



Migration MPTF

Final Narrative Report (2024-2026)

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

CAN	Climate Action Now
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
IEC	Information, Education, and Communication
IOM	International Organization for Migration
JCDC	Jordan Centre for Disease Control
JP	Joint Programme
KII	Key Informant Interview
MENA	Middle East and North Africa
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

I. EXECUTIVE SUMMARY

The Joint Programme (JP) *“Harnessing synergies between Climate Change Adaptation and Risk Reduction in Migrant-Inclusive Health System Responses”*, implemented in Iraq, Jordan, and Lebanon by IOM as the lead agency, together with WHO and UNDRR, contributed to **strengthening linkages between climate change adaptation and disaster risk reduction in the MENA region**. The programme integrated human mobility and gender considerations into national public health adaptation and disaster risk reduction strategies, while reinforcing the complementarity of these approaches with the goal of strengthening health system resilience and responses.

In 2024, the programme established its **regional and country governance structures** and identified **priority geographic areas** that are most affected by the combined pressures of climate change, disaster risk, human mobility, and health challenges. This was done through a collective stakeholder analysis and the development of scoring tools with key indicators on climate–health vulnerability, internal displacement, and healthcare system preparedness. Based on these assessments, **Basra Governorate in Iraq**, the **Governorates of Irbid, Aqaba and Amman in Jordan** and **Akkar Governorate in Lebanon** were prioritized for programme implementation.

In 2025, the programme transitioned from assessment and planning to **full-scale implementation across the three countries**. Building on the analytical work, coordination structures, and partnerships established in 2024, it delivered tangible results in **strengthening migrant-inclusive and gender-responsive health adaptation and disaster risk reduction (DRR) responses at both national and sub-national levels**. By the end of the year, the Joint Programme had effectively translated evidence into practice, enhanced institutional and community capacities, and supported countries in sustaining and scaling results through existing coordination mechanisms and follow-up initiatives building on MMPTF achievements.

Main achievements of the programme encompass:

1) Improved evidence based on climate change, disaster risk, health and human mobility nexus

Under **Outcome 1**, the programme significantly expanded **evidence generation and risk analysis in priority governorates**. In **Iraq**, the JP completed extensive stakeholder mapping, finalized a systematic literature review on climate–health–migration linkages in Basra, and advanced field-level Vulnerability and Adaptation (V&A) assessments using gender-sensitive methodologies. In **Jordan**, three sub-national consultations and workshops were conducted in Amman, Aqaba, and Irbid convening 82 participants (48 women, 34 men) to operationalize national climate change and health priorities, incorporating migration considerations and sub-national health system needs. In **Lebanon**, a large-scale study on community perception and knowledge of climate change in Akkar governorate was conducted, alongside the advancement of three applied research studies on the topics of climate-

induced migration trend and patterns in Lebanon, climate-related disease registry, and mitigating climate related health risks-feasibility study.

The assessments generated context-specific evidence on the climate–disaster–health–mobility nexus, providing baseline data and indicators that strengthen decision-making, guide policy development, and support programmes and interventions to better prepare health systems responses.

2) Enhanced policy coherence between public health adaptation and DRR strategies with migrant-inclusive and gender sensitive approaches

Outcome 2 focused on **strengthening coherence between public health adaptation and DRR strategies through sensitization, policy dialogue, and the development of local resilience planning.** National and sub-national (Basra) sensitization workshops were conducted in **Iraq**, engaging 432 representatives (217 women, 215 men) from government counterparts (Ministries of Health, Environment, Interior, Agriculture, Planning, trade), academia and civil society actors to promote integrated climate–health–migration approaches. In **Jordan** and **Lebanon**, implementing partners were mobilized to advance local resilience scorecard processes, while preparatory work continued to ensure that research findings and risk assessments inform adaptation planning and policy development in the latter part of the programme.

3) Strengthened health systems by building community and institutional capacities on climate-induced health risks

Under **Outcome 3**, the programme **expanded capacity-building and risk communication activities targeting health professionals, community health workers, and vulnerable populations.** In **Iraq**, health workers and technical staff benefited from Training of Trainers (ToT) sessions and Risk Communication and Community Engagement (RCCE) activities addressing climate-related health risks in displacement-affected settings. In **Jordan**, sub-national workshops and preparatory technical work strengthened the foundation for health worker training and community engagement activities implemented later in the year. In **Lebanon**, community health workers were trained on climate-health risk communication and the use of multilingual Information, Education and Communication (IEC) materials, while awareness campaigns on climate-related health risks reached thousands of community members in Akkar, Bekaa, Beirut, and Mount Lebanon. Despite contextual challenges, most notably the continued impact of the conflict in Lebanon from October 2023 into 2025, the programme maintained momentum through **flexible implementation, close inter-agency coordination, and sustained engagement with national counterparts.** Across the three countries, 245 health professionals (141 women, 104 men) were trained, and an estimate of 176,000 people were reached through outreach and awareness activities (in the field and online).

By strengthening the skills of health professionals and policymakers and improving risk communication at community level, the programme helped make health services more migrant-inclusive and climate-responsive and enhance the health system and community's readiness.

4) Final external evaluation: Key findings, achievements, and limitations

The **final external evaluation** conducted by Crest Point (January–March 2026) confirmed the **programme's strong relevance** as a unique collaboration between three UN agencies addressing critical policy and operational gaps at the intersection of climate change adaptation, DRR, health systems, and human mobility. The evaluation further highlighted that the programme was well-aligned with key global frameworks, including the Global Compact for Migration, the Sendai Framework, the

Paris Agreement, and the Sustainable Development Goals; and as a **seed initiative, the programme demonstrated strong effectiveness, laying robust foundations for evidence generation, improved health system preparedness, enhanced cross-sector coordination, and future action.** However, its short implementation timeframe limited the ability to demonstrate measurable long-term outcomes, including sustained improvements in health system resilience and behavioural change. While strong foundations were established, deeper institutionalization and broader uptake remain constrained by the programme's pilot scale. These limitations highlight the need for continued investment, longer-term engagement, and strengthened monitoring of long-term impacts. **Continued political commitment, strategic investment, and strengthen monitoring of long-term impacts will be essential to build on these achievements.**

5) Forward-looking priorities and evaluation key recommendations

a. Strengthening integrated and coordinated programming approaches:

Future initiatives should build on the Joint Programme's added value by establishing clearer inter-agency governance structures and reinforcing cross-sector coordination from the outset.

b. Consolidating and scaling the nexus approach through sustained investment:

Building on the programme's catalytic role, future efforts should focus on deepening implementation in participating countries while progressively expanding the model to other climate-vulnerable contexts. This will require sustained resource mobilization to translate pilot achievements into scalable and institutionalized solutions. IOM, WHO, and UNDRR submitted a pre-concept note to the Adaptation Fund in March 2026 to build on the achievements of the programme in Iraq and Lebanon (Jordan is not, at this stage, part of the submission).

c. Advancing institutionalization and operationalization of results:

To ensure long-term impact, future programming should prioritize embedding climate resilience and nexus-based approaches into national systems and routine practice. This includes supporting policy integration, strengthening health system preparedness, and translating assessments and plans into operational actions—particularly at local and community levels—through continued capacity development.

II. END OF PROJECT PROGRESS

1. GENERAL OVERVIEW AND CONTEXT

Iraq, Jordan, and Lebanon are among the countries in the MENA region that are most exposed to the impacts of climate change, due to their arid environments, increasing water scarcity, and rapid population growth and urbanization. These conditions heighten vulnerability to climate-related health risks, including heat-related cardiovascular and respiratory illnesses, the spread of vector-borne diseases, worsening air quality, and pressures on water resources. As a result, climate-related hazards such as extreme heatwaves and flooding are becoming more frequent and severe, placing additional strain on already stretched health systems.

At the same time, **all three countries host large populations of migrants, refugees, and internally displaced persons (IDPs).** Human mobility and gender dynamics further shape climate- and disaster-

related health impacts, as population movements can disrupt continuity of care and access to services, while women and girls often face heightened risks due to gender roles, inequalities, and caregiving responsibilities. While national efforts are underway to adapt to climate change and reduce health and disaster risks, migration and gender considerations have not consistently been integrated into these processes, highlighting the need for more inclusive and coordinated approaches.

The JP was a **multi-country initiative implemented in Iraq, Jordan, and Lebanon from January 2024 to January 2026 under the Migration Multi-Partner Trust Fund (MMPTF) and was convened by IOM as the lead agency in partnership with WHO and UNDRR.** The programme contributed to **strengthening links between climate change adaptation and DRR** in the MENA region by integrating human mobility into national public health adaptation and DRR strategies, with specific attention to gender.



Photo 1: Launch Event of the Programme, 4 April 2024, with Dr Hanan Balkhy, WHO Regional Director for the Eastern Mediterranean, Mr Fadi Jannan, Deputy Chief of UNDRR Regional Office for Arab States, and Othman Belbeisi, IOM Regional Director for the Middle East and North Africa.

Over the 2024–2025 implementation period, the programme progressed from initial preparatory and analytical work to more **sustained implementation, capacity-building, and policy engagement.** Building on assessments and research conducted in 2024, activities in 2025 focused on translating evidence into practical tools, strengthening coherence between public health adaptation and disaster risk reduction strategies, and enhancing awareness and preparedness among health professionals and communities exposed to climate-related health risks.

