health, the National Disaster Risk Reduction Committee, Ministry of Interior and Municipalities, Ministry of Environment
Migration MPTF Thematic Area	Thematic Area 1: Promoting fact-based and data-driven migration discourse, policy and planning.
Primary GCM objectives	<i>Objective 1: Collect and utilize accurate and disaggregated data as a basis for evidence-based policies</i> <i>Objective 3: Provide accurate and timely information at all stages of migration.</i> <i>Objective 17: Eliminate all forms of discrimination and promote evidence-based public discourse to shape perceptions of migration.</i>
Relevant SDGs and Targets¹	1.5: By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters (28%). 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all (42%).

¹ Please refer to Annex D5: List of Global Compact Objectives per Thematic area and Key SDG Targets.

	3.D: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks (30%).
Expected Project Commencement Date² / Period of Implementation (months):	January 2024 / 24 months
Requested Budget:	USD 3.2 million IOM: USD 1,564,000 WHO: USD 918,000 UNDRR: USD 718,000
Project Description	The joint programme aims to contribute to strengthening synergies between Climate Change Adaptation and risk reduction in MENA through mainstreaming a gender-sensitive human mobility lens into national public health adaptation and DRR strategies. The PUNOs will join forces to address the interlinkages of climate change, risk reduction, health and human mobility and design replicable models.

Marker Questions ³	
<p>Human Rights Marker Score (A, B, C or N/A if none applies)</p> <p>Which of the following human rights marker applies to your proposal?</p> <p>A: The Human Rights Marker has largely been achieved.</p> <p>B: The Human Rights Marker shows significant integration of human rights in the Joint Programme (JP) but some challenges remain.</p> <p>C: The Human Rights Marker shows a very partial integration of human rights in the JP.</p> <p><i>Please refer to the Migration MPTF Human Rights Marker Guidance Note</i></p>	A
<p>Gender Marker Score (A, B, C or N/A if none applies)</p> <p>Which of the following gender marker applies to your proposal?</p> <p>A: Projects that have gender equality and women’s empowerment (GEWE) as the primary objective.</p> <p>B: Projects that significantly contribute to GEWE.</p> <p>C: Projects that make a marginal contribution to GEWE, but not significantly.</p> <p>N/A: Projects that are not expected to make a noticeable contribution to advancing GEWE.</p> <p><i>Please refer to the Migration MPTF Gender Marker Guidance Note</i></p>	B
<p>Child Sensitivity Marker Score (A, B, C or N/A if none applies)</p>	C

² Note: actual commencement date will be the date of first funds transfer.

³ Please refer to the Migration MPTF Guidance Notes on the Human Rights Marker, Gender Marker, and Child Sensitivity Marker, available in Annex D.

Which of the following child sensitivity marker applies to your proposal?

A. The Joint Programme (JP) have advancing children's rights and meeting children's needs as the primary objective.

B. The JP significantly contribute to advancing children's rights and meeting children's needs.

C. The JP makes a marginal contribution to advancing children's rights and meeting children's needs, but not significantly.

N/A. The JP is not expected to make a noticeable contribution to advancing children's rights and meeting children's needs, but has considered impacts on children and ensured that there are no negative impacts on them.

Please refer to the Migration MPTF Child Sensitivity Marker Guidance Note

SIGNATURE PAGE

UN Resident Coordinator	Representative of the National Authority
Country: Jordan	Name of institution: Ministry of Health
Name: Ms. Sheri Ritsema-Anderson	Name of representative: H.E. Dr. Firas Al-Hawari, Minister of Health
Date: 16 May 2023	Date: [REDACTED]
Signature: [REDACTED]	Signature and seal: [REDACTED]



PUNOs (PUNO)	
Name of Convening Agent (Lead PUNO): IOM	Name of PUNO: WHO
Name of Representative: Ms. Tajma Kurt, Chief of	Name of Representative: Dr. Jamela Al-Raiby, WHO Representative for Jordan
Date: 17/05/2023	Date: [REDACTED] 023
Signature: [REDACTED]	Signature: [REDACTED]
Name of PUNO: UNDRR	
Name of Representative: Dr. Sujit Kumar Mohanty, Chief of UNDRR's Regional Office for Arab States	
Date: 19/05/2023	
Signature: [REDACTED]	



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UN Resident Coordinator

Country: Iraq

Name: Ghulam M. Isaczai

Date: 14 May 2023

Signature:



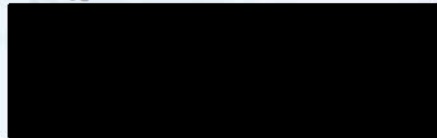
Representative of the National Authority

Name of institution:

Ministry of Health

Name (last name)

Ri



Date:

Signature and seal:

The Director General of Public Health Department,
Ministry of Health, Iraq

PUNOs (PUNO)

Name of Convening Agent (Lead PUNO): IOM

Name of PUNO: WHO

Name of Representative: Mr. Giorgi Gigauri, Chief
of Mission, IOM Iraq

Name of Representative: Dr. Ahmed Zouiten, WHO
Representative for Iraq

Date: 14-May

Date: 21-May-2023

Signature:



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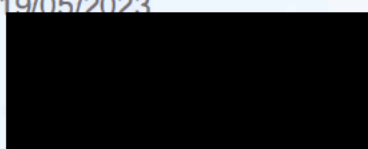


Name of PUNO: UNDRR

Name of Representative: Dr. Sujit Kumar Mohanty,
Chief of UNDRR's Regional Office for Arab States

Date: 19/05/2023

Signature:



SIGNATURE PAGE

UN Resident Coordinator
Country: Lebanon

Name: Imran Riza, UN Deputy Special Coordinator for
Lebanon, Resident and Humanitarian Coordinator

Date: 18 May 2023

Signature: 

Representative of the National Authority
Name of institution: Ministry of Public Health

Name of representative: Dr. Firass Abind

Date: May 17, 2023

Signature and seal: 

PUNOs (PUNO)

Name of Convening Agent (Lead PUNO): IOM

Name of Representative: Mr. Mathieu Luciano,
Head of Office, IOM Lebanon

Date: LUCIANO Mathieu Digitally signed by LUCIANO
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Date: 2023.05.19 10:58:59 +03'00'

Signature:

Name of PUNO: UNDRR

Name of Representative: Dr. Sujit Kumar Mohanty,
Chief of UNDRR's Regional Office for Arab States


Date: 20/05/2023

Signature: 

Name of PUNO: WHO

Name of Representative: Dr. Abdinasir Abubakar,
Acting WHO Representative for Lebanon

Date: May 16/2023

Signature: 



LEGAL BASIS FOR THE JOINT PROGRAMME

Mandatory text: The legal basis for the Joint Programme is the Legal Annex for the signed United Nations Sustainable Development Cooperation Framework (UNSDCF) **2023-2027**. It refers to the cooperation or assistance agreements or other agreements that are the existing legal basis for the relationship between **the Government of Jordan** and each Participating UN Organization (PUNO).

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JOINT PROGRAMME PROPOSAL NARRATIVE

1. Migration Context and Rationale

1a) The Migration Context and Needs Analysis:

Climate change is the single biggest health threat facing humanity, which is expected to cause approximately 250,000 additional deaths per year between 2030 and 2050, [according to WHO](#). The nexus between climate change and human health is well-established in climate change negotiations. In Nationally Determined Contributions (NDC) whose submission is mandatory for Parties of the Paris Agreement of the UN Framework Convention on Climate Change (UNFCCC), health is consistently highlighted as a key sector which requires measures for adaptation. Health is positioned as a high priority sector in all National Adaptation Plans (NAPs). Health impacts of climate change are gaining increased attention in the MENA region. The region is among the world's most vulnerable regions to climate change due to its mostly arid climate, coupled with serious water scarcity, continued population growth and urbanization. Health impacts commonly identified in the region include: cardiovascular and respiratory diseases caused by the rising temperature; resurgence and proliferation of vector-borne diseases; air pollution; and, food and water-borne diseases caused by degraded quality of water resources.

There is a growing recognition of climate change impacts on human mobility, which is evident from the inclusion of human mobility as one form of non-economic losses within the Loss and Damage workstream of UNFCCC. [The Sixth Assessment Report from the UN Intergovernmental Panel on Climate Change in 2022](#) points out that vulnerability is generated and perpetuated through displacement and forced migration due to climate-induced extreme events, and predicts that in the mid to long-term, displacement will increase with intensification of rapid- and slow-onset events and forced migration would occur from the regions with high exposure and low adaptive capacity. Mobile populations such as Internally Displaced Persons (IDPs) and migrants face challenges in accessing adequate healthcare services due to their location, legal status in transit and destination countries, affordability of health services and negative perceptions towards them in some host communities. In the MENA region, health vulnerabilities of migrants along the key Mediterranean migration routes have been observed. For instance, extreme heat and increased rainfall are reported to affect the transmission of vector-borne diseases along the migratory routes. However, within existing adaptation plans and related policy discussions, there is no reference to the nexus between climate change, human mobility and health.

Health is a key element of the Sendai Framework for Disaster Risk Reduction 2015-2030 (SFDRR), with four of the seven SFDRR global targets having direct links to health. Two of the most relevant targets are: substantial reduction in global disaster mortality; and, substantial reduction in disaster damage to critical infrastructure and disruption of basic services, including health facilities, through developing resilience. There is a growing call for harnessing synergies between Climate Change Adaptation (CCA) and risk reduction. CCA aims at mitigating the impacts of extreme weather events and slow-onset events; whereas, risk reduction seeks to reduce vulnerability of people and property while increasing preparedness for such events. For example, [a recently published study in the Lancet](#) indicates that under the two high emissions scenarios, most of the MENA region will have experienced substantial warming by the 2060s and projects annual heat-related deaths of 123.4 or 89.8 per 100,000 people by 2100 (currently 2.1 per 100,000 people) and the study concludes that projections in MENA are far higher than previously observed in other regions. In turn, substantial warming would lead to the further intensification and frequency of extreme

weather events. Therefore, harnessing these synergies in a migrant-inclusive manner is imperative as the natural hazards that displace people, claim lives, damage property and impact health are strongly linked to climate change.

Target countries, namely **Jordan, Iraq and Lebanon**, have been identified based on the following criteria: i) government's willingness to engage in the joint programme and related legislative framework; ii) existing relevant activities by IOM, WHO and UNDRR in the country; iii) accessibility (physical and administratively) to implement the joint programme activities; iv) limited adaptive capacity in the context of climate change; and iv) existence of the UN Network on Migration (UNNM). All three countries are highly vulnerable to climate change while having distinct human mobility characteristics.

Jordan is classified as a medium risk country for humanitarian crises and disasters while having high vulnerability due to socio-economic situations and the presence of vulnerable groups, according to the EU INFORM 2023 Risk Index. The country is facing high water scarcity and this is exacerbated by climate change impacts, especially increased temperatures and rainfall variability, as well as the population growth and urbanization. The 2015 WHO's Climate and Health Country Profile for Jordan projected that under a high emissions scenario heat-related deaths in the elderly (65+ years) are projected to increase to about 54 deaths per 100,000 by 2080 compared to the estimated baseline of under 3 deaths per 100,000 annually between 1961 and 1990. A rapid reduction in global emissions could limit heat-related deaths in the elderly to about 11 deaths per 100,000 in 2080. UNICEF states that water stress levels in Jordan are anticipated to increase at an average annual rate of 1% - 1.5% until 2100, and points out its significant impacts on sanitation and hygiene and food security. Climate change is also causing increased intensity of floods in the country. The World Bank refers to incidents of flooding linked to climate vulnerability in Jordan as "very damaging", causing the loss of lives and destruction of agricultural land and infrastructure. Also, the country is increasingly vulnerable to landslides and droughts. According to UNHCR, Jordan hosts the second largest number of refugees per capita globally with over 760,000 individuals' being registered with UNHCR. Furthermore, Jordan's international migrant stock accounted for 3.5 million individuals in 2020 based on UN DESA's data, representing 32% of the total population of the country in the same year. A high number of refugees and international migrants in the country is already putting strain on the health system, especially in urban areas, while the country is facing the urgent need to adapt its health system to climate change impacts and disaster risks. According to the World Bank data, as of 2021, 92% of its population, including migrants and refugees, live in urban areas. Jordan has developed a strategy dedicated to climate change and health in 2012 and its updated NDC identifies "Health" and "Urban Resilience and DRR" among the priority sectors for adaptation, recognizing rural-urban migration as a reality. The country has also endorsed a National DRR Strategy until 2030 which integrates biological hazards and disease outbreak risks. However, these strategies need to improve their inclusiveness, especially taking into account the specific vulnerabilities of international migrants, refugees and other mobile population, in a gender sensitive manner. Furthermore, the localization of the strategies to encourage their implementation at municipal levels need to be strengthened so as to ensure that these strategies benefit the affected populations.

Iraq is categorized as a very high risk country for humanitarian crises and disasters with high exposure to natural and human hazards and lack of institutional and infrastructure coping capacity, according to the EU INFORM 2023 Risk Index. The country has been named the fifth-most vulnerable country to climate breakdown according to UNEP, affected by soaring temperatures, insufficient and diminishing rainfall, intensified droughts and water scarcity, frequent sand and dust storms, and flooding. The country is

increasingly experiencing extreme high temperatures, which exceed 50 °C, and [UNICEF](#) predicts that by 2050, every child in Iraq will be exposed to high heatwave frequency. The increased frequency and intensity of dust storms linked to climate vulnerability is pointed out by [the World Bank](#), which cause serious health consequences. People are increasingly displaced due to drought conditions; as of March 2023, over 73,000 individuals remained displaced in central and southern governorates, up from around 68,600 individuals in December 2022, according to [IOM's data](#). On the other hand, it is important to acknowledge that some populations at risk remain unable to move even when they wish to or need to do so in the face of extreme weather conditions due to the extreme poverty and the absence of social networks. In addition to [1.16 million IDPs](#) mostly due to years of conflict, the country hosts over 365,000 international migrants as of 2020 based on [the UN DESA data](#). While the ratio of international migrants against the total population stands at around 8.4%, the majority of them are concentrated in urban areas where 71% of the population live as of 2021. Iraq recognizes significant climate risks and is striving to address them in key policies, including its [Vision for Sustainable Development 2030](#) and its [National Development Plan 2018-2022](#). In its first NDC in 2021, Iraq seeks to improve the health system's resilience and adaptation to climate change risks through health service delivery and infrastructure, increasing awareness of climate related health risks, among other measures. The NDC also includes DRR-related activities such as developing early warning systems. However, as a result of prolonged conflict and political instability, the country has a limited adaptive capacity, including the formulation of robust health adaptation plans inclusive of migrants and capacity building of healthcare personnel. Furthermore, the country has yet to develop a national DRR strategy. The country is still in transition from a humanitarian phase to a development phase given high levels of insecurity, where climate change, fragility and human mobility issues intersect.

