

Concept Note

Project/Programme Title: **ENHANCING CLIMATE RESILIENCE IN GRENADA'S HEALTH SECTOR**

Country(ies): GRENADA

National Designated Authority(ies) (NDA): Department of Economic and Technical Cooperation, Ministry of Finance

Accredited Entity(ies) (AE): World Health Organization (WHO)/ Pan American Health Organization (PAHO)/

Date of first submission/
version number: [YYYY-MM-DD] [V.0]

Date of current submission/
version number [YYYY-MM-DD] [V.0]



**GREEN
CLIMATE
FUND**

Notes

- The maximum number of pages should **not exceed 12 pages**, excluding annexes. Proposals exceeding the prescribed length will not be assessed within the indicative service standard time of 30 days.
- As per the Information Disclosure Policy, the concept note, and additional documents provided to the Secretariat can be disclosed unless marked by the Accredited Entity(ies) (or NDAs) as confidential.
- The relevant National Designated Authority(ies) will be informed by the Secretariat of the concept note upon receipt.
- NDA can also submit the concept note directly with or without an identified accredited entity at this stage. In this case, they can leave blank the section related to the accredited entity. The Secretariat will inform the accredited entity(ies) nominated by the NDA, if any.
- Accredited Entities and/or NDAs are encouraged to submit a Concept Note before making a request for project preparation support from the Project Preparation Facility (PPF).
- Further information on GCF concept note preparation can be found on GCF website [Funding Projects Fine Print](#).

A. Project/Programme Summary (max. 1 page)			
A.1. Project or programme	<input checked="" type="checkbox"/> Project <input type="checkbox"/> Programme	A.2. Public or private sector	<input checked="" type="checkbox"/> Public sector <input checked="" type="checkbox"/> Private sector
A.3. Is the CN submitted in response to an RFP?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, specify the RFP: _____	A.4. Confidentiality¹	<input type="checkbox"/> Confidential <input checked="" type="checkbox"/> Not confidential
A.5. Indicate the result areas for the project/programme	<p>Mitigation: Reduced emissions from:</p> <input type="checkbox"/> Energy access and power generation <input checked="" type="checkbox"/> Low emission transport <input type="checkbox"/> Buildings, cities and industries and appliances <input type="checkbox"/> Forestry and land use <p>Adaptation: Increased resilience of:</p> <input type="checkbox"/> Most vulnerable people and communities <input checked="" type="checkbox"/> Health and well-being, and food and water security <input checked="" type="checkbox"/> Infrastructure and built environment <input type="checkbox"/> Ecosystem and ecosystem services		
A.6. Estimated mitigation impact (tCO₂eq over lifespan)		A.7. Estimated adaptation impact (number of direct beneficiaries and % of population)	111,454 (100% of Population)
A.8. Indicative total project cost (GCF + co-finance)	Amount: USD 25 Million	A.9. Indicative GCF funding requested	Amount: USD20 Million
A.10. Mark the type of financial instrument requested for the GCF funding	<input checked="" type="checkbox"/> Grant <input type="checkbox"/> Reimbursable grant <input type="checkbox"/> Guarantees <input type="checkbox"/> Equity <input checked="" type="checkbox"/> Subordinated loan <input type="checkbox"/> Senior Loan <input type="checkbox"/> Other: specify _____		
A.11. Estimated duration of project/ programme:	a) disbursement period: b) repayment period, if applicable:	A.12. Estimated project/ Programme lifespan	This refers to the total period over which the investment is effective.
A.13. Is funding from the Project Preparation Facility requested?²	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Other support received <input type="checkbox"/> If so, by who: _____	A.14. ESS category³	<input type="checkbox"/> A or I-1 <input checked="" type="checkbox"/> B or I-2 <input type="checkbox"/> C or I-3
A.15. Is the CN aligned with your accreditation standard?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	A.16. Has the CN been shared with the NDA?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
A.17. AMA signed (if submitted by AE)	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, specify the status of AMA negotiations and expected date of signing: _____	A.18. Is the CN included in the Entity Work Programme?	Yes <input type="checkbox"/> No <input type="checkbox"/>
A.19. Project/Programme rationale, objectives and approach of programme/project (max 100 words)	<p>Brief summary of the problem statement and climate rationale, objective and selected implementation approach, including the executing entity(ies) and other implementing partners.</p> <p>Climate change impact the health sector directly and indirectly. Hurricanes and storms result in major damage to infrastructure and stress for the health care system. Rising mean temperatures, droughts, increasing frequency and intensity of precipitation, and</p>		