Country Context

In **Iraq**, programme implementation began with the activation of the Programme Steering Committee in July 2024 and accelerated in 2025, with a geographic focus on Basra governorate, an area highly

exposed to extreme heat, water scarcity, and environmental degradation. Implementation took place in a complex institutional environment marked by coordination challenges between federal and sub-national authorities, limited integrated climate–health data, and health system capacity constraints linked to urbanization, displacement, and environmental pollution. Activities were implemented in close coordination with the Ministry of Health and the Ministry of Environment, focusing on evidence generation, stakeholder sensitization, and alignment with national climate and health priorities. Strategic coordination was strengthened through the Programme Steering Committee, while national and sub-national workshops raised awareness of climate–health–migration linkages. Preparatory work—including stakeholder mapping, literature reviews, and field assessments—laid the groundwork for climate–health adaptation planning and contributed to early steps toward the development of a Health National Adaptation Plan (HNAP).



Photo 2: In Basra, Iraq, heatwaves exacerbate chronic conditions, floods disrupt access to care, and water scarcity threatens hygiene and sanitation. According to WHO, over half of families displaced by climate change cannot afford food, face heightened risks of malnutrition, chronic illness, and mental health challenges, 18 September 2025, Carlo Jelo, WHO.

In **Jordan**, the programme built on relatively strong national policy frameworks on climate change, DRR, and public health, but faced operational challenges related to resource constraints, competing national priorities, and sustained pressure on public services due to large refugee populations. Translating national commitments into operational planning at sub-national level also required strengthened inter-ministerial coordination. Through continuous engagement with government stakeholders, the programme ensured alignment with national strategies, supported by a Programme Steering Committee, and a regional-level Programme Advisory Committee visit in June 2024 helped refine priorities. A key achievement was the development and handover to the Ministry of Health of a vulnerability scoring tool identifying governorates most at risk from climate-related health impacts, incorporating indicators on hazards, mobility, DRR, and migrant populations. In 2025, activities focused on Amman, Aqaba, and Irbid, strengthening institutional readiness for climate-resilient and inclusive health system responses.

In **Lebanon**, programme implementation took place in a context of prolonged socio-economic crisis and volatile conflict, both of which significantly affected health infrastructure and service delivery. As conditions stabilized following the ceasefire on 27 November 2024, activities progressed with a focus

on Akkar governorate, emphasizing research, community engagement, and risk communication. Key preparatory milestones at the end of 2024 included finalizing a community perception survey and selecting an implementing partner for local resilience planning. In 2025, activities focused on capturing community perceptions, generating an evidence base on the intersection between climate change and health through research studies, strengthening health system preparedness, and disseminating accessible, multilingual information on climate-related health risks to migrant and host communities, thereby contributing to recovery efforts and advancing inclusive, climate-sensitive health planning.

2. RESULTS

Objective: 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 and Disaster Risk Reduction (DRR) strategies.

As a result of the programme, **climate change adaptation, disaster risk reduction, health, and human mobility are now more systematically addressed as interconnected policy** and operational priorities in Iraq, Jordan, and Lebanon. **Prior to the programme, these areas were largely approached in silos, with limited integration of migration and gender considerations.** The Joint Programme contributed to embedding a migrant-inclusive and gender-sensitive lens into national and sub-national strategies, tools, and planning processes, as reflected in adaptation strategies, DRR frameworks—including local resilience action plans—and health vulnerability and adaptation assessments. It also strengthened cross-sectoral coordination by bringing together key stakeholders across sectors, with several coordination mechanisms and dialogue platforms expected to continue beyond the programme period.

Across the three countries, the programme highlighted **common factors that supported progress on the climate–health–migration nexus.** A key success was **linking evidence generation with policy dialogue,** ensuring that assessments and research informed strategies and planning processes, as seen in Jordan’s adaptation strategy, Iraq’s DRR framework, and local resilience plans in all countries. The **use of standardized but adaptable tools**—such as vulnerability assessments and resilience scorecards—proved effective across different contexts, helping translate global frameworks into practical actions. Strong engagement of government counterparts through multi-sector platforms also helped improve coordination between health, environment, and disaster risk institutions. At the same time, differences across countries showed that **where activities moved from evidence to planning and capacity-building, more concrete changes were achieved.** These lessons provide a solid basis for replication and scaling in other regions of targeted countries and across countries of the MENA region.

Outcome 1: The target countries have enhanced policy awareness and strategies that recognize the convergence between Climate Change Adaptation (CCA) and risk reduction with a human mobility lens and in a gender-sensitive manner.

The programme led to a measurable shift **from fragmented data and limited recognition of the climate–health–migration nexus to the availability and use of evidence to inform policy and interventions.** Across the three countries, vulnerability assessments, research studies, and risk analyses are now being used by government counterparts to inform planning and policy processes. For example, in Jordan, evidence generated under the programme directly informed the National Climate Change Health Sector Adaptation Strategy, while in Iraq and Lebanon, assessments and research have shaped adaptation planning and policy dialogue. As a result, human mobility and gender

considerations are increasingly reflected in national and sub-national strategies and risk analyses, strengthening evidence-based decision-making.

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.

In **Iraq**, the programme focused on **Basra Governorate**, a climate-vulnerable area affected by extreme heat, water scarcity, and environmental degradation with direct implications for human mobility and public health. In 2024, IOM initiated preparatory work, including desk reviews and stakeholder mapping through a bilingual (Arabic and English) stakeholder mapping and analysis tool, to identify key climate, health, migration, and DRR actors at national and sub-national levels.

In 2025, **Iraq** advanced significantly in consolidating evidence on the climate–health–human mobility nexus in Basra Governorate. IOM finalized a **systematic literature review** consolidating data on climate variability, displacement patterns, and health system gaps, as well as a **stakeholder mapping exercise**, identifying 26 key institutions and actors operating across climate, health, migration, and DRR sectors, including local health and environment directorates, universities, and civil society organizations (Annex 1: Systematic literature review and Annex 2: Stakeholder mapping report).

Throughout 2025, IOM led the preparation and rollout of **qualitative field research**, including gender-sensitive Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) with IDPs (as climate migrants), host communities, health officials, and civil society actors. Enumerator teams—comprising equal numbers of women and men—were trained on ethical, gender-responsive data collection methodologies. These activities generated context-specific evidence on climate-related health risks, mobility dynamics, and differential vulnerabilities affecting migrants, internally displaced persons, and immobile populations (Annex 3: Qualitative field research report). The findings directly informed policy dialogue with the Ministry of Health and Ministry of Environment and laid the foundation for subsequent vulnerability and adaptation assessments and health adaptation planning in Basra.

In **Jordan**, programme implementation advanced through coordinated stakeholder engagement, data-driven vulnerability analysis, and alignment with national priorities. Following consultations with government counterparts during the Programme Advisory Committee (PAC)¹ visit in June 2024, a Programme Steering Committee (PSC) was established, co-chaired by the Ministry of Health and WHO Jordan, to guide in-country implementation and coordination among partners. In October 2024, a **vulnerability prioritization workshop** in Amman introduced a **scoring tool** to identify governorates most exposed to climate- and health-related risks, considering hazards, mobility patterns, migrant presence, and DRR factors (Annex 4: Workshop report). Based on this analysis, **Irbid, Aqaba, and Amman were selected as priority areas**, with UNDRR contributing national DRR data to support geographical targeting and ensure alignment with national strategies.

In 2025, **Jordan** operationalized sub-national analysis through a series of structured consultations and workshops that strengthened the integration of climate, health, disaster risk, and mobility considerations. Between 3 – 24 May 2025, IOM conducted **three sub-national workshops** bringing together over 80 national and local health authorities, municipalities, DRR actors, and other

¹ The Programme Advisory Committee (PAC) is a strategic advisory body established at the regional level to provide overall guidance, oversight, and technical direction to the Joint Programme. Comprising representatives of participating UN agencies (IOM, WHO, and UNDRR), donors, and relevant stakeholders, the PAC supports alignment with global and regional priorities, ensures coherence across country-level interventions, and facilitates strategic decision-making.

stakeholders in Amman (27, including 15 women and 12 men); Aqaba (21, including 12 women and 9 men); and Irbid (34 including 21 women and 13 men) (Annex 5: Three sub-national workshop reports).

These workshops built on the vulnerability scoring system developed earlier and enabled participants to validate priority climate-health risks, assess migration-related stressors, and contextualize national climate change and health strategy priorities at the governorate level. Gender-sensitive discussions highlighted differentiated health impacts and access barriers faced by women and men, particularly among migrant populations. The process strengthened sub-national ownership of risk analysis and ensured that evidence generated under the programme was accessible and relevant to policymakers responsible for implementation at both national and governorate levels.

In **Lebanon**, programme implementation in 2024 was affected by the outbreak of the war and a subsequent shift in government priorities toward emergency response. Despite these constraints, the programme was formally launched in May 2024 with the participation of 19 stakeholders (3 men and 16 women) from NGOs, academia, the PUNOs, government representatives, and other relevant sectors. The **launch event** provided an opportunity to draw on stakeholder expertise to inform geographical prioritization based on agreed criteria including climate-related health vulnerability, displacement dynamics, and health system preparedness. The Akkar region was identified as the primary area of intervention.

Subsequently, in July 2024, a **research consultative workshop** was conducted in coordination with the Ministry of Public Health (MoPH), bringing together 29 participants (9 men and 20 women) from academia, UN agencies, and the environmental and health sectors. The workshop resulted in the identification of key research priorities, which informed the selection of research study topics under the project.