Lebanon is regarded as a medium risk country for humanitarian crises and disasters while having high vulnerability due to socio-economic situations and the presence of vulnerable groups, according to the EU INFORM 2023 Risk Index. The country is located on the east Mediterranean coast, with a high population density in coastal areas, including its major urban centres. This makes the country vulnerable to sea level rises which are expected to increase between 7-12 cm by 2050, according to [the International Union for Conservation of Nature](#). Such rises could have a significant implication for Lebanon's population, of which 78.4 % live in urban settings located in coastal areas, according to [an article published by MDPI](#). Furthermore, according to [the World Bank](#), the country is vulnerable to climate-induced flooding and storms, and it is estimated that around 10% of the country's population is susceptible to drought. According to [WHO's Health and Climate Change: Country Profile 2021: Lebanon](#), current heat-related deaths among the elderly (65+ years) are approximately 2 per 100,000 population but under a high emissions scenario (RCP8.5), heat-related deaths among the elderly (65+ years) are projected to rise to about 48 per 100,000. However, a rapid reduction in emissions (RCP2.6) could significantly reduce deaths to around 10 per 100,000 among the elderly in 2080. Furthermore, the country faces serious pollution issues, inclusive of solid waste management, and the intensification of forest fire year by year. For instance, between 2001 and 2021, Lebanon has lost 1.38kha of tree cover from fires, which accounts for 2.3% of the country's tree cover, according to [the Global Forest Watch](#). Lebanon hosts approximately 1.7 million migrants, including migrant workers and refugees. Lebanon faces a substantial urbanization rate of 89% as of 2021, indicating most of its population, including migrants, are concentrated in urban areas. Lebanon has developed a National Health and Environment Strategy 2016-2021, which was updated in 2021 by strengthening its emphasis on the climate change-health nexus. The sixth and seventh adaptation priorities in its updated NDC in 2020, focus on climate-resilient health systems and reducing disaster risks by adapting to climate-related natural hazards. Lebanon has its National DRR Strategy 2021-2030, which

has been recently updated by integrating biological hazards. However, as recognized in its NDC and the country's recently released [National Communication on Climate Change](#), adaptation and risk reduction efforts have been significantly hampered by the serious economic crisis, coupled with the COVID-19 economic recovery needs.

These three countries have been selected as the programme target countries as they will provide three distinct models for possible replication and adaptation by other countries in MENA and beyond. **Jordan** represents a context with stable economic growth while its health adaptation and risk reduction efforts are facing challenges due to a significantly high urbanization rate and a high ratio of international migrants and refugees. **Iraq** is already facing a significant scale of climate-induced displacement, mostly from urban to rural areas, while the country's adaptation capacity is highly limited due to years of conflict. **Lebanon's** health adaptation and risk reduction efforts have been hampered because of the serious economic crisis, in addition to a high concentration of its population, including a significant number of migrants, in coastal urban areas. While all three countries regard health adaptation and DRR as priorities and have developed relevant national policies, the inclusion of human mobility considerations in such policies is mostly absent and the convergence of adaptation and risk reduction efforts remains weak. Furthermore, the localization of such policies at municipal levels needs to be strengthened so as to ensure that such policies benefit the affected populations, including international and internal migrants, and refugees.

1b) Complementarity and Additionality:

Key agencies that are supporting climate change and risk reduction actions in the three countries include: UNDP, FAO, UNEP, UN Habitat, the World Bank and IFRC. In all three countries, **UNDP** is active in supporting the respective country's mitigation and adaptation efforts. In terms of adaptation, UNDP supports the development of NAPs and adaptation interventions focusing on nature-based solutions and local innovations. **FAO** focuses on adaptation action linked to the resilience building of the agriculture sector, sustainable agricultural production and natural resource management, and support to livestock producers in the Iraqi Marshes. **UNEP** provides support to the target countries to regularly report to UNFCCC, develop strategies towards achieving low carbon and net zero development, implement the NDCs and advance the national planning for adaptation. **UN Habitat** focuses on Risk Reduction and Rehabilitation across the three countries, taking into account the impacts of inflow of refugees on housing and services and encompassing the strengthening of existing service delivery systems and capabilities based on assessments and improvement of urban services. In Jordan and Iraq, **the World Bank** has published Country Climate and Development Reports (CCDR). "[Jordan CCDR](#)" highlights that climate change will lead to intensifying shocks and chronic stress to major urban areas leading to increased demand for climate-resilient city planning and urban services, especially against health-related risks. "[Iraq CCDR](#)" also discusses climate change impacts on migration, health and disaster risks. In Iraq, [Jordan](#) and [Lebanon](#), responses to climate crises, disaster preparedness and health are included in IFRC's respective country plans, focusing on community-based actions such as the development of community-based Disaster Risk Management plans and to promote public health emergency preparedness.

The joint programme will be complementary to these on-going climate adaptation and risk reduction efforts in the target countries, specifically focusing on the intersections of climate change, risk reduction, health and human mobility – which none of the existing efforts focus on. The joint programme is timely as the need for accelerating adaptation efforts and risk reduction through early warning was highlighted in [the Sharm el-Sheikh Implementation Plan](#) adopted at the 27th Conference of Parties (COP 27) of UNFCCC

in Egypt in November 2022 while the target countries face specific and distinct challenges in advancing these efforts. The joint programme will endeavour to align with the relevant global initiatives. IOM, UNDRR and WHO are members of the Capacity for Disaster Reduction Initiative (CADRI), which assesses the DRR capacity of governments towards embedding strategic recommendations within UNSCDF's and towards progressing on disaster risk management capacity development. Jordan completed a CADRI assessment process in 2018 and recently underwent a post-assessment impact evaluation. The joint programme will also seek synergy with the UNDRR-led Making Cities Resilient 2030 initiative which IOM joined as a supporting organization in 2022, given that rapid urbanization in the target countries has significant impacts on the cost effectiveness and inclusiveness of health services in cities.

1c) Alignment to the GCM, SDGs, UNSDCF and Relevant Frameworks:

The joint programme supports the GCM objectives 1, 3 and 17 through improving the evidence base of the intersections between climate change, risk reduction, health and well-being, and human mobility while targeting both the host and migrant communities equally to enhance their understanding of health impacts of climate change. The joint programme will especially contribute to SDG Target 1.5, 3.8 and 3.D through focusing on the most vulnerable to climate change impacts on health in the target countries, promoting universal health coverage and supporting the countries to enhance risk reduction in health sectors.

Jordan: [The UNSDCF 2023-2027](#) positions “climate change” as a cross-cutting issue and its Priority 2 “Social Protection and Quality Basic Services” aims to realize the rights to health for all people living in vulnerable situations, irrespective of their status. Furthermore, its Priority 3 “Sustainable Management and Access to water, Food, and Energy” focuses on enhancing climate change adaptation and DRR with emphasis on communication and awareness raising. **Iraq:** The Strategic Priority 4 of [the UNSDCF 2020-2024](#) focuses on “Promoting natural resource and disaster risk management, and climate change resilience”. Its goal statement aims at improving Iraq’s ability to withstand and recover from climate-induced displacement and shocks and increased resilience to environmental stress and natural hazards. It also recognizes gender-differentiated impacts of climate change and calls for inclusive consultations for action. Iraq as a GCM champion country developed the National Migration Strategy, which seeks to include displacement impacts of crises and climate change in the National DRR Plan and to develop national contingency plans for large-scale population movement. **Lebanon:** Under [the UNSDCF 2023-2025](#), Outcome 1 of the pillar on People “Enhanced inclusive, equitable, comprehensive, and sustainable social protection systems and programmes” aligns with SDG Target 1.5. Furthermore, Outcome 1 of the pillar on Planet “Strengthened stabilization and green recovery to reduce vulnerabilities and environmental risks” emphasizes its synergy with SDG 13.

2. Results Framework and Theory of Change

2a) Results Framework:

The overall objective of the joint programme is to contribute to strengthening synergies between CCA and risk reduction in the MENA region through mainstreaming a gender-sensitive human mobility lens into national public health adaptation strategies and DRR strategies. and, enhance understanding of health impacts of climate change among the host and migrant communities in the target countries.

The joint programme will work towards this overall objective through **three outcomes** and associated outputs and activities. **Outcome 1** aims to improve evidence of the intersections between climate change, risk reduction, health and human mobility facilitates convergence between CCA and risk reduction. Under this outcome, the joint programme will make two categories of assessments available in each of the target countries: i) a comprehensive, gender-sensitive national or sub-national country analysis of the climate change-human mobility nexus and disaster risk assessment (**Output 1.1**); and, ii) a vulnerability and adaptation (V&A) assessment on climate change and health with migrant-inclusive and gender-sensitive lenses (**Output 1.2**). The lack of robust evidence and data on the intersections is among the key reasons for the absence of reference to the intersections in the existing adaptation plans and related policy discussions in the target countries. Therefore, this outcome aims to address this gap.

Outcome 2 focuses on having a new or updated local-level public health adaptation strategy and a DRR strategy which integrate a human mobility lens including a migrant-inclusive approach in the respective target countries. Sensitization among the relevant government officials is the key to promote the migrant-inclusive approach in strategies, along with robust evidence and data. Thus, this outcome will start with sensitization workshops with national and sub-national government officials to improve their understanding of the importance of integrating a gender-sensitive human mobility lens into the local public health adaptation and resilience action plan (**Output 2.1**). This will be followed by two sets of technical assistance: i) making public health data and an evidence-based public health adaptation strategy with migrant-inclusive and gender-sensitive lenses accessible as good practice examples for inclusive local-level policy making (**Output 2.2**); and ii) making a local-level resilience plan with a gender-responsive, human mobility-sensitive health response approach accessible as a good practice example for inclusive local-level policy making (**Output 2.3**). The outcome includes regional activities to make the programme key deliverables, success stories and lessons learnt accessible to other countries in the MENA region as replicable or adoptable models (**Output 2.4**).

Outcome 3 centres on the host and migrant communities in the target countries and their demonstration of solid understanding of health impacts of climate change and willingness to seek healthcare support for addressing such impacts. In order for new or updated strategies and action plans to be impactful for migrants and the host communities, healthcare professionals need to be capacitated to put the strategies/ action plans to work while the migrants and host communities develop strong awareness of significant health impacts of climate change. Under this outcome, a series of trainings will be organized for healthcare professionals in the target countries to have the skills and knowledge to respond to health threats exacerbated by climate change and in disaster situations in a gender-sensitive and migrant-inclusive manner (**Output 3.1**). Furthermore, awareness raising and communication tools on health impacts of climate change and mitigation measures will be made accessible in multiple languages to the host and migrant communities in each target country (**Output 3.2**).

2b) Theory of change:

IF the evidence base of the intersections between climate change, risk reduction, health and well-being, and human mobility improves, IF each target country has a public health adaptation strategy and a DRR strategy which integrate a gender-sensitive human mobility lens AND IF the host and migrant communities in the target countries demonstrate solid understanding of health impacts of climate change and willingness to seek healthcare support for addressing such impacts, THEN the synergies between CCA and

risk reduction in the MENA region is strengthened in a gender-sensitive and migrant-inclusive manner, because:

- absence of the relevant studies on and limited understanding of the complex multi-casual phenomenon of the intersections of climate change, risk reduction, health and human mobility will be addressed;
- each target country will have a local-level public health adaptation strategy and a DRR strategy that are well aligned through the intersections of climate change, risk reduction, health and human mobility;
- models of assessments, capacity building, awareness raising and communication tools on the intersections will be developed and disseminated through regional activities, which can inspire other countries in the MENA region for replication and adoption.

3. Project Implementation Strategy

3a) Joint Programme Implementation Strategy:

The implementation of joint programme activities in each country will be overseen by **the Project Steering Committee (PSC)** in the respective country through regular communication with the Project Advisory Committee at the regional level (see 6b) joint programme management and coordination for further details). The joint programme will adopt the following overall implementation strategy while the PSC will adjust it to the specific contexts and needs of the respective target country.

In each country, the programme implementation will start with **kick-off activities**, including the establishment of a PSC, an inception meeting with the PSC members, and development of a country-specific programme workplan and monitoring plan. The kick-off activities will cover in-depth consultations with local, sub-national and national stakeholders as appropriate, as well as meetings with UNNM members to ensure the planned activities' alignment with UNSDCF and their complementarity with the relevant interventions by other UN agencies.