¹ Concept notes (or sections of) not marked as confidential may be published in accordance with the Information Disclosure Policy ([Decision B.12/35](#)) and the Review of the Initial Proposal Approval Process ([Decision B.17/18](#)).

² See [here](#) for access to project preparation support request template and guidelines

³ Refer to the Fund's environmental and social safeguards ([Decision B.07/02](#))

floods impact nutrition and health, and incidences of zoonotic food-, water and vector borne diseases.

The health care sector is also a significant source of carbon emissions, and generator of waste (WHO/HCWH 2009). Medical solid waste are burned on site in open furnaces on site generating significant carbon emission and air pollution. Improper disposal of hospital and biomedical waste into streams, rivers and the ocean results in environmental contamination and creation of biohazards.

The components of the project are as follows:

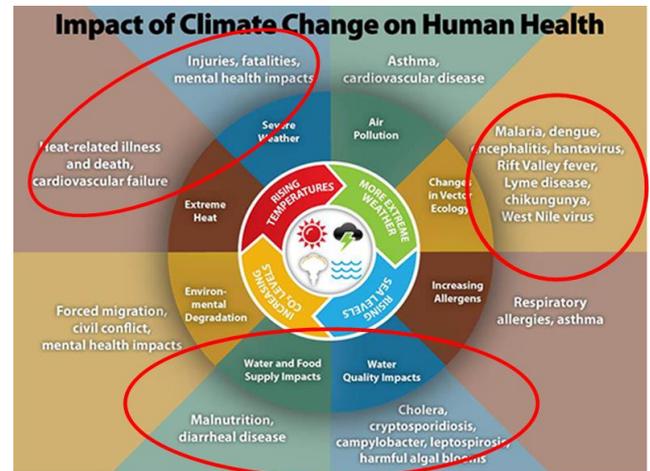
1. Build Capacity of the Health Care System Disease Surveillance, and to Monitor, Assess and Respond to Climate Change Health Risks
2. Strengthen the Regulatory Framework for Mainstreaming the Impact Climate Change into National Health Plans and Policies
3. Build Climate Resilience into The Health Infrastructure in Line with The Smart (Safe & Green) Health Care Facilities Concept.
4. Improve Primary Health Care Structure to Reduce the Impact of Climate Events on Food and Nutrition Security.
5. Knowledge Management and Exchange Improve Strategies for Knowledge Exchange
6. Health Sector Reform for Responsiveness to Climate Change to Make the System More Responsive and Adaptive to Climate Change Events:

B. Project/Programme Information (max. 8 pages)

B.1. Context and baseline (max. 2 pages)

Describe the climate vulnerabilities and impacts, GHG emissions profile, and mitigation and adaptation needs that the prospective intervention is envisaged to address.

Vulnerabilities and Impacts: Grenada's health sector is highly vulnerable to climate hazards from increasingly frequent and severe weather events such as tropical storms, hurricanes, extreme heat and floods. Direct impacts on the health sector includes loss of lives and injury, damage to critical infrastructure (buildings and health systems), heat stress and heat-related illnesses, psychological trauma, loss of livelihoods, contamination of water systems, sanitation and hygiene related issues, food insecurity (nutrition), and displacement. Indirect risks include: infectious diseases, pollution, vector-borne diseases (dengue, chikungunya and possibly zika virus), water-borne, diarrheal diseases, and rodent-borne diseases (leptospirosis).