In 2025, the programme made substantial progress under Output 1.1 in Lebanon by strengthening the evidence base through a **Community Perception Study in Akkar Governorate**, conducted by IOM, alongside **three complementary research studies** implemented by its partners.

The **Community Perception Study**, carried out between February and April 2025, applied a mixed-methods approach to examine the impacts of climate change on health and access to services among host and migrant populations. It included 1,007 structured questionnaires (505 women and 502 men comprising 70.6% Lebanese, 26.9% Syrians, and 2.6% other international migrants), as well as key informant interviews and focus group discussions with balanced gender representation. Findings revealed high awareness of climate-related health risks but also highlighted persistent gaps in early warning systems and significant financial and infrastructural barriers to healthcare access. Gender-specific vulnerabilities were evident, with women—particularly pregnant women—reporting poorer health outcomes and increased caregiving burdens. These results underscore the need for integrated, migrant-inclusive, and gender-responsive approaches (Annex 6 Community Perception Study).

In parallel, **three research studies** were conducted by IOM's implementing partners, the Health and Environment Response Agency (HERA) and the Issam Fares Institute (IFI), in line with priorities identified with the Ministry of Public Health in July 2024. These studies examined climate-induced migration trends, climate-related disease patterns, and the feasibility of mitigating climate-related health risks (Annexes 7, 8, and 9: Qualitative Research Studies in Lebanon).

Together, these analyses provided a robust evidence base to inform migrant-inclusive and gender-responsive public health adaptation and DRR policies at both national and sub-national levels. Findings were disseminated during a sensitization workshop held on 25 July 2025, bringing together stakeholders and experts to support evidence-based decision-making.



Photo 3: Sensitization Workshop on Research Findings Dissemination in Lebanon, 25 July 2025 (IOM Lebanon)

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.

In **Iraq**, the programme advanced in 2025 the implementation of a comprehensive **V&A assessment on climate change and health in Basra Governorate**. Building on desk reviews and guided by WHO and UNDRR frameworks, WHO finalized field data collection focusing on priority climate-related health risks such as heat stress, water-borne and vector-borne diseases, mental health impacts, and nutrition. Particular attention was given to the vulnerabilities of migrants, displaced populations, and immobile communities, as well as gender-specific health risks.

Six enumerator teams (50% women, 50% men) received dedicated training on gender-sensitive and ethical data collection, ensuring inclusive participation and reliable analysis. The assessment findings were consolidated into a **sub-national climate change and health report**, which informed ongoing policy discussions and directly supported the development of health adaptation planning processes in Basra (Annex 10: Climate change and health report in Basra). The V&A assessment strengthened the evidence base available to health and environment authorities and contributed to aligning health adaptation priorities with broader DRR and climate strategies.

In **Jordan**, the programme advanced vulnerability and risk assessment processes integrating climate change, health, and disaster risk considerations. From 9–11 December 2024, Aqaba hosted a **strategic health risk assessment workshop** led by WHO Jordan. Participants from local governorates, health authorities, and a variety of sectors came together to address vulnerabilities and shape future adaptation strategies to ensure local resilience planning. This detailed assessment not only catalogued a range of hazards but also generated actionable recommendations for strengthening preparedness and fostering inter-sectoral coordination at the governorate level (Annex 11: All Hazards Health Risk Profile in the Governorate of Aqaba, Jordan).



Photo 4-: STAR Workshop in Aqaba, Jordan, 9-11 December 2024.

The momentum continued with the **second and final strategic risk assessment workshop**, held in Irbid from 9–10 July 2025. Led by WHO and co-led by IOM, the workshop marked a key milestone in strengthening Jordan’s health security efforts. Using the Strategic Toolkit for Assessing Risk (STAR), over 40 participants from health, military, government, academic, and private sectors contributed to a multidisciplinary analysis. Participants assessed 34 anticipated hazards, assigning risk levels from high to very low. The process emphasized inclusiveness, including a dedicated session on gender-sensitive risk assessment to support more equitable and effective future strategies (Annex 12: All Hazards Health Risk Profile in the Governorate of Irbid, Jordan).

In parallel, IOM Jordan completed review and finalization of the **climate change and health V&A assessment** in October 2025. This updated evidence directly fed into the **National Climate Change Health Sector Adaptation Strategy launched in July 2025**. The assessments were completed by pandemic preparedness simulations exercises in targeted Governorates in 21-22 and 28-29 May and 4 August 2025. The results provided a detailed risk profile for priority governorates, particularly Aqaba and Irbid, and identified preparedness gaps, health system sensitivities, and coordination needs across sectors. These findings were shared with national and sub-national authorities and served as a practical reference for strengthening climate-responsive health planning and emergency preparedness.

In 2025 in **Lebanon**, WHO advanced a comprehensive **V&A assessment** for 43 health care facilities—both hospitals and primary health care (PHC) centers—across the Akkar region. This initiative aimed to evaluate and enhance their ability to respond to health risks caused by climate change. It covered health workforce readiness, water, sanitation and hygiene, energy systems, infrastructure, and service continuity, with attention to the needs of migrant and displaced populations.

To ensure the effectiveness of the assessment, **specialized training sessions** on the assessment tool were conducted for surveyors in Akkar. These took place on 21-24 July 2025, equipping participants with the necessary knowledge to evaluate facility readiness and climate risk response. In parallel, pilot testing of the tool and additional training for surveyors in PHC centers occurred on 22-24 July 2025. This process provided practical insights and refined the approach before full implementation.

Data collection and analysis were completed during the year, and **findings were shared with national counterparts** to inform policy dialogue and future investment priorities. The V&A assessment complemented the community-level research conducted under Output 1.1, offering a system-level perspective on health sector resilience in a climate- and displacement-affected context. Together, these outputs enhanced policymakers' access to actionable, migrant-inclusive evidence to support climate-resilient health system strengthening in Lebanon.

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.

The programme contributed to **stronger policy coherence and institutional coordination between public health adaptation and DRR, with concrete integration of migrant-inclusive and gender-sensitive approaches. Prior to the programme, coordination across sectors was largely ad hoc; by 2025, formal processes and tools supported more aligned planning.** This includes the integration of health and mobility considerations into Iraq's National DRR and Climate Change Strategy, the development of migrant-sensitive public health adaptation strategies in Jordan, and the formulation of local resilience action plans in all three countries that explicitly incorporate public health, climate risks, and human mobility. These changes demonstrate a shift toward more coordinated, multisectoral approaches to climate and health resilience.

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.

Iraq made concrete achievements under Output 2.1 in 2025 through national and sub-national sensitization efforts led by IOM, with the participation of WHO and UNDRR. **One national workshop in Baghdad** (35 persons, of 17 men and 18 women) **and one sub-national workshop in Basra** (26 persons, including 13 men and 13 women) were organized in November 2025, bringing together officials from the Ministry of Health, Ministry of Environment, planning authorities, civil society, and UN agencies. These workshops deepened understanding of the intersections between climate change, public health, disaster risk, and human mobility, with explicit attention to gendered vulnerabilities and migrant inclusion. Participants discussed how assessment findings from Outcome 1 could be translated into policy and planning processes, resulting in concrete recommendations to strengthen coherence between public health adaptation and DRR strategies at governorate level, stakeholder commitments to integrate mobility and gender into local action plans, and the expansion of V&As (Annex 13 and 14: Workshop reports in Baghdad and Basra, Iraq).

Between March and December 2025, UNDRR advanced the **development of Iraq's National Disaster Risk Reduction (DRR) and Climate Change Strategy** and supported the establishment of a **National Multi-Stakeholder DRR Platform**. Following a comprehensive policy review and inter-ministerial consultations conducted between May and June 2025, a consolidated draft of the Strategy was submitted on 26 June 2025. UNDRR subsequently integrated feedback from national stakeholders to ensure alignment with the Sendai Framework, national climate adaptation priorities, and public health resilience considerations emerging from Basra-level discussions under the JP. On 4–5 November 2025, UNDRR convened a **national technical validation workshop** engaging 42 participants (15 women and

27 men) representing the Ministry of Environment, Ministry of Health, planning authorities, academia, UN agencies, and civil society. The validation process strengthened national ownership, clarified institutional coordination mechanisms, and finalized the Terms of Reference for the National DRR Platform. This process reinforced vertical coherence between local resilience planning efforts in Basra and national-level DRR governance reform.



Photos 5-6: Exchange with communities and government counterparts during the field monitoring mission to Iraq, 18 September 2025, Carlo Jelo, WHO.

In **Jordan**, Output 2.1 activities in 2024 and 2025 focused on reinforcing policy coherence through the use of evidence generated under Outcome 1. Findings from the STAR risk assessment and sub-national vulnerability analyses were actively used to inform discussions with government counterparts on integrating mobility-sensitive health responses into local resilience planning. **National and subnational sensitization workshops** were carried out in August 2025 (with a total of 88 people sensitized, 46 women, 42 men), resulting in a continuous engagement with authorities—particularly in Aqaba and Irbid— that strengthened awareness of migrant-inclusive public health adaptation within DRR processes and informed subsequent resilience planning activities under Output 2.3. (Annex 15: National and subnational sensitization workshop reports in Jordan).