These in-depth consultations will build on the preliminary consultations that took place during the programme conceptualization phase. **In Jordan**, the team has initiated formal discussions with the Ministry of Environment (MoEnv) and the Ministry of Health (MoH). During the initial meetings with the MoH, the PUNOs presented the objectives and planned activities of the joint programme. Subsequently, the PUNOs received a positive response from the MoH, indicating their keen interest in undertaking a joint programme with the PUNOs. Moreover, as part of identifying the needs and addressing the gaps in assistance for migrant communities, IOM Jordan conducted research and drew upon insights from previous projects. As a result, specific requirements pertaining to migrant communities, including Egyptians, Syrians, and Pakistanis, were identified. These findings contribute to an understanding of the beneficiaries' needs relevant to this programme, enabling effective planning and implementation of the activities. **In Lebanon**, the team has met with the government's Disaster Risk Management (DRM) Unit that sits within the Prime Minister's Office. During the consultation, the joint programme was discussed, and an understanding was reached that the intervention scope should be at the municipal level and begin with a series of field-level assessments, before drafting response plans. The PUNOs received positive signals from the DRM Unit that they support the intervention. In addition, IOM Lebanon met with UN Habitat in Beirut, who have conducted extensive local assessments in urban settings. Through the meeting they affirmed willingness to support the joint programme by sharing best practices. **In Iraq**, building on

IOM and WHO's strong rapport with the MOH, discussions have been initiated with the MoH regarding climate change health programming. The MoH is considering establishing a Climate Change Unit within the Public Health Directorate. This unit would coordinate across different divisions including Health Promotion Unit, Center for Disease Control, and Primary Health Care Unit. In close coordination with the concerned focal points at the MoH and Basra's DoH, the joint programme team will contribute to enhancing capacities and strengthening the evidence on preparedness against climate related hazards and health risks. IOM through its office in Basra has strong linkages with communities and government authorities, which enabled the better understanding of the needs of the local population and reflected them in the programme activity design. Furthermore, WHO Iraq through its field office in Basra closely follows up on the health status of displaced people, conducts regular surveillance of communicable diseases, and monitors water quality and sewage related issues. The data and evidence from the existing interventions feed into the planning of the programme activities. In all three countries, the PUNOs will coordinate with the key agencies supporting the respective country's climate action, including FAO, UNDP, UNEP, UN Habitat, the World Bank and IFRC, through the UNNM platforms as well as bilaterally.

Following the kick-off activities, each country will embark on **Outcome 1 activities**. For **Output 1.1** i.e. analyses of climate change-human mobility nexus and disaster risk assessment, **IOM** will be the activity lead in all three countries and IOM's Institutional Strategy for Migration, Environment and Climate Change 2021-2030, along with the IOM MECC Country Report Template, will inform the structure and context of the analyses. The activity will also draw on other existing relevant resources, such as the WHO-UNFCCC publication "[Health and climate change: country profile 2021: Iraq](#)". For Lebanon, the country team will focus on data collection and research papers related to migrants' access to healthcare, barriers, opportunities, and lessons learned from public health crises such as COVID-19. IOM Lebanon will develop a customized questionnaire targeting individual migrants, drawing on pre-existing data collection tools, such as the Migrant Presence Monitoring tool, the Urban Diagnostic Tool, and the Multi Sector Needs Assessment. As for **Output 1.2** i.e. a V&A assessment, **WHO** will be the activity lead in Jordan and Lebanon while **IOM** will lead the activity in Iraq. WHO's publication "[Climate change and health: vulnerability and adaptation assessment](#)" and [other associated tools](#) will be capitalized on for the planning and implementation of the V&A assessments in the target countries. Based on the assessment outcomes, **the PSCs in Jordan and Lebanon** will select the target localities for Outcome 2 and 3 activities whereas **Iraq** has already identified **the Basra governorate** as the target area through consultations during the programme conceptualization phase. Basra has been identified as the target governorate by a team of experts from PUNOs' conducting a review of existing literature and data on "migration" and "health" and gathered perspectives from key government institutions. Basra has a complex migration landscape and some of the highest indicators of concern for health, such as limited access to healthcare and physician density below the national average (9.05 per 10,000 population).

Concurrent with the completion of Outcome 1 activities, each country will start **Outcome 2 activities**. In all three countries, IOM will take the lead in **Output 2.1. activities** i.e. sensitization workshops with national and sub-national government officials in coordination with WHO offices and UNDRR. **In Iraq**, within this output, **UNDRR** will lead the organization of national consultation workshops to establish a national multi-stakeholder platform for DRR and initiate the development of a national strategy for DRR in line with SFDRR and in coherence with Paris Agreement and 2030 Agenda for Sustainable Development. As for **Output 2.2** i.e. making public health data and an evidence-based public health adaptation strategy available, **WHO and IOM** will work closely for the planning and implementation of the activities by using the V&A assessment outcomes. **UNDRR** will lead **Output 2.3** i.e. making a local-level resilience plan with

a gender-responsive, human mobility-sensitive health response approach accessible in all three countries. In each country, UNDRR will start with conducting a detailed resilience scorecard assessment, followed by the public health system resilience addendum with the local authorities and stakeholders. The activity will be followed by the technical assistance to develop a local-level resilience action plan through a consultative process that includes capacity building of all stakeholders engaged. In Jordan and Lebanon, UNDRR has already been supporting the governments to develop local resilience action plans in several cities in line with the respective National DRR strategies. The Output 2.3 activity will complement these on-going interventions by drawing on good practices and lessons learnt from the interventions. The planning and implementation of **Output 2.4** i.e. regional activities, will be led by **IOM** in coordination with WHO and UNDRR at the regional level.

In parallel to the implementation of Outcome 2, the country teams will plan and carry out **Outcome 3 activities**. Trainings for healthcare professionals (**Output 3.1**) will be led by **WHO** in all three countries. In Jordan, the trainings will be accompanied by awareness raising sessions for healthcare professionals on climate change-induced health risks by IOM as the lead. **Outcome 3.2 activities** i.e. awareness raising among the host and migrant communities will be led by IOM in all target countries. In Lebanon, IOM will combine this awareness raising with targeted climate-sensitive healthcare interventions for vulnerable migrants.

In terms of **the methodology**, the joint programme brings together three agencies with three different tools, namely the Urban Diagnostic Tool (UDT) developed by IOM, V&A assessment tools designed by WHO and the disaster resilience scorecard, the public health addendum scorecard, and other addendum scorecards developed by UNDRR .

- A. The UDT will be utilized to identify challenges and integration gaps in migrant -settlement areas and address such gaps by using resources readily available to most city administrations.
- B. V&A assessment will be used to improve the understanding of linkages between health and climate change and the health sector's adaptation needs and serve as a baseline analysis against which changes in disease risks and protective measures can be monitored. They can also provide an opportunity for building capacity and can strengthen the case for investment in health protection.
- C. The disaster resilience scorecard and public health system resilience addendum provide a set of assessments that will allow local governments to understand the gaps in the cities' in facing disaster risk, public health issues, mitigating those risks, and responding to them.

With the aim of developing a replicable model in the MENA region, as appropriate in each target country context, a comprehensive outlook on the tools will be conducted with the aim of synergizing them. Following that, the PUNOs will conduct the assessments and analyses that will feed the development of the local adaptation and DRR strategies with necessary evidence on the intersections between climate change, risk reduction, health and human mobility and will also feed into awareness raising activities to the healthcare professionals, migrants, and host communities. Given the different contexts between the three countries and the available data, these assessments and analyses will also support in the target site selection in Jordan and Lebanon.

3b) Cross-Cutting Principles:

The joint programme will strive to mainstream key human rights principles and make all activities gender responsive and child-sensitive. The three agencies will ensure that respect for and fulfilment of the human rights of all migrants regardless of their migration status will be observed throughout the joint programme; all programme staff to be engaged are fully aware of the human rights obligations of the governments they are supporting; and, the programme staff are equipped to respond to the stakeholders, migrants and the host communities' needs effectively. The PUNOs will also strive for a gender balance among the programme staff, including a substantive gender analysis to highlight the gender dynamics in the assessments, taking gender-specific needs in due consideration in all relevant activities, and disaggregating data by gender and age whenever possible.

It is widely recognized that [women and girls are more vulnerable to climate change impacts](#) due to existing gender roles and inequalities that affects their adaptive capacity and health. Therefore, the joint programme will make conscious efforts to make all activities gender responsive. This means that at all stages of the programme implementation, the PUNOs will ensure that women are equitably represented in the consultations and decision-making processes of the activities and the measures will be put in place so as not to create any negative impacts on the existing gender inequality as a result of the programme interventions.

4. Partnerships

4a) Stakeholder Mapping:

The joint programme will require coordination and collaboration with key government stakeholders at local, sub-national and national levels in all three target countries. Also, the joint programme will strive to apply the whole-of-government and the whole-of-society approaches in line with the GCM.

In Jordan, at the national level, the country team will coordinate with the Ministry of Environment (MoEnv), the Ministry of Health (MoH), Jordan Center for Disease Control (JCDC) and the Minister of Interior (MoI). Under the MoEnv, there is the Climate Change Directorate (CCD) which chairs the National Committee on Climate Change. The MoH is in charge of all health affairs and responsible for maintaining public health and the ministry has established an Environmental Health Directorate, including a department that specifically addresses climate change and its implications for public health. The JCDC, a national public entity, plays a crucial role in addressing a green economy and enhancing the public health sector's preparedness to address climate-related challenges by building the capacity of its workforce. Through By law No. (112) for the year 2020, the center is mandated to monitor and follow up on environmental health threats, including climate change, and their linkages with epidemics and communicable diseases as well as building the capacity and training of workers in the field of epidemics, communicable disease control, and response to environmental health threats. The MoI chairs the Higher Council of Civil Defense which is responsible for the country's disaster relief operations. At the sub-national level, key government entities include the MoH, MoEnv, and Municipalities Councils. Furthermore, as the non-government stakeholders, the joint programme will engage with national CSOs, such as the Jordan Health Aid Society International (JHASi), Jordan National Red Crescent Society, and the members of the Jordanian Federation for Environmental NGOs. These CSO partners are continuously engaged with local communities to address climate change and health related issues in addition to bridging between policy makers and application on the ground.

In Iraq, the MoE is in charge of both climate change affairs and DRR at the national level. The MoH is tasked with providing health and medical services to Iraqi citizens, including during emergency circumstances. **In the Basra governorate**, the Directorate of Environment (DOE) is the responsible local authority for climate change and DRR matters while the Directorate of Health (DoH) is in charge of health issues. Key non-government stakeholders include other UN agencies working in Basra, INGOs and NGOs including the Iraqi Red Crescent, active local civil society structures and organizations, medical students' committees, academic institutions, and vulnerable communities and migrants. The country team will encourage a consultative and participatory approach throughout the programme, ensuring that the viewpoints of these key stakeholders and their expertise are tapped into and taken into consideration. They will be invited to participate in the different phases of implementation of assessments and development of action plans as well as to sensitization and capacity building workshops.

As for Lebanon, there are several ministries to coordinate at the national level, including: the Ministry of Environment which heads the inter-ministerial NDC committee and other climate change actions; the Ministry of Public Health (MoPH) which oversees all public health matters and takes a leading role on NDC matters related to public health; the National Disaster Risk Reduction Committee which oversees the country's DRR matters; and, the Ministry of Interior and Municipalities (MoIM) which grants access in targeted localities. Moreover, migrant affairs are covered by multiple government entities, including the Ministry of Labour, the Ministry of Social Affairs, and the General Security Directorate. At the sub-national level, key government entities include governorate, district and municipal level authorities and facilities. These include governors' offices, local mayors, governorate hospitals, primary healthcare centers, private hospitals, social development centres, civil defence units, and prominent civil society organizations and local NGOs such as AMEL, and academia such as the American University of Beirut.

4b) Partnerships:

In line with the above stakeholder mapping, the joint programme will work with multiple government entities at national and sub-national levels in all three target countries. The design of the joint programme reflects the needs and concerns of migrants and the host communities, which have been identified through the respective work of PUNOs in the target countries. Civil society and representatives of migrants, other mobile populations and host communities will be involved in the assessments as key informants as well as in awareness raising activities as implementing partners. Furthermore, the joint programme will leverage the UNNMs and working groups in the target countries to build synergies with the relevant initiatives of the Networks and the member agencies.

In Jordan, IOM, WHO, and UNDRR will closely work, in coordination and cooperation with several stakeholders from multiple governmental and non-governmental entities (MoEnv, MoH and JCDC) at national and subnational levels. Through working with national governmental partners, policy discussions will take place; and through the same approach with the subnational, both governmental and non-governmental partners, for the implementation of the different interventions planned under this programme. For WHO and IOM, this will mean working closely with the MoH, as well as the JCDC. UNDRR will be engaging with the Ministry of Environment and relevant stakeholders within the Ministry of Environment for developing the local resilience action plan. During this whole process, migrants and host communities will be engaged through being part of data collection process which will contribute to the design of the mitigation methods, as well the continuous dialogues among the different stakeholders.

In Iraq, IOM and WHO will engage concerned stakeholders in the different activities including governmental and non-governmental actors, namely; the MoH, DoH, national experts, academic institutions, healthcare professionals, concerned health actors including national and international NGOs, active civil society organizations, and the migrants and migration-affected communities. UNDRR will engage with local authorities of the city of Basra and the MoE for the implementation of the scorecards and for developing the local resilience action plan and also for developing the DRR platform and national DRR strategy in cooperation with IOM and WHO. The country team will maintain and strengthen existing partnerships established to encourage the participation of communities. In order to avoid duplication of efforts and maximise synergies with other organisations, the PUNOs actively participants in relevant coordination mechanisms at national and subnational levels. Coordination takes place via meetings between stakeholders that are focused on either geography or themes/sector and are designed to avoid overlap, facilitate information sharing and maximise effectiveness.

In Lebanon, IOM, WHO and UNDRR will engage with all relevant stakeholders at national, sub-national and local levels. For WHO, this will mean engaging with the MoPH and relevant departments within it and other concerned stakeholders. WHO will also engage with relevant private and public hospitals in targeted localities, primary healthcare centres, and health professionals and related syndicates. IOM will engage primarily with the MoIM at national level to ensure access in targeted localities. IOM will also engage with local primary healthcare centres, migrant community groups and CSOs, community leaders, academics and policymakers. CSOs will include those present in the Migrant Sector, such as AMEL, Migrant Community Centre, Anti-Racism Movement, and Eгна Legna. These organizations have a strong localized presence among migrant communities and will enhance the project's ability to penetrate migrant communities and extract meaningful information on the pressing issues the project is seeking to address. UNDRR will engage with the local authorities of targeted location and the MoE for the implementation of the scorecards and for developing the local resilience action plan and also for developing the DRR platform and national DRR strategy in cooperation with IOM and WHO. The programme will also consult closely with UNDP who have conducted several research topics related to health system adaptation in face of climate change risks.