Scientific evidence presented in the 2018 IPCC Report 'Global Warming of 1.5 °C' concluded that Climate-related risks to health are projected to increase with global warming of 1.5°C and increase further with 2°C. Populations at disproportionately higher risk of adverse consequences of global warming of 1.5°C and beyond include disadvantaged and vulnerable populations, some indigenous peoples, and local communities dependent on agricultural or coastal livelihoods (high confidence). Regions at disproportionately higher risk include Arctic ecosystems, dryland regions, small-island developing states, and least developed countries (high confidence). Risks include heat-related morbidity and mortality (very high confidence); ozone-related mortality if emissions needed for ozone formation remain high (high confidence); heatwaves in cities (high confidence); and Risks from some vector-borne diseases (high confidence).

Climate change has been referred to as 'the defining health issue for this century and tackling it could be 'the greatest global health opportunity of the century – according to former WHO Director general Dr. Margaret Chan.

Rising mean temperatures, droughts, increasing frequency and intensity of precipitation and extreme weather events have already being observed. The impacts of climate variability and change on hydro-ecological systems may give rise to droughts, floods, or extreme weather events, which in turn impact food security, distribution patterns, stress to health structures, human health and incidences of zoonotic food-, water- and vector borne diseases.

Grenada is annually subjected to natural hazards and extreme weather events, such as tropical storms, coastal storm surges, flooding, and occasional hurricanes. The extent of destruction caused by extreme weather events was experienced in Grenada through hurricanes Ivan and Emily, which made landfall on the island in 2004 and 2005, respectively and the drought event of 2010. The close succession of the storms caused severe damage to the health care infrastructure on island. These weather phenomena are highly nurtured and intensified through increased sea surface temperatures, brought about by climate change.

During the 2009/2010 drought, water production was reduced by up to 65% which had significant impacts on the health and agricultural sectors.

Hurricane Ivan a category 3 system damaged 69 percent of infrastructure in the health sector. Eleven health facilities, including the second largest hospital, were seriously damaged. As a result, health services continued to be available in the immediate aftermath of the disaster only on limited scale.

In addition to being vulnerable to the impacts of climate change, the health care sector is also a significant source of carbon emissions, and generator of waste (WHO/HCWH 2009). Inadequate hospital and biomedical waste management, as found in Grenada, can lead to environmental contamination with biological material, disease agents

and other toxic substances, giving rise to biohazards. In Grenada, chemical waste that should be treated as hazardous waste, is disposed of in the drain, contaminating nearby streams, rivers, and the sea. Solid waste is usually burned on site at health centers, leading to the emission of black carbon or smoke, which in turn impact human health. Burning practices also pose a threat to the surrounding environment because they do not allow for sufficient disinfection, pose as a fire hazard (especially during the dry season), and contribute to local air pollution and greenhouse gas emissions. Contributing to this mismanagement of biomedical waste is a lack of policies, procedures and trainings

Some mitigation and adaptation needs that the health sector envisions to address are:

- Policies, Regulations and protocols to mainstream climate change into the national health sector and create an interrelationship with other sectors
- Implementation of Disaster Risk Reduction measures
- Establish an emergency communication Systems
- Climate Smart infrastructure (Smart Hospitals = Safe and Green)
- Utilization of advanced technology and Emergency supplies (water efficiency, LED bulbs, renewable energy, rain water harvesting, inverter type A.C's, laboratory, medical)
- Training and knowledge management
- Information capture and management
- Establish a disease Early warning systems
- Surveillance and response
- Research, awareness, International cooperation
- Decarbonisation of the health sector {electric vehicles, Climate Proofing medical waste management, Renewable energy (solar and wind)}

Please indicate how the project fits in with the country's national priorities and its full ownership of the concept. Is the project/programme directly contributing to the country's INDC/NDC or national climate strategies or other plans such as NAMAs, NAPs or equivalent? If so, please describe which priorities identified in these documents the proposed project is aiming to address and/or improve.