In **Lebanon**, implementation under Output 2.1 in 2024 and beginning of 2025 were delayed due to contextual constraints. However, a **national sensitization workshop** was carried out on 25 July 2025 with the participation of 41 stakeholders (11 men and 30 women) from NGOs, academia, the PUNOs, and other relevant sectors, in close coordination with the Ministry of Public Health, with the objective of presenting findings from the research and assessments conducted under Outputs 1.1 and 1.2. The workshop ensured that evidence generated in 2025 would be translated into structured policy dialogue on integrating gender-sensitive human mobility considerations into public health adaptation and resilience planning in a subsequent phase.

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 2024, WHO **Iraq** contributed to the design and preparatory planning of the **Health National Adaptation Plan (HNAP)** at both national and sub-national levels. While the HNAP falls outside the direct scope of the MMPTF programme, its launch in July 2025 demonstrated the relevance of integrating disaster risk reduction and human mobility lens into public health adaptation planning and showed the complementarity and scalability of the joint programme’s approaches.

In 2025, building on V&A findings and sensitization workshops conducted in **Iraq**, IOM and WHO supported the drafting of a migrant-inclusive **Health Adaptation Plan for the Governorate of Basra**. WHO advanced technical work, ensuring alignment with national climate and DRR priorities and

incorporating considerations related to mobility, displacement, and gender-specific health risks. While pilot health data collection was not fully implemented during programme, as it fell outside its scope, the groundwork laid in 2025 positioned Basra for strengthened evidence-based health adaptation planning (Annex 16: Health Adaptation Plan for Basra).

In 2025 in **Jordan**, IOM supported the MoH with the drafting of a **Public Health Adaptation Strategy**. Based on the STAR risk assessment and sub-national vulnerability analysis, the strategy incorporates migration-sensitive approaches and considers the impacts of climate change on migrant populations. It is expected that the MoH finalizes the draft and contributes to its dissemination.

In **Lebanon**, Output 2.2 activities in 2025 focused on translating assessment findings into practical guidance for the health sector. WHO finalized **analysis of health facility capacity assessments in Akkar**, while IOM and WHO jointly advanced discussions and elaborated key recommendations for climate-resilient, migrant-inclusive healthcare services. Although a formal public health adaptation strategy was not finalized in 2025, the evidence and analytical products developed during the year significantly strengthened the foundation for evidence-based, inclusive health adaptation planning.

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.

In **Iraq**, UNDRR in partnership with Green Orchard Global Organization (GOGO) and Bustan Association, supported the development of a **gender-responsive and human mobility-sensitive Local Resilience Action Plan (LRAP) in Basra Governorate** between September and November 2025. Orientation sessions held in September 2025 engaged 38 participants (11 women and 27 men) to prepare stakeholders for the structured application of the assessment tools. This was followed in October 2025 by a **Detailed Disaster Resilience Scorecard workshop** engaging 32 stakeholders (10 women and 22 men) to assess governance, infrastructure resilience, and preparedness across the Ten Essentials for Making Cities Resilient, and a **Public Health System Resilience Addendum workshop** engaging 26 participants (8 women and 18 men) to evaluate service continuity, health risks, and vulnerabilities affecting migrant and host communities. In parallel, **four awareness and sensitization seminars conducted in Basra, Faw, and Abu Al-Khaseeb** between October and November 2025 reached 179 participants (113 women and 66 men), extending engagement to rural and coastal areas highly exposed to climate and environmental risks. **Validation workshops** were held in November 2025 engaged 35 stakeholders (13 women and 22 men), confirming priority actions and institutional responsibilities. The finalized LRAP strengthened coherence between sub-national planning and national DRR and climate adaptation priorities and health-responsive resilience measures at the governorate level (Annex 17: Local resilience action plan of Basra).



*Photo 7: Multisectoral workshops to develop the Local Resilience Action Plan in Iraq
(Source: UNDRR/ Green Orchard)*

In **Jordan**, UNDRR through its implementing partner Climate Action Now (CAN) and in coordination with national counterparts, supported Irbid (city) to develop a **local resilience action plan** between July and October 2025. In July 2025, UNDRR provided technical guidance and quality assurance to initiate the structured application of the Disaster Resilience Scorecard process. Between 11–14 August 2025, online preparatory and orientation sessions engaged 39 participants (18 women and 21 men) to build a shared understanding of the methodology and scoring approach. From 19–21 August 2025, an **in-person Detailed Disaster Resilience Scorecard workshop** engaged 39 stakeholders (18 women and 21 men) representing municipal authorities, sectoral institutions, academia, and civil society to conduct a multi-sectoral resilience assessment. On 27 August 2025, an online orientation session prepared 30 health-sector stakeholders (13 women and 17 men) for the **Public Health System Resilience Addendum**, which was subsequently applied during an **in-person workshop** on 2–3 September 2025 engaging 30 participants (13 women and 17 men). During September and early October 2025, UNDRR supported the consolidation of findings into prioritized actions, culminating in the **LRAP validation workshop** on 15 October 2025 with 36 participants (16 women and 20 men). In November–December 2025, UNDRR finalized technical inputs and supported the consolidation and submission of the LRAP, ensuring readiness for implementation and alignment with national DRR and climate adaptation frameworks (Annex 18: Local Resilience Action Plan of Irbid).



*Photos 8 and 9: Multisectoral workshops to develop the Local Resilience Action Plan in Jordan
(Source: UNDRR /CAN)*

In **Lebanon**, UNDRR in partnership with ACTED and in coordination with the Disaster Risk Management (DRM) Unit at the Presidency of the Council of Ministers and Halba Municipality, supported **localized resilience planning in Halba, Akkar Governorate**, between July and November 2025. In July 2025, UNDRR through its implementing partner, operationalized the resilience planning component by providing technical guidance on the application of the Disaster Resilience Scorecard for Cities and the Public Health System Resilience Addendum. **Preparatory stakeholder mapping and orientation sessions** conducted between August and September 2025 engaged 27 stakeholders (9 women and 18 men). In September 2025, a **Detailed Disaster Resilience Scorecard workshop** engaged 24 participants (8 women and 16 men), followed by a **Public Health System Resilience Addendum workshop** engaging 12 participants (5 women and 7 men), assessing disaster risk governance, infrastructure resilience, service continuity, and public health system preparedness with explicit attention to climate impacts and the needs of refugees and host communities. **Local validation sessions** held in October–November 2025 engaged 19 stakeholders (7 women and 12 men), resulting in a **draft LRAP** that integrates disaster risk reduction and public health resilience in a highly constrained operating context. In November–December 2025, UNDRR consolidated lessons learned and provided technical inputs to strengthen national–local coherence, positioning Halba as a pilot model for migrant-inclusive, climate- and health-responsive resilience planning in Lebanon (Annex 19: Local Resilience Action Plan of Halba).



*Photos 10 and 11: Multisectoral workshops to develop the Local Resilience Action Plan
(Source: UNDRR/ Acted)*

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.

Throughout the implementation phase, the programme strengthened its focus on documentation, knowledge exchange, and regional learning to facilitate the dissemination of good practices beyond the target countries.

The IOM Regional Office, with support from country missions, WHO, and UNDRR, convened a two-day **mid-term review workshop** in 24-25 February 2025 in Amman, bringing together joint programme country and regional teams. The workshop enhanced inter-agency coordination, reviewed progress against workplans and financial commitments, and supported alignment on implementation priorities for 2025. It also facilitated the exchange of good practices, donor engagement strategies, and early success stories across the three countries (Annex 20: Mid-term Review Report).

In addition, a **programme brief** capturing key achievements, emerging lessons, and models of migrant-inclusive health adaptation and resilience planning was developed in December 2025 and is being disseminated to regional stakeholders to inform future programming and support replication efforts (Annex 21: Programme Brief).

Building on these efforts, IOM, WHO, and UNDRR jointly organized the programme's **final regional meeting** in Amman on 11 December 2025. The meeting served both as a programme closing event and as a strategic forum to consolidate results and discuss sustainability. Government counterparts, UN partners, civil society, and donors reviewed achievements and challenges across Iraq, Jordan, and Lebanon; documented lessons learned; and highlighted innovative and replicable practices. Participants committed to disseminating programme results, supporting governments in integrating findings into national climate, DRR, health, and local development frameworks, and leveraging the final evaluation to inform future programming. The meeting also advanced discussions on follow-up initiatives, including joint resource mobilization efforts such as the Adaptation Fund proposal developed collaboratively by WHO, IOM, and UNDRR (Annex 22: Final Regional Meeting Report).



Photo 12: Final Regional Meeting in Amman, Jordan, on 11 December 2025

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

The programme resulted in **improved practical capacity and behavioural readiness among health professionals and communities to respond to climate-related health risks**. Compared to the initial situation, trained healthcare workers across the three countries are now applying climate-sensitive, migrant-inclusive approaches in service delivery, supported by standardized training and tools. At community level, awareness has translated into increased understanding of climate-related health risks (over 90% among participants in assessed countries) and a greater willingness to seek healthcare support, supported by multilingual communication materials and outreach. While structural barriers remain, these changes reflect early but tangible progress in translating knowledge into practice and improving preparedness at institutional and community levels.

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.

In 2025, **Iraq** made strong progress under Output 3.1 through a structured capacity-building approach led by WHO, with support from IOM and UNDRR. As part of strengthening national capacity in risk communication and community engagement, WHO conducted a three-day **Master Training of Trainers on RCCE and Infodemic Management** in Baghdad from 17 to 19 August 2025. The training brought together 25 participants (13 women, 12 men) from Basra and Baghdad, representing frontline health workers and professionals involved in health communication. Through a combination of lectures, case studies and group discussions, this training was designed to address the growing complexity of communicating health information in contexts affected by migration and climate change.



