



32ND GCF INSIGHT

People, not just projects

Strengthening health, WASH and social protection through GCF climate finance

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About *GCF insight*

This report draws on E Co's consultancy experience, particularly our work with the GCF, private sector organisations (e.g. fund managers, impact funds, and other private investors), development financial institutions (DFIs) and multilateral development banks (MDBs). This edition also utilised a desk review, including the GCF's open library database, as well as conducting anonymised semi-structured interviews and a general survey across a range of industry stakeholders.

E Co. conducted this research independently and is not affiliated with the Green Climate Fund (GCF), the GCF Secretariat, or donors. The views expressed in this report are those of the authors and do not represent those of the GCF. Nothing in the interviews or any information or material relating thereto shall be construed as implying any official endorsement of, or responsibility on, the part of the GCF.

E Co. provides consulting support to access climate finance from the GCF (and other funds and donors) across several service areas, including: market assessment, strategy formulation, policy development, monitoring and evaluation, fund support and training. However, we may be best known for our programme and project design services in response to the GCF's criteria and processes.

People, not just projects: strengthening health, WASH and social protection systems through GCF climate finance

The relationship between climate change and human vulnerability is no longer a matter of debate. It is an observable, documented reality that is reshaping the conditions under which billions of people access health care, clean water, food, and economic stability. Across the world's least developed countries (LDCs), small island developing states (SIDS), and fragile contexts, the compounding effects of rising temperatures, shifting rainfall patterns, prolonged droughts, more frequent flooding, and the accelerating spread of climate-sensitive diseases are eroding the very systems that populations depend on to survive and recover from shocks.

The human cost of this climate change trajectory is mounting across the world. Climate change could push between 32 million and 132 million additional people into extreme poverty by 2030, with Sub-Saharan Africa and South Asia facing the greatest exposure through declining agricultural productivity, rising food prices, and increased disease burden (World Bank, 2020). The Intergovernmental Panel on Climate Change's Sixth Assessment Report (IPCC, 2023) confirmed that climate-related health risks are escalating across every region, with the burden falling disproportionately on populations with the least capacity to adapt. Malnutrition, vector-borne disease, waterborne illness, heat stress, and mental health deterioration are among the most direct health consequences of climate change, each of which interacts with and is amplified by failures in health systems, water infrastructure, and economic safety nets.

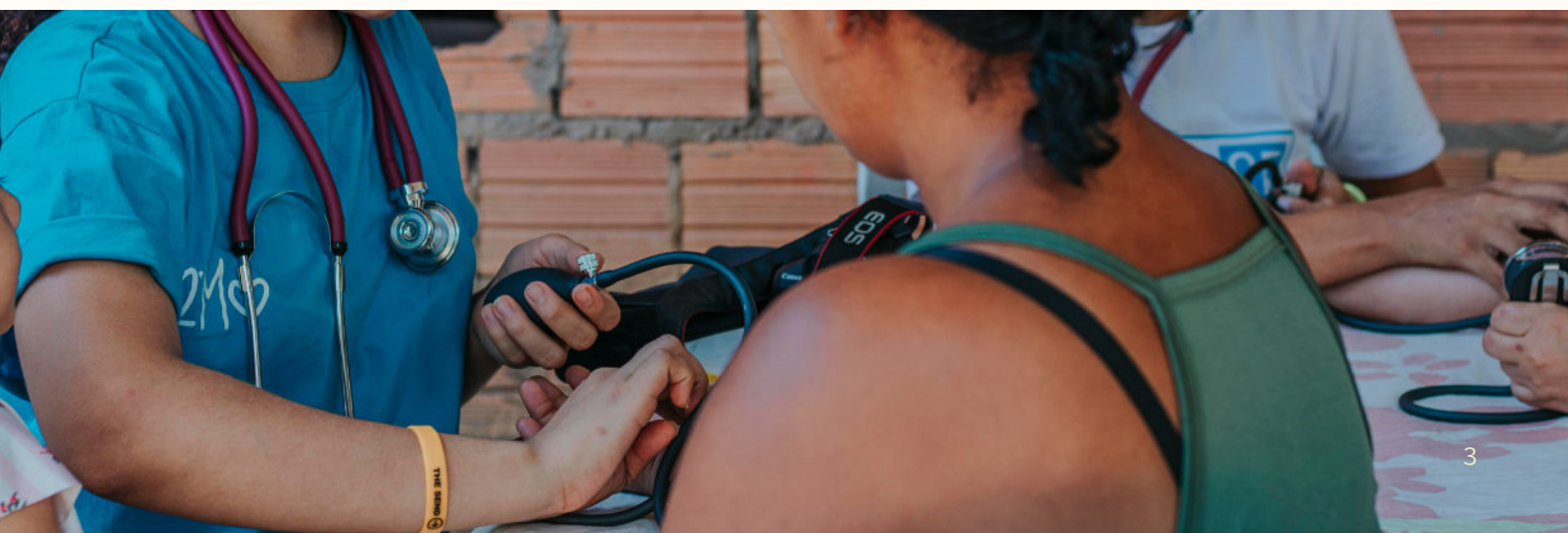
However, the global financing response has not kept pace with this reality. Only 2 percent of adaptation funding and 0.5 percent of multilateral climate funding has historically been directed toward projects that protect or strengthen human

health (WHO, 2023). Since social sectors such as health, water, sanitation and hygiene (WASH) and social protection have people right at the heart, it is even more relevant for increased funding to match the scale and urgency of this reality.

The Green Climate Fund (GCF) is the world's largest dedicated multilateral climate fund providing catalytic capital, grants, loans, and equity to help developing nations build resilience. As the only climate fund with a mandate to deliver a 50:50 balance between mitigation and adaptation financing, the GCF dedicates 50 percent of its portfolio to adaptation, with at least half of those funds directed to the least developed countries (LDCs), small island developing states (SIDS), and African states. This commitment aims to close the persistent gap in global climate finance, where adaptation action has consistently attracted far less funding than mitigation despite the disproportionate burden borne by the most vulnerable nations.