In the year 2000 Grenada identified the health sector as the most vulnerable sector and started its formal communication to the UNFCCC. Small Island Developing States (SIDS) such as Grenada are constantly affected by the negative consequences of climate change. Rising temperatures and sea levels are predicted along with a growing tendency of extreme weather events such as tropical storms, hurricanes (cat. 3 and above), and floods. These changes in climate and weather patterns can have direct and indirect impacts on human health. The climate change related health risks identified by the V&A include direct impacts from extreme weather events and natural disasters such as:

Physical injury, death, heat stress (stroke) and heat-related illnesses, psychological trauma, loss of livelihoods, water, sanitation and hygiene related issues, food insecurity, and population displacement; as well as indirect impacts brought about by rising temperatures and changing rainfall patterns such as an increase in vector-borne diseases (Dengue, Chikungunya, Zika), waterborne (diarrheal diseases) and rodent-borne infectious diseases (Leptospirosis).

Furthermore, increasing amounts of airborne particulates from Saharan dust during the rainy season may increase cases of chronic respiratory disease and acute respiratory infections.

With this in mind the project intends to address, Policies, Legislations and Plans, Disaster risk reduction, emission reduction, Health Information and management systems, surveillance, Technology Needs Assessment, renewable energy and resilience. These areas are all priority areas addressed under the Health NAP of National Adaptation Plans (NAP) and the National Determined Contributions.

Describe the main root causes and barriers (social, gender, fiscal, regulatory, technological, financial, ecological, institutional, etc.) that need to be addressed.

Social Barriers

- Political climate
- Timely access to health care at the community level.
- Cost to access health care by vulnerable populations.
- Fiscal and Financial
- Inadequate Legislation to mainstream climate change into health programs.
- Awareness and capacity building to adapt to change both at community levels and within the health sector.
- Human Resource
- Homophobia
- Confidentiality in the system

GENDER EQUALITY : The unemployment figures from the CSO show that more women are unemployed in Grenada than men. Exist is a division of gender affairs and a gender focal point that can be consulted during the project preparation and implementation phase.

FISCAL : The government's present fiscal space does not allow for such a project but financing is mostly dependent on grant funding to achieve this target. If not funded the health sector would not be able to perform to its optimum capacity to serve its populations. Vulnerable groups would be most affected and subsequent to that the target set out in the NAP's and NDC's would not be achieved. Following would be disruption of critical health services. Climate risks will require the health system to change how services are delivered, and accept that changing conditions will be the new normal.

REGULATORY : Efforts must be made to predict the anticipated health effects of climate change, to assure that systems are in place for detection and tracking, and to take steps to prepare for, respond to, and manage associated public health risks. Because our laws and legislation are old and out dated there is the urgent need to revise to ensure that climate change and resiliency are in cooperated. Regulatory framework as it relates to health and climate change is poor and needs to mainstream climate change to ensure that the sector provide optimum care to it citizens, e.g. IHR, Primary Health Care, Food safety, Public Health Laws, laboratory, Infection control to name a few.

TECHNOLOGICAL : Strategies for limiting domestic greenhouse-gas emissions to a level consistent with a global effort to hold future temperature increases to acceptable levels. Not surprisingly, technological innovations are a key strategy in doing so. Indeed, new technologies for the production and use of energy will be essential in limiting future emissions of GHGs. Technologies that are in hand today or nearly so can go a long way toward meeting a reasonable goal for reducing GHGs from the domestic energy sector. With the introduction of technologies government will have co-benefits in terms of huge saving on energy and water cost for which this cost can be transferred to emergency supplies.

