



Migration MPTF

Annual Report

PROJECT INFORMATION	
<b>Joint Programme Title:</b>	Harnessing synergies between Climate Change Adaptation and Risk Reduction in Migrant-Inclusive Health System Responses
<b>Countries)/Region (or indicate if a global initiative):</b>	Multi-country initiative in the Middle East and North Africa (MENA) region Target countries: Jordan, Iraq, and Lebanon
<b>Start and Planned End Dates</b>	Start: 11 January 2024 End: 3 January 2026
<b>Project Identification Number:</b>	00140542
<b>Convening Agent (Lead PUNO):</b>	International Organization for Migration (IOM)
<b>PUNO(s) (PUNOs):</b>	World Health Organization (WHO) United Nations Office for Disaster Risk Reduction (UNDRR)
<b>Key Partners:</b> <i>(include Implementing Partner)</i>	<b>Jordan:</b> Ministry of Environment, Ministry of Health, Minister of Interior, Municipalities Councils, Jordan Centre for Disease Control. <b>Iraq:</b> Ministry of Health, Ministry of Environment, Directorate of Environment and Directorate of Health, Basra governorate <b>Lebanon:</b> Ministry of Public Health, the National Disaster Risk Reduction Committee, Ministry of Interior and Municipalities, Ministry of Environment
<b>Project Period (Start – End Dates):</b>	11 January 2024 – 3 January 2026
<b>Update as of:</b>	11 January – 31 December 2024
<b>Total Approved Migration MPTF Budget:</b> <i>(breakdown by PUNO)</i>	PUNO 1 (IOM): 1,564,000.00 USD PUNO 2 (WHO): 918,000.01 USD PUNO 3 (UNDRR): 718,000.00 USD Total: 3,200,000.00 USD
<b>Total Funds Received to Date:</b> <i>(breakdown by PUNO)</i>	PUNO 1: 1,094,800.00 USD PUNO 2: 642,600.00 USD PUNO 3: 502,600.00 USD Total: 2,240,000.00 USD (70% of total grant)
<b>Update Submission Date:</b>	8 April 2025
<b>Update Prepared by:</b> <i>(Name, title, email)</i>	Lotte van Heesewijk Regional Migration Health Officer MMPTF Programme Manager IOM Regional Office for Middle East and North Africa

## List of Acronyms

CCA	Climate Change Adaptation
DRR	Disaster Risk Reduction
EMRO	Eastern Mediterranean Regional Office (WHO)
FGD	Focus Group Discussion
HNAP	Health National Adaptation Plan
HERA	Health and Environment Response Agency
IDP	Internally Displaced Person
IOM	International Organization for Migration
JCDC	Jordan Centre for Disease Control
JP	Joint Programme
KII	Key Informant Interview
MMPTF	Migration Multi-Partner Trust Fund
MoE	Ministry of Environment (Indicated by country)
MoH	Ministry of Health (Indicated by country)
MoPH	Ministry of Public Health (Lebanon)
NDC	Nationally Determined Contributions
NGO	Non-Governmental Organization
PAC	Programme Advisory Committee
PSC	Programme Steering Committee
PUNO	Participating United Nations Organization
RCCE	Risk Communication and Community Engagement
SDG	Sustainable Development Goal
STAR	Strategic Toolkit for Assessing Risks (WHO)

ToT	Training of Trainers
UNDRR	United Nations Office for Disaster Risk Reduction
UNSDCR	United Nations Sustainable Development Cooperation Framework
V&A	Vulnerability and Adaptation
WHO	World Health Organization
WUF	World Urban Forum

## EXECUTIVE SUMMARY

During the 2024 reporting period, the Joint Programme “**Harnessing synergies between Climate Change Adaptation and Risk Reduction in Migrant-Inclusive Health System Responses**” made meaningful progress in laying the groundwork for climate- and migration-sensitive health systems in **Jordan, Iraq, and Lebanon**.

The programme made important strides under **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*”, with all three countries establishing programme management structures, engaging key ministries, and conducting assessments that integrate climate, health, and human mobility considerations. Notable achievements include: IOM led the development of a vulnerability scoring tool in Jordan, and WHO conducted the strategic risk profiling of Aqaba governorate using the WHO’s Strategic Toolkit for Assessing Risk (STAR) methodology in Jordan; the stakeholder mapping and a climate-health literature review were conducted by IOM Iraq ; and, IOM initiated the research and stakeholder engagement in Lebanon which resulted in the selection of Akkar governorate as the priority area for programme interventive. Across the target countries, these efforts have contributed to increased risk awareness and have supported the alignment of programme interventions with national priorities and climate strategies.

Under **Outcome 2** “*The target countries demonstrate enhanced coherence towards migrant inclusion between public health strategies and disaster risk reduction (DRR) strategies and willingness to share good practices from the programme with other countries in the MENA region*”, progress was primarily focused on the preparatory phase for local resilience planning. Revised calls for proposals were launched by UNDRR in all three countries in September 2024, resulting in the successful selection of one local implementing partner per country. These partners will lead the rollout of local resilience action plans in 2025. In Iraq, WHO led the development of the Health National Adaptation Plan (HNAP), which is scheduled for launch in July 2025 and will include risk communication and community engagement components. These efforts demonstrate growing coherence between DRR and public health planning and reflect national-level willingness to integrate a migrant-sensitive lens into climate-health strategies.

Under **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*”, foundational steps were taken to support inclusive awareness-raising and health worker training. WHO Iraq conducted a Training of Trainers (ToT) session in November 2024 and began contextualizing a training package on migrant-inclusive, climate-responsive care, scheduled for rollout in May 2025. WHO Jordan prepared a similar package and conducted a high-level orientation for policymakers in Rome. IOM Lebanon finalized a community perception survey tool to assess awareness of climate-health linkages in Akkar governorate, with data collection scheduled to begin in early 2025. These efforts set the stage for community outreach and demand-generation activities in the next phase.

The programme met multiple challenges in its smooth commencement in the target countries and kick-starting the implementation due to conflict-related disruptions in Lebanon, bureaucratic challenges in Jordan, and institutional coordination hurdles in Iraq. Despite these challenges, the above achievements were possible due to risk mitigation measures put in place by all PUNOs to address challenges and delays. Specifically, the PUNOs adapted programme workplans to ensure fast-tracked implementation where needed and enhanced regional support to maintain momentum.

Furthermore, the Regional Offices of PUNOs provided close support to the programme teams in the target countries to navigate and mitigate these challenges through initiating the joint programme launch at the regional level by regional directors of IOM, WHO and UNDRR and by Resident Coordinators of the three countries in Cairo on 4 April 2024; provision of technical guidance and inter-agency coordination support; and, reviewing Terms of Reference (ToRs) and proposals to ensure the selection of qualified consultants and Implementing Partners (IP). The regional teams also initiated the development of standard training materials and outreach tools to ensure consistency across countries. The Joint Programme was also presented at the World Urban Forum 12 (WUF12), highlighting its regional relevance and innovative cross-sectoral approach.

Looking ahead, 2025 will accelerate the implementation of programme activities, building on the initial achievements in Year 1. The Joint Programme is positioned to deliver local resilience actions, roll out training and outreach interventions, and support policy-level adaptation strategies. These efforts will contribute directly to national SDG commitments - particularly SDG 3 (health and well-being), SDG 10 (reduced inequalities), and SDG 13 (climate action) - and will improve the resilience and responsiveness of health systems to the impacts of climate change on both host and migrant communities in the MENA region.