The GCF's mandate to deliver a balanced allocation of funding ensures that climate investments help to improve people's health, resilience and livelihoods, creating green jobs and building adaptive capacity (GCF, 2021). However, the Fund has the structural tendency within its climate finance architecture to favour hard infrastructure, ecosystem-based interventions, and institutional capacity-building at the national level, while underinvesting in the social sector systems that determine whether the most vulnerable populations can actually access, benefit from, and sustain the outcomes of climate adaptation investments.

There are signs that this is beginning to change. The GCF and the Food and Agriculture Organisation of the United Nations



(FAO) published a joint briefing [paper](#) in September 2025, reviewing 23 GCF-funded projects, which confirmed that social assistance mechanisms, a pillar of social protection, are present within the GCF portfolio but remain underdesigned: embedded within early warning systems and disaster risk management frameworks, but rarely explicit, consistently measurable, or systematically replicable (FAO and GCF, 2025)). Separately, the GCF has invested over USD 5.2 million in supporting 15 countries to conduct climate change and health vulnerability assessments, generating Health National Adaptation Plans (HNAPs) that set out project pipelines to protect populations from the health impacts of climate change (GCF, 2024).

Moreover, a Letter of Intent (LoI) signed between the GCF and the Global Fund in 2024 has further catalysed the development of a multilateral health and climate investment framework. These developments reveal a connection that this report shows is both necessary and overdue: recognising climate-resilient health systems, WASH infrastructure, and adaptive social protection as interconnected, mutually reinforcing pillars of people-centred climate resilience. The GCF has long supported WASH as part of its adaptation

portfolio, but its role as a direct determinant of climate-sensitive health outcomes has received little attention in GCF programming frameworks, monitoring systems, and investment strategies.

This 32nd edition of *GCF insight* examines how climate finance can more effectively support resilience across this interconnected nexus. It explores how health systems, WASH, and adaptive social protection are currently reflected in GCF programming, what the evolving policy environment means for project design and financing, and why a more deliberate, people-centred investment pathway is both justified by the evidence and demanded by the scale of need. It also examines what inclusion requires in practice, specifically with respect to women, Indigenous Peoples, climate migrants and refugees, and communities living in fragile, conflict-affected, and informal settlement contexts. The report shares recommendations to strengthen the GCF's investment approach across health, WASH, and social protection, with a focus on how the Fund can move from ad hoc engagement with these areas to a more deliberate, integrated, and measurable programming strategy that reaches the most vulnerable populations.

“Historically, climate finance has focused more on asset and infrastructure investments. The time has come to rethink that approach and focus on people-centred investments. Health, and by extension social protection, cannot just be co-benefits of asset and infrastructure investments in energy, forestry, or pure infrastructure projects - especially where climate vulnerability is described in terms of increasing disease patterns.”

~ Patrick Gitonga, Health and Climate Senior Specialist, Green Climate Fund

Methodology

This analysis draws on E Co's consultancy experience, particularly our work with GCF-funded adaptation projects across health, WASH, and social protection. The analysis utilises a desk review of GCF policy documents, the GCF-FAO 2025 joint briefing paper, and relevant literature on adaptive social protection, WASH and climate-health programming. This research is complemented by semi-structured interviews with practitioners across GCF-accredited entities and the GCF Secretariat.

Key terms and definitions

Social protection, per the International Labour Organisation (ILO), is the set of policies and programmes designed to reduce and prevent poverty and vulnerability throughout the life cycle. Social protection includes benefits for children and families, maternity, unemployment, employment injury, sickness, old age, disability, survivors, as well as health protection (ILO, 2017).

Health systems: Health systems encompass all entities and actions aimed at promoting, restoring, or maintaining health. The WHO framework identifies six core building blocks - service delivery, workforce, information systems, essential medicines, financing, and governance - which determine a system's ability to provide quality care and withstand external shocks (WHO, 2000; WHO, 2007).

Social assistance: Within the ILO framework, social assistance is understood as the non-contributory component of social protection, providing income security and essential services to those not covered by contributory schemes, particularly those in poverty, the informal economy, or otherwise excluded (ILO, n.d.-a; ILO, n.d.-b).

WASH: WASH, the United Nations shorthand for Water, Sanitation and Hygiene, encompasses the interconnected programmes and infrastructure necessary to provide populations with access to clean drinking water, safe sanitation facilities, and the behavioural practices that prevent disease transmission.

Climate change, vulnerability and people

Climate change does not impact everyone the same way. Its harshest consequences are felt by those whose livelihoods rely most directly on climate-sensitive natural systems, who possess the least capacity, financial or institutional, to absorb shocks, and who live in countries where public safety nets are already strained. This section explores how climate change is disrupting three vital systems for human wellbeing: health systems, WASH infrastructure, and social protection. The way these disruptions interact serves to compound vulnerability in ways that no single sector can manage by itself.

Health systems

“Health systems per se - and not only in resource-constrained settings like Togo but also middle-income and high-income countries are not yet designed in an encompassing way to take into consideration the risks to health that actually arise and that are changing in their patterns, in their gravity and negative impact on human health.”

~ Lilian Hollenweger, Project manager GIZ

The World Health Organisation (WHO) defines a health system as all organisations, people, and actions whose primary purpose is to promote, restore, or maintain health. In low- and middle-income countries, health systems already face chronic underfunding, workforce shortages, weak supply chains, and fragmented governance. Climate change is adding accelerating pressure on systems not designed to absorb it.