5. Innovation, Sustainability and Exit Strategy

5a) Innovation:

The approach that the joint programme proposes is innovative in three main ways. First, IOM, WHO and UNDRR will join forces to address the interlinkages of climate change, risk reduction, health and well-being, and human mobility by bringing their respective expertise together. Hitherto, there has been no intervention that aims to address the intersections comprehensively, at least in the MENA region. Second, the PUNOs through joint efforts will come up with a set of models that can be replicated and adapted by other countries in the MENA region. These models include: an evidence-based migrant-inclusive action plan for climate change public health adaptation; and, an evidence-based local-level resilience action plan in which human-mobility and public health considerations are integrated. Third, the joint programme will combine the policy intervention with capacity building of healthcare professionals and awareness raising targeting the host and migrant communities so as to encourage the effective implementation of the newly developed action plans.

While the joint programme mostly includes country-specific interventions, it includes a set of activities at the regional level to share key deliverables, success stories and lessons learnt with other countries in the

MENA region as well as other interested stakeholders including donors. Success stories and lessons learnt from the Joint Programme will be used for informing follow-up interventions in the target countries as well as similar interventions in other countries in the MENA region. They will also be used for advocacy messages, especially for future COPs of UNFCCC and other relevant international and regional fora. The joint programme has a great potential for multiplier effect and attracting future additional funding due to its timeliness of the action: [the Sharm el-Sheikh Implementation Plan](#) adopted at the COP 27 makes explicit reference to Parties' obligations on "the right to health" and "the rights of migrant". The Plan also notes serious concern over the current level of adaptation and calls for the scale-up implementation of NAPs. As the joint programme aims to strengthen adaptation action linked to health and human mobility, its successes and lessons learnt are likely to attract the attention of regional and international climate change actors.

5b) Sustainability and Exit Strategy:

At the regional level, the Programme Advisory Committee will remain operational at least for three months after the end of the joint programme to ensure proper closure of the programme in coordination with the PSCs in the target countries (see 6b) joint programme management and coordination for further details). Furthermore, the PUNOs will jointly approach potential donors, including climate funds such as the Green Climate Fund and the Adaptation Fund, to replicate the models that will be produced by the programme in other countries in the MENA region.

In Jordan, in order to ensure a successful handover, the country team will actively engage with relevant government institutions, ministries, and focal points. Collaboration with stakeholders will be sought during the country analysis and V&A assessment development, while sensitization workshops will enhance the institutional capacity of governmental agencies and other relevant actors. An exit strategy will rely on ensuring close and committed government engagement and ownership, enabling further work beyond the project's duration, and supporting institutional sustainability. Through these approaches towards sustainability and exit strategy, this project will not work in isolation but form part of efforts for sustained improvements. The project will support government institutional sustainability, enabling the continued development of solutions beyond the project's end.

In Iraq, to ensure a smooth handover and exit strategy, the country team will support the government institutional sustainability by involving and actively engaging with the governmental institutions, ministries, and focal points since the early stages of the programme implementation. The development of the country analysis and V&A assessment will be done in collaboration with relevant stakeholders, while the sensitization workshops will play a strong role in strengthening institutional capacity of governmental agencies and other actors. Moreover, UNDRR will enhance the capacities of local authorities and stakeholders throughout the implementation of the detailed disaster resilience scorecard, public health system resilience addendum and other relevant addenda the development of local resilience action plan. The plans will provide a good base for further resource mobilization with the help of stakeholders and partners on the ground.

In Lebanon, at the onset of the programme, consultations will be held to ensure that all previously conducted activities of a complementary nature are built on. This will mean consulting with other actors engaged in research, policymaking, capacity building or awareness raising at the intersection of health, migration, climate change and risk reduction. Such actors include UNDP and UN Habitat, whose advice

and recommendations will be sought. By linking this project efforts to the impact of past initiatives in similar areas of engagement, the project's impact will be strengthened and made more sustainable. Finally, an exit strategy will hinge on ensuring close and committed government engagement and ownership, so that beyond project duration, avenues exist for further work, either directly by government or via non-government initiatives that the government nonetheless provides direction on. Through these approaches towards sustainability and exit strategy, this project will not work in isolation, but form part of past, present and future efforts for sustained improvements.

6. Project Management and Coordination

6a) PUNOs (PUNOs) and Implementing Partners:

The joint programme will be implemented by **IOM as the Convening Agent** and with **WHO and UNDRR as PUNOs** through their country offices and focal points in the target countries.

IOM is the UN Migration Agency and mandated to serve as the Coordinator of the UNNM at country, regional and global levels. IOM has well-established field presence and operational capacity in the target countries and has relevant programme activities to promote a migrant-inclusive approach in health and other services and to address climate and disaster-induced human mobility. In all three countries, the UNNM is functional and in Iraq, IOM has initiated the establishment of an affiliated working group on the climate change-migration nexus under the UNNM. IOM country missions in Jordan, Iraq and Lebanon come under the supervision of the IOM Regional Office for Middle East and North Africa (RO MENA).

WHO remains committed to its principles of enjoyment of the highest attainable standard of health as one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition and that the health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States. In the Eastern Mediterranean Region (EMR), WHO has offices in 21 countries of the 22 represented, with its Regional Office (EMRO) located in Cairo, Egypt.

UNDRR is mandated to oversee the SFDRR, supporting countries in its implementation, monitoring and sharing what works in reducing existing risk and preventing the creation of new risk. UNDRR implements activities in the target countries through focal points designated by the host governments. UNDRR Regional Office for Arab States (ROAS) oversees its operations in 22 countries.

All three agencies are part of the UN Country Teams (UNCT) in the respective target country and contribute to the implementation of the UNSDCF.

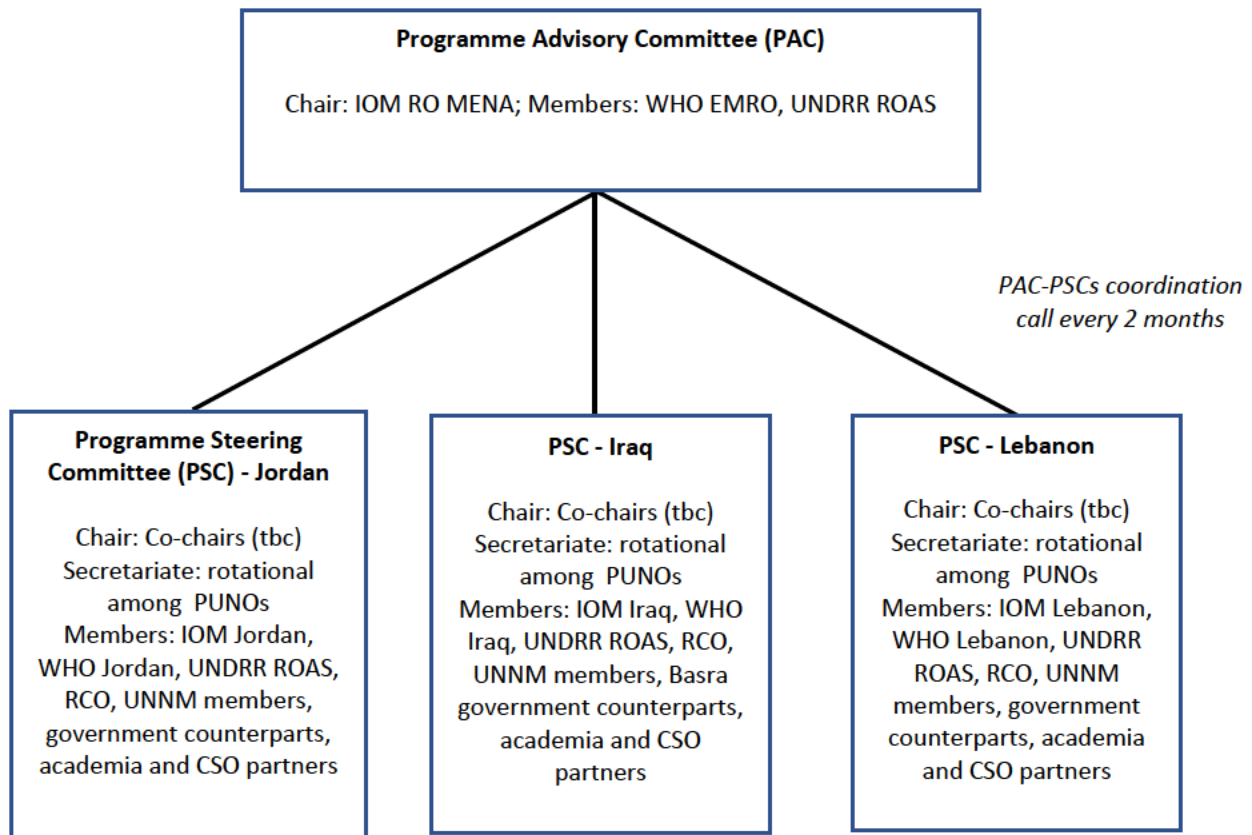
6b) Joint Programme Management and Coordination:

IOM RO MENA in coordination with IOM Jordan, Iraq and Lebanon country missions will be responsible for the overall coordination of the joint programme. As this is a multi-country programme, the primary responsibility of the programme activity implementation will rest with each country while the PUNOs' offices at the regional level provide strategic guidance for the joint programme direction. This will be done through forming **the Programme Advisory Committee (PAC)** at the regional level to facilitate regular communication and coordination between IOM RO MENA, WHO EMRO and UNDRR ROAS. The PAC will meet monthly and advise the overall direction of the joint programme and provide technical guidance to the PSCs for the implementation of the joint programme. The PAC will organize online meetings every two months with the country teams responsible for implementing the country activities and also undertake period monitoring visits to the countries, individually or jointly. At the country level, **a Programme Steering Committee (PSC)**, will be set up among the PUNOs and with the Resident Coordinator's Office (RCO), and relevant stakeholders, including government counterparts, academia, civil society organizations, may be invited for the committee based on the country specific needs. The co-chairmanship will be explored with the RCO and/or government counterpart with a rotational secretariate role among PUNOs. The PSC will meet monthly and discuss and agree on the plan and implementation of the joint

activities, monitor the progress, adjust the course of action if necessary, and address any challenges in the implementation in coordination with the PAC. In Jordan the PSC will be comprised of the PUNOs and organizations such as the Jordan Center for Disease Control (JCDC), relevant CSOs, the Ministries of Environment, Food and Agriculture, Water and Irrigation and the National Center for Security and Crisis Management (NCSCM).

The PAC, jointly with three PSCs, will organize a **mid-term programme review workshop** in the 11th or 12th month of the programme implementation, inviting key government counterparts and stakeholders from the target countries. The review workshop aims to review the programme progress against the results matrix and programme work plan, identify success stories and discuss any challenges in the programme implementation that need to be collectively addressed. The recommendations from the review workshop will be followed up by the country teams to reflect them in the programme implementation and will be monitored by the PAC through regular online meetings.

Diagram: the programme management and coordination structure



6c) Risk Management:

The PSC in each target country will be primarily responsible for monitoring potential risks and their management, as the identified potential risks are country-specific. The PSC will keep the PAC updated on

their monitoring of potential risks and bring any major risks that could impact the programme implementation to the PAC's attention for consultations and taking mitigation action. Specific risks identified for each target country, likelihood, impact and mitigation measures are detailed in Annex D2.

6d) Joint Programme Monitoring and Knowledge Management:

Each PSC at the onset of the programme will develop a detailed programme work plan and joint monitoring plan specific to each country's context. Day-to-day monitoring of the programme activities at the country level rests with the PSC, and the monitoring update will be shared with the PAC at bimonthly online meetings. As stated in the previous section, potential risks will be monitored by the PSC as the identified risks are country-specific, and the risk monitoring plan will be included in the joint monitoring plan at the country level. The responsibility for budget and expenditure monitoring will rest with each PUNO; their regional office coordinates with their country offices on a regularly basis to ensure the timely disbursement of budget allocations made to the respective activities.

IOM RO MENA will be responsible for knowledge management of the programme in coordination with WHO EMRO and UNDRR ROAS. An online knowledge management platform by using tools such as MS teams will be created to store all programme related documents, data and evidence collected through the activities. At the regional level, **a biannual programme brief** will be produced with programme updates, key deliverables and success stories, which will be disseminated among other countries and wider stakeholders in the MENA region by using PUNOs' websites and networks. At the end of the programme, either on 22nd or 23rd month of the programme, **a one-day regional programme workshop** will be organized by inviting other countries and stakeholders in the MENA region as well as donors to present the key deliverables, success stories and lessons learnt from the joint programme.

6e) Evaluation:

IOM RO MENA will be responsible for planning and administering the final summative Joint Programme evaluation in coordination with WHO EMRO, UNDRR ROAS, and three PSCs in the target countries. The final evaluation will be undertaken by an independent external evaluator in the final three months of the programme. The evaluation will be assessed according to all six OECD-DAC evaluation criteria - relevance, coherence, effectiveness, efficiency, impact, and sustainability – as well as GCM guiding principles, covering human rights, gender, child protection, the whole-of-government, the whole-of-society and people-centered approaches.

The overall objective of the final evaluation will be to assess the relevance of the programme design, activities and deliverables, the effectiveness in terms of stakeholder engagement and partnerships, and the impact of the activities and deliverables on influencing the programme objective. Furthermore, the evaluation will assess the coherence of the programme in terms of its alignment with relevant national strategies and international frameworks as well as the sustainability of programme deliverables, including the possibility of replication and adoption of the models to be produced by the programme in other MENA countries. The intended audience of the evaluation are: IOM, WHO and UNDRR, in particular all their offices involved in the programme implementation; government counterparts and other national stakeholders; Resident Coordinators and UNNM members in the target countries; and interested donors. The evaluation findings and recommendations will be used for informing necessary follow-up actions at the country and regional levels, for informing future programming building on the successes and lessons

learnt from the programme, and for planning the similar programmes in other countries in the MENA region.