## ANNUAL PROGRESS & NEW DEVELOPMENTS

The Joint Programme, *“Harnessing synergies between Climate Change Adaptation and Risk Reduction in Migrant-Inclusive Health System Responses,”* is a multi-country initiative implemented in Jordan, Iraq, and Lebanon under MMPTF. Convened by IOM, in partnership with WHO and UNDRR, the programme aims to address the critical nexus between climate change, DRR, and migration by strengthening national and local capacities to build resilient, inclusive, and adaptive health systems. The programme supports countries in enhancing coherence across DRR, health, and mobility-related strategies, fostering regional knowledge exchange, and building the capacity of frontline systems and communities to understand and respond to climate-related health risks, particularly among vulnerable and mobile populations.

Covering the reporting period from January to December 2024, this report provides a comprehensive account of the progress made under the programme’s three outcomes, as well as highlights of regional coordination, stakeholder engagement, and cross-country learning. It also reflects on contextual



challenges—most notably the conflict in Lebanon—and outlines adaptive approaches taken to maintain progress and prepare for scaled implementation in 2025.

## General Overview and Context:

### *COUNTRY CONTEXT:*

**Iraq:** In Iraq, the programme was officially inaugurated in July 2024, with the involvement of key stakeholders including the Ministry of Health (Iraqi MoH), the Ministry of Environment (Iraqi MoE), the Directorate of Environment and Basra Governorate authorities, senior representatives from IOM's Regional Office, IOM Country Mission, WHO Country Mission, and UNDRR. This collective effort began an ambitious journey to solve the complex intersection of climate change, health, disaster risks and human mobility.

Recognizing Iraq's fragile climate-health landscape—marked by escalating extreme weather events, displacement, and weak institutional capacities—strategic meetings were held with the MoH Public Health Directorate, Climate Change Unit, and Iraqi MoE to harmonize efforts toward clear objectives and ensure alignment with national priorities.

To further this coordination, a Programme Steering Committee (PSU) was established by ministerial order, composed of members from the MoH, MoE, IOM, UNDRR, and WHO, tasked with monitoring program implementation and alignment with national priorities. Originally, the PSC was envisaged to be convened monthly, however after the initial meeting, subsequent discussions were conducted individually with each member to address points, strategies, and needs. These sessions allow for focused discussions and tailored coordination, ensuring continuous alignment with the program's objectives and national policies.

Activities to date have included stakeholder mapping, an ongoing annotated literature review on climate-health-migration linkages in Basra, and preparatory work for field research involving gender-sensitive focus group discussions and key informant interviews.

**Lebanon:** Lebanon has been grappling with multiple crises, including prolonged socio-economic and political instability, further exacerbated by the conflict that began in October 2023 and escalated significantly in September 2024. The escalation of hostilities between October 2023 and February 2025 resulted in widespread devastation, with severe damage to infrastructure, the displacement of almost one million people, and a significant human toll—including more than 4,000 fatalities and 17,000 people injured (OCHA Flash Update #62).

Since the start of the ceasefire on 27 November 2024, more than 950,000 internally displaced people (IDPs) have begun returning to their homes in southern Lebanon (IOM DTM Mobility Tracking Round 79 – 6 March 2025). However, many are returning to extensively damaged homes and infrastructure, including roads, water and electricity networks, and health facilities.

The conflict has severely impacted Lebanon's healthcare sector, leaving 39 out of approximately 160 hospitals and 31 out of around 311 primary healthcare centres damaged, primarily across Nabatiyeh and South governorates and in Baalbek-Hermel. Dental clinics, pharmacies, social development centres, and other types of health facilities have also incurred damage, compounding the challenge of providing medical services. Furthermore, a total of 162 attacks on the health care sector have been reported since the conflict started, resulting in 241 fatalities of health workers as of February 2025 (WHO 2025).



During the reporting period, key preparatory activities have been completed, including a research workshop to select the target governorate, publication of a call for proposal to select an implementing partner to lead the rollout of local resilience action plan, and the finalization of a community perception survey tool to assess awareness of climate-health linkages in Akkar governorate, thereby laying the foundation for policy integration and adoption of a gender-sensitive approach to migrant inclusion in alignment with Lebanon's national strategies and the Sustainable Development Goals (SDGs). The formation of the PSC was delayed, and it was finalized in January 2025.

**Jordan:** During the reporting period, the programme actively supported Jordan's climate change and health portfolio through several key initiatives. Most notably, the programme implementation commenced by building upon previous efforts and aligning with the government's ongoing initiatives in collaboration with their partners. Significant progress was made, including the establishment of a PSC, as well as the mapping of relevant documents, publications, and strategies.

A major highlight of the project was the early and active engagement of stakeholders and decision-makers from the initial stages of implementation, as they provided feedback and recommendations about the government priorities and vision and suggested adjusting some of the activities to make sure they align with their national priorities. Additionally, the Programme Advisory Committee (PAC) visit to Jordan proved highly beneficial in aligning the programme with government priorities and goals, ensuring that decisions were made to optimize its impact.

An important key achievement was the development of a scoring system tool identifying the most vulnerable areas in Jordan concerning climate change and health. This tool includes several critical indicators, including those related to all hazards, the national climate change and health strategy, population mobility, community structures, the migrant population and DRR, leading to the development of a scoring system for all Jordanian governorates. This is further outlined under outcome 1. This tool can be further used for future assessment, and it has been handed over to MoH. According to the assessment conducted with this tool, the following governorates were identified as most vulnerable thus to be targeted by the programme: Irbid, Aqaba, and Amman.

#### *OUTCOMES AND OUTPUTS:*

**Outcome 1: The target countries have enhanced policy awareness and strategies that recognise the convergence between CCA and risk reduction with a human mobility lens and in a gender-sensitive manner.**

During the reporting period, the programme has laid the solid foundation for enhancing policy awareness and strategies that converge Climate Change Adaptation (CCA) and risk reduction with human mobility and gender sensitive lens. In all three countries, the PSC has been set up (for Lebanon, it was in January 2025), involving the MoH, MoE and other relevant ministries, and the target governorates have been selected based on the available data and evidence concerning climate, disaster, health and migration through stakeholder consultations. Furthermore, in all three countries, assessments have started to identify climate vulnerabilities and adaptation needs in the health sector and specific vulnerable groups including migrants while also synergizing with existing studies and assessments in the countries.

#### **Lebanon**



Throughout this reporting period, following the kickoff, and the outbreak of the war in Lebanon, there was a shift in the government priorities and focus on emergency response between October 2024 and February 2025 (with the signing of the ceasefire). This caused significant delays in the programme implementation. The formation of the PSC was delayed; it was finalized in January 2025 after the prioritization of a national committee on climate change and health. Under outcome 1, there were several workshops planned, under which – the programme launch workshop, which was held in May 2024. This workshop saw the participation of 19 participants (3 men and 16 women) from NGOs, academia, the PUNOs and other stakeholders.

Under **Output 1.1**, *“A comprehensive, gender-sensitive national or sub-national analysis of the climate change-human mobility nexus and disaster risk assessment is accessible to the policy makers in each target country”*, several foundational and research-oriented activities were conducted in Lebanon to support risk-informed decision-making at the intersection of climate change, DRR and public health. In July 2024, a research workshop was held with 29 participants (9 men and 20 woman), including experts, academia, UN agencies and stakeholders from environmental and health sectors. This workshop served to identify priority areas for intervention and based on a set of criteria—including climate-health vulnerability, IDP influx, and healthcare preparedness- the Akkar region was selected as the primary geographical focus for implementation.