Climate change affects health through multiple linked pathways. Indicatively, the climate suitability for dengue transmission increased by nearly 50 per cent between the 1950s and 2015-24, part of a broader expansion of vector-borne disease risk. Record drought affected over 60 per cent of global land area in 2024, threatening food security, water security, and sanitation, and increasing the risk of waterborne infectious diseases. That same year, 640 billion potential work hours were lost to heat exposure, nearly double the 1990s average, with agricultural workers bearing the greatest burden (Lancet Countdown, 2025). The IPCC Sixth Assessment Report (2023) confirms measurable health declines, particularly in least developed countries and small island states. Yet only 0.5

per cent of multilateral climate finance and 2 per cent of total adaptation funding have reached health systems (WHO, 2023). In Africa, this shortfall is weakening government health budgets and pushing households toward higher out-of-pocket costs (Ezeruigbo and Ezeoha, 2023).

Within the GCF, health sits inside the ‘Health and Wellbeing, and Food and Water Security (HWWF)’ result area rather than as a standalone investment priority. The 153 HWWF tagged projects represent a nominal USD 7 billion, of which approximately USD 2 billion is tagged as exclusively HWWF related finance. Health is the least developed of the three facets: as of October 2024 (B.40), only two approved HWWF tagged projects primarily focus on health, with food and water security dominating the portfolio. Health and wellbeing benefits largely occur as co-benefits of food and water security investments rather than as direct programming objectives, and no health-related tracking indicator exists under the current IRMF, a gap the IEU identifies as inconsistent with the growing urgency of the climate-health nexus (IEU, 2025).

Low-and middle-income countries need at least USD 11 billion annually this decade to adapt health systems to climate impacts (UNEP, 2023), and country demand is growing, with 95 per cent of Nationally Determined Contributions (NDCs) now including health considerations (GCF, 2024). The GCF has responded through several initiatives, including readiness investments in health vulnerability assessments and a proposed USD 122 million global climate and health programme alongside the Guiding Principles for Financing Climate and Health Solutions endorsed at COP28 (GCF, 2024).

These are meaningful policy advances. However, the IEU's independent evaluation of the HWWF result area surfaces a set of structural findings that constrain the GCF's ability to translate this commitment into demonstrable impact. The Fund cannot reliably trace its own impacts within this area. Projects operate as disconnected sector interventions rather than an integrated approach linking health, food, and water security. Most critically, no health-related indicator exists in the current Integrated Results Management Framework (IRMF), despite one having existed in an earlier version (IEU, 2025).

At a time when the global calls for action on the health and climate change nexus are growing louder, the IEU concluded that the GCF 'has diminished its ability to track health-related impacts' and that "the absence of any health-related indicator in the IRMF, when one existed in the earlier RMF, signals this trend and is inconsistent with the times" (IEU, 2025).

In response, the evaluation explicitly calls on the GCF Secretariat to develop one or more health-related result indicators for inclusion in the results management framework, in consultation with health-mandated accredited entities including WHO, FAO, and UNICEF. The report also found that gender, Indigenous Peoples, and youth outcomes are rarely reported, limiting assessment of equity across the portfolio. These are not peripheral technical gaps. They are the precise misalignments that a people-centred climate finance strategy must address.



Case Study 1: Building the Resilience of Togo's National Health System and Vulnerable Communities to Climate-Sensitive Health Outcomes

Togo is a Least Developed Country (LDC) highly exposed to climate-sensitive health risks, including malaria and diarrhoeal disease, all of which are projected to intensify as temperatures rise and rainfall patterns become more erratic. With a current warming trajectory of 3 degrees Celsius, the economic cost of climate change impacts on GDP could reach 20 per cent by 2050. The three northern regions of Centrale, Kara, and Savanes are the most exposed: poverty rates exceed 60 per cent, only 8 per cent of the rural population has access to safely managed drinking water, and health facilities face chronic shortfalls, with just 16 health professionals per 10,000 inhabitants against a WHO recommended target of 23.

The project, developed by Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) in partnership with Togo's Ministry of Health and the National Meteorological Agency (ANAMET), and currently under review by the GCF, carries total indicative financing of EUR 55.8 million, of which EUR 37.6 million is GCF grant financing. It targets 19 districts across the three northern regions, covering approximately 2.9 million people, with 273,224 direct beneficiaries and 8.1 million indirect beneficiaries expected over a five-year implementation period and a 15-year project lifespan (GCF, 2023).

The project's design is built around a fundamental shift in how Togo's health system relates to climate risk: from reactive emergency response to proactive, predictive management. This is achieved through four interconnected components.

1. The first strengthens Togo's climate-sensitive disease surveillance system by integrating meteorological data from ANAMET into the Ministry of Health's District Health Information System, enabling predictive modelling for malaria, diarrhoea, and heat-related health outcomes, alongside the installation of early warning systems at health facility level.
2. The second builds the institutional enabling environment by formalising a permanent Climate Change Unit within the Ministry of Health at central level, supported by five regional units across all of Togo's regional health directorates, and by strengthening the capacity of health system staff to prevent and manage climate-sensitive diseases, and improving the production and dissemination of climate health information.
3. The third improves the resilience of health infrastructure and service delivery by upgrading peripheral health facilities in Centrale, Kara, and Savanes, with particular attention to thermal comfort in maternity wards, vector control, and continuity of essential medicines during climate disruptions, including through innovative last-mile supply approaches.
4. The fourth strengthens community resilience through behaviour change communication, WASH infrastructure, environmental management to reduce mosquito breeding sites, and the training of community health workers as frontline multipliers for early warning response (GCF, 2023).

EUR
49.94m

Total financing, of which EUR 37.6 million is GCF grant financing.

16

Districts targeted across three northern regions, covering approximately 2.9 million people.

4.01m

Total expected beneficiaries over the five-year implementation period.