7. Project Budget and Workplan

7a) Budget:

Personnel

The programme budget includes personnel costs of IOM, WHO and UNDRR staff who will provide programme management and technical oversight services as well as who will directly implement the activities in the target countries. As this is a multi-country programme with IOM as the Convening Agent, the Programme Lead of each of the three IOM Country Missions will lead the coordination for timely programme implementation at the country level. IOM RO MENA will provide the overall coordination support at the regional level by chairing the PAC through engaging a part-time Programme Coordinator and a full-time Programme Assistant with technical oversight from the Regional Thematic Specialists for Migration, Environment and Climate Change (MECC) and for Migration Health.

WHO EMRO will provide technical oversight for all WHO-led and -involved activities while the implementation at the country level will be led by the Programme focal point (either Migration Health Officer or Environmental Health Officer) in each country. UNDRR will engage a full-time Associate Programme Officer (MCR 2030), DRR Coordinator and DRR Consultant, who will be all based at UNDRR ROAS in Cairo, to directly plan and implement UNDRR-led and -involved activities by undertaking regular travels to the three countries.

Operational

The PUNOs have set out operational and office costs in the programme budget. The unit costs provided are based on the current costs. As the majority of the activities will take place at municipal and sub-national levels, the operational costs include necessary travel costs. The operational and office costs in Iraq factor in security related costs, given that the country is categorized as a highly hardship duty station as per the UN classification. Given that Lebanon has been facing the hyperinflation in the last few years (as high as 186% in 2022), the operational and office costs in Lebanon take due consideration of continued hyperinflation impacts.

Office costs incurred by the PUNOs will be shared proportionately across other projects managed by the respective agencies in and for each target country, including office rent, utilities, communication, office equipment, office stationary, miscellaneous and security.

Monitoring and evaluation

IOM RO MENA has set aside monitoring costs to undertake regular monitoring visits to the target countries. Monitoring costs of WHO EMRO and UNDRR ROAS are included in their respective operational costs. Three percent of the total programme budget is allocated to the final external evaluation.

b) Workplan: see the workplan in Annex 4.

Annex 1: Results Framework

RESULTS	INDICATORS	Data Source and Collection Method	Baseline	Targets	ASSUMPTIONS
Overall Objective Statement:					
To contribute to strengthening synergies between Climate Change Adaptation (CCA) and risk reduction in the Middle East and North Africa (MENA) region through mainstreaming a gender-sensitive human mobility lens into national public health adaptation strategies and Disaster Risk Reduction (DRR) strategies.					
Outcome 1					
The target countries have enhanced policy awareness and strategies that recognize the convergence between CCA and risk reduction with a human mobility lens and in a gender sensitive manner.	<p>1a. # of the target countries that make reference to both risk reduction and human mobility considerations in climate change statements or adaptation policies by the programme completion.</p> <p>1b. # of national or subnational strategies that reflect convergence between CCA and risk reduction with a human mobility lens and in a gender sensitive manner.</p>	Project monitoring reports; project final evaluation	<p>1a. None. At COP 27, the only MENA country that made reference to population movements in the national statement was Libya.</p> <p>1b. N/A.</p>	<p>1a. At least one target country.</p> <p>1b. At least one national or subnational strategy in each target country.</p>	CCA and risk reduction remain priorities for the target countries.
Output 1.1					
A comprehensive, gender-sensitive national or sub-		Workshop attendance records; activity monitoring reports;	1.1.a. N/A. A desktop brief MECC country	1.1.a. Jordan: up to 5 subnational analysis	National and subnational

<p>national analysis of the climate change-human mobility nexus and disaster risk assessment is accessible to the policy makers in each target country.</p>	<p>1.1.a. # of national or subnational analysis reports available in Jordan and Iraq.</p> <p>1.1.b. # of research papers published in Lebanon.</p>	<p>national / sub national analysis reports available.,</p>	<p>profile was produced for Iraq by IOM in 2022.</p> <p>1.1.b. N/A</p>	<p>reports; Iraq: 1 national analysis report.</p> <p>1.1.b. Lebanon: up to 4 research reports.</p>	<p>stakeholders remain cooperative for PUNOs to carry out the assessments in target locations.</p> <p>Concerned stakeholders in the target countries collaborate in providing information and data that feed into the analyses.</p> <p>Security situations remain stable in the target countries to carry out the assessments.</p>
<ul style="list-style-type: none"> • Activity for Jordan: <ul style="list-style-type: none"> ○ 1.1.1. Contract an expert to evaluate and identify five most vulnerable locations to climate change impacts sub-nationally (IOM). ○ 1.1.2. Conduct a subnational analysis of the climate change-human mobility nexus and disaster risk assessment in five locations that will be decided based on vulnerabilities identified by the expert (IOM). ○ 1.1.3. Carry out three separate workshops in each identified location sub-nationally, pre-, during and post- the risk assessment analysis (IOM). • Activity for Iraq: <ul style="list-style-type: none"> ○ 1.1.4. Conduct a sub-national country analysis that will cover extreme weather events and slow-onset events that affect human mobility in Basra Governorate (IOM). • Activities for Lebanon: <ul style="list-style-type: none"> ○ 1.1.5. Organize joint coordination workshop to determine project activities' location, scope, objectives, and ensure complementarity between respective agencies' activities (IOM - lead, WHO, UNDRR). ○ 1.1.6. Conduct individualized data collection among migrant populations to assess their access to services, including healthcare. (IOM) ○ 1.1.7 Produce research papers, both in-house (as follow up to data collection) and via call for papers, on thematic issues linked to migrants' healthcare within the climate change-human mobility nexus (IOM). 					

Output 1.2					
<p>A vulnerability and adaptation (V&A) assessment on climate change and health with migrant-inclusive and gender sensitive lenses is accessible to the policy makers in each target country.</p>	<p>1.2.a. # of V&A assessment reports produced in Jordan and Iraq.</p> <p>1.2.b. # of assessment report on health facilities capacities produced in Lebanon:</p>	<p>Workshop attendance records; activity monitoring reports.</p>	<p>1.2.a. N/A</p> <p>1.2.b. N/A</p>	<p>1.2.a. Jordan: 1 report; Iraq: 1 report.</p> <p>1.2.b. Lebanon: 1 report</p>	<p>National and subnational stakeholders remain cooperative for PUNOs to carry out the assessments in target locations.</p> <p>Access to relevant stakeholders and communities is possible and their participation is ensured.</p> <p>Security situations remain stable in the target countries to carry out the assessments.</p>
<ul style="list-style-type: none"> • Activities for Jordan: <ul style="list-style-type: none"> ○ 1.2.1. Conduct a risk assessment exercise at the national and sub-national levels to identify climate change, public health capacities, and vulnerabilities towards a potential large influx of refugees and migrants. This includes the convening of a one-day risk assessment workshop to characterize the climate change and health risks associated with such influx, to enhance health risk communication, timely and transparent sharing of relevant information, and the building of trust, with the results to be used for planning and implementation of appropriate and timely preventive and control measures (Lead: WHO, jointly with IOM). ○ 1.2.2. Contract an expert on health and climate change to build the theoretical framework, conduct the field assessment and a V&A evaluation on the impact of climate change on health using a migrant-inclusive lens. ○ 1.2.3. Carry out 2 workshops (1 national and 1 subnational) followed by a workshop to present and validate the results with the local counterparts. • Activity for Iraq: <ul style="list-style-type: none"> ○ 1.2.4. Conduct a V&A assessment on climate change and health in Basra Governorate, with a migrant-inclusive lens. The V&A assessment will include a focus on migrants' vulnerabilities to malnutrition, heat-related illness, waterborne diseases, changes in vector ecology and infectious 					

disease risks including respiratory and cardiovascular diseases and mental health. The assessment will also look at the impacts on the health vulnerabilities of immobile populations who are not able to migrate (IOM).

- **Activities for Lebanon:**

- 1.2.5. Conduct an assessment on health facilities capacities with 54 health facilities to respond to climate-induced health risks (WHO). The assessment will encompass: i) Health workforce: adequate numbers of skilled human resources, with decent working conditions, empowered and informed to respond to these environmental challenges; ii) Water, sanitation, hygiene, and health care waste management: water, sanitation and health care waste services sustained and safely managed; iii) Energy: energy services sustained; and, iv) Infrastructure, technologies, and products: appropriate infrastructure, technologies, products and processes, including all the operations at health care facilities efficiently functioned.

Outcome 2					
The target countries demonstrate enhanced coherence towards migrant inclusion between public health strategies and DRR strategies and willingness to share good practices from the programme with other countries in the MENA region.	2a. # of the target countries that make reference to health and human mobility considerations in DRR statements or DRR strategies by the programme completion. 2b. # of target country governments that presented good practices and success stories from the programme at the regional programme workshop with other MENA countries.	Project monitoring reports; project final evaluation; roundtable discussions with experts	2a. One country, Jordan. In Jordan's national DRR strategy, health considerations are referenced but not human mobility considerations, other than reference to the displaced and migrants among vulnerable groups. 2b. N/A	2a. Minimum 1 and maximum all 3 target countries. 2b. All 3 country governments.	Health adaptation and risk reduction remain key priorities for the target countries. The target countries remain open for integrating human mobility considerations in CCA and risk reduction strategies.
Output 2.1					

<p>National and sub-national government officials and relevant stakeholders have improved understanding of the importance of integrating a gender-sensitive human mobility lens into the local public health adaptation and resilience action plans.</p>	<p>2.1.a. # of sensitization workshops organized.</p> <p>2.1.b. # of attendees for sensitization workshops.</p> <p>2.1.c. # of national strategy for DRR drafted in Iraq.</p> <p>2.1.d. # of DRR platform structure established in Iraq.</p>	<p>Workshop attendance records; workshop reports; activity monitoring reports; pre- and post-analyses.</p>	<p>2.1.a. N/A 2.1.b. N/A 2.1.c. N/A 2.1.d. N/A</p>	<p>2.1.a. Jordan : 3 ; Iraq: 4 (2 national and 2 subnational); Lebanon: 2</p> <p>2.1.b. Jordan: 45 participants ; Iraq : 60 ; Lebanon : 45 participants.</p> <p>2.1.c. 1 National DRR Strategy.</p> <p>2.1.d. 1 National Multi-Stakeholder DRR Platform Structure.</p>	<p>National and sub-national government officials and other relevant stakeholders remain available to participate in the workshops.</p> <p>Security situations in the target countries remain conducive for conducting the workshops and consultations.</p>
<ul style="list-style-type: none"> • Activity for Jordan: <ul style="list-style-type: none"> ○ 2.1.1. Using the assessments' key findings and recommendations (including demographic and health data of assessed populations), 3 sensitization workshops will be organized for national and sub-national government officials to emphasize: 1) the significance of a migrant-inclusive public health adaptation strategy for climate change, and 2) the integration of human mobility-sensitive health responses in localized Disaster Risk Management strategies, aligning NAP and DRM processes (Lead: IOM, jointly with WHO and UNDRR). • Activity for Iraq: <ul style="list-style-type: none"> ○ 2.1.2. Organize 2 national and 2 sub-national sensitization workshops for government, civil society, and other stakeholders to raise awareness on the intersection between human mobility, climate change, public health, and DRR (IOM). ○ 2.1.3. Organize 4 national consultation workshops to establish a national multi-stakeholder platform for disaster risk reduction and initiate the development of a national strategy for disaster risk reduction in line with Sendai Framework for Disaster Risk Reduction 2015-2030 and in coherence with Paris Agreement and 2030 Agenda for Sustainable Development (UNDRR). • Activity for Lebanon: 					

- 2.1.4. Organize national and sub-national sensitization workshops for government officials, main stakeholders, civil society to present the results/findings from research and data collection conducted under outputs 1.1 and 1.2. (IOM – lead, WHO, UNDRR)

Output 2.2					
Public health data and an evidence-based public health adaptation strategy with migrant-inclusive and gender-sensitive lenses are accessible to the policy makers and health institutions as good practice examples for inclusive local-level policy making.	<p>2.2.a. # of monthly bulletin produced that illustrates health status (patterns and trends) of migrant and refugee populations in Jordan.</p> <p>2.2.b. # of a public health strategy or action plan developed in Jordan and Iraq.</p> <p>2.2.c. # of recommendations drafted for local healthcare facilities in Lebanon.</p>	The existing data collection at primary and secondary health care level for inpatient and outpatient health data; Activity monitoring reports.	<p>2.2.a. N/A</p> <p>2.2.b. N/A</p> <p>2.2.c. N/A</p>	<p>2.2.a. 12</p> <p>2.2.b. Jordan: 1 public health strategy; Iraq: 1 governorate-level action plan.</p> <p>2.2.c. 5 recommendations</p>	<p>A collection of disaggregated data is existing at primary level and properly compiled and reported in a standardized manner.</p> <p>Primary health care services and hospitals remain cooperative for data collection.</p> <p>National and subnational stakeholders remain open for PUNOs' support for drafting a strategy/ action plan.</p>
<ul style="list-style-type: none"> • Activity for Jordan: <ul style="list-style-type: none"> ○ 2.2.1. Pilot collection of health data in primary health care services and hospitals in few selected Governorates with focus on disaggregation by migrant and refugee status (WHO). ○ 2.2.2. Support in drafting a public health adaptation strategy that considers the impacts of climate change on migrants considering the assessment findings (IOM). • Activity for Iraq: <ul style="list-style-type: none"> ○ 2.2.3. Support the drafting process of a governorate-level migrant-inclusive action plan for climate change public health adaptation based on the vulnerability and adaptation assessment findings and the local context. • Activity for Lebanon: <ul style="list-style-type: none"> ○ 2.2.4. Draft a series of recommendations for local healthcare facilities based upon lessons learnt under Outcome 1 (IOM,WHO). 					