During this time, an analysis of the climate change-human mobility nexus and DRR was done and a call for proposals for research on the nexus (Annex A- EOI\_MMPTF research in Lebanon) was launched between September and December 2024, resulting in the selection of two research partners: the Health and Environment Response Agency (HERA) and the Issam Fares Institute. The research priorities were defined and focused on:

1. climate change-induced migration patterns,
2. climate-related health risks using a gender-sensitive lens,
3. The impact of climate change on water and food safety for both migrant and host communities.

A data collection tool has since been finalised and reviewed by the Ministry of Public Health (Lebanese MoPH) to assess community perceptions around climate change and health in Akkar. Data collection using this tool is planned to begin in February 2025 (Annex B- Data Collection Tool Protocol and Questionnaire for Lebanon).

In parallel, under **Output 1.2** *“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”*: WHO Lebanon is preparing a Vulnerability and Adaptation (V&A) assessment on climate and health with a migrant and gender lens to evaluate the capacities of 38 health facilities in Akkar to respond to climate-induced health risks. The assessment tool is currently under finalization and will cover core areas such as the health workforce, water, sanitation and hygiene, energy services, infrastructure, and the readiness of facilities to manage the anticipated impacts of climate change on health.

## Jordan

Under **Outcome 1**, efforts were made in Jordan to advance programme implementation through structured stakeholder engagement, data-driven vulnerability assessments, and strategic planning aligned with national priorities. In June 2024, the PAC visited Jordan to consult with key government stakeholders





and align the programme with government priorities. This led to joint consultations between the Programme's PUNOs and national authorities defining the six-month work plan and agree on coordination modalities. As a result, a PSC was formally launched, co-chaired by the Jordanian MoH and WHO Jordan, with the secretariat function rotating between IOM and UNDRR. The PSC includes representation from key national entities and was established to guide implementation, ensure alignment with government strategies, and monitor progress.

To inform geographical prioritization, a workshop was held in October of 2024, in Amman to determine the regions for implementation (Annex C – Amman workshop report 2024). A scoring system tool was developed in the workshop to identify the most vulnerable governorates to climate and health risks. The tool included indicators related to all-hazards risks, national strategy alignment, population mobility, migrant presence, community structure, and DRR factors. Based on the assessment, Irbid, Aqaba, and Amman were identified as the most vulnerable areas for intervention. As the co-organiser, UNDRR, presented data from the national DRR strategy to support the programme's geographical targeting. This contributed directly to the selection of Irbid as a key intervention area, aligning with SDG 11.B on integrated disaster risk management at the national and local levels.

This workshop exemplifies the programme's emphasis on complementarity and knowledge-sharing between the PUNOs. The structure and selection mechanism were modelled on the earlier workshop held in Lebanon to identify the intervention area, demonstrating how the multi-country nature of the programme fosters cross-context learning, enhances efficiency, and strengthens the integration of lessons learned across settings.

Under **Output 1.1**, efforts were made to strengthen the evidence base for decision-making. This included the mapping of relevant national documents, strategies, and assessments, and the integration of these into the planned V&A assessment. A decision was made to merge the V&A and climate-human mobility assessments to build a comprehensive, context-specific understanding of climate-health risks and responses.

A key milestone under **Output 1.2** was the strategic risk assessment workshop held in Aqaba from 9–11 December 2024, led by WHO using the Strategic Toolkit for Assessing Risk (STAR). The workshop gathered over 64 participants (46 men, 18 women) from the health, military, governmental, and private sectors. It assessed 29 anticipated hazards, categorizing them by risk level (high, moderate, low, and very low), and incorporated gender-sensitive risk assessment methodologies. As an outcome, the workshop recommended the formation of a governorate-led committee in Aqaba to review risks, address preparedness gaps, and clarify roles across agencies to strengthen emergency response capacity (Annex D – Aqaba workshop report).

As part of ongoing capacity-building efforts for health care providers, WHO adapted to country context the global training course on "Global Competency Standards for Health Workers, focusing on health systems responsiveness to migrant and refugee populations" adding also the climate change component. The roll-out of the training course in Jordan is scheduled on the second quarter of 2025.

## Iraq

Under **Outcome 1**, the Joint Programme made progress in Iraq through targeted stakeholder engagement, research, and coordination efforts aimed at strengthening risk-informed decision-making on climate, health, and migration. In July 2024, the programme was officially inaugurated in Iraq, with the





participation of key stakeholders including the Iraqi MoH, Public Health Directorate, MoE, and representatives from IOM Regional Office, IOM Iraq, WHO Iraq, and UNDRR. As part of this effort, a PSC was established by ministerial order, composed of representatives from the Iraqi MoH, MoE, IOM, WHO, and UNDRR, to oversee implementation and ensure alignment with national priorities. While originally scheduled to meet monthly, only the first full PSC meeting was held, after which IOM Iraq conducted individual meetings with each member to maintain focused coordination and alignment with programme objectives.

To support **Output 1.1**, IOM Iraq held a series of engagement meetings in Basra with the Iraqi MoH, Basra Directorate of Health, and the Climate Change Unit. These meetings enabled key data gathering and laid the foundation for further research activities. A Systematic Literature Review on climate change and extreme weather events and their impact on health and migration in Basra was conducted, and an annotated bibliography will be included in the final report. This review provided essential evidence to support policy dialogue and informed the programme's broader research direction.

In parallel, IOM Iraq developed a stakeholder mapping and analysis tool in both Arabic and English to gather data from actors working at the intersection of climate change, health, and migration in Basra. The mapping targeted government entities, local organizations, and international NGOs. Recruitment of field enumerators is currently underway through a structured process that ensures diversity, relevant experience, and contextual familiarity. Enumerators are being selected based on prior experience in qualitative data collection, particularly Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs), and will undergo training on ethical considerations, data protocols, and gender-sensitive approaches.

The field research, led by IOM Iraq, will include FGDs and KIIs to develop a comprehensive understanding of vulnerabilities and perceptions related to climate-health risks. FGDs will ensure representation across demographic groups, while KIIs will engage policymakers, health officials, NGO representatives, and subject-matter experts. Special attention is being given to gender parity in recruitment and facilitation, ensuring that both women and men are equitably included and comfortable sharing their perspectives. Gender-sensitive methodologies will be used throughout the research process to foster inclusive dialogue and generate nuanced insights into vulnerabilities across communities.

These efforts have been supported by continuous coordination between IOM Iraq and the other PUNOs through regular meetings, information sharing, and feedback loops. Challenges such as the lack of government-produced literature have necessitated sustained engagement with ministries. IOM Iraq has taken a strategic, politically sensitive approach to implementation, ensuring that the programme remains anchored in national priorities while navigating the hierarchical structure between federal and local authorities. A key operational step has been the decision to channel all official communication through the Directorate of International Health in the Federal Ministry of Health, ensuring consistency and alignment with institutional protocols.

**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.**

During the reporting period, the programme has made tangible progress towards Outcome 2 through having completed the preparatory work for migrant-inclusive local-level resilience planning by selecting



local implementing partners to take forward this work in 2025 in the target countries while also having finished the preparatory work for commencing the HNAP in Basra governorate in 2025. In the next reporting phase, the programme teams in the target countries will accelerate the implementation of activities under Outcome 2 so as to make concrete achievements concerning enhancing coherence between public health strategies and DRR strategies.