FINANCIAL : Medical services are provided at a subsidise cost in the public sector in Grenada. However private medical care is available but at a higher cost and therefore the vulnerable would not be able to access such care. With this said with such a project, health care can be improved and reach its target population and at the same time be sustainable under improved conditions.

ECOLOGICAL : There is need for the designing of policies and subsequent legislations that would eliminate environmental pollution. This would enable Waste disposal from the health sector to be more controlled and eliminate contamination of water ways and streams thus contributing to a cleaner environment that would not affect the flora and fauna. An environmental impact assessment (EIA) is therefore necessary to determine the level at which the health sector contributes to the impact on the environment.

INSTUTIONAL : Climate change needs to be institutionalized within the health sector policies, plans and programs for sustainability. This would ensure a paradigm shift for the sector to ensure that climate change is fully understood at all levels.

Where relevant, and particularly for private sector project/programme, please describe the key characteristics and dynamics of the sector or market in which the project/programme will operate.

Everyone have a right to health care and a project of this magnitude is vital for the health sector in addressing the health needs of the nation. Coupled with this the project dynamics will be executed by contractual, bidding and a monitoring and evaluation process.

Based on current trends in the market environment the project would consider a 20% inflation going forward. Sourcing of products especially the technology is strictly done from a foreign country and also some other products. For legislative review consultancy services would be sort locally first and then regionally and internationally if possible with guidance from WHO/PAHO.

B.2. Project/Programme description (max. 3 pages)

Describe the expected set of components/outputs and subcomponents/activities to address the above barriers identified that will lead to the expected outcomes.

The overall goal of the project is to take an integrated approach to manage the impacts of climate change on the health sector in Grenada.

To achieve this the project is divided into 10 components as follows:

COMPONENT 1: BUILD CAPACITY OF THE HEALTH CARE SYSTEM DISEASE SURVELANCE, AND TO MONITOR, ASSESS AND RESPOND TO CLIMATE CHANGE HEALTH RISKS

According to the 2018 IPCC Report, Climate-related risks to health are projected to increase with global warming and populations and regions are disproportionately at higher risk, particularly disadvantaged and vulnerable populations, and local communities dependent on agricultural or coastal livelihoods in small-island developing states, and least developed countries. Makor risks include heat-related morbidity and mortality, heatwaves, and vector-borne diseases. In Grenada the latter includes Dengue, Chikungunya and Zika virus due to the difficulty of vector management and the outbreak prone nature of these diseases. Increases in intense rainfalls and temperatures creates favourable mosquito breeding conditions, making the control of these diseases a priority in the health sector. Rodent-borne diseases such as leptospirosis are also prone to outbreaks during floods, when sewage can mix with drinking water supplies, increasing the risk of human infection. Moreover, heavy rainfall and hurricanes are often accompanied by an increase in water-borne diseases, when communities using pit latrines are flooded and their water supplies contaminated.

The following are key Activities to address these climate related health issues:

- a) Conduct of more research on the complex inter-relationship between climate, vector ecology, and human health;
- b) Link data on epidemiology of diseases with climate data (including historical climate data);
- c) Evaluate effectiveness of vector control measures and implement necessary changes;
- d) Implement an electronic health information system for improved disease surveillance, monitoring and control;
- e) Implement a national information centre that is linked to relevant regional centers containing detailed timed information on the incidence and type of diseases and their geographical locations and linked environmental and climatological data;
- f) Solidify the institutionalized collaboration and cooperation at both inter- and intra-sectoral levels;
- g) Increase the resilience of the health sector by adopting: health information systems; health service delivery; climate resilient and sustainable technologies and infrastructure; leadership and
- h) Governance and timely and adequate financing and improved surveillance of diseases and vector populations and integrated vector management.
- i) Grenada playing its part in addressing global health security – Strengthening food, water and vector borne diseases surveillance
- j) Addressing AMR in country, Infectious Diseases of international concern e.g. cholera, SARS, Ebola, Yellow Fever, measles
- k) Strengthening surveillance systems and programs in-country to meet the needs of IHR – legislation, equipment, labs, Capacity building for response (CBRN)etc
- l) Develop Response Plans for: Vector Control, Food Safety, OHSD (Technology), AMR, Water Quality, Immunization, Primary Health Care
- m)