Photos 13-14: TOT training in Iraq among Basra healthcare workers on migrant-inclusive, climate-responsive care and Risk Communication and Community Engagement (RCCE), 19-26 August 2025, WHO Iraq

Building on the capacity building component, WHO organized a **Competency-Based Training for Health Workers Providing Services to Migrants and Refugees** from 24 to 26 August 2025 in Baghdad, focusing on WHO's Global Competency Standards for health workers providing services to refugees and migrants. The training was attended by 15 participants from Basra and Baghdad (13 women, 12 men) and was facilitated jointly by WHO and IOM. The training aimed to strengthen the clinical and interpersonal competencies of health workers in delivering equitable and culturally sensitive care to populations affected by displacement, including those impacted by climate-related migration. The

curriculum was structured around five core competency domains: people centeredness, communication, collaboration, evidence-informed practice, and professional conduct. Participants engaged in interactive learning methods, including role-play scenarios, case studies based on Basra's climate and migration context, and practical exercises on trauma-informed care and intersectoral coordination. The training also incorporated pre- and post-assessments to evaluate knowledge gains and application of skills (Annex 23: Training for healthcare providers report in Iraq).

Under Output 3.1, WHO Jordan, in collaboration with the Ministry of Health, WHO EMRO, and WHO Headquarters, supported the development and implementation of a training programme based on the ***Refugee and Migrant Health: Global Competency Standards for Health Workers***. The initiative began with a Training of Trainers (ToT) conducted in Rome on 25 November 2024 for two high-level representatives from the Ministry of Health, aimed at preparing for national rollout.

Building on this foundation, **context-specific training modules were finalized and delivered** in 2025, incorporating climate change, migration, and gender considerations. A competency-based training held on 19 June 2025 targeted 12 Primary Health Care (PHC) managers, with a total attendance of 47 participants (15 women, 32 men), followed by a broader rollout on 28–29 November 2025 reaching 25 health professionals (16 women, 9 men). These activities strengthened the capacity of healthcare professionals at both primary and hospital levels to deliver inclusive, climate-sensitive care, enhanced preparedness for climate-related health risks, and supported more equitable access to health services for migrants and mobile populations.

In **Lebanon**, the **Climate Action Training for Community Health** programme was implemented by the Health and Environment Response Agency (HERA) as a partner of WHO. The training aimed to strengthen the capacity of 43 health facilities in the governorate of Akkar—comprising 39 Primary Health Care Centres (PHCCs) and 4 hospitals—by equipping healthcare workers with the knowledge and skills to address the growing health impacts of climate change. Training sessions were conducted from 6 to 31 October 2025, reaching a total of 122 participants (85 women, 37 men). The programme significantly enhanced climate–health preparedness across the targeted facilities by improving healthcare workers' knowledge, confidence, and capacity to respond to climate-related health risks. Its strong results and high levels of participant satisfaction underscore its potential as a scalable model for advancing climate-resilient health systems in Lebanon.

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.

In 2025, **Iraq** implemented a comprehensive **Risk Communication and Community Engagement (RCCE)** approach to raise awareness of climate-related health risks and available healthcare services. WHO, in coordination with IOM, developed and disseminated multilingual awareness messages addressing priority risks such as extreme heat, air pollution, and water-borne diseases. RCCE activities combined in-person engagement (20–21 November 2025) with digital and community-based outreach (9–16 November 2025). Collectively, these efforts empowered host and migrant communities with practical information on prevention, early care-seeking, and available health services, strengthened community trust, and contributed to increased willingness to seek healthcare support (Annex 24: RCCE activity report in Iraq).



Photos 15-18: RCCE campaign in Basra, 10 November 2025, WHO Iraq



Photos 19-20: Awareness-raising campaign among the young and with communities in Iraq, 21 November 2025, Carlo Jelo, WHO.

In **Jordan**, Output 3.2 activities focused on **awareness-raising and campaign visibility at sub-national level** throughout 2025. IOM, jointly with WHO and UNDRR, developed communication materials on climate change and health risks and rolled out awareness campaigns in collaboration with national partners. The campaigns utilized multiple channels, including community outreach and digital platforms, to reach both host and migrant populations. Messaging emphasized preventive actions, disaster preparedness, and pathways to access healthcare services, with attention to language accessibility and gender-sensitive communication (Annex 25: Communication materials in Jordan).

In parallel, IOM Jordan initiated engagement with the **King Hussein Cancer Foundation to align its awareness campaign, *Go Green Against Cancer*, with climate-health objectives** (150 in-person participants (no gender disaggregation was recorded) and a social media outreach of 5,000 people). In addition, at the request of the JCDC, IOM launched a targeted **awareness campaign for Hajj travelers**

returning from Saudi Arabia. This campaign, conducted on 9-16 June 2025, disseminated educational materials at points of entry, reaching 22,000 travelers and raising awareness of climate-induced health risks (Annex 26: Awareness campaigns in partnership with JCDC and King Hussein Cancer Foundation).

In **Lebanon**, activities in 2025 emphasized **community engagement, risk communication, and capacity-building** in Akkar governorate. Following the completion of the Community Perception Study earlier in the year, IOM developed and disseminated Information, Education and Communication (IEC) materials addressing climate-related health risks, prevention measures, and service access. Materials were produced in multiple languages—Arabic, English, French, Amharic, and Bengali—to ensure accessibility for diverse migrant and host communities. In June 2025, **24 community health workers** (18 women and 6 men) **were trained on climate-health risk communication and the effective use of IEC materials**. The training strengthened their capacity to engage communities, convey accurate health information, and address gender-specific vulnerabilities related to climate impacts. Following the training, community health workers conducted awareness sessions to reach several thousand community members in Akkar, with particular attention to women, migrants, and other at-risk groups. WHO Lebanon contributed by reviewing IEC materials to ensure technical accuracy and alignment with national health standards (Annex 27: IOM Lebanon IEC materials).

RESULTS STORY

Using Evidence to Strengthen Climate and Health Policies in Lebanon

The Challenge

Lebanon is increasingly exposed to climate-related health risks, with Akkar among the country's most vulnerable regions. However, limited localized data and research have hindered effective responses. Communities in Akkar face constrained access to healthcare and limited information about climate-related health hazards. As a result, many residents remain unaware of the risks they face and of practical measures to reduce their exposure, leaving households vulnerable to preventable health impacts.

Through the Joint Programme

To address these gaps, IOM developed a **Community Vulnerability Assessment Tool** to identify climate-related strengths and vulnerabilities at the community level in Akkar. The tool provides practical insights to help households and communities better understand risks and strengthen resilience to climate and environmental health challenges.

This effort was complemented by four research studies designed to inform policy and programming:

1. Climate-induced migration trends and patterns in Lebanon;
2. Climate-related disease registry;
3. Feasibility study on mitigating climate-related health risks;
4. Community perceptions and knowledge of climate change and health in Akkar.

The findings were shared during a research dissemination and sensitization workshop, creating an evidence base to inform community-level interventions and strengthen preparedness.

Results

Together, the research studies, the Community Vulnerability Assessment Tool, and awareness activities—including the development of information, education, and communication (IEC) materials—supported more informed decision-making and improved community awareness. Communities gained practical knowledge on how to reduce climate-related health risks, while policymakers and practitioners were better equipped to identify priority areas for action and design evidence-based responses.

Lessons Learned

The JP demonstrated that evidence and knowledge are essential for effective climate and health action. Multi-dimensional research helps generate a comprehensive understanding of risks and needs, while community engagement ensures that interventions are relevant and practical. Tools such as the Community Vulnerability Assessment help bridge the gap between research and action, enabling more proactive and resilient responses.

Lebanon is highlighted in this results story as it best illustrates how the programme translated evidence into both community-level action and system-level change.

III. PARTNERSHIPS

The Joint Programme established key partnerships with governmental and non-governmental counterparts, including civil society organizations, academic institutions, migrant and host communities, to support programme implementation in Iraq, Jordan, and Lebanon. The tables below provide an overview of main partnerships by country:

Implementation Agreements in Iraq			
Name & type of partner	Type of implementation agreement (please specify if any MOU or agreement was formally entered)	Relevant outcome and/or output; PUNO counterpart	Financial value (if any)
Local government and/or related entities			
Ministry of Health	No formal agreement	IOM / WHO	No
Ministry of Environment (directorates of Baghdad and Basra)	No formal agreement	IOM / WHO / UNDRR	No
Head of the City/Mayor of Basra	No formal agreement	UNDRR	No
Non-governmental stakeholders			
Green Orchard Global Organization (GOGO)	UNDRR established a grant agreement with GOGO to conduct the local resilience planning and process.	UNDRR	80,000 USD

Implementation Agreements in Jordan			
Name & type of partner	Type of implementation agreement (please specify if any MOU or agreement was formally entered)	Relevant outcome and/or output; PUNO counterpart	Financial value (if any)
Local government and/or related entities			
The Ministry of Health	No formal agreement	IOM and WHO	No
The National Center for Security and Crisis Management (NCSCM)	No formal agreement	IOM, WHO, UNDRR	No
The head of the City/Mayor of Irbid	No formal agreement	UNDRR	No