## Lebanon

Under **Outcome 2**, initial steps were taken in Lebanon to support the development of local resilience and public health adaptation strategies that integrate a human mobility lens. During the reporting period, UNDRR led efforts under **Output 2.3** *“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”* to lay the groundwork for local-level resilience planning. In September 2024, a revised call for proposals was launched in Lebanon, following the first call earlier in the year. This updated call invited applications from eligible non-governmental, intergovernmental, and non-profit organizations to develop and implement local resilience action plans, aligned with national priorities and SDG 11.5 (reducing disaster impacts on people and infrastructure). The call resulted in three applications, and by the end of 2024, one implementing partner (ACTED)<sup>1</sup> was selected to lead the local implementation of the programme’s resilience activities through a series of workshops where the two proposed scorecards, namely Disaster Resilience Scorecard for Cities and Public Health System Resilience Scorecard, would be applied. This preparatory work marks a critical milestone under **Output 2.3**, supporting the upcoming design and delivery of targeted resilience-building interventions in priority areas, which will be rolled out in 2025.

While no direct activities were rolled out under **Output 2.1** *“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”* and **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”* in Lebanon during this reporting period, foundational work under Outcome 1—such as the identification of the Akkar region as a priority site and ongoing research on climate-health vulnerabilities—will directly inform these outputs in the next phase of implementation in 2025. The programme’s multi-stakeholder approach, national-level coordination through the PSC in Lebanon, and integration of climate change, health, and migration priorities continue to lay a strong foundation for the next stage of activities under Outcome 2.

## Jordan

Under **Outcome 2**, the Joint Programme made progress in Jordan by initiating local resilience planning and contributing to the groundwork for future public health adaptation strategies that incorporate a human mobility lens. These efforts were primarily led by UNDRR, with complementary support from WHO in advancing localized risk analysis to inform resilience-building interventions.

Under **Output 2.3**: Development of local resilience action plans, UNDRR Jordan launched the first call for proposals in June 2024 to identify eligible partners for local implementation. Due to a limited response, a revised call for proposals was issued in September 2024, alongside similar calls in Iraq and Lebanon. This

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<sup>1</sup> UNDRR is currently in the process of contracting the NGO.



second round resulted in two applicants from Jordan, and by the end of the reporting period, one implementing partner (Climate Action Now)<sup>2</sup> was selected to lead the development of local resilience actions through a series of workshops where the two proposed scorecards, namely Disaster Resilience Scorecard for Cities and Public Health System Resilience Scorecard, would be applied. This represents a key preparatory step toward full implementation of **Output 2.3** and supports progress toward SDG 11.5, which focuses on reducing the adverse impacts of disasters on people and infrastructure.

While no stand-alone activities were rolled out under **Output 2.1** during the reporting period, related work under Outcome 1 is expected to inform this output in 2025. In particular, the strategic health risk assessment workshop in Aqaba, led by WHO Jordan from 9–11 December 2024, contributed directly to Output 1.1 but also produced valuable findings that will shape upcoming adaptation strategies under Outcome 2. The workshop generated a detailed hazard profile and outlined recommendations for strengthening preparedness and inter-sectoral coordination at the governorate level. These outcomes will serve as the evidence base for future interventions under Output 2.1.

No specific activities were implemented under **Output 2.2** during the reporting period. However, outputs from the STAR risk assessment and the vulnerability scoring tool developed by IOM under Outcome 1 will support health system strengthening activities in the next phase of implementation. Together, these efforts reflect growing coherence between public health and DRR strategies in Jordan and lay the foundation for a more migrant-inclusive, climate-resilient health system.

## Iraq

Under **Outcome 2**, early preparatory work was initiated in Iraq to support the development of migrant-inclusive public health adaptation strategies and local resilience planning, in line with national climate and disaster priorities. These efforts were primarily led by UNDRR and WHO, with coordinated support from IOM in stakeholder engagement and policy alignment.

Under **Output 2.3**, UNDRR Iraq launched a revised call for proposals in September 2024, following an earlier regional call that had limited uptake. The September call invited eligible organizations to submit proposals to implement local-level resilience strategies aligned with SDG 11.5. The call received a strong response in Iraq, with seven applicants, and by the end of the reporting period, the implementing partners (Green Orchard Global Organization and Bustan)<sup>3</sup> were selected to lead the development of local resilience actions through a series of workshops where the two proposed scorecards would be applied. This selection marks a key step toward the implementation phase of Output 2.3, with groundwork completed in 2024 and implementation expected to begin in 2025.

Under **Output 2.1**, WHO Iraq contributed through the design and planning of the country's HNAP. In addition to the HNAP in Basra, complementary to the activities funded by MMPTF, WHO is conducting this exercise on a national level. Whilst outside of the scope of the programme, it demonstrates its replicability and need outside of the programme. While the HNAP was not yet launched during the reporting period, significant preparatory work was completed in 2024, including alignment with national stakeholders, technical inputs from WHO EMRO and HQ, and coordination with other programme activities. The HNAP is scheduled for launch in July 2025 and will include public health adaptation priorities that integrate risk reduction and a human mobility lens. This will be complemented by Risk

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<sup>2</sup> UNDRR is currently in the process of contracting the NGO.

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Communication and Community Engagement (RCCE) activities, also planned for 2025, to ensure local communities and health workers are empowered with knowledge and tools to mitigate the health impacts of climate change.

No direct activities were completed under **Output 2.2** were implemented during the reporting period. However, planning has progressed in parallel with the development of a Training Package by WHO Iraq, focused on equitable, migrant-inclusive, and gender-responsive health services. A ToT session was conducted in November 2024, equipping key health personnel with the skills to deliver inclusive care. This foundational activity will support health system resilience and is expected to feed into broader health system strengthening initiatives in 2025, particularly through the roll-out of the training package planned for May 2025.

These activities were supported by continuous coordination between IOM Iraq, WHO, and UNDRR, including regular stakeholder consultations and engagement with the Iraqi MoH, MoE, and Public Health Directorate. IOM Iraq played a strategic role in navigating political and institutional frameworks to ensure alignment with national priorities and effective coordination at both federal and local levels. This groundwork ensures that implementation of outputs under **Outcome 2** in 2025 will be informed by strong institutional partnerships, contextual evidence, and stakeholder buy-in.

**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.**

During the reporting period, some concrete deliverables were made under outputs of Outcome 3 in all three countries, namely the delivery of a ToT for Iraqi and Jordanian health policymakers on inclusive and responsive healthcare in the context of climate-related health impacts, contextualization of training modules for further roll-out trainings, and the development of a data collection tool to assess perceptions of climate change and its health impacts among communities in Akkar in Lebanon to inform the design of communication and awareness raising materials. These deliverables have built an important foundation for the programme to make tangible achievements towards Outcome 3 in the upcoming implementation phase in 2025.

## Lebanon

Under **Outcome 3**, preliminary steps were taken in Lebanon to strengthen awareness among host and migrant communities on the health impacts of climate change and to build the foundation for future engagement and outreach. While full-scale implementation of community sensitization activities is planned for 2025, initial progress was made in preparing the tools and research that will inform and guide these interventions.

Under **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”*, IOM Lebanon developed a data collection tool to assess perceptions of climate change and its health impacts among communities in Akkar, the selected intervention area. The tool, finalized in November 2024 and reviewed by the Lebanese MoPH in January 2025, is designed to capture both quantitative and qualitative data across demographic groups, including gender and migration status. It



incorporates structured questionnaires, semi-structured interviews, and focus group discussions (FGDs) to ensure a comprehensive understanding of how climate change is experienced and perceived in relation to health. Data collection is scheduled to begin in February 2025, and the findings will serve as a critical evidence base for the development of tailored community outreach activities later this.