Water, sanitation and health (WASH) systems

Access to clean water, sanitation, and hygiene (WASH) is vital for health and climate adaptation, yet a massive global deficit remains. As of 2022, billions lacked safely managed services: 2.2 billion for water, 3.5 billion for sanitation, and 2 billion for hygiene (WHO / UNICEF JMP, 2023). Access to safely managed WASH services remains significantly lower in fragile and conflict-affected settings compared to global averages. The urban-rural divide - already a major source of inequality - is exacerbated in these contexts, where infrastructure damage and displacement cycles create profound barriers to progress (WHO/UNICEF JMP, 2025). Climate change is placing WASH infrastructure and services under severe and compounding pressure across multiple pathways simultaneously. Droughts reduce water availability and concentrate contaminants in remaining water sources. Floods overwhelm and contaminate water supply systems, destroy sanitation infrastructure, and create conditions for rapid disease transmission. Rising temperatures accelerate the spread of waterborne and vector-borne diseases, increasing demand on systems already operating beyond capacity. Rising sea levels threaten freshwater aquifers through saltwater intrusion in coastal and small island contexts. A scoping review of climate risks to WASH services in low and middle-income countries found that flooded sanitation facilities contaminate water and the surrounding environment, and that climate-induced disruptions drive populations toward negative coping strategies including open defecation, unsafe water consumption, and long journeys to collect water, with particular consequences for women and girls, people with disabilities, and communities in informal settlements (Wilbur et al., 2024).

The consequences for health facilities are especially acute. The WHO / UNICEF JMP (2024) documented that as of 2023, approximately 742 million people had no water service in their healthcare facilities, 660 million lacked sanitation services, and 722 million had no hygiene services. In fragile contexts, 37 per cent of healthcare facilities had no basic water services and more than half lacked basic hygiene. In LDCs specifically, basic hygiene services were available in just one third of

healthcare facilities (WHO/UNICEF JMP, 2023). Without reliable water supply and sanitation, healthcare settings themselves become vectors of disease, undermining the very systems communities depend on to manage the health impacts of climate change.

Despite this evidence, climate-resilient WASH infrastructure remains underrepresented in both national climate commitments and climate finance frameworks. An analysis of 144 countries' NDCs found that only 66 included any sanitation-related activities, and of those, the majority addressed short-term adaptation rather than the systemic investment needed to build resilient public health infrastructure (Stockholm Environment Institute, 2024)

Within the GCF portfolio, WASH investments have historically been framed through water resources management and disaster risk reduction rather than as integrated health resilience investments.

The GCF's own Water Project Design Guidelines, now provide dedicated technical guidance for designing climate-resilient WASH projects, including specific guidelines for sanitation systems, marking a meaningful step toward more deliberate and coherent WASH investment within the Fund's programming architecture (GCF, 2025).

To enhance water security and climate resilience, the GCF leverages innovative financing mechanisms to address critical water security areas, including water conservation, efficiency, and reuse; hydrological monitoring; early warning systems and risk assessment; integrated water resource management; SDG 6 alignment; ecosystem-based adaptation; and climate-resilient WASH solutions. As of 2022, GCF has mobilised USD 3 billion to water security, allocated across 42 projects in 64 countries (UN Water, 2022).



Case Study 2: Enhancing Adaptation and Community Resilience by Improving Water Security in Vanuatu

As a Small Island Developing State (SIDS), Vanuatu is extraordinarily vulnerable to climate change. The archipelago of 83 islands faces a compound set of water security threats that are growing more severe with each passing decade. Springs dry up during prolonged droughts. Wells in low-lying islands are contaminated through saltwater intrusion as sea levels rise. Cyclones, which are becoming more intense, repeatedly damage fragile water storage and distribution systems that were not designed to withstand them. Communities then rebuild, often with the same fragile infrastructure, only to face the same cycle of damage and loss when the next event arrives. Cyclone Pam in 2015 caused economic losses equivalent to 65 per cent of the country's GDP. Cyclone Harold in 2020 required emergency assistance for more than 160,000 people, over half the total population. A 2020 inventory by the Department of Water Resources and UNICEF found that only 79 per cent of rural water systems were functional at all, and only 37 per cent provided water reliably every day of the year.

FP191, the Vanuatu Water Security Project, was approved by the GCF Board at its 34th meeting in October 2022. Developed with technical support from E Co. to the accredited entities, the Pacific Community (SPC) and UNICEF, and led by the Government of Vanuatu's Department of Water Resources under the coordination of the National Advisory Board on Climate Change and Disaster Risk Reduction, the project carries a total investment of USD 28 million, with USD 23.3 million in GCF grant financing. Direct beneficiaries number 85,650, including 42,825 women, representing approximately 27 per cent of the total population. A further 216,980 indirect beneficiaries, approximately 73 per cent of the total population, benefit through strengthened national and provincial institutions and processes.

The project's central design logic is to break the build-neglect-rebuild cycle that has trapped WASH investment in Vanuatu for decades. Instead of creating parallel structures, it operates through and strengthens two existing government-owned mechanisms: the Drinking Water Safety and Security Planning process, through which communities assess their specific water vulnerabilities and develop prioritised management plans, and the Capital Assistance Programme, through which government finances the infrastructure works those plans identify. By embedding climate resilience into both mechanisms, and channelling GCF resources through existing approval and delivery architecture rather than around it, the project ensures that improved design standards and community capacity outlast the project cycle (FP191, 2022). Infrastructure investments follow what each community's plan has identified: solar-powered desalination where saltwater intrusion threatens groundwater, strengthened gravity-fed systems where springs are the primary source, and more robust rainwater harvesting in communities dependent on seasonal rainfall.

The project has a strong economic case with the Economic Net Present Value is USD 37.15 million and the Economic Internal Rate of Return is 20 per cent, even after including all non-investment costs. Without GCF grant financing, the monthly household tariff required for a commercially financed gravity-fed water system would be 1,536 per cent of the average household's ability to pay. Grant financing here is not a subsidy of preference but a structural necessity in a context where water is a public good, the private sector has no viable role, and government fiscal space is severely constrained (FP191, 2022). The gender dimensions of water insecurity in Vanuatu run deep.

Women and girls are the primary water collectors in most rural households, meaning that when sources are disrupted, working time, school attendance, and personal safety are all directly affected. The project responds by making 40 per cent women's representation a legal prerequisite for registration of all community water committees established under the project, consistent with Vanuatu's Water Resources Act.