COMPONENT 2: STRENGTHEN THE REGULATORY FRAMEWORK FOR MAINSTREAMING THE IMPACT CLIMATE CHANGE INTO NATIONAL HEALTH PLANS AND POLICIES

The following activities will be undertaken under this component:

- a) Development of a comprehensive regulatory framework to mainstream climate change into the health sector to achieve the desired outcomes.
- b) Institutionalizing of climate change into plans and policies across the health sector e.g. IHR, Primary Health Care, Disaster Risk Reduction

COMPONENT 3: BUILD CLIMATE RESILIENCE INTO THE HEALTH INFRASTRUCTURE IN LINE WITH THE SMART (SAFE & GREEN) HEALTH CARE FACILITIES CONCEPT.

The following activities will be undertaken under this component:

- a) Retrofitting of Health facilities through the state of Grenada for disaster resilience and energy efficiency;
- b) Decarbonisation of Health Sector through the application of emission reduction technologies such as electric vehicles (ambulances) and energy efficient and environmentally safe medical waste disposal systems;
- c) Construction of isolation rooms for infectious diseases
- d) Establish a Public Health Laboratory with equipment and supplies. E.g. PCR technology which can be offered at a regional level within the OECS and wider Caribbean.
- e) Improve laboratory capacity- human resource, infrastructure, supplies and testing, Diagnosis of isolated causes – differential diagnosis – supplies, equipment and renewable energy

COMPONENT 4: IMPROVE PRIMARY HEALTH CARE STRUCTURE to reduce the impact of climate events on food and nutrition security.

The following activities will be undertaken under this component:

- a) Sensitization – to address Malnutrition
- b) Food safety response
- c) Integrated primary health care approach (school health, child health, nutrition)
- d) Establish food safety monitoring program to ensure quality control
- e) Create public/private partnership to address food safety issues (stakeholder buy in)

COMPONENT 5: KNOWLEDGE MANAGEMENT AND EXCHANGE Improve Strategies for Knowledge Exchange

- a) Specialized exchange programs e.g doctors, research personnel etc.
- b) Scholarships for capacity building and improved sustainability for timely response
- c) Establish regional partnerships
- d) PSA
- e) Billboards outlining ket threats within communities
- f) Documentary on related climate change topics

COMPONENT 6: HEALTH SECTOR REFORM FOR RESPONSIVENESS TO CLIMATE CHANGE to make the system more responsive and adaptive to climate change events:

- a) Electronic Health Information systems. DHIS2 will provide that link between climate change and health data. Making the **health system more adaptive and climate resilient**. The system is an online open source system.
- b) Comprehensive system for capturing timely complete, and accurate data consistently at all levels
- c) Develop an administrative procedures to manage the system
- d) Improve disease monitoring & surveillance
- e) Streamlining data capture
- f) Secure data storage and accessibility
- g) Enabling evidence-based interventions
- h) Strengthening capacity of health workers and community nurses

In terms of rationale, please describe the theory of change and provide information on how it serves to shift the development pathway toward a more low-emissions and/or climate resilient direction, in line with the Fund's goals and objectives.

The goal is to ensure that the health sector reduce its emission levels by 70 -80% by investing in electric ambulances and other utility vehicles. Further, investing in incinerators with emission control mechanisms to deal with biomedical waste at the community and hospital levels by setting up three centralized locations (the 3 hospitals) to serve the community facilities closest to them. Note not all biomedical waste would be incinerated; those that can be autoclaved and disposed of at the landfill will be done.