During this reporting period, there were no activities completed under **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*”. Planned actions in 2025 will be guided by the insights gained through the ongoing research and coordination with the Lebanese MoPH. The establishment of the PSC and formation of technical working groups under Outcome 1 also supports this output by fostering intersectoral alignment and readiness for implementation.

These initial efforts in Lebanon reflect the programme’s commitment to ensuring that community engagement strategies are grounded in evidence and responsive to the unique vulnerabilities of both migrant and host populations. A full rollout of awareness-raising activities and health worker capacity-building will take place in the next phase of implementation in 2025.

Despite the serious challenges posed by the escalation of conflict in Lebanon since October 2023, the PUNOs managed to continue work on the programme where safe and possible. Alongside the critical security issues, there was a shift in priorities for the Lebanese authorities to focus more on crisis management, emergency response and security. Through ongoing coordination and communication with the MoPH, the PUNOs managed to keep the MMPTF programme ongoing, and a priority as the conflict slowly scales down.

## Jordan

Under **Outcome 3**, preparatory activities were undertaken in Jordan to support future community-level engagement and capacity-building efforts aimed at increasing awareness of climate-related health risks among host and migrant communities. While full implementation of awareness and outreach activities is planned for 2025, important groundwork was laid during the reporting period.

Under **Output 3.1**, WHO Jordan, in collaboration with MoH, WHO EMRO, and WHO HQ, initiated the development of a training course based on the Refugee and Migrant Health: Global Competency Standards for Health Workers. The course is designed to strengthen the capacity of health workers to deliver inclusive and responsive healthcare in the context of climate-related health impacts. A five-day orientation programme for Jordanian health policymakers was held at the National Institute for Health, Migration and Poverty in Rome in November 2024. The roll-out of the training course in Jordan is scheduled for post-Ramadan 2025 and will represent a key milestone in the implementation of this output.

Under **Output 3.2**, no direct awareness-raising activities were conducted during the reporting period. However, foundational assessments conducted under Outcome 1—such as the development of the scoring system tool by IOM and the strategic risk assessment workshop in Aqaba led by WHO—have generated important data on vulnerabilities and hazard perception, which will inform the design of targeted outreach efforts in 2025. These assessments highlighted critical exposure areas and community-specific health risks related to climate change, providing a basis for developing messaging and outreach strategies.



These activities demonstrate a growing foundation for expanding climate-health awareness and strengthening health workers' readiness for responding to climate-induced health risks in Jordan. Full implementation of community engagement activities is expected to begin in the next phase, informed by the assessments and training infrastructure developed during the reporting period.

## Iraq

Under **Outcome 3**, significant progress was made in Iraq to strengthen institutional and frontline capacity for delivering climate-sensitive, migrant-inclusive health services. These efforts, led by WHO Iraq, reflect the programme's early investment in building readiness for community engagement and health system responsiveness.

Under **Output 3.1**, WHO Iraq, with technical support from WHO EMRO and HQ, conducted a ToT session in November 2024. The session introduced a training package designed to equip health professionals with the skills and knowledge to respond to climate-related health risks, emphasising gender responsiveness and the inclusion of displaced and vulnerable populations. The package is currently being contextualized for Iraq and is scheduled for roll-out to frontline health workers in May 2025. This will support broader system-level readiness for inclusive health service delivery in the context of climate and environmental stressors.

Under **Output 3.2**, no direct implementation took place during the reporting period. However, IOM Iraq's stakeholder mapping, literature review, and ongoing field research preparation in Basra—including the recruitment and training of field enumerators for Focus Group Discussions and Key Informant Interviews—will provide the evidence base to guide the design of outreach strategies. These tools will ensure that upcoming awareness activities are grounded in local perspectives and responsive to the specific vulnerabilities of both host and migrant populations.

Collectively, these activities underscore Iraq's progress in building the institutional and technical foundations necessary for effective community outreach and inclusive health service delivery. The full implementation of community engagement and training rollouts will continue into 2025.

## Regional Activities

During the reporting period, the Regional Offices of **IOM**, **WHO**, and **UNDRR** played a key role in coordinating the overall direction of the Joint Programme (JP), fostering inter-agency collaboration, and supporting country-level implementation. Regional activities contributed to the achievement of all three outcomes by ensuring consistency in technical approaches, enhancing knowledge exchange, and preparing tools and resources to guide national-level action.

Under **Outcome 1**, the Regional Offices facilitated coordination and communication, ensured the alignment of country workplans with JP objectives, and supported stakeholder engagement. A major milestone was the official regional launch of the MMPTF programme, held on 4 April 2024 in Cairo. The hybrid event brought together senior leadership from IOM, WHO, UNDRR, and the Fund Management Unit, alongside national counterparts from Iraq and Jordan. The launch emphasized the importance of inter-agency collaboration in addressing the intersection of migration, health, and climate risks. A press release, photo documentation, and programme leaflet were shared regionally to raise visibility.





Under **Outcome 2**, the Regional Offices supported the development of methodologies for vulnerability assessments and local resilience planning. UNDRR, in cooperation with IOM and WHO regional teams, coordinated the revised regional call for proposals for Output 2.3, which enabled the successful selection of local implementation partners in all three countries by the end of 2024. The regional teams also provided technical guidance for resilience planning and contributed to refining the data collection and assessment tools used across country contexts.

Under **Outcome 3**, the Regional Offices initiated the development of standardized communication materials and training resources for community outreach and health worker capacity building. WHO, in collaboration with its HQ and EMRO offices, supported the design of training packages adapted to regional and national contexts. IOM Regional Office led initial planning for the development of cross-country knowledge products, which will support harmonized messaging on climate-health risks targeting both host and migrant communities. These materials will be finalized and disseminated in 2025, ensuring that country-level outreach is technically sound, context-sensitive, and aligned across the region.

The Regional Offices also jointly presented the programme at the World Urban Forum 12 (WUF12) in **November 2024** in Cairo. The session highlighted the interlinkages between migration, health, climate change, and DRR, and showcased the JP's data-based methodology and cross-sectoral approach to the programme design.

## **Gender**

In alignment with MMPTF's Gender Guidance and **Gender Marker B**, the programme has ensured that gender is systematically integrated into its planning, activities, and monitoring processes. Gender Marker B signifies that gender equality has been moderately mainstreamed into the programme, with gender-sensitive objectives and activities being explicitly incorporated to address the distinct needs, vulnerabilities, and capacities of different genders, particularly in relation to climate change, migration, and public health. During the reporting period, significant efforts were made to ensure that gender considerations were embedded across the programme's outcomes and outputs. Key actions included:

Gender-Focused Sessions in Workshops: Several workshops, such as the risk assessment workshop held in Aqaba (Jordan) in December 2024, incorporated gender-sensitive methodologies and a separate session on Gender Equality and Women's Empowerment (GEWE), both to inform participants of the gender specific questions relating to climate change and health. It also included gender disaggregation of data and the development of gender-responsive risk assessments. Gender-focused discussions were embedded in the sessions, with specific attention paid to how climate-induced health risks disproportionately affect women, men, and marginalized groups.

Gender Disaggregation in Data Collection: Under Outcome 1, data collection tools developed for the Lebanon's Akkar region and Iraq's Basra governorate were designed with a gender lens, ensuring gender-disaggregated data was gathered on key variables, such as health perceptions, climate vulnerability, and migration patterns. For instance, in Lebanon, 1,007 surveys (711 Lebanese, 271 Syrians, 25 migrants) were conducted with the sex disaggregation of 502 men and 505 women. Tools incorporated gender-specific questions and aimed to capture how climate impacts differ for male and female beneficiaries, particularly regarding healthcare access and vulnerabilities in the face of extreme weather events.