Output 2.3					
<p>A local-level resilience plan with a gender-responsive, human mobility-sensitive health response approach is accessible to the policy makers and health institutions as a good practice example for inclusive local-level policy making.</p>	<p>2.3.a. # of draft subnational plans developed in Jordan.</p> <p>2.3.b. # of local level resilience plans developed.</p> <p>2.3.c. # of detailed resilience scorecard assessment in Iraq.</p>	<p>Activity monitoring reports; local level resilience plans and resilience scorecard assessment report available.</p>	<p>2.3.a. N/A</p> <p>2.3.b. N/A</p> <p>2.3.c. N/A</p>	<p>2.3.a. 1 draft subnational plan.</p> <p>2.3.b. 1 plan each for Jordan, Iraq and Lebanon.</p> <p>2.3.c. 1 for Iraq.</p>	<p>Select local governments and stakeholders remain open for PUNOs' support for drafting local resilience plans.</p> <p>National stakeholders in Iraq remain interested in establishing a National DRR Platform and National DRR Strategy.</p>
<ul style="list-style-type: none"> • Activity for Jordan: <ul style="list-style-type: none"> ○ 2.3.1. Organize 2 workshops to conduct the detailed resilience scorecard assessment, followed by the public health system resilience addendum with the local authorities and stakeholders (Lead: UNDRR, jointly with WHO) ○ 2.3.2. Organize 3 workshops to support the development of a local-level resilience action plan in which human-mobility and public health systems/public health are integrated through a consultative process that includes capacity building of all stakeholders engaged (Lead: UNDRR, jointly with IOM and WHO) • Activity for Iraq: <ul style="list-style-type: none"> ○ 2.3.3. Organize 2 workshops to conduct the detailed resilience scorecard assessment, followed by the public health system resilience addendum with the local authorities and stakeholders. ○ 2.3.4. Organize 3 workshops to support the development of a local-level resilience action plan in which human-mobility and public health systems/public health are integrated through a consultative process that includes capacity building of all stakeholders engaged. • Activity for Lebanon: <ul style="list-style-type: none"> ○ 2.3.5. Organize 2 workshops to conduct the detailed resilience scorecard assessment, followed by the public health system resilience addendum with the local authorities and stakeholders. ○ 2.3.6 Organize 3 workshops to support the development of a local-level resilience action plan in which human-mobility and public health systems/public health are integrated through a consultative process that includes capacity building of all stakeholders engaged. 					

Output 2.4					
Models of migrant-inclusive health adaptation action plans and resilience action plans, along with other good practices from the programme, are accessible to other countries in the MENA region for possible replication or adoption.	2.4.a. # of biannual programme briefs produced and disseminated. 2.4.b. # of other MENA countries participated in the regional programme workshop.	Activity monitoring reports; workshop attendance sheets; workshop reports; pre-and post analyses.	2.4.a. N/A 2.4.b. N/A	2.4.a. 4 briefs 2.4.b. At least 5 countries	Other countries in the MENA region are interested in the programme, including its deliverables, success stories and lessons learnt.
<ul style="list-style-type: none"> • Regional level activities (IOM, WHO and UNDRR): <ul style="list-style-type: none"> ○ 2.4.1. Produce a biannual programme brief on the models of migrant-inclusive health adaptation action plans and resilience action plans and other good practices and success stories from the programme and disseminate it among other countries and wider stakeholders in the MENA region. ○ 2.4.2. Organize a 2-day mid-term programme review workshop with key government counterparts and stakeholders from the target countries. The review workshop aims to review the programme progress against the results matrix and programme work plan, identify success stories and discuss any challenges in the programme implementation that need to be collectively addressed. ○ 2.4.3. Organize a one-day regional programme workshop with other countries and stakeholders in the MENA region to present the key deliverables, success stories and lessons learnt from the joint programme. The workshop will be organized in the final 3 months of the programme. 					
Outcome 3					
The host and migrant communities in the target countries demonstrate solid understanding of health impacts of climate change and	3a. % of host community members and migrants who reported good understanding of health impacts of climate change	Focus group discussions with select participants of awareness raising sessions; healthcare clinics/ hospital	3a. N/A 3b. N/A	3a. Up to 70% of those surveyed 3b. Open	Migrants in the target countries do not face any restriction in seeking healthcare services.

willingness to seek healthcare support for addressing such impacts.	after their participation in awareness raising sessions. 3b. # of host community members and migrants seeking healthcare services for climate-related health risks (with gender disaggregated data).	records; project final evaluation.			The host community and migrant community members are willing to participate in focus group discussions and project final evaluation.
Output 3.1					
Healthcare professionals have the skills and knowledge to respond to health threats exacerbated by climate change and in disaster situations in a gender-sensitive and migrant-inclusive manner.	3.1.a. # of healthcare professionals trained in all three targeted countries. 3.1.b. # of awareness raising sessions organized in Jordan.	Capacity building sessions/ training attendance records; awareness raising session report; Activity monitoring reports.	3.1.a. N/A 3.1.b. N/A	3.1.a. Jordan: 45 healthcare professionals; Iraq: 50; Lebanon: 500 3.1.b. 5 sessions	Healthcare professionals in the target countries are available for participating in trainings. Security situations in the target countries remain conducive for conducting the trainings and awareness raising sessions.
<ul style="list-style-type: none"> • Activity for Jordan: <ul style="list-style-type: none"> ○ 3.1.1. Conduct a number of capacity building sessions for healthcare workers at primary health care level as well as hospitals to build Competency Standards of practice when providing services (WHO). This activity will involve the development of the Jordan Competency Standards package followed by a series of workshop in all governorates. The methodology consists in adapting the existing WHO global standard and provide capacity building to 45 health care workers from comprehensive health centers and 200 from primary health centers. ○ 3.1.2. Design and roll out awareness raising sessions, targeting healthcare professionals, on climate change-induced health risks, impacts and disaster preparedness. The roll out will be done at a sub-national health care level (Lead: IOM, jointly with UNDRR). • Activity for Iraq: <ul style="list-style-type: none"> ○ 3.1.3. Provide capacity building training to healthcare providers and technical staff at targeted health facilities on climate change and health. 					

- **Activity for Lebanon:**
 - 3.1.4. Conduct capacity building sessions for healthcare professionals to respond to health threats exacerbated by climate change based on the assessment (WHO).

Output 3.2					
<p>Awareness raising and communication tools on health impacts of climate change and mitigation measures are accessible in multiple languages to the host and migrant communities in each target country.</p>	<p>3.2.a. # of campaign visibility plan in Jordan.</p> <p>3.2.b. # people targeted with awareness raising and communication messages (direct messages and indirect messages (via social media)) in Iraq.</p> <p>3.2.c. # of migrants reached with RCCE materials on health risks of climate change in Lebanon.</p> <p>3.2.d. # of migrant communities targeted with translated IEC materials in Lebanon.</p>	<p>Campaign visibility plan; campaign report; awareness raising activity reports; attendance records for awareness sessions; and, translated IEC materials.</p>	<p>3.2.a.N/A 3.2.b.N/A 3.2.c.N/A 3.2.d.N/A</p>	<p>3.2.a. 1 plan</p> <p>3.2.b. 2 million persons (this will include people reached through social media campaign, distribution of IEC materials, and community based activities)</p> <p>3.2.c. 5000 migrants</p> <p>3.2.d. 5 communities</p>	<p>The host and migrant communities in the target countries remain open for participating in awareness raising campaign and sessions on health impacts of climate change.</p>

- **Activity for Jordan:**
 - 3.2.1. Develop communication messages in key migrant languages to raise awareness about the health impacts of climate change and the vulnerabilities of mobile populations, along with mitigation measures for individuals to adopt (Lead: IOM, jointly WHO and UNDRR).
 - 3.2.2. Develop and implement a campaign visibility plan, which includes social media engagement, television broadcasts, posters, and community feedback. The campaign aims to empower communities to make informed decisions about their health (Lead: IOM, jointly WHO and UNDRR).

- **Activity for Iraq:**
 - 3.2.3. Design and disseminate awareness raising and communication messages in multiple languages based on priority activities (WHO).
- **Activity for Lebanon:**
 - 3.2.4. Organize Risk Communication and Community Engagement to migrant communities to promote awareness on access to healthcare support. (IOM)
 - 3.2.5 Harness momentum from community-based initiatives to promote migrants' awareness of available healthcare services, i.e., information, education, and communication (IOM).

Annex 2: Risk Management Plan

Risks	Risk Level <i>(Number: Likelihood times Impact)</i>	Likelihood <i>Certain: 5 Likely: 4 Possible: 3 Unlikely: 2 Rare: 1</i>	Impact <i>Essential: 5 Major: 4 Moderate: 3 Minor: 2 Insignificant: 1</i>	Mitigation measures	Responsible PUNO
Jordan					
Insufficient involvement and endorsement from other governmental leaders in the implementation of national strategies, policies, and community engagement practices in the field have resulted in low	6	2	3	This will be mitigated by proactive conversations with government officials combined with monitoring over the period of the project.	IOM Jordan

levels of participation.					
Challenges that hinder the participation of females in the public domain, including the unwillingness of women to engage in certain activities.	6	2	3	To address the issue of female underrepresentation, measures such as increasing the number of female staff, organizing culture-sensitive discussions for women to encourage their participation, scheduling activities at appropriate times and locations for women, and addressing concerns raised during women-only discussions through planned actions have been implemented. Additionally, efforts will be made to train,	IOM Jordan

				equip, and prepare field staff to facilitate effective participation and to recruit a diverse staff base.	
Iraq					
Political developments at national or local level result in lack of participation by or availability of the government of Iraq stakeholders necessary for project implementation	12	3	4	Strong context and risk analysis, as well as stakeholder mapping and continuous monitoring and engagement will ensure that the JP team is up to date on the latest political developments that may impact project implementation , allowing adequate time to prepare for such events and quickly identify and engage with relevant new	IOM Iraq

				stakeholders if required.	
Existing or new threats to social cohesion, peace and security emerge due to variable factors beyond the projects control	6	2	3	Strong context and risk analysis advised by the PUNOs staff including local national staff, security advisors. Continuous monitoring of situation, feedback from participants and evaluation.	IOM Iraq
Lebanon					
Political instability in the country that can disrupt engagement with government entities and delays the programme implementation due to the need	8	2	4	This will be mitigated by the timely programme implementation that does accounts for potential delays.	IOM Lebanon

to ensure government agreement and buy-in.					
Lack of engagement from local stakeholders or their willingness to consider means of improvements to operations	6	2	3	This will be mitigated through sensitization of the programme approaches among local stakeholders from the onset of the programme and building on pre-existing relations.	IOM Lebanon

Note: Please use the descriptions given below as a general guidance on risk level, likelihood and impact:

LIKELIHOOD	Occurrence	Frequency
5: Very Likely	The event is expected to occur in most circumstances	Twice a month or more frequently
4: Likely	The event will probably occur in most circumstances	Once every two months or more frequently
3: Possibly	The event might occur at some time	Once a year or more frequently
2: Unlikely	The event could occur at some time	Once every three years or more frequently
1: Rare	The event may occur in exceptional circumstances	Over every seven years or more frequently

IMPACT	Result
5: Essential	An event leading to massive or irreparable damage or disruption
4: Major	An event leading to critical damage or disruption
3: Moderate	An event leading to serious damage or disruption
2: Minor	An event leading to some degree of damage or disruption
1: Insignificant	An event leading to limited damage or disruption

	IMPACT				
LIKELIHOOD	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Very Likely ((5)	Medium (5)	High (19)	High (15)	Very High (20)	Very High (25)
Likely (4)	Medium (4)	Medium (8)	High (12)	High (16)	Very High (20)
Possible (3)	Low (3)	Medium (6)	High (9)	High (12)	High (15)
Unlikely (2)	Low (2)	Low (4)	Medium (6)	Medium (8)	High (10)
Rare (1)	Low (1)	Low (3)	Medium (3)	Medium (4)	High (5)

Level of Risk	Results
Very High	Immediate action required by executive management. Mitigation activities/treatment options are mandatory to reduce likelihood and/or impact. Risk cannot be accepted unless this occurs.
High	Immediate action required by senior/executive management. Mitigation activities/treatment options are mandatory to reduce likelihood and/or impact. Monitoring strategy to be implemented by Risk Owner.
Medium	Senior Management attention required. Mitigation activities/treatment options are undertaken to reduce likelihood and/or impact. Monitoring strategy to be implemented by Risk Owner.
Low	Management attention required. Mitigation activities/treatment options are recommended to reduce likelihood and/or impact. Implementation of monitoring strategy by risk owner is recommended.