Non-governmental stakeholders			
Climate Action Now (CAN)	Implementing partner agreement. Led the local resilience planning and process	UNDRR	90,000 USD
King Hussein Cancer Foundation	Technical/health stakeholder (expertise, participation)	IOM / WHO	No
Jordanian Center for Disease Control	Government technical counterpart (policy/planning, evidence use)	IOM / WHO	No

Implementation Agreements in Lebanon			
Name & type of partner	Type of implementation agreement (please specify if any MOU or agreement was formally entered)	Relevant outcome and/or output; PUNO counterpart	Financial value (if any)
Local government and/or related entities			
The Ministry of Public Health	No formal agreement	IOM, WHO	No
The Ministry of Environment	No formal agreement	IOM, WHO, UNDRR	No
The Disaster Risk Management (DRM) Unit at the Presidency of the Council of Ministers (Prime Minister's Office)	No formal agreement	UNDRR	No
Head of the City/Mayor of Halba	No formal agreement	UNDRR	No
Non-governmental stakeholders			
The Issam Fares Institute for Public Policy and International Affairs at the American University of Beirut.	Implementing partner agreement to conduct a research study	IOM	12,000 USD
The Health and Environment Response Agency (HERA)	Implementing partner agreement, to conduct two research studies	IOM	24,000 USD
ACTED	Implementing partner agreement. Supported the local resilience action plans	UNDRR	90,000 USD

IV. CROSS-CUTTING ISSUES

Gender Equality and Women's Empowerment

Gender equality and women's empowerment (GEWE) was a cross-cutting priority of the programme, recognizing that women, girls, men, and boys experience climate change, disaster risk, public health challenges, and migration differently. In particular, the programme acknowledged that women and

girls from migrant, host, and marginalized communities face heightened exposure to climate-related health risks and reduced access to healthcare due to legal, cultural, and financial barriers.

In alignment with MMPTF's Gender Guidance and **Gender Marker B²**, the programme has ensured that gender considerations were systematically integrated across outcomes, outputs, activities, and monitoring and reporting processes through the collection and use of **sex-disaggregated data, the application of a gender-scoring methodology to budget** planning and reporting to identify expenditure contributing to Gender Equality and Women's Empowerment (GEWE), and the incorporation of **gender-sensitive approaches in assessments and research**, including focus group discussions and key informant interviews.

In 2025, the programme continued to actively **promote women's participation across activities**, including sensitization workshops, focus group discussions, Training of Trainers sessions, and community health worker trainings. In Lebanon and Iraq in particular, women remained strongly represented among trained community health workers and data collection teams, contributing to more gender-responsive evidence generation and service delivery. These approaches supported a deeper understanding of gender-specific vulnerabilities and further strengthened the inclusiveness of climate adaptation and resilience planning processes.

Migrant Inclusion

Migrant inclusion remained a central pillar of the programme's approach. All major activities under Outcomes 1, 2, and 3 integrated human mobility considerations, including internal displacement, refugee presence, and labour migration. Data collection tools, training curricula, and IEC materials were designed to reflect the specific barriers faced by migrants in accessing health services, early warning systems, and risk information. In Lebanon, multilingual IEC materials and community outreach efforts ensured accessibility for diverse migrant populations, while in Iraq and Jordan, sensitization workshops and health worker trainings emphasized continuity of care and equitable access for displaced and mobile populations. These efforts reinforced national and sub-national stakeholders' understanding of migration as a structural factor shaping climate-related health risks, rather than a peripheral concern.

Inter-Agency Coordination and Partnerships

Strong **inter-agency coordination between IOM, WHO, and UNDRR** remained a defining feature of the programme throughout its implementation. The **Programme Advisory Committee**, composed of the three UN agencies at the regional level, met regularly and conducted field visits as needed to provide strategic direction and guidance.

This coordination structure was effectively mirrored at both regional and country levels, supporting alignment of activities, avoiding duplication, and ensuring coherent messaging to government counterparts. Resident Coordinators and UN representatives at the country level were regularly updated on programme progress and represented the joint initiative, including during key moments such as the final regional meeting in Jordan.

Collaboration with national ministries, local authorities, research institutions, and implementing partners further strengthened programme delivery. The use of standardized tools—such as

² Gender Marker B means 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, disaster risk, migration, and public health.

vulnerability assessments, resilience scorecards, and structured sensitization workshops—ensured consistency across countries while allowing for contextual adaptation.

Overall, this collaborative approach enhanced the programme’s credibility and fostered strong national ownership of results.

PROGRAMME MANAGEMENT AND COORDINATION

The JP was implemented through a **coordinated management framework** to ensure coherence across agencies, countries, and sectors. Overall oversight and strategic guidance were provided through joint coordination among the Participating UN Organizations—IOM as the lead agency, together with WHO and UNDRR—through the Programme Advisory Committee (PAC), supported by regular inter-agency coordination at regional and country levels to align planning, implementation, and reporting. At country level, Programme Steering Committees (PSCs) were established in Iraq, Jordan, and Lebanon, bringing together relevant line ministries, notably Health, Environment, national authorities responsible for DRR and other sectoral institutions, at both national and sub-national levels. These mechanisms supported a whole-of-government approach by strengthening governmental leadership, ensuring alignment with existing policies and strategies, and facilitating coordinated decision-making across climate change adaptation, disaster risk reduction, public health, and migration sectors.

In line with whole-of-society and people-centred principles, the programme also created space for the involvement of **non-governmental and non-UN stakeholders throughout implementation**. While programme governance structures were government-led, the programme actively engaged civil society organizations, academic institutions, health professionals, and representatives of migrant and host communities through consultations, assessments, workshops, and community engagement activities. This engagement allowed community perspectives and technical expertise to inform programme activities and ensured that interventions responded to local needs and realities, while reinforcing government leadership and institutional capacity at national and sub-national levels.

V. CHALLENGES, LESSONS LEARNED AND ADAPTIVE MEASURES

Throughout implementation, the JP operated in **complex and evolving contexts across Iraq, Jordan, and Lebanon**. While implementation accelerated in 2025 compared to the start-up phase in 2024, several contextual and operational challenges affected the delivery timelines of activities. Ongoing coordination among the PUNOs and **adaptive management approaches** were essential to addressing these challenges and maintaining progress toward results.

In **Iraq**, implementation was shaped by institutional complexity and multi-layered governance structures, requiring sustained engagement with both federal and governorate-level authorities. Limited availability of government-generated data on climate change and health created challenges for evidence-based planning and required the programme to rely more heavily on **primary data collection, literature reviews, and stakeholder consultations**. This increased the time needed for assessments and validation processes, particularly at sub-national level. To address this, the programme invested in systematic literature reviews, stakeholder mapping, and targeted sensitization workshops to build shared understanding, strengthen data availability and ownership, and support evidence-informed dialogue with government counterparts.

In **Jordan**, **government engagement remained strong** throughout the programme; however, coordinating multiple sub-national processes across different governorates required careful alignment with existing national strategies, sectoral plans, and institutional timelines. Ensuring coherence between climate, health, and disaster risk reduction priorities, while avoiding duplication with parallel

initiatives, required additional coordination efforts. The programme responded by using **standardized assessment tools, structured workshops, and close collaboration with national authorities to maintain consistency across governorates and ensure alignment with national policy frameworks.**

In **Lebanon**, programme implementation was significantly affected by the continuation of conflict-related disruptions into early 2025, which constrained institutional availability, disrupted health system functionality, and limited stakeholder engagement. These conditions necessitated the **re-phasing of activities and a flexible approach to implementation.** The programme adapted by **prioritizing research, data collection, and community-level engagement activities** that could be implemented under constrained conditions, while postponing policy-level workshops and resilience planning processes to later in the year when conditions allowed.

Across all three countries, a key operational challenge was **balancing the need for sequencing with the limited timeframe of a multi-country, multi-agency programme.** A key lesson emerging in 2025 was the importance of **implementing activities in parallel rather than strictly sequentially.** Conducting evidence generation, stakeholder sensitization, and preparatory planning concurrently was key to maintain momentum. **Regular inter-agency coordination** at regional and country levels enabled early identification of bottlenecks and timely adjustments to activity implementation.

VI. GOOD PRACTICES AND ADDED VALUE

The MMPTF JP demonstrated **strong added value by fostering UN system coherence** and joint action in addressing the interconnected challenges of climate change, disaster risk, public health, and human mobility. For the first time, **IOM, WHO, and UNDRR** brought together their **complementary mandates and technical expertise** through structured interagency collaboration, enabling a comprehensive and coordinated response to a complex regional challenge. This joint approach strengthened regional dialogue and **promoted a shared vision for climate-resilient, disaster risk-informed and migrant-inclusive health systems** across the MENA region, while facilitating knowledge exchange and policy alignment among countries facing similar risks and vulnerabilities.

At the national level, the programme supported a **whole-of-government approach by engaging ministries of Health, Environment, Interior,** and other key institutions at both central and local levels, which enhanced their ability to integrate climate, health, migration, and disaster risk considerations into policy and planning processes. **Government leadership** was reinforced through active involvement in programme steering committees and through capacity-building activities.

In parallel, the programme promoted a **whole-of-society approach** by engaging a broad range of stakeholders beyond government institutions, including **local communities,** migrants, IDPs and host communities, civil society organizations, academia, and frontline service providers. This inclusive approach helped ensure that interventions were responsive to local needs, strengthened community ownership, and facilitated the uptake of programme outcomes at the grassroots level.