Infrastructure designs incorporate needs identified through community consultations: accessible tap heights for elderly and disabled users, secure and adequately lit sanitation facilities, and menstrual hygiene provisions in school and community WASH facilities (FP191, 2022). By strengthening rural water systems, the project will have a positive impact on sanitation and health of rural communities, reducing the risk of vector-, water-borne diseases and malnutrition.

USD 28m

Total financing, of which USD 23.3 million is GCF grant financing.

85,650

Direct beneficiaries, representing approximately 27% of the total population.

216,980

Indirect beneficiaries, approximately 73% of the total population, benefiting through strengthened institutions.

Social protection

“Social protection is not only an adaptation issue: it has a mitigation dimension too. When people move out of fossil-fuel-related industries, social protection is what cushions that transition. It needs to be a crosscutting theme across both adaptation and mitigation for countries to have a truly resilient social protection system.”

~ Vatanak Chheng, Deputy Head at National Committee for Sub-National Democratic Development

Social protection, in the International Labour Organisation (ILO) foundational framing, constitutes a set of rights-based policies and programmes that society provides to individuals and households to guarantee access to health care, income security, and essential services across the life cycle (ILO, 2012). Social protection programmes have long played a central role in national development strategies aimed at reducing poverty, addressing inequality and promoting inclusive growth. In 2017 alone, more than USD 500 billion was invested in social protection across low- and middle-income countries, with support from both governments and international donors. Nearly 45% of the global population is now covered by at least one form of social protection, with such programmes reaching approximately 25% of vulnerable people worldwide. These systems are widespread, widely trusted and increasingly recognised as viable platforms for building climate resilience.

Well-designed social protection systems do more than protect people from income shocks, as they help individuals and households prepare for, absorb and recover from climate impacts (IIED, 2025). Within that broad architecture, social assistance, the non-contributory delivery mechanisms that reach people unable to participate in contributory insurance schemes, is the category most operationally relevant to climate adaptation programming

Cash transfers, in-kind support, parametric insurance products, and public works programmes are the tools through which climate resilience can be built at the household and community level, particularly in the informal and subsistence economies where climate vulnerability is most acute.

The evidence base for social protection as a climate adaptation and mitigation mechanism is substantial and growing. The LIFE-AR (LDC Initiative for Effective Adaptation and Resilience) study of 2019 found that social protection programmes play a measurable role in building climate-resilient communities by reducing exposure to risk, enabling forward-looking investment decisions, and preventing the adoption of negative coping strategies such as distress asset sales, child labour, or household indebtedness. More recently, IIED’s landmark economic assessment, drawing on analysis of 24 social protection programmes across eight countries including Bangladesh, Ethiopia, Ghana, India, Malawi, Pakistan, Senegal, and Uganda, demonstrated that anticipatory direct benefit transfers deliver substantially better returns on investment than reactive humanitarian responses, and identified two complementary pathways for building resilience: anticipatory direct benefit transfers activated by climate trigger points, and longer-term resilience-building investments that strengthen household and system capacity over time (IIED, 2025).



Social assistance within the GCF Portfolio: Evidence from the GCF-FAO review

The (FAO and GCF. 2025)) paper review of 23 GCF-funded projects with clearly identifiable social protection components in rural settings, examines how social assistance mechanisms are currently embedded within GCF-funded climate adaptation programming and what the evidence reveals about their design, reach, and effectiveness. As Table 1 below shows, social assistance dominates the portfolio, with public works programmes the most prevalent instrument at ten projects, followed by cash transfers at six. Social insurance mechanisms are entirely absent. Labour market interventions

through vocational training feature in four projects, while eleven projects combined multiple approaches and eleven made use of existing social protection systems for beneficiary targeting. The distribution confirms that while the portfolio draws on a reasonable range of social assistance tools, it remains concentrated in shorter-term, income-focused instruments and has not yet extended into the contributory and insurance-based mechanisms that would signal deeper integration with national social protection architectures.

Social protection programmes, instruments and elements by category and sub-category

Type	Category of Programme / Instrument / Element	No.	Sub-categories
Social assistance	Cash transfers	6	Shock-responsive cash transfers (4) Environmentally conditioned cash transfer (2)
	Vouchers or in-kind transfers	1	Food coupons for climate vulnerable households (1)
	Public works programmes	10	Cash for work (6) Food for work (1) Food assistance for assets (3)
Social insurance		0	
Labour market intervention	Active labour market	4	Vocational training (4)
Additional elements	Use of social protection systems	11	Targeting of social protection beneficiaries (10)
	Complementary services	5	Climate resilient agricultural livelihoods
	Projects combining multiple approaches	11	Two approaches (8) Three approaches (3)

Source: FAO and GCF (2025). *Social Protection and Inclusive Climate Action: A Review of Social Protection for Rural Populations within Green Climate Fund*

The portfolio is geographically broad, spanning almost all regions, with Sub-Saharan Africa and Asia-Pacific accounting for eight projects each and five projects in SIDS across the Pacific and Caribbean. However, the majority of projects were in lower-middle income or upper-middle income countries. Only three of the 23 projects were in low-income countries: Uganda (FP034), Mozambique (SAP042), and the Gambia (FP011). Given that climate vulnerability and need are greatest in low-income contexts, the paper identifies this distribution as a concerning finding that warrants direct attention in future project design and financing. Moreover, the fact that this gap surfaces as a result of the systematic portfolio review is itself a contribution, and FAO and GCF posit that for social protection to play a major role across the full range of vulnerable countries contexts – including SIDS and low-income countries – future investments adopt flexible and innovative financing approaches that leverage additional sources of international finance suited to contexts where national social protection financing is currently very limited.