Annex 3a: Budget Template – Results Based Budget

Migration MPTF: Joint Programme Budget (Results-Based Budget)

	Outcome/ output/ activity formulation:	PUNO 1 IOM	PUNO 2 WHO	PUNO 3 UNDRR	TOTAL (all PUNOs)	Budget amount reserved for gender equality and women's empowerment (GEWE) (indicative)
PROGRAMMATIC BUDGET						
Outcome 1: Improved evidence of the intersections between climate change, risk reduction, health and human mobility facilitates convergence between CCA and risk reduction.						
Output 1.1:	A comprehensive, gender-sensitive national or sub-national country analysis of the climate change-human mobility nexus and disaster risk assessment is accessible to the policy makers in each target country.	\$ 377,450.25	\$ 0.00	\$ 0.00	\$ 377,450.25	\$ 128,875.13
Activity 1.1.1:	Contract an expert to evaluate and identify five most vulnerable locations to climate change impacts sub-nationally.	20,000.00	0.00	0.00	20,000.00	0.00
Activity 1.1.2:	Conduct a subnational analysis of the climate	15,000.00	0.00	0.00	15,000.00	7,500.00

	change-human mobility nexus and disaster risk assessment in five locations that will be decided based on vulnerabilities identified by the expert.					
Activity 1.1.3:	Carry out three separate workshops sub-nationally, pre-, during and post- the risk assessment analysis.	60,700.00	0.00	0.00	60,700.00	0.00
Activity 1.1.4:	Conduct a sub-national country analysis that will cover extreme weather events and slow-onset events that affect human mobility in Basra Governorate.	86,625.25	0.00	0.00	86,625.25	43,312.63
Activity 1.1.5:	Organize joint coordination workshop to determine project activities' location, scope, objectives, and ensure complementarity between respective agencies' activities.	4,000.00	0.00	0.00	4,000.00	0.00
Activity 1.1.6:	Conduct individualized data collection among migrant populations to assess their access to	156,125.00	0.00	0.00	156,125.00	78,062.50

	services, including healthcare.					
Activity 1.1.7:	Produce research papers, both in-house (as follow up to data collection) and via call for papers, on thematic issues linked to migrants' healthcare within the climate change-human mobility nexus.	35,000.00	0.00	0.00	35,000.00	0.00
Output 1.2:	A vulnerability and adaptation assessment on climate change and health with migrant-inclusive and gender-sensitive lenses is accessible to the policy makers in each target country.	\$ 159,000.00	\$ 132,947.00	\$ 0.00	\$ 291,947.00	\$ 125,973.50
Activity 1.2.1:	Conduct a risk assessment exercise at the national and sub-national levels to identify climate change, public health capacities, and vulnerabilities towards a potential large influx of refugees and migrants.	12,000.00	36,000.00	0.00	48,000.00	24,000.00
Activity 1.2.2:	Contract an expert on health and climate change to build the	20,000.00	0.00	0.00	20,000.00	0.00

	theoretical framework, conduct the field assessment and a V&A evaluation on the impact of climate change on health using a migrant-inclusive lens.					
Activity 1.2.3:	Carry out 2 workshops (1 national and 1 subnational) followed by a workshop to present and validate the results with the local counterparts.	20,000.00	0.00	0.00	20,000.00	0.00
Activity 1.2.4:	Conduct a V&A assessment on climate change and health in Basra Governorate, with a migrant-inclusive lens.	107,000.00	0.00	0.00	107,000.00	53,500.00
Activity 1.2.5:	Conduct an assessment on health facilities capacities (HCF) to respond to climate-induced health risks.	0.00	96,947.00	0.00	96,947.00	48,473.50
Total for Outcome 1 (Outputs 1.1 + 1.2 + 1.3...etc.)		\$ 536,450.25	\$ 132,947.00	\$ 0.00	\$ 669,397.25	\$ 254,848.63
Outcome 2: Each target country has a new or updated local-level public health adaptation strategy and a DRR strategy which integrate a human mobility lens including a migrant-inclusive approach.						
Output 2.1:	National and sub-national government officials and relevant	\$ 134,000.00	\$ 4,000.00	\$ 155,528.00	\$ 293,528.00	\$ 0.00

	stakeholders have improved understanding of the importance of integrating a gender-sensitive human mobility lens into the local public health adaptation and resilience action plan.					
Activity 2.1.1:	Using the assessments' key findings and recommendations (including demographic and health data of assessed populations), sensitization workshops will be organized for national and sub-national government officials.	22,000.00	0.00	0.00	22,000.00	0.00
Activity 2.1.2:	Organize 2 national and 2 sub-national sensitization workshops for government, civil society, and other stakeholders to raise awareness on the intersection between human mobility, climate change, public health, and DRR.	108,000.00	0.00	0.00	108,000.00	0.00

Activity 2.1.3:	Organize 4 national consultation workshops to establish a national multi-stakeholder platform for disaster risk reduction and initiate the development of a national strategy for disaster risk reduction	0.00	0.00	155,528.00	155,528.00	0.00
Activity 2.1.4:	Organize national and sub-national sensitization workshops for government officials, main stakeholders, civil society to present the results/findings from research and data collection conducted under outputs 1.1 and 1.2.	4,000.00	4,000.00	0.00	8,000.00	0.00
Output 2.2:	Public health data and an evidence-based public health adaptation strategy with migrant-inclusive and gender-sensitive lenses are accessible to the policy makers and health institutions as good practice examples for inclusive local-level policy making.	\$ 11,000.00	\$ 145,000.00	\$ 0.00	\$ 156,000.00	\$ 77,500.00

Activity 2.2.1:	Piloting collection of health data in primary health care services and hospitals in few selected Governorates with focus on disaggregation by migrant and refugee status.	0.00	75,000.00	0.00	75,000.00	37,500.00
Activity 2.2.2:	Support in drafting a public health adaptation strategy that considers the impacts of climate change on migrants in light of the assessment findings.	10,000.00	0.00	0.00	10,000.00	5,000.00
Activity 2.2.3:	Support the drafting process of a governorate-level migrant-inclusive action plan for climate change public health adaptation based on the vulnerability and adaptation assessment findings and the local context.	0.00	70,000.00	0.00	70,000.00	35,000.00
Activity 2.2.4:	Draft a series of recommendations for local healthcare facilities based upon lessons learnt under Outcome 1.	1,000.00	0.00	0.00	1,000.00	0.00

<p>Output 2.3:</p>	<p>A local-level resilience plan with a gender-responsive, human mobility-sensitive health response approach is accessible to the policy makers and health institutions as a good practice example for inclusive local-level policy making.</p>	<p>\$ 0.00</p>	<p>\$ 0.00</p>	<p>\$ 479,500.04</p>	<p>\$ 479,500.04</p>	<p>\$ 239,750.02</p>
<p>Activity 2.3.1:</p>	<p>Organize 2 workshops to conduct the detailed resilience scorecard assessment, followed by the public health system resilience addendum with the local authorities and stakeholders.</p>	<p>0.00</p>	<p>0.00</p>	<p>65,000.00</p>	<p>267,000.00</p>	<p>32,500.00</p>
<p>Activity 2.3.2:</p>	<p>Organize 3 workshops to support the development of a local-level resilience action plan in which human-mobility and public health systems/public health are integrated through a consultative process that includes capacity building of all stakeholders engaged.</p>	<p>0.00</p>	<p>0.00</p>	<p>95,343.00</p>	<p>30,000.00</p>	<p>47,671.50</p>

Activity 2.3.3:	Organize 2 workshops to conduct the detailed resilience scorecard assessment, followed by the public health system resilience addendum with the local authorities and stakeholders.	0.00	0.00	105,000.00	95,000.00	52,500.00
Activity 2.3.4:	Organize 3 workshops to support the development of a local-level resilience action plan in which human-mobility and public health systems/public health are integrated through a consultative process that includes capacity building of all stakeholders engaged.	0.00	0.00	100,343.00	30,000.00	50,171.50
Activity 2.3.5:	Organize 2 workshops to conduct the detailed resilience scorecard assessment, followed by the public health system resilience addendum with the local authorities and stakeholders.	0.00	0.00	68,814.04	70,000.00	34,407.02
Activity 2.3.6:	Organize 3 workshops to support the development of a local-level resilience	0.00	0.00	45,000.00	35,000.00	22,500.00

	action plan in which human-mobility and public health systems/public health are integrated through a consultative process that includes capacity building of all stakeholders engaged.					
Output 2.4:	Models of migrant-inclusive health adaptation action plans and resilience action plans, along with other good practices from the programme, are accessible to other countries in the MENA region for possible replication or adoption.	\$ 36,000.00	\$ 36,000.00	\$ 36,000.00	\$ 108,000.00	\$ 0.00
Activity 2.4.1:	Produce a biannual programme brief on the models of migrant-inclusive health adaptation action plans and resilience action plans and other good practices and success stories from the programme and disseminate it among other countries and	6,000.00	6,000.00	6,000.00	18,000.00	0.00

	wider stakeholders in the MENA region.					
Activity 2.4.2:	Organize a 2-day mid-term programme review workshop with key government counterparts and stakeholders from the target countries.	10,000.00	10,000.00	10,000.00	30,000.00	0.00
Activity 2.4.3:	Organize a one-day regional programme workshop with other countries and stakeholders in the MENA region to present the key deliverables, success stories and lessons learnt from the joint programme.	20,000.00	20,000.00	20,000.00	60,000.00	0.00
Total for Outcome 2 (Outputs 2.1 + 2.2 + 2.3...etc.)		\$ 181,000.00	\$ 185,000.00	\$ 671,028.04	\$ 1,037,028.04	\$ 323,500.00
Outcome 3: The host and migrant communities in the target countries demonstrate solid understanding of health impacts of climate change and willingness to seek healthcare support for addressing such impacts.						
Output 3.1:	Healthcare professionals have the skills and knowledge to respond to health threats exacerbated by climate change and in disaster situations in a gender-sensitive and migrant-inclusive manner.	\$ 19,000.00	\$ 229,805.00	\$ 0.00	\$ 248,805.00	\$ 124,402.50

Activity 3.1.1:	Conduct a number of capacity building sessions for healthcare workers at primary health care level as well as hospitals to build Competency Standards of practice when providing services.	0.00	106,000.00	0.00	106,000.00	53,000.00
Activity 3.1.2:	Design and roll out awareness raising sessions, targeting healthcare professionals, on climate change-induced health risks, impacts and disaster preparedness. The roll out will be done at a sub-national health care level.	19,000.00	0.00	0.00	19,000.00	9,500.00
Activity 3.1.3:	Provide capacity building training to healthcare providers and technical staff at targeted health facilities on climate change and health.	0.00	71,000.00	0.00	71,000.00	35,500.00
Activity 3.1.4:	Conduct capacity building sessions for healthcare professionals to respond to health threats exacerbated by	0.00	52,805.00	0.00	52,805.00	26,402.50

	climate change based on the assessment.					
Output 3.2:	Awareness raising and communication tools on health impacts of climate change and mitigation measures are accessible in multiple languages to the host and migrant communities in each target country.	\$ 52,575.00	\$ 75,790.00	\$ 0.00	\$ 128,365.00	\$ 83,365.00
Activity 3.2.1:	Develop communication messages in key migrant languages to raise awareness about the health impacts of climate change and the vulnerabilities of mobile populations, along with mitigation measures for individuals to adopt.	15,000.00	0.00	0.00	15,000.00	0.00
Activity 3.2.2:	Develop a campaign visibility plan, which includes social media engagement, television broadcasts, posters, and community feedback. The campaign aims to empower communities to make informed	30,000.00	0.00	0.00	30,000.00	0.00

	decisions about their health.					
Activity 3.2.3:	Design and disseminate awareness raising and communication messages in multiple languages based on priority activities.	0.00	75,790.00	0.00	75,790.00	75,790.00
Activity 3.2.4:	Organize Risk Communication and Community Engagement to migrant communities to promote awareness on access to healthcare support.	2,575.00	0.00	0.00	2,575.00	2,575.00
Activity 3.2.5:	Harness momentum from community-based initiatives to promote migrants' awareness of available healthcare services, i.e., information, education, and communication.	5,000.00	0.00	0.00	5,000.00	5,000.00
Total for Outcome 3 (Outputs 3.1 + 3.2 + 3.3...etc.)		\$ 71,575.00	\$ 305,595.00	\$ 0.00	\$ 377,170.00	\$ 207,767.50
TOTAL PROGRAMMATIC BUDGET: (Outcomes 1 + 2 + 3...)		\$ 789,025.25	\$ 623,542.00	\$ 671,028.04	\$ 2,083,595.29	786,116.13
PERSONNEL, OPERATIONAL, M&E BUDGET						

Personnel costs if not included in activities above <i>Note: The FMU may require further information on the breakdown of this budget line</i>	\$ 459,560.83	\$ 139,223.53	included above (see the indicative personnel sheet in the excel file)	\$ 598,784.36	
Operational costs if not included in activities above	\$ 103,696.16	\$ 77,998.40	included above	\$ 181,694.56	
Monitoring and evaluation (must include provision for final evaluation) - minimum 3% of total budget	\$ 109,400.00	\$ 17,180.00	\$ 0.00	\$ 126,580.00	
TOTAL PERSONNEL, OPERATIONAL, M&E BUDGET:	\$ 672,656.99	\$ 234,401.93	\$ 0.00	\$ 907,058.92	
SUB-TOTAL PROJECT BUDGET: (Programmatic + Personnel, Operational and M&E)	\$ 1,461,682.24	\$ 857,943.93	\$ 671,028.04	\$ 2,990,654.21	
Indirect support costs (7%):	\$ 102,317.76	\$ 60,056.07	\$ 46,971.96	\$ 209,345.79	
TOTAL PROJECT BUDGET:	\$ 1,564,000.00	\$ 918,000.00	\$ 718,000.00	\$ 3,200,000.00	

38%

Annex 3b: Budget Template – UNDG Budget Categories

Migration MPTF: Joint Programme Budget (by UNDG budget categories)

CATEGORIES	PUNO 1 IOM	PUNO 2 WHO	PUNO 3 UNDRR	JOINT PROGRAMME TOTAL
1. Staff and other personnel	459,560.83	290,903.53	309,000.00	1,059,464.40
2. Supplies, Commodities, Materials	33,008.00	56,204.00	0.00	89,212.00
3. Equipment, Vehicles, and Furniture (including Depreciation)	27,728.00	10,500.00	0.00	38,228.00
4. Contractual services	244,830.00	304,752.00	56,000.00	605,582.00
5. Travel	18,080.16	26,790.00	36,028.00	80,898.16
6. Transfers and Grants to Counterparts	0.00	0.00	270,000.00	270,000.00
7. General Operating and other Direct Costs	678,475.25	168,794.40	0.00	847,269.65
Sub-Total Project Costs	1,461,682.24	857,943.93	671,028.00	2,990,654.21
8. Indirect Support Costs (must be 7%)	102,317.76	60,056.08	46,971.96	209,345.79
TOTAL	1,564,000.00	918,000.01	718,000	3,200,000.00
First Tranche (70%)	1,094,800.00	642,600.00	502,600.00	2,240,000.00
Second Tranche (30%)	469,200.00	275,400.00	215,400.00	960,000.00

Annex 4: Workplan

Activities	Responsible Party	Timeframe							
		Year 1				Year 2			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Outcome 1									
Output 1.1									
1.1.1. Contract an expert to evaluate and identify five most vulnerable locations to climate change impacts sub-nationally.	Lead: IOM Jordan, jointly with WHO Jordan and UNDRR		X	X					
1.1.2. Conduct a subnational analysis of the climate change-human mobility nexus and disaster risk assessment in five locations that will be decided based on vulnerabilities identified by the expert.	IOM Jordan			X	X	X			
1.1.3. Carry out three separate workshops sub-nationally, pre-, during and post- the risk assessment analysis.	IOM Jordan			X		X	X		
1.1.4. Conduct a sub-national country analysis	IOM Iraq		X	X	X				
1.1.5. Organize joint coordination workshop to determine project activities' location, scope, objectives, and ensure complementarity between respective agencies' activities.	Lead: IOM Lebanon, jointly with WHO Lebanon and UNDRR		X						