The programme also applied **practical tools,** such as vulnerability and risk assessments, resilience scorecards, and local resilience plans, which are relevant beyond the immediate programme context and can be adapted or scaled up in other settings. By generating **context-specific data and evidence,** the programme strengthened the basis for future programming, longer-term planning, resource allocation, and the integration of climate, health, and migration considerations into public policy.

VII. HIGHLIGHT OF THE EXTERNAL EVALUATION FINDINGS

Following the programme's completion in January 2026, a **final independent external evaluation** was conducted by the Crest Point from January to March 2026 in line with OECD/DAC³ criteria and UN evaluation norms. The evaluation provided an objective assessment of the programme's achievements and good practices, supported accountability to donors and stakeholders, and contributed to institutional learning among PUNOs and partners. It also assessed alignment with the MMPTF Theory of Change and relevant international frameworks, including the Global Compact for Migration (GCM) and the Sendai Framework for Disaster Risk Reduction, and generated actionable recommendations, lessons learned, and good practices to inform future programming.

In line with good evaluation practice, an **online validation workshop** was held on 10–11 March 2026 with PUNOs and implementing partners to present and review preliminary findings, enabling collective reflection, clarification, and validation prior to finalization of the evaluation report.

The evaluation found that the Joint Programme was **highly relevant and strategically positioned**, addressing a key and previously underexplored nexus between climate change, health, disaster risk reduction, and human mobility in the MENA region. It **filled an important analytical and policy gap by generating evidence, fostering a shared conceptual framework, and aligning with national and global priorities**, including the Sendai Framework, SDGs, and the Global Compact for Migration. As a catalytic pilot, the programme demonstrated **moderate to strong effectiveness, particularly in evidence generation, institutional awareness, and policy dialogue, as well as in advancing cross-sectoral coherence**.

While the programme supported vulnerability assessments, planning tools, and multi-stakeholder engagement processes that informed national and sub-national strategies, **progress toward operational change and community-level impact remained limited due to its short timeframe**. The evaluation highlighted the added value of the joint UN approach, while underscoring the need for stronger institutional anchoring, sustained financing, and longer-term programming to translate these foundations into durable system-level change (Annex 28: Final External Evaluation Report).

Key evaluation recommendations include:

- 1. Scale up from pilot to longer-term programming**
Transition from a catalytic pilot approach to multi-phase programming with extended timelines and dedicated resources to enable operationalization, institutional integration, and measurable system-level change.
- 2. Strengthen institutional anchoring and government ownership**
Ensure stronger formal integration of programme outputs (assessments, plans, tools) into national systems and planning processes through official endorsement, transmission, and alignment with government structures.
- 3. Deepen operationalization of the climate–health–mobility nexus**
Move beyond evidence generation and dialogue toward practical implementation, including scenario-based training, service delivery adaptations, and integration into health system operations and emergency preparedness.
- 4. Enhance community-level engagement and impact**
Expand and deepen community-level interventions to address structural barriers (e.g. access, infrastructure, service availability), ensuring that migrant and vulnerable populations benefit from tangible improvements in health services.

³[OECD Evaluation Criteria](#)

5. **Strengthen joint UN coordination mechanisms**

Improve inter-agency coordination through clearer governance arrangements, more neutral coordination structures, and harmonized implementation processes to maximize the added value of the joint UN model.

VIII. CONCLUSION AND NEXT STEPS

By the end of 2025, the JP had established **strong foundations for sustained impact beyond the programme implementation period**. Evidence generated through assessments, research, and community engagement has informed policy dialogue, strengthened institutional awareness, and supported the development of migrant-inclusive, gender-responsive health adaptation and DRR approaches.

Building on the programme's results, IOM, WHO, and UNDRR will prioritize the **dissemination of key findings and tools at national and regional levels** to ensure that evidence, good practices, and lessons learned are accessible to policymakers and practitioners. This will include sharing assessment outcomes, resilience planning tools, and implementation experiences with government counterparts and stakeholders in Iraq, Jordan, and Lebanon and other interested countries in the MENA region. **Continued technical support** will focus on supporting governments to integrate these findings into national climate strategies, disaster risk reduction planning, health sector reforms, and local development frameworks, thereby strengthening the inclusion of climate, health, and human mobility considerations in longer-term policy and planning processes.

Looking ahead, PUNOs will **continue to engage with donors and development partners from the public and private sectors** to promote the replication and encourage future programming that support climate-resilient and migrant-inclusive health systems. For instance, between November 2025 and February 2026, WHO, IOM and UNDRR have jointly elaborated and submitted a pre-concept note to the Adaptation Fund that builds on the results of the programme and ensures continuity. Building on the foundation established by the programme, the PUNOs will liaise with the Resident Coordinator's Offices and **UN Country Teams to sustain their support to national institutions** in advancing integrated climate–health–migration responses, strengthening capacities at local and national levels, and contributing to progress toward the Sustainable Development Goals, particularly in contexts affected by climate change, displacement, and pressures on health systems.



Migration
Multi-Partner
Trust Fund

RESULTS	INDICATORS	Data Source and Collection Method	Baseline	Targets	Cumulative Progress (January 2024– January 2026)	Notes
<p>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.</p>						
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>	<p>1a. 3 countries (Iraq, Jordan, Lebanon) – through adaptation strategies, DRR strategy (Iraq), and policy dialogue integrating mobility & gender</p> <p>1.b At least 1 per country:</p> <ul style="list-style-type: none"> • Iraq: Basra Health Adaptation Plan + DRR Strategy • Jordan: Public Health Adaptation Strategy • Lebanon: Evidence base informing future strategies 	

Output 1.1						
<p>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.</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>Workshop attendance records; activity monitoring reports; national / sub national analysis reports available.,</p>	<p>1.1.a. N/A. A desktop brief MECC country profile was produced for Iraq by IOM in 2022.</p> <p>1.1.b. N/A</p>	<p>1.1.a. Jordan: up to 5 subnational analysis reports; Iraq: 1 national analysis report.</p> <p>1.1.b. Lebanon: up to 4 research reports.</p>	<p>1.1.a: Jordan: 3 subnational analyses/workshops operationalizing vulnerability scoring (Amman, Aqaba, Irbid) Iraq: 1 comprehensive analysis (literature review + stakeholder mapping + qualitative research)</p> <p>1.1.b: Lebanon: 4 research studies to strengthen evidence base and inform future planning were completed:</p> <ol style="list-style-type: none"> 1. Climate-Induced Migration trends and patterns in Lebanon 2. Climate related – Disease Registry 3. Mitigating climate related health risks – Feasibility study 4. Community perception and knowledge of climate change and Health in Akkar Governorate 	<p>For Jordan, a workshop was implemented to identify the three most vulnerable locations to climate change across the country. As per the recommendation of the government counterparts and the steering committee approval, a workshop in each location was done, corresponding to a total of 3 workshops instead of the 5 initially set for this activity in Jordan.</p>

- **Activity for Jordan:**
 - 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:**
 - 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 :**
 - 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					
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.	1.2.a. # of V&A assessment reports produced in Jordan and Iraq. 1.2.b. # of assessment report on health facilities capacities produced in Lebanon-	Workshop attendance records; activity monitoring reports.	1.2.a. N/A 1.2.b. N/A	1.2.a. Jordan: 1 report; Iraq: 1 report. 1.2.b. Lebanon: 1 report	1.2.a: Jordan: 1 finalized V&A; 2 STAR assessments resulting in the All Hazards Risk Health Profile for the Governorates of Aqaba and Irbid; And two pandemic preparedness simulations exercises in Aqaba and Irbid, respectively. Iraq: 1 V&A assessment

					<p>completed for Basra Governorate.</p> <p>1.2.b: Lebanon: 1 assessment report covering 43 health facilities in Akkar Governorate with the aim of evaluating and enhancing their ability to respond to health risks caused by climate change.</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"> ○ 1.2.6. 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: <ul style="list-style-type: none"> ○ 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.

Outcome 2						
<p>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>	<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>	<p>Project monitoring reports; project final evaluation; roundtable discussions with experts</p>	<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>2a: All three countries.</p> <p>Iraq: National DRR and Climate Change Strategy integrates health & mobility</p> <p>Jordan: strengthened the integration of the human mobility component in the DRR strategy</p> <p>Lebanon: groundwork through Local Resilience Adaptation Plan & policy dialogue</p> <p>2b:</p> <p>All three countries participated in the final regional meeting (11 December 2025), where they shared best practices and lessons learned. While no additional countries from the region were able to attend due to logistical constraints, the practices presented were documented in a meeting report and a programme brief, which</p>	

					will be widely disseminated across MENA countries.	
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	<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>	Workshop attendance records; workshop reports; activity monitoring reports; pre- and post-analyses.	<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>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 : 48 participants (12 men and 36 women).</p>	<p>2.1.a</p> <p>Iraq: 5 sensitization workshops (two national and three subnational)</p> <p>Jordan: 3 (1 national and 2 sub-national sensitization workshops carried out)</p> <p>Lebanon: 1 national workshop (July 2025)</p> <p>+ 1 additional consultation/workshop. The</p>	