Integration of Gender Sensitivity in Field Research: The recruitment of field enumerators in Iraq is ongoing, following gender-sensitive criteria, ensuring gender balance among data collectors. In Lebanon,





gender parity was also emphasized in the survey as stated above and will be observed in the upcoming FGDs and KIIs. This ensured that both male and female community members felt equally comfortable sharing their perspectives on climate-health risks, and gender-sensitive facilitation techniques were employed throughout.

Capacity-Building and Gender Sensitivity: Under Outcome 3, the ToT sessions conducted by WHO Iraq and Jordan in November 2024 included gender-sensitive components. The training focused on equitable, migrant-inclusive healthcare, ensuring that health workers were prepared to respond to the specific needs of women, men, and marginalized groups in the context of climate-related health challenges. Special emphasis was placed on gender-responsive health services, aiming to equip frontline health workers with the necessary skills to address gender disparities in healthcare access and vulnerabilities due to climate change.

These efforts are part of the programme's commitment to gender mainstreaming and ensuring that both men and women—as well as other marginalized groups—are fully integrated into climate-health-migration resilience-building efforts. Going forward, these gender-sensitive methodologies will continue to be enhanced and integrated into the broader programme, ensuring that gender equality remains central to all activities and outcomes.

### **Delays and Justifications**

Despite early momentum, the programme experienced delays in implementation across several outputs due to a combination of operational, political, and environmental factors. In **Lebanon**, the escalation of conflict between October 2024 and February 2025 led to widespread displacement, severe infrastructure damage, and a nationwide shift toward emergency response. These events caused the suspension of field-level activities and delayed the formation of the PSC, impacting timeline-sensitive outputs under all three outcomes. In **Jordan**, bureaucratic complexity in terms of coordination among different ministries and stakeholders and the need to harmonize existing national assessments slowed down the finalization of activity scopes under Outcome 1. In **Iraq**, limited government-produced literature and fragmented coordination across ministries required sustained engagement by IOM to ensure alignment, resulting in slower-than-anticipated progress in stakeholder mobilization and policy review. Across all countries, the original calls for proposals under Output 2.3 (local resilience planning) had to be revised due to low initial uptake (in Iraq and Jordan due to the quality of the first round of applications, and in Lebanon due to the low number of applications likely linked to the war), necessitating an additional round of outreach and re-advertising, which pushed back timelines.

Considering the unique challenge in each country's context, the PUNOs adopted adaptive strategies, including remote engagement, phased implementation, early finalization of internal tools, and regional-level support to maintain progress toward key objectives.

### **The Way Forward**

Building on the foundations laid in 2024, the Joint Programme will accelerate implementation across all three countries in 2025. Key next steps include the roll-out of local resilience action plans under Outcome 2, the launch of the HNAP in Iraq, data collection and community outreach in Akkar, Lebanon, and the implementation of health worker training programmes in Jordan and Iraq. The PUNOs will also initiate community awareness campaigns and risk communication activities designed to strengthen public understanding of climate-related health impacts among host and migrant communities.



Regionally, the focus will shift to supporting cross-country learning, disseminating harmonized outreach materials, and advancing a joint monitoring framework to track behavioural and institutional changes resulting from the programme. The Regional Offices will continue to facilitate coordination, quality assurance, and visibility of the programme through technical support and engagement in regional forums.

Despite early delays, the Joint Programme remains on course to achieve its objectives. With strengthened collaboration, stakeholder ownership, and a clear evidence base, the next phase of implementation will focus on accelerating the implementation of activities based on the initial achievements made in 2024, ensuring that climate resilience and health system strengthening are inclusive of the region's most vulnerable communities.

## **Conclusion**

Despite some unforeseen contextual challenges, notably the escalation of conflict in Lebanon in 2024, the programme teams in the target countries with support from the Regional Offices have demonstrated resilience, flexibility and commitments to move forward with the programme implementation by completing crucial groundwork, including the set-up of programme management structure, development of assessment tools, preparation of training modules, and selection of target governorates and local implementing partners. They are significant accomplishments within a demanding operational environment, not only as the essential preparations but as the solid groundwork for the key activities planned in 2025.

As the Joint Programme moves into its second year of implementation, it is well-positioned to build on these foundations laid in 2024. Key priorities for 2025 include the rollout of local resilience initiatives, community-level awareness campaigns, and training of frontline health personnel, ensuring that host and migrant populations across the region are better equipped to understand, respond to, and recover from the health impacts of climate change. The continued collaboration between governments, UN partners, and local stakeholders will remain central to ensure that the programme delivers on its goals of equity, inclusion, and resilience in the face of growing climate-health challenges across the MENA region.

IOM, WHO and UNDRR as the PUNOs remain firmly committed to significantly advancing the programme implementation in the coming year by leveraging the initiatives, good practices and lessons learned from Year 1 and strengthening resilience of the target countries, host and migrant communities against the compounded impacts of climate change, health and disaster risks.

## **List of Annexes:**

- Annex A- EOI MMPTF research in Lebanon
- Annex B - Data Collection Tool Protocol and Questionnaire for Lebanon
- Annex C – Amman workshop report 2024
- Annex D – Aqaba workshop report

RESULTS	INDICATORS	Data Source and Collection Method	Baseline	Targets	Cumulative Progress (January – December 2024)	ASSUMPTIONS
<b>Overall Objective Statement:</b> 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.						
<b>Outcome 1</b>						
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.	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.  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.	Project monitoring reports; project final evaluation	1a. None. At COP 27, the only MENA country that made reference to population movements in the national statement was Libya.  1b. N/A.	1a. At least one target country.  1b. At least one national or subnational strategy in each target country.	During the reporting period, the programme has laid the solid foundation towards Outcome 1 through establishing the PSCs in all three countries (for Lebanon, it was in January 2025), involving the MoH, MoE and other relevant ministries, selecting the target governorates through stakeholder consultations, and commencing the assessments to identify climate vulnerabilities and adaptation needs in the health sector and specific vulnerable groups including migrants while ensuring synergies with existing studies and assessments in the countries.	CCA and risk reduction remain priorities for the target countries.
<b>Output 1.1</b>						
A comprehensive, gender-sensitive national or sub-national analysis of the	1.1.a. # of national or subnational analysis reports available in Jordan and Iraq.	Workshop attendance records; activity monitoring	1.1.a. N/A. A desktop brief MECC country profile was produced	<b>1.1.a. Jordan:</b> up to 5 subnational analysis reports; <b>Iraq:</b> 1	<u>Jordan:</u> A decision was made to merge the V&A and climate-human mobility assessments to build	National and subnational stakeholders remain