1.1.6. Conduct individualized data collection among migrant populations to assess their access to services, including healthcare.	IOM Lebanon			X	X				
1.1.7 Produce research papers, both in-house (as follow up to data collection) and via call for papers, on thematic issues linked to migrants' healthcare within the climate change-human mobility nexus.	IOM Lebanon			X	X				
Output 1.2									
1.2.1. Conduct a Risk Assessment exercise at National and Sub-national level.	Lead: WHO Jordan, jointly with IOM Jordan	X							
1.2.2. Contract an expert on health and climate change to build the theoretical framework, conduct the field assessment and a V&A evaluation on the impact of climate change on health using a perspective that includes migrants.	IOM Jordan				X	X	X		
1.2.3. Carry out 2 workshops (1 national and 1 subnational) followed by a workshop to present and validate the results with the local counterparts.	IOM Jordan			X	X	X	X		
1.2.4. Conduct a V&A assessment on climate change and health in Basra Governorate.	IOM Iraq			X	X	X			
1.2.5. Conduct an assessment on health facilities capacities (HCF) to respond to climate-induced health risks.	WHO Lebanon		X	X	X				
Outcome 2									
Output 2.1									

2.1.1. Using the assessments' key findings and recommendations (including demographic and health data of assessed populations), sensitization workshops will be organized for national and sub-national government officials.	Lead: IOM Jordan, jointly with WHO Jordan and UNDRR		X	X	X				
2.1.2. Organize 2 national and 2 sub-national sensitization workshops for government, civil society, and other stakeholders to raise awareness on the intersection between human mobility, climate change, public health, and DRR.	IOM Iraq					X	X	X	
2.1.3. Organize national consultation workshops to establish a national multi-stakeholder platform for disaster risk reduction and initiate the development of a national strategy for disaster risk reduction in line with Sendai Framework for Disaster Risk Reduction 2015-2030 and in coherence with Paris Agreement and 2030 Agenda for Sustainable Development.	UNDRR (in Iraq)				X	X	X		
2.1.4. Organize national and sub-national sensitization workshops for government officials, main stakeholders, civil society to present the results/findings from research and data collection conducted under outputs 1.1 and 1.2.	Lead: IOM Lebanon, jointly with WHO Lebanon and UNDRR				X	X			
Output 2.2									
2.2.1. Pilot collection of health data in primary health care services and hospitals in few selected Governorates with focus	WHO Jordan	X	X	X	X	X	X	X	X

on disaggregation by migrant and refugee status and nationality.									
2.2.2. Support in drafting a public health adaptation strategy that considers the impacts of climate change on migrants considering the assessment findings.	IOM Jordan					X	X	X	
2.2.3. Support the drafting process of a governorate-level migrant-inclusive action plan for climate change public health adaptation based on the vulnerability and adaptation assessment findings and the local context.	WHO Iraq		X	X	X	X	X		
2.2.4. Draft a series of recommendations for local healthcare facilities based upon lessons learnt under Outcome 1.	IOM and WHO Lebanon					X	X		
Output 2.3									
2.3.1. Conduct the detailed resilience scorecard assessment, followed by the public health system resilience addendum with the local authorities and stakeholders.	Lead: UNDRR, jointly with WHO Jordan			X	X				
2.3.2. Support the development of a local-level resilience action plan in which human-mobility and public health systems/public health are integrated through a consultative process that includes capacity building of all stakeholders engaged.	Lead: UNDRR, jointly with IOM Jordan and WHO Jordan					X	X	X	
2.3.3. Conduct the detailed resilience scorecard assessment, followed by the public health system resilience addendum with the local authorities and stakeholders.	UNDRR (in Iraq)			X	X				

2.3.4. Support the development of a local-level resilience action plan in which human-mobility and public health systems/public health are integrated through a consultative process that includes capacity building of all stakeholders engaged.	UNDRR (in Iraq)					X	X	X	
2.3.5. Conduct the detailed resilience scorecard assessment, followed by the public health system resilience addendum with the local authorities and stakeholders.	UNDRR (in Lebanon)			X	X				
2.3.6 Support the development of a local-level resilience action plan in which human-mobility and public health systems/public health are integrated through a consultative process that includes capacity building of all stakeholders engaged.	UNDRR (in Lebanon)					X	X	X	
Output 2.4									
2.4.1. Produce a biannual programme brief for dissemination among other countries and wider stakeholders in the MENA region.	Lead: IOM RO MENA, jointly with WHO EMRO, UNDRR ROAS		X		X		X		X
2.4.2. Organize a 2-day mid-term programme review workshop with key government counterparts and stakeholders from the target countries.	Lead: IOM RO MENA, jointly with WHO EMRO, UNDRR ROAS					X			
2.4.3. Organize a one-day regional programme workshop with other countries and stakeholders in the MENA region.	Lead: IOM RO MENA, jointly with WHO EMRO, UNDRR ROAS								X
Outcome 3									

Output 3.1									
3.1.1. Conduct a number of (tentatively four sessions) capacity building sessions for healthcare workers at primary health care level as well as hospitals to build Competency Standards of practice when providing services (WHO).	WHO Jordan		X	X		X		X	
3.1.2. Design and roll out awareness raising sessions, targeting healthcare professionals, on climate change-induced health risks, impacts and disaster preparedness. The roll out will be done at a sub-national health care level.	Lead: IOM Jordan, jointly with UNDRR						X	X	X
3.1.3. Provide capacity building training to healthcare providers and technical staff at targeted health facilities on climate change and health.	WHO Iraq				X	X	X	X	X
3.1.4. Conduct capacity building sessions for healthcare professionals to respond to health threats exacerbated by climate change based on the assessment.	WHO Lebanon						X	X	X
Output 3.2									
3.2.1. Develop communication messages in key languages to raise awareness about the health impacts of climate change and the vulnerabilities of mobile populations, along with mitigation measures for individuals to adopt.	Lead: IOM Jordan, jointly WHO Jordan and UNDRR					X	X	X	X
3.2.2. Develop a campaign visibility plan, which includes social media engagement, television broadcasts, posters, and community feedback. The campaign aims	Lead: IOM Jordan, jointly WHO Jordan and UNDRR					X	X	X	X

to empower communities to make informed decisions about their health.									
3.2.3. Design and disseminate awareness raising and communication messages in multiple languages based on priority activities.	WHO Iraq	X	X	X	X	X	X	X	X
3.2.4. Organize Risk Communication and Community Engagement to migrant communities to promote awareness on access to healthcare support.	IOM Lebanon					X	X	X	X
3.2.5 Harness momentum from community-based initiatives to promote migrants' awareness of available healthcare services, i.e., information, education, and communication.	IOM Lebanon					X	X	X	X
Final evaluation	IOM RO MENA								X

Annex 6: Human Rights Marker and Child Sensitivity Marker Self-Assessment Matrices

Human Rights Marker Self-Assessment Matrix

To support participating UN organizations (PUNOs) in assessing their compliance with the Human Rights marker, the following Self-Assessment Matrix has been designed to be completed **at the joint programme submission phase**. This self-assessment should be completed by PUNOs together with implementing partners. The reason for the choice of yes, no, or not applicable should be briefly explained in the final column of the matrix.

Element of an HRBA	Yes/ No/ Not Applicable	Justification
1. A human rights-based situational analysis has been conducted to identify: <ol style="list-style-type: none"> a) the key human rights obligations of the State(s) in which you work/whose government's) you are supporting; and b) the key human rights issues of relevance to your intended target group, including a particular attention to migrants most vulnerable to human rights violations and abuses and/or most at risk of being left behind. 	Yes	Key human rights issues of vulnerable groups including vulnerable migrants have been assessed and addressed through the existing interventions of PUNOs.
2. Staff are aware of the human rights obligations of the government they are supporting.	Yes	As the UN staff members, the staff of PUNOs have been sensitized to the human rights obligations of the governments.
3. Measures have been identified to mitigate any unintended negative human rights impacts identified in the situational analysis and their monitoring has been integrated in the project's Monitoring and Evaluation processes.	No	At this stage, no specific unintended negative human rights impacts have been identified. This will be further assessed through in-depth consultations and the measures will be reflected in

		the joint monitoring plan at the country level.
4. Monitoring processes are in place and evaluation processes are contemplated that make specific reference to relevant human rights and other relevant standards.	Yes	Human rights along with other GCM principles are referenced in the evaluation section.
5. Migrants, civil society, national human rights institutions and other stakeholders have been meaningfully engaged in the design and development of the Joint Programme.	Yes	Migrants' needs and CSOs' insights, which were gathered through the PUNOs' existing projects, are reflected in the programme design.
6. A plan to ensure a meaningful consultation processes with all relevant stakeholders is in place and will be maintained throughout the duration of the Joint Programme and in the evaluation phase.	Yes	Consultation processes will be maintained through the PSC structure by having all relevant stakeholders, including CSOs and migrant communities' representatives, as the PSC members.
7. Appropriate due diligence will be exercised throughout the duration of the joint programme, regarding partnerships with or support to State, non-State, civil society, employers' and workers' organizations and corporate actors.	Yes	At the onset of the joint programme commencement, all the relevant staff of the PUNOs will meet and agree on due diligent matters that need to be considered and exercised jointly throughout the programme duration.

<p>8. A plan is in place to ensure that Joint Programme staffing is gender-balanced and staff are equipped to respond effectively to stakeholder and target group needs.</p>	<p>Yes</p>	<p>Each PUNO has an internal policy to ensure gender parity in its staffing and their staff have experience in stakeholder liaison and responding to the vulnerable groups' needs.</p>
<p>9. Transparency and access to information by the intended target group and relevant stakeholders, including cultural, linguistic, and age-appropriate access, will be maintained throughout the duration of the joint programme.</p>	<p>Yes</p>	<p>The PUNOs will disseminate programme information regularly via their social media and in multiple languages.</p>
<p>10. Measures, including an effective complaint and remedy mechanism, will be put in place in order to provide redress for negative human rights impacts.</p>	<p>Not applicable</p>	<p>Since no direct service provision is planned for the vulnerable groups under this joint programme, no specific complaint and remedy mechanism will be set up. However, the PSC in each country will ensure that the stakeholders can raise their concerns over the programme activities by setting up an appropriate channel to receive and address such concerns.</p>

Note: Migration MPTF Scoring: A “yes” response should be given a score of 1. A “no” response or a “not applicable” responses should be given a score of 0.

A	8-10	The Human Rights Marker has largely been achieved.
B	4-7	The Human Rights Marker shows significant integration of human rights in the joint programme but some challenges remain.
C	1-3	The Human Rights Marker shows a very partial integration of human rights in the joint programme.

Child Sensitivity Marker Self-Assessment Matrix

To support participating UN organizations (PUNOs) in assessing their compliance with the Child Sensitivity marker, the following matrix should be completed and submitted as an Annex **at the joint programme document phase** (please note that this is not necessary for the concept note stage). This self-assessment should be completed by PUNOs together with implementing partners. The reason for the choice of yes, no, or not applicable should be briefly explained in the final column of the matrix.

Self-Assessment Questions	Answer	Justification / Additional Info
<p>1. Has a child rights impact assessment been conducted to identify potential positive and negative impacts of the project on children, whether intended or unintended?</p>	No	<p>Not at this stage, as the programme activities that may have direct interaction with children are limited to Output 3.2 activities (awareness raising on health impacts of climate change). An assessment will be undertaken when planning the Output 3.2. activities.</p>
<p>2. Do PUNOs and implementing partners have safeguarding policies and practices in place, and will all staff and non-staff personnel working with children receive training on safeguarding prior to commencement of joint programme implementation?</p>	Yes	<p>The PUNOs have their respective internal policies related to safeguarding children, which the staff members and partners are obliged to comply with.</p>

<p>3. Please provide an estimated percentage of the programme budget allocated towards advancing children’s rights and meeting children’s needs. If not 100%, explain your rationale/the formula you used for reaching this percentage.</p>	<p>9.1%</p>	<p>Output 3.2 activity budget against the total programmatic budget.</p>
<p>4. Do you have a plan to establish and maintain a meaningful consultation process with children throughout the duration of the Joint Programme, including the evaluation phase?</p>	<p>Yes</p>	<p>The PUNOs will ensure that children, especially adolescents as youth representatives, will be involved in the consultation processes to reflect their voices in the programme activities.</p>
<p>5. Does the joint programme include capacity-building for children on their rights?</p>	<p>No</p>	<p>While there will be no specific capacity building for children, awareness raising activities on health impacts of climate change (Output 3.2) will target all age groups including children.</p>
<p>6. Will all staff and non-staff personnel of PUNOs and implementing partners working with children in the joint programme be trained on engaging with children and on children’s rights and needs, including on children’s participation, prior to commencement of joint programme implementation?</p>	<p>Yes</p>	<p>This will be only limited to the PUNO staff who will be involved in awareness raising activities under Output 3.2. as this is the only relevant programme activity.</p>

<p>7. For any joint programme expected results (outcomes, outputs) that involve children, will all data collected be disaggregated by age, sex, and where possible by other identities, e.g. migration status, disability, LGBTQ+, taking into account data protection principles?</p>	<p>Yes</p>	<p>The PUNOs will strive for collecting age, gender and status disaggregated data whenever possible as this is essential for evidence-based policy planning.</p>
<p>8. Please choose one of the following below or choose N/A if not applicable.</p> <p>A: Achieving impact for children by addressing the specific needs and challenges faced by children affected by migration is the overall/primary objective of the joint programme. All outcomes and outputs contribute towards, and all indicators measure change in terms of children’s rights and needs.</p> <p>B: Achieving impact for children by addressing the specific needs and challenges faced by children affected by migration is a significant component of the joint programme. At least one outcome contributes towards, and related output-level indicator(s) measure change in terms of children’s rights and needs.</p> <p>C: Achieving impact for children by addressing the specific needs and challenges faced by children affected by migration is a minor component of the joint programme. At least one output contributes towards, and related indicator(s) measure change in terms of children’s rights and needs.</p>	<p>C</p>	<p>Output 3.2. will contribute towards change in terms of children’s rights and needs.</p>