Almost all projects used social protection to support longer-term adaptation to the impacts of climate change, including the adoption of climate-adaptive agricultural practices, diversification of income sources, and natural resource management and ecosystem restoration. A smaller number of projects, seven in total, focused specifically on responding to rapid-onset climate shocks through shock-responsive cash transfers or vouchers. Five projects aimed to ease transition processes by supporting populations affected by changes in land use, while five incorporated direct contributions to climate mitigation through forest and ecosystem management (FAO and GCF, 2025).

On gender, the review found significant room for stronger ambition. Analysing the social protection components of projects specifically, no project was found to be gender transformative, understood as an approach that explicitly addresses underlying gender norms and power relations. Five projects were gender responsive, incorporating gendered inequalities as a core concern with well-justified targets, such as the Botswana rangeland restoration project (FP158), which set a target of 60 per cent women participants and adapted project design to address safety and caregiving barriers that might otherwise have excluded women. The majority of projects aimed to be gender sensitive at a moderate level. This finding is particularly significant given that floods and heat stress combined widen the income gap between female-headed and male-headed households by USD 53 billion annually, and the combined gap between poor and non-poor rural households by USD 41 billion per year (FAO and GCF, 2025). The scale of

gendered economic loss from climate change makes gender-transformative social protection not simply desirable but economically essential.

The evaluation highlighted a missing space in broader inclusion within the portfolio. Although Indigenous Peoples resided in seven project regions, they were only formally integrated into the social protection elements of four projects: Botswana (FP158), Paraguay (FP062), the Philippines (FP201), and Brazil (SAP031). Youth-specific targets were identified in six projects, and another six targeted persons with disabilities, half of which were located in SIDS. Moreover, no project incorporated internal or international migrants or their families into social protection components, despite migrants being frequently mentioned in project documents. The review identified this as a potential area for improvement in project design, noting that migrant workers and refugees already face legal and practical challenges in accessing social protection and that in some contexts social protection could play a role in supporting migration as adaptation.

Looking at system strengthening, ten projects incorporated explicit objectives to strengthen or develop national social protection systems, including Paraguay (FP062), Botswana (FP158), Mozambique (SAP042), and Vanuatu (FP184). Six projects had clearly defined standalone social protection instruments without explicit system integration, and seven incorporated social protection only as a minor element. The FAO and GCF (2025) are clear that avoiding isolated approaches and instead building the policy, programming, and delivery foundations of climate-adaptive social protection systems is essential for ensuring that investments are sustainable beyond individual project cycles.

The review's overall message is that social protection is a powerful yet underutilised tool for delivering inclusive climate adaptation within the GCF portfolio. The evidence base is promising but the architecture of delivery has not yet reached its potential. Scaling up investment, enhancing gender and inclusion ambition, strengthening system-building objectives, and extending reach to low-income countries, migrants, and persons with disabilities are the priority directions the FAO and GCF (2025) identify for future programming.

This report returns to these priorities in Section 5 on implications for project design and in Section 6 recommendations.

“Cash transfers are a great tool for social protection. Outside of the GCF partnership and as part of our overall programming between 2019-2024, we’ve delivered USD 711 million cash transfers into the hands of families and children. We know it works, but we haven’t yet delivered that through GCF due to our previous accreditation status. What I’m really talking about is the appetite for risk and allowing for a bit more experimentation through a locally driven approach. It takes a different mindset, and we need to test if the GCF model would help us deliver that. It’s more a question of not what you would like to see, but what our partnership with the GCF, while meeting requirements and accountabilities, can actually do.”

~ Imelda Phadtare, Principal advisor Climate Change: GCF portfolio (Save the Children Australia)

Case Study 3: Building Climate Resilience by Linking Climate Adaptation and Social Protection through Decentralised Planning in Mozambique (LINK)

Few countries face climate risk as acutely as Mozambique. The country ranks 136th out of 185 in the Notre Dame Global Adaptation Initiative index and was the single most affected country by extreme weather events in 2019, placing fifth globally for the period 2000–2019 (German Watch, 2021). Since 1984, drought has affected more than 11 million people across the country and modelling suggests that central and southern regions will experience meaningfully drier dry seasons by around 2030, with conditions deteriorating further through 2060 and 2080 (Save the Children Australia, 2024).

The human cost is already visible in the country's development data. Chronic malnutrition affects 43 per cent of children in Mozambique. Access to potable water reaches only 34 per cent of the population in Gaza province, 45 per cent in Manica, and 41 per cent in Tete, three provinces where, as across Mozambique more broadly, roughly seven in ten people depend on rainfed subsistence farming for their livelihoods. Where social protection is absent or inadequate, households facing repeated drought shocks have little recourse beyond strategies that compound long-term vulnerability: selling productive assets, withdrawing children from school, or accepting early marriage as a coping mechanism (Save the Children Australia, 2024).

SAP042, the LINK project, approved at GCF Board meeting B.39 and implemented by Save the Children Australia in partnership with Save the Children Mozambique and the Ministry of Land and Environment, represents the GCF's first dedicated social protection adaptation project in the country. Total project investment stands at USD 28.3 million, with GCF grant financing of USD 23.5 million complemented by co-financing from NORAD, Save the Children Italy, the Ministry of Land and Environment in kind, and AEROMAP, a drone and geospatial mapping company. The project operates across nine districts in three provinces: Mabalane, Massangena, and Mapai in Gaza; Machaze, Guro, and Tambara in Manica; and Moatize, Doa, and Mutarara in Tete. Across these areas, LINK targets 414,857 direct beneficiaries, of whom 233,116 are women and girls, alongside a further 559,863 people reached indirectly.