Following this renewable energy (solar, wind) is intended to be used to harness as a paradigm shift to fuel the health sector. Also the shift from petrol vehicles to fully electric ones to reduce emissions. One note to consider is the number competing priorities for sector and the project needs to enforce change. To achieve the objectives of the project a monitoring and evaluation component will compare data prior to and after project implementation to measure the impact it would have on the system.

Describe how activities in the proposal are consistent with national regulatory and legal framework, if applicable.

The regulatory framework is weak, however the project is in line with the NAP and NDC as a priority sector.

Describe in what way the Accredited Entity (ies) is well placed to undertake the planned activities and what will be the implementation arrangements with the executing entity(ies) and implementing partners.

It is intended to dialogue with PAHO/WHO for the execution of such a project. PAHO/WHO is a strong advocate for Resilient health care systems and structures. The IHR is one such program that requires resilient robust facilities with all the necessary systems to respond.

Please provide a brief overview of the key financial and operational risks and any mitigation measures identified at this stage.

The initial financial cost would be the major investment cost. This would include international best practices on technology use and storage without having to consider storage after the project is up and running. Consider personnel travels to the suppliers to verify the exact type of technology and how to operate and maintain such technologies. Mitigation measures include retrofitting health care facilities and construction of safe mechanisms to store renewable energy devices. Note that the mounting of renewable energy facilities we are looking at hydraulic type which can easily be un-mounted and stored in a flat concrete surface, base on a pending emergency e.g. hurricanes. In this way there would be no operational cost for storage which would be done on site.

B.3. Expected project results aligned with the GCF investment criteria (max. 3 pages)

The GCF is directed to make a significant and ambitious contribution to the global efforts towards attaining the goals set by the international community to combat climate change, and promoting the paradigm shift towards low-emission and climate-resilient development pathways by limiting or reducing greenhouse gas emissions and adapting to the impacts of climate change.

It is expected that the climate resilient facilities will be improved in its:

- Structural integrity (safety improved)
- Operational (plans ,policies, legislation and emergency response)
- Functional (fire protection etc)
- Greening the sector
- That plans, policies and legislation are climate change proof
- Renewable energy will contribute to significantly reduce fossil fuels use in the sector
- Biomedical waste disposal will be addressed in an integrated way
- Improved performance of data collection and comparing it to the direct and indirect impacts of climate change
- Provide extended services at community health facilities to meet the needs of the population and vulnerable groups. Capacity building will foster such an initiative and provide much needed medical services to those living in poverty.

With these outcomes the sector will reduce emissions by at least 60-80% and at the same time raise the safety levels of structures therefore ensure that facilities are able to be up and functional at least 90% post disaster. This project is intended to provide both mitigation and adaptation support for the sector. Further the project is expected to save lives from a sustainable standpoint.

Provide an estimate of the expected impacts aligned with the GCF investment criteria:

Impact potential:

The entire population will benefit including government.

Paradigm shift :

Decarbonisation the health sector and resilient health infrastructure (smart hospitals which would also extend to the community facilities). The innovation aspects include hydraulic type technology for solar panels at facilities and charging ports and also for erecting wind turbines for east storage and also to avoid damages pending an emergency. This is a mitigation proposal for to avoid dismantling cost. There is the potential for learning to through the easy hydraulic technology and the ease of storage.

Sustainable development:

Economic co-benefits - Total number of jobs created

- Amount of foreign currency savings

- Amount of government's budget deficits reduced Approx. 76.1 M E.C dollars • Social co-benefits -

Improved access to education -

- Improved regulation or cultural preservation -

- Improved health and safety •Occupational health and safety will be improved. Environmental co-benefits -

- Improved air and/or water quality : Air quality will definitely be improved through emission control via renewable energy.

- Improved soil quality

- Improved biodiversity and ecosystem services • Gender-sensitive development impact

- Proportion of men and women in jobs created

Needs of recipients:

Country ownership:

Efficiency and effectiveness:

B.4. Engagement among the NDA, AE, and/or other relevant stakeholders in the country (max ½ page)

Please describe how engagement among the NDA, AE and/or other relevant stakeholders in the country has taken place and what further engagement will be undertaken as the concept is developed into a funding proposal.