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<p>into the local public health adaptation and resilience action plans.</p>	<p>2.1.d. # of DRR platform structure established in Iraq.</p>			<p>2.1.c. 1 National DRR Strategy. 2.1.d. 1 National Multi-Stakeholder DRR Platform Structure.</p>	<p>sensitization workshop was conducted at the national level, with subnational representatives invited, and was aligned with the RO M&E mission to Lebanon. The other workshop was held prior to the start of the research to identify research priorities in consultation with key stakeholders and academia, as recommended by the Ministry.</p> <p>2.1.b. Iraq: 103 attendees (57 men, 46) to the national and subnational sensitization workshops as well as the national DRR validation workshop. Jordan: 88 attendees (46 women, 42 men) Lebanon: 41 participants (11 men and 30 women) to the national sensitization workshop. The sensitization workshop was conducted at the national level, with subnational representatives invited, and was aligned with the RO M&E mission to Lebanon. The other workshop was held prior to the start of the research to identify research priorities in consultation with key</p>	
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					<p>stakeholders and academia, as recommended by the Ministry.</p> <p>2.1.c. 1 National Strategy for DRR and Climate Change drafted in Iraq.</p> <p>2.1.d. 1 DRR platform structure established in Iraq.</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: <ul style="list-style-type: none"> ○ 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						

<p>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>	<p>2.2.a. # of monthly bulletin produced that illustrates health status (patterns and trends) of migrant and refugee populations in Jordan. 2.2.b. # of a public health strategy or action plan developed in Jordan and Iraq. 2.2.c. # of recommendations drafted for local healthcare facilities in Lebanon.</p>	<p>The existing data collection at primary and secondary health care level for inpatient and outpatient health data; Activity monitoring reports.</p>	<p>2.2.a. N/A 2.2.b. N/A 2.2.c. N/A</p>	<p>2.2.a. 12 2.2.b. Jordan: 1 public health strategy; Iraq: 1 governorate-level action plan. 2.2.c. 5 recommendations</p>	<p>2.2.a. WHO has consistently monitored migrant and refugee health status in Jordan as a standard practice to inform the programme’s interventions. This has been achieved through ongoing support to the health information system, including technical guidance. However, no formal monthly bulletin has been produced to date.</p> <p>2.2.b. Iraq: 1 Health National Adaptation Plan developed for Basra Governorate. Jordan: 1 Public Health Adaptation Strategy (draft)</p> <p>2.2.c. Lebanon: IOM and WHO advanced technical discussions and developed evidence-based inputs to inform at least 5 key recommendations for climate-resilient, migrant-inclusive healthcare services. While a formal public health adaptation strategy was not finalized in 2025, analytical outputs produced during the reporting period strengthened the foundation for inclusive, evidence-based health adaptation planning.</p>	
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<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>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>2.3.a and 2.3.b: In all three countries, UNDRR supported the development of subnational resilience action plans through the programme's implementing partners.</p> <p>2.3.c. In all three countries, 1 detailed Disaster Resilience Scorecard was developed as well as a Public Health System Resilience Addendum to evaluate service continuity, health risks, and vulnerabilities affecting migrant and host communities.</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). 						

	<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	<p>2.4.a. # of biannual programme briefs produced and disseminated.</p> <p>2.4.b. # of other MENA countries participated in the regional</p>	<p>Activity monitoring reports; workshop attendance sheets; workshop</p>	<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>2.4.a.</p> <p>1 annual brief was developed in December 2025, highlighting the key programme’s achievements, impact and sustainability. As the programme focused on preparatory work in 2024, it was decided to consolidate achievements and impact via a single, comprehensive</p>

<p>accessible to other countries in the MENA region for possible replication or adoption.</p>	<p>programme workshop.</p>	<p>reports; pre- and post analyses.</p>			<p>annual brief, which was translated into Arabic for wider dissemination.</p> <p>2.4.b. The final regional programme meeting was held on 11 December 2025 in Amman, Jordan. It brought together government counterparts, representatives from WHO and IOM, implementing partners from the three target countries, as well as regional representatives from UNDRR. The meeting facilitated the exchange of best practices among the three participating countries, with discussions primarily focused on sharing experiences and lessons learned within the programme context, with a view to disseminating such experiences and lessons learnt with other MENA countries in future relevant fora.</p>	
<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						
<p>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>	<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>	<p>Focus group discussions with select participants of awareness raising sessions; healthcare clinics/hospital records; project final evaluation.</p>	<p>3a. N/A</p> <p>3b. N/A</p>	<p>3a. Up to 70% of those surveyed</p> <p>3b. Open</p>	<p>3a. 93% (90% Iraq and 96% Lebanon) of host community members and migrants reported good understanding of health impacts of climate change after their participation in awareness raising sessions, as well as experiential knowledge.</p> <p>3b. An estimated 70-80% of participants reported attempting to seek healthcare for climate-related health risks, with significant barriers affecting access. In total, this corresponds to approximately 45 individuals across FGDs, with women (70-80%) and men (75-85%)</p>	<p>Data required to measure indicators 3a and 3b were not collected during the programme implementation period. It was subsequently agreed by the management team that this data would be gathered through the external final evaluation. Accordingly, data were collected in Iraq and Lebanon through focus group</p>

						<p>discussions (FGDs) during the evaluation process. As Jordan placed less emphasis on community-level activities and assessments, it was jointly decided with IOM, WHO Jordan, and UNDRR that no FGDs with communities would be conducted. Consequently, no data are available for these indicators in Jordan.</p>
Output 3.1						

<p>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>	<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>	<p>Capacity building sessions/ training attendance records; awareness raising session report; Activity monitoring reports.</p>	<p>3.1.a. N/A 3.1.b. N/A</p>	<p>3.1.a. Jordan: 45 healthcare professionals; Iraq: 50; Lebanon: 500</p> <p>3.1.b. 5 sessions</p>	<p>3.1.a: Iraq: 51 healthcare providers trained (25 women, 26 men) Jordan: 72 healthcare providers trained (31 women, 41 men) Lebanon: 122 healthcare providers trained (85 women, 37 men) professionals were trained While the initial target for this activity was 500 participants, the programme in Lebanon experienced significant delays due to the evolving security situation and the impact of the war. These constraints affected both the timeline and the ability to mobilize participants at the planned scale, particularly in vulnerable and hard-to-reach areas.</p> <p>3.1.b 2 awareness-raising sessions were conducted in Jordan reaching 31 health professionals (11 women, 20 men) .</p>	
<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). 				
<p>Output 3.2</p>						
<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. 3.2.b. # people targeted with awareness raising and communication messages (direct messages and indirect messages (via social media)) in Iraq. 3.2.c. # of migrants reached with RCCE materials on health risks</p>	<p>Campaign visibility plan; campaign report; awareness raising activity reports; attendance records for awareness sessions; and,</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 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.a: Jordan: 1 visibility campaign plan was developed in Jordan. + 22,000 Hajj travelers reached 3.2.b: Iraq: RCCE campaigns = Online Campaign = 143 Online volunteers trained (86 M, 57 F) + 20 CMC local media agencies participated People reached Online= 140,000</p>	

	<p>of climate change in Lebanon. 3.2.d. # of migrant communities targeted with translated IEC materials in Lebanon.</p>	<p>translated IEC materials.</p>		<p>3.2.c. 5000 migrants 3.2.d. 5 communities</p>	<p>On-Ground campaign: 16 Medical students trained (6F, 10M) People reached= 300 (143 F, 157M)</p> <p>3.2.c and 3.2.d: Lebanon: Awareness campaigns were conducted in Akkar and other regions and IEC materials were developed in five languages like Bengali, French, English, Amharic , and Arabic, to reach Lebanese, Syrians, and migrant communities from diverse nationalities, including Madagascar, Cameroon, Sierra Leone, the Philippines, Kenya, Ghana, Bangladesh, Ethiopia, Nigeria, Senegal, Sri Lanka, Sudan, and Togo. The aim was to increase community understanding of the impacts of climate change on public health reaching 13,367 individuals including 3,269 men and 10,098 women.</p>	
<ul style="list-style-type: none"> • Activity for Jordan: <ul style="list-style-type: none"> ○ 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).

ANNEXES

- Annex 1: Systematic literature review in Iraq
- Annex 2: Stakeholder mapping report in Iraq
- Annex 3: Qualitative field research report in Iraq
- Annex 4: vulnerability prioritization workshop in Amman, Jordan
- Annexes 5: Three sub-national workshop reports in Jordan
- Annex 6 Community Perception Study in Lebanon
- Annexes 7, 8, 9: Qualitative Research Studies in Lebanon
- Annex 10: Climate change and health report in Basra, Iraq
- Annex 11: All Hazards Health Risk Profile in the Governorate of Aqaba, Jordan
- Annex 12: All Hazards Health Risk Profile in the Governorate of Irbid, Jordan).
- Annexes 13 and 14: Workshop reports in Baghdad and Basra, Iraq
- Annex 15: National and sub-national sensitization workshop reports in Jordan
- Annex 16: Health Adaptation Plan for Basra, Iraq
- Annex 17: Local Resilience Action Plan for Basra, Iraq
- Annex 18: Local Resilience Action Plan for Irbid, Jordan
- Annex 19: Local Resilience Action Plan for Halba, Lebanon
- Annex 20: Mid-Term Review Report
- Annex 21: Programme Brief
- Annex 22: Final Regional Meeting Report
- Annex 23: Training for healthcare providers report in Iraq
- Annex 24: RCCE activity report in Iraq
- Annex 25: Communication materials in Jordan
- Annex 26: Awareness campaigns in partnership with JCDC and King Hussein Cancer Foundation
- Annex 27: IOM Lebanon IEC Materials
- Annex 28: Final External Evaluation Report