climate change-human mobility nexus and disaster risk assessment is accessible to the policy makers in each target country.	1.1.b. # of research papers published in Lebanon.	reports; national / sub national analysis reports available.,	for Iraq by IOM in 2022.  1.1.b. N/A	national analysis report.  <b>1.1.b. Lebanon:</b> up to 4 research reports.	<p>a comprehensive, context-specific understanding of climate-health risks and responses. The mapping of relevant national documents, strategies, and assessments has commenced with a view to integrating these into the planned V&amp;A assessment.</p> <p><u>Iraq:</u> A stakeholder mapping and analysis tool was developed to gather data from actors working at the intersection of climate change, health, and migration in Basra.</p> <p><u>Lebanon:</u> In July 2024, a research workshop was held with 29 participants (9 men and 20 woman) through which Akkar region was selected as the primary geographical focus for implementation. Also, a data collection tool was finalised and reviewed by the Ministry of Public Health (Lebanese MoPH) to assess community perceptions around climate change and health in Akkar. Data collection will start in February 2025. Furthermore, a call for proposals for research on the nexus was launched, resulting</p>	<p>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>
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					in the selection of two research partners, namely the Health and Environment Response Agency and the Issam Fares Institute.	
	<ul style="list-style-type: none"> <li>• <b>Activity for Jordan:</b> <ul style="list-style-type: none"> <li>○ 1.1.1. Contract an expert to evaluate and identify five most vulnerable locations to climate change impacts sub-nationally (IOM).</li> <li>○ 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).</li> <li>○ 1.1.3. Carry out three separate workshops in each identified location sub-nationally, pre-, during and post- the risk assessment analysis (IOM).</li> </ul> </li> <li>• <b>Activity for Iraq:</b> <ul style="list-style-type: none"> <li>○ 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).</li> </ul> </li> <li>• <b>Activities for Lebanon:</b> <ul style="list-style-type: none"> <li>○ 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).</li> <li>○ 1.1.6. Conduct individualized data collection among migrant populations to assess their access to services, including healthcare. (IOM)</li> <li>○ 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).</li> </ul> </li> </ul>					
<b>Output 1.2</b>						
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>1.2.a. # of V&amp;A assessment reports produced in Jordan and Iraq.</p> <p>1.2.b. # of assessment report on health facilities</p>	Workshop attendance records; activity monitoring reports.	<p><b>1.2.a. N/A</b></p> <p><b>1.2.b. N/A</b></p>	<p><b>1.2.a. Jordan:</b> 1 report; <b>Iraq:</b> 1 report.</p> <p><b>1.2.b. Lebanon:</b> 1 report</p>	<p><u>Jordan:</u> A strategic risk assessment workshop was held in Aqaba in December 2024, using the WHO's Strategic Toolkit for Assessing Risk (STAR) and being attended by over 64 participants. It assessed 29 anticipated hazards, categorizing them by risk level and incorporated gender-</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</p>

	capacities produced in Lebanon-				<p>sensitive risk assessment methodologies.</p> <p><u>Iraq:</u> A consultant has been selected to undertake a V&amp;A assessment on climate change and health in Basra Governorate and the desk review process has started.</p> <p><u>Lebanon:</u> Preparations were made for a Vulnerability and Adaptation (V&amp;A) assessment on climate and health with a migrant and gender lens to evaluate the capacities of 38 health facilities in Akkar to respond to climate-induced health risks.</p>	<p>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"> <li>• <b>Activities for Jordan:</b> <ul style="list-style-type: none"> <li>○ 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).</li> <li>○ 1.2.2. Contract an expert on health and climate change to build the theoretical framework, conduct the field assessment and a V&amp;A evaluation on the impact of climate change on health using a migrant-inclusive lens.</li> <li>○ 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.</li> </ul> </li> <li>• <b>Activity for Iraq:</b> <ul style="list-style-type: none"> <li>○ 1.2.6. Conduct a V&amp;A assessment on climate change and health in Basra Governorate, with a migrant-inclusive lens. The V&amp;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).</li> </ul> </li> <li>• <b>Activities for Lebanon:</b></li> </ul>					

- 1.2.7. 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.

<b>Outcome 2</b>						
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.	<p>2a. # of the target countries that make reference to health and human mobility considerations in DRR statements or DRR strategies by the programme completion.</p> <p>2b. # of target country governments that presented good practices and success stories from the programme at the regional programme workshop with other MENA countries.</p>	Project monitoring reports; project final evaluation; roundtable discussions with experts	<p>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.</p> <p>2b. N/A</p>	<p>2a. Minimum 1 and maximum all 3 target countries.</p> <p>2b. All 3 country governments.</p>	<p>During the reporting period, the programme has made tangible progress towards Outcome 2 through having completed the preparatory work for migrant-inclusive local-level resilience planning by selecting local implementing partners in all three countries while also having finished the preparatory work for commencing the HNAP in Basra governorate in 2025.</p>	<p>Health adaptation and risk reduction remain key priorities for the target countries.</p> <p>The target countries remain open for integrating human mobility considerations in CCA and risk reduction strategies.</p>
<b>Output 2.1</b>						
National and sub-national government officials and relevant stakeholders have improved	2.1.a. # of sensitization workshops organized.	Workshop attendance records; workshop reports; activity	<p>2.1.a. N/A</p> <p>2.1.b. N/A</p> <p>2.1.c. N/A</p> <p>2.1.d. N/A</p>	<p><b>2.1.a. Jordan : 3 ; Iraq: 4 (2 national and 2 subnational); Lebanon: 2</b></p>	<p><u>Jordan:</u> No stand-alone activities were rolled out under this Output during the reporting period while related work under</p>	National and sub-national government officials and other relevant stakeholders remain available to



understanding of the importance of integrating a gender-sensitive human mobility lens into the local public health adaptation and resilience action plans.	<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>	monitoring reports; pre- and post-analyses.		<p><b>2.1.b. Jordan:</b> 45 participants ; <b>Iraq :</b> 60 ; <b>Lebanon :</b> 48 participants (12 men and 36 women).</p> <p>2.1.c. 1 National DRR Strategy.</p> <p>2.1.d. 1 National Multi-Stakeholder DRR Platform Structure.</p>	<p>Outcome 1, in particular, the strategic health risk assessment workshop in Aqaba, is expected to inform this output.</p> <p><u>Iraq:</u> No stand-alone activities were rolled out under this Output during the reporting period.</p> <p><u>Lebanon:</u> No stand-alone activities were rolled out under this Output during the reporting period while some foundational work under Outcome 1—such as the identification of the Akkar region as a priority site and research on climate-health vulnerabilities—will directly inform the output in the next phase of implementation.</p>	<p>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"> <li>• <b>Activity for Jordan:</b> <ul style="list-style-type: none"> <li>○ 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).</li> </ul> </li> <li>• <b>Activity for Iraq:</b> <ul style="list-style-type: none"> <li>○ 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).</li> </ul> </li> </ul>					

- 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)

<b>Output 2.2</b>						
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><b>2.2.a. N/A</b></p> <p><b>2.2.b. N/A</b></p> <p><b>2.2.c. N/A</b></p>	<p>2.2.a. 12</p> <p><b>2.2.b. Jordan:</b> 1 public health strategy; <b>Iraq:</b> 1 governorate-level action plan.</p> <p>2.2.c. 5 recommendations</p>	<p><u>Jordan:</u> No specific activities were implemented under this output during the reporting period, however, the STAR risk assessment and the vulnerability scoring tool developed under Outcome 1 will support health system strengthening activities in the next phase of implementation.</p> <p><u>Iraq:</u> While the HNAP in Basra was not yet launched during the reporting period, significant preparatory work was completed in 2024, including alignment with national stakeholders, technical inputs from WHO EMRO and HQ, and coordination with other programme activities.</p> <p><u>Lebanon:</u></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>