The project's defining characteristic is its integration logic. Rather than establishing a parallel delivery structure, LINK works to connect two national systems that have historically functioned independently. The first is the network of Local Adaptation Plans (LAPs), produced through district-level participatory planning processes under the Ministry of Land and Environment. The second is the Productive Social Action Programme (PASP), Mozambique's public works-based social protection scheme, which transfers support to the most vulnerable households that include at least one member able to undertake physical labour. PASP currently serves 100,000 households nationally; its coverage in the three target provinces amounts to just 5 per cent of the national total in Tete, 13 per cent in Manica, and 7 per cent in Gaza. Two structural gaps limit its climate relevance. Targeting criteria do not account for exposure to drought, meaning the most climate-affected households may be excluded on technical grounds. Child-headed households, more than half of which in these provinces are led by girls, fall outside PASP's current eligibility framework entirely. The project addresses both gaps by updating the PASP operational manual to embed climate vulnerability to drought within its targeting logic, and by extending coverage to child-headed households through revised age-based eligibility criteria. Communities selected through this revised process access a menu of climate-resilient livelihood options drawn directly from their district's Local Adaptation Plan, linking social protection delivery to locally-led adaptation priorities.

USD
28.3m

Total financing, of which USD 23.5 million is GCF grant financing.

414,857

Direct beneficiaries across 9 districts, including 233,116 women and girls.

559,863

People reached indirectly through reinforced national systems.

“We’ve harmonised social protection and climate change - bringing climate change into the social protection legal framework, and social protection into climate action. The hope is to see an increase in the types of interventions the social protection system offers: rainwater harvesting tanks, drought-tolerant seeds, climate-smart agricultural training - things that were not part of the social protection toolkit before.”

~Imelda Phadtare, Principal advisor Climate Change: GCF portfolio (Save the Children Australia)

Case Study 4: Glaciers to Farms Regional Programme, Central and West Asia

Central and West Asia is among the fastest-warming regions on earth, with temperatures rising at 0.2 to 0.4 degrees Celsius per decade since 1981. The nine countries spanning the programme's coverage, Armenia, Azerbaijan, Georgia, Kazakhstan, the Kyrgyz Republic, Pakistan, Tajikistan, Turkmenistan, and Uzbekistan, share a vital dependence on glacier-fed water systems in the Pamir, Tien Shan, and Caucasus mountain ranges. These systems are retreating rapidly: over 50 per cent of regional glacier volume could be lost by 2100, fundamentally altering the water cycles that underpin food production, hydropower, drinking water supply, and the livelihoods of over 340 million people. Pakistan and Uzbekistan face the highest combined climate hazard, exposure, and vulnerability scores in the region, while Tajikistan's climate risk score is projected to rise from 42 to 61 under the high emissions scenario by the 2090s (G2F Feasibility Study, ADB, 2025). The most exposed are women, smallholder farmers, rural communities, and micro-entrepreneurs whose economic survival depends directly on glacier-fed rivers and climate-sensitive agriculture.

The Glaciers to Farms (G2F) Regional Programme, approved by the GCF Board at meeting B.43 in October 2025 and implemented by the Asian Development Bank, carries total financing of USD 3.5 billion anchored by USD 325 million in GCF concessional support, across a seven-year implementation period from 2026 to 2032. The programme takes a full-cycle adaptation approach, linking upstream glacier monitoring and climate risk planning with downstream investments in agriculture, water management, disaster risk reduction, and adaptive social protection (ADB, 2025).

Social protection coverage across the region varies significantly, from 97 per cent of the population in Kazakhstan to just 39 per cent in Tajikistan. The feasibility study found that even where coverage is nominally high, most spending is directed toward social insurance rather than vulnerable population groups, and that a persistent lack of coordination between government agencies increases the risk of the most exposed communities being excluded from existing schemes (ADB, 2025). Climate change compounds this structural gap directly: the poorest households in glacier-dependent communities have the least capacity to absorb water scarcity, crop failure, and displacement without support, but are precisely those most likely to fall outside existing social protection coverage or to receive benefits poorly calibrated to climate risk.

The G2F programme addresses these intersecting vulnerabilities through a dedicated investment stream on climate-responsive social protection and health systems. The objectives are threefold: to develop adaptive social protection schemes and climate-informed public health systems to shield vulnerable communities from climate shocks; to integrate health and social protection data into multi-hazard early warning infrastructure alongside nature-based solutions and climate-smart agriculture; and to generate institutional models for climate-resilient health and social protection that can be piloted, scaled, and embedded in national policy frameworks to enable anticipatory climate action (ADB, 2025).

Country-level diagnostics conducted during the feasibility study identified specific priority interventions. In Tajikistan, the programme will modernise the Targeted Social Assistance programme by integrating climate change indicators and health risks into its eligibility and delivery structure. In Uzbekistan, it will develop a comprehensive social security database and social registry with embedded climate vulnerability analysis, building the data infrastructure necessary for climate-responsive targeting. In the Kyrgyz Republic, it will digitise the social protection database and social passport system and introduce telemedicine for rural and vulnerable communities (ADB, 2025).

The programme also identifies a range of additional instruments as feasible within the regional context, including conditional cash transfers, climate-informed targeting linked to early warning triggers, shock-responsive health financing, and social protection specifically designed for climate migrants, a population group whose needs are systematically underaddressed across the current GCF portfolio (ADB, 2025).

What sets the G2F apart as a social protection investment is its regional architecture. Unlike project-level social assistance interventions elsewhere in the GCF portfolio, G2F positions adaptive social protection as a structural element of regional climate resilience alongside water infrastructure, ecosystem management, and agricultural systems.

USD 3.5bn

Total financing, anchored by USD 325 million in GCF concessional support.

9

Countries across Central and West Asia unified under a single regional architecture.

340m

Direct beneficiaries across 9 districts, including 233,116 women and girls.

How health systems, WASH and social assistance work together to build long-term resilience

“Global advocacy and evidence now is very robust. There’s a very strong and vocal global advocacy group for health and climate investments.”

~ Patrick Gitonga, Health and Climate Senior Specialist, Green Climate Fund

The necessity of a unified climate resilience framework that integrates health systems, WASH, and social assistance is rooted in the lived experience of community vulnerability rather than abstract theory.