The concept note was developed via a consultation organized by the NDA with support from the GCF who provided guidance for the construction of the concept note.

C. Indicative Financing/Cost Information (max. 3 pages)

C.1. Financing by components (max ½ page)

Please provide an estimate of the total cost per component/output and disaggregate by source of financing.

Component/ Output	Indicative cost (USD)	GCF financing		Co-financing		
		Amount (USD)	Financial Instrument	Amount (USD)	Financial Instrument	Name of Institutions
Decarbonisation health sector		8.1M			Grant	GoG – Ministry of Health
Smart health care		5.26M				
Capacity Building, education, knowledge exchange		4.13M				

Regulation and Policy		300,000				
Monitoring, data management, Information system, awareness		1.35M				
Medical supplies and technology		5.3M				
Research, International cooperation		3.4M				
Indicative total cost (USD)		27.84M				

For private sector proposal, provide an overview (diagram) of the proposed financing structure.

C.2. Justification of GCF funding request (max. 1 page)

Explain why the Project/ Programme requires GCF funding, i.e. explaining why this is not financed by the public And / or private sector(s) of the country.

Because Grenada is one of the SIDS and is located in a vulnerable region where we are prone to natural disasters e.g. hurricanes, floods landslides etc. that will affect the provision of critical services to its population. It will address emissions control for the sector which would contribute to achieving the target set out in our NDC. Once the project is approved it will be sustainable and can be country owned.

Describe alternative funding options for the same activities being proposed in the Concept Note, including an analysis of the barriers for the potential beneficiaries to access to finance and the constraints of public and private sources of funding.

DEFID, CDB because these agencies fund sections of the projects and the idea is to have a holistic complete approach to meet the needs of the NAP's and NDC's by specific time frame. Further segmented projects over time is time consuming and presents its fair challenges. With a complete project it will address all the needs of the sector and provide that comfort to both personnel and population while address the effects of climate change.

Finally because of government fiscal space and many competing priorities the grant funding is essential because it would not be economically viable for government to address and therefore fear neglect.

Justify the rationale and level of concessionality of the GCF financial instrument(s) as well as how this will be passed on to the end-users and beneficiaries.

Justify why this is the minimum required to make the investment viable and most efficient considering the incremental cost or risk premium of the Project/ Programme (refer to Decisions B.12/17; B.10/03; and B.09/04 for more details). The justification for grants and reimbursable grants is mandatory.

In the case of private sector proposal, concessional terms should be minimized and justified as per the Guiding principles applicable to the private sector operations (Decision B.05/07).

C.3. Sustainability and replicability of the project (exit strategy) (max. 1 page)

Please explain how the project/programme sustainability will be ensured in the long run and how this will be monitored, after the project/programme is implemented with support from the GCF and other sources.

Develop a performance based monitoring and evaluation component for the project.

For non-grant instruments, explain how the capital invested will be repaid and over what duration of time.

D. Supporting documents submitted (OPTIONAL)

- Map indicating the location of the project/programme
- Diagram of the theory of change
- Economic and financial model with key assumptions and potential stressed scenarios
- Pre-feasibility study
- Evaluation report of previous project
- Results of environmental and social risk screening

Self-awareness check boxes

Are you aware that the full Funding Proposal and Annexes will require these documents? Yes
No

- Feasibility Study
- Environmental and social impact assessment or environmental and social management framework
- Stakeholder consultations at national and project level implementation including with indigenous people if relevant
- Gender assessment and action plan
- Operations and maintenance plan if relevant
- Loan or grant operation manual as appropriate
- Co-financing commitment letters

Are you aware that a funding proposal from an accredited entity without a signed AMA will be reviewed but not sent to the Board for consideration? Yes No