					No stand-alone activities were rolled out under this Output during the reporting period while some foundational work under Outcome 1—such as the identification of the Akkar region as a priority site and research on climate-health vulnerabilities—will directly inform the output in the next phase of implementation.	
	<ul style="list-style-type: none"> <li>• <b>Activity for Jordan:</b> <ul style="list-style-type: none"> <li>○ 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).</li> <li>○ 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).</li> </ul> </li> <li>• <b>Activity for Iraq:</b> <ul style="list-style-type: none"> <li>○ 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.</li> </ul> </li> <li>• <b>Activity for Lebanon:</b> <ul style="list-style-type: none"> <li>○ 2.2.4. Draft a series of recommendations for local healthcare facilities based upon lessons learnt under Outcome 1 (IOM,WHO).</li> </ul> </li> </ul>					
<b>Output 2.3</b>						
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	<p>2.3.a. # of draft subnational plans developed in Jordan.</p> <p>2.3.b. # of local level resilience plans developed.</p>	Activity monitoring reports; local level resilience plans and resilience scorecard assessment report available.	<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>	<u>In all three countries</u> , UNDRR launched two rounds of call for proposals and identified one local implementing partner per country to lead the development of local resilience actions in 2025.	<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</p>

example for inclusive local-level policy making.	2.3.c. # of detailed resilience scorecard assessment in Iraq.					National DRR Platform and National DRR Strategy.
	<ul style="list-style-type: none"> <li>• <b>Activity for Jordan:</b> <ul style="list-style-type: none"> <li>○ 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)</li> <li>○ 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)</li> </ul> </li> <li>• <b>Activity for Iraq:</b> <ul style="list-style-type: none"> <li>○ 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.</li> <li>○ 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.</li> </ul> </li> <li>• <b>Activity for Lebanon:</b> <ul style="list-style-type: none"> <li>○ 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.</li> <li>○ 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.</li> </ul> </li> </ul>					
<b>Output 2.4</b>						
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	<p>2.4.a. # of biannual programme briefs produced and disseminated.</p> <p>2.4.b. # of other MENA countries participated in the regional programme workshop.</p>	Activity monitoring reports; workshop attendance sheets; workshop reports; pre-and post analyses.	<p>2.4.a. N/A</p> <p>2.4.b. N/A</p>	<p>2.4.a. 4 briefs</p> <p>2.4.b. At least 5 countries</p>	<p>Concerning 2.4.1, no biannual programme brief was produced during the reporting period.</p> <p>As for 2.4.2., a 2-day mid-term programme review workshop was organized in Jordan in February 2025 by inviting the programme teams from all three countries.</p>	Other countries in the MENA region are interested in the programme, including its deliverables, success stories and lessons learnt.

region for possible replication or adoption.						
	<ul style="list-style-type: none"> <li>• <b>Regional level activities (IOM, WHO and UNDRR):</b> <ul style="list-style-type: none"> <li>○ 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.</li> <li>○ 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.</li> <li>○ 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.</li> </ul> </li> </ul>					
<b>Outcome 3</b>						
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.	<p>3a. % of host community members and migrants who reported good understanding of health impacts of climate change after their participation in awareness raising sessions.</p> <p>3b. # of host community members and migrants seeking healthcare services for climate-related health risks (with gender disaggregated data).</p>	Focus group discussions with select participants of awareness raising sessions; healthcare clinics/ hospital records; project final evaluation.	<p>3a. N/A</p> <p>3b. N/A</p>	<p>3a. Up to 70% of those surveyed</p> <p>3b. Open</p>	<p>During the reporting period, some concrete deliverables were made under outputs of Outcome 3 in all three countries, namely the delivery of a ToT for Iraqi and Jordanian health policymakers on inclusive and responsive healthcare in the context of climate-related health impacts, contextualization of training modules for further roll-out trainings, and the development of a data collection tool to assess perceptions of climate change and its health impacts among communities in Akkar in Lebanon to inform the design</p>	<p>Migrants in the target countries do not face any restriction in seeking healthcare services.</p> <p>The host community and migrant community members are willing to participate in focus group discussions and project final evaluation.</p>

					of communication and awareness raising materials.	
<b>Output 3.1</b>						
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.	<p>3.1.a. # of healthcare professionals trained in all three targeted countries.</p> <p>3.1.b. # of awareness raising sessions organized in Jordan.</p>	Capacity building sessions/ training attendance records; awareness raising session report; Activity monitoring reports.	<p>3.1.a. N/A</p> <p>3.1.b. N/A</p>	<p><b>3.1.a. Jordan:</b> 45 healthcare professionals; <b>Iraq:</b> 50; <b>Lebanon:</b> 500</p> <p>3.1.b. 5 sessions</p>	<p><u>Jordan:</u> The development of a training course was initiated to strengthen the capacity of health workers to deliver inclusive and responsive healthcare in the context of climate-related health impacts. A five-day orientation programme for Jordanian health policymakers was held in Rome in November 2024.</p> <p><u>Iraq:</u> A ToT session was conducted for Iraqi health policymakers in November 2024 to introduce a training package to equip health professionals with the skills and knowledge to respond to climate-related health risks, emphasising gender responsiveness and the inclusion of displaced and vulnerable populations. The package is being contextualized for Iraq and is scheduled for roll-out to frontline health workers in May 2025.</p> <p><u>Lebanon:</u></p>	<p>Healthcare professionals in the target countries are available for participating in trainings.</p> <p>Security situations in the target countries remain conducive for conducting the trainings and awareness raising sessions.</p>

					No specific activities were implemented under this output during the reporting period.	
	<ul style="list-style-type: none"> <li>• <b>Activity for Jordan:</b> <ul style="list-style-type: none"> <li>○ 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.</li> <li>○ 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).</li> </ul> </li> <li>• <b>Activity for Iraq:</b> <ul style="list-style-type: none"> <li>○ 3.1.3. Provide capacity building training to healthcare providers and technical staff at targeted health facilities on climate change and health.</li> </ul> </li> <li>• <b>Activity for Lebanon:</b> <ul style="list-style-type: none"> <li>○ 3.1.4. Conduct capacity building sessions for healthcare professionals to respond to health threats exacerbated by climate change based on the assessment (WHO).</li> </ul> </li> </ul>					
<b>Output 3.2</b>						
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>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>	Campaign visibility plan; campaign report; awareness raising activity reports; attendance records for awareness sessions; and,	<p>3.2.a.N/A</p> <p><b>3.2.b.N/A</b></p> <p>3.2.c.N/A</p> <p>3.2.d.N/A</p>	<p><b>3.2.a.</b> 1 plan</p> <p><b>3.2.b.</b> 2 million persons (this will include people reached through social media campaign, distribution of IEC materials, and community based activities)</p>	<p><u>Jordan:</u></p> <p>No direct awareness-raising activities were conducted during the reporting period, however, foundational assessments conducted under Outcome 1, such the scoring system tool and the strategic risk assessment workshop in Aqaba, have generated important data on vulnerabilities and hazard perception, which will inform</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>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>	translated IEC materials.		<p>3.2.c.. 5000 migrants</p> <p>3.2.d. 5 communities</p>	<p>the design of targeted outreach efforts in 2025.</p> <p><u>Iraq:</u> No direct implementation took place during the reporting period, however, a stakeholder mapping, literature review, and ongoing field research preparation in Basra will provide the evidence base to guide the design of outreach strategies.</p> <p><u>Lebanon:</u> A data collection tool was developed to assess perceptions of climate change and its health impacts among communities in Akkar, which was finalized and reviewed by the Lebanese MoPH. Data collection is scheduled in February 2025, and the findings will serve as a critical evidence base for the development of tailored community outreach activities.</p>	
	<ul style="list-style-type: none"> <li>• <b>Activity for Jordan:</b> <ul style="list-style-type: none"> <li>○ 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).</li> <li>○ 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).</li> </ul> </li> </ul>					

- **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).