Climate shocks are inherently multi-dimensional and do not respect sectoral boundaries. For example, a cyclone can simultaneously incapacitate health facilities and contaminate water supplies, while extreme heatwaves can impair the productivity of health workers and increase the burden on medical centres already struggling with climate-linked diseases. Because these vital systems often fail in tandem, their recovery must be pursued collectively.

This operational reality is underscored by extensive documentation. An evaluation by the GCF’s Independent Evaluation Unit noted that investments in Health, Wellbeing, Food, and Water Security frequently function as isolated sector-specific projects rather than through a cohesive result area strategy. This fragmented approach often leaves Accredited Entities and National Designated Authorities (NDAs) confused by nexus-oriented goals (IEU, 2025). Similarly, the GCF-FAO (2025) review observed that social assistance mechanisms often lack explicit cross-sectoral coordination.

The economic consequences of this fragmentation are significant. IIED’s economic analysis across eight countries (Bharadwaj, Karthikeyan and Chaliha, 2025) demonstrated that existing social protection programmes mitigate only 2 per cent of household losses in a severe climate shock, whereas early resilience investments that combine infrastructure, livelihood support, and anticipatory transfers reduce losses to 27 per cent of household income.

The difference lies precisely in the integration: when social assistance is embedded within functioning health and water systems, and when anticipatory transfers are triggered by the same early warning infrastructure that informs health facility preparedness, the combined effect exceeds the sum of the parts.

WHO’s WASH and Climate Change Adaptation and Mitigation for Health Strategy 2023 to 2030 explicitly frames WASH as foundational to climate-resilient health systems, identifying that the majority of countries have not yet integrated WASH into health national adaptation plans (WHO, 2022). The Stockholm Environment Institute (Lazzati, Ddiba and Macura, 2024) found that only 66 of 144 countries included sanitation in their NDCs at all,

with most treating it as an adaptation priority rather than a system to be made climate-resilient. These gaps reinforce a consistent pattern: across health, WASH, and social protection, the three sectors are insufficiently integrated in national policy frameworks, in climate finance architecture, and in the design of GCF-funded investments.

The GCF-FAO (2025) briefing paper is direct in its response: to maximise the impact of climate finance, the GCF must scale up social protection across its portfolio, enhance cross-sectoral coordination, and invest in the long-term system-building that makes social assistance sustainable beyond individual project cycles. The GCF Strategic Plan 2024 to 2027, which commits the Fund to addressing urgent and immediate adaptation and resilience needs for particularly vulnerable people and to enhancing the resilience of 570 to 900 million people across the programming period (GCF, 2023), provides the strategic mandate for precisely this kind of integrated, people-centred approach.

Gender, indigenous peoples, and climate migrants

Gender

Women and girls face greater exposure to the health, WASH, and economic consequences of climate change, driven by social roles, structural inequalities, and limited decision-making power. The UN Women Gender Snapshot 2024 projects that by 2050, climate change may push up to 158 million more women and girls into poverty, 16 million more than the equivalent projection for men and boys. Today, 47.8 million more women face food insecurity and hunger than men (UN Women, 2024).

The health dimension of this disparity is well documented. A 2025 systematic review published in *Women & Health* found that gendered roles combined with socioeconomic, cultural, and environmental factors exacerbate women's vulnerabilities to climate change, increasing the burden of mental health issues, water insecurity, sanitation challenges, and caregiving responsibilities (Anjum and Aziz, 2025). Recent data confirms that climate change exerts distinct, gender-differentiated impacts across multiple health dimensions. These variations are especially pronounced across mental and reproductive health, instances of gender-based violence, occupational safety hazards, and direct exposure to extreme heat and air pollution (Zavala et al., 2024).

WASH is a particularly acute dimension of women's climate vulnerability. Women bear the primary burden of water collection in most low-income settings. When water sources become scarcer or more distant due to drought

or flooding, women and girls work harder, travel farther, and in many cases girls leave school to assist (UN Women, 2024). Women and girls are disproportionately affected by the lack of access to basic water, sanitation and hygiene facilities, due to their needs during periods of increased vulnerability to infection around menstruation and reproduction (Kayser et al., 2019). The 2022 drought in Kenya illustrates the compounding effect: women faced the worst of the nutritional and dehydration consequences, while rates of female genital mutilation, child marriage, and gender-based violence rose simultaneously during the crisis (World Economic Forum, 2024).

Women are more likely than men to bear primary responsibility for their children's health, yet they are less likely to control household resources and face higher healthcare costs tied to reproductive health (ILO, 2026). Designing social assistance with women as the primary delivery target can strengthen returns across health and nutrition. A systematic review of seventy reviews across one hundred and twenty-one countries found that social protection tends to show higher impacts on women and girls than on men and boys, with the largest effects among the poorest and most vulnerable (Perera et al., 2022).

A structural dimension that social protection design often overlooks is the role of unpaid care work in compensating for the gaps that formal systems leave unattended to. Globally, women perform the large majority of

unpaid care labour, including caring for children, the elderly, and the sick, managing water and food at the household level, and supporting family recovery after climate shocks (ILO, 2018). Where public services are limited or absent, this labour expands to fill the gap. Climate change intensifies this dynamic as women absorb the additional burden, narrowing their economic participation and deepening their poverty risk. Social protection systems that fail to account for this substitution effect undercount women's contributions and risk reinforcing the very inequalities they are designed to address.

The GCF's gender policy requires all funding proposals to include a Gender Assessment and a Gender Action Plan. The Fund was the first climate finance mechanism to mainstream gender perspectives from the outset of its operations (GCF ESMS, 2021).

In practice, however, the IEU's 2025 evaluation of the HWFW (Health and Wellbeing, and Food and Water Security) result area found that gender and social equity co-benefits, while present in the portfolio, are inconsistently tracked and reported across Accredited Entities (IEU, 2025). The policy framework is in place. The monitoring and accountability infrastructure to verify whether it is delivering has not yet caught up.

“Social protection is already a well-established development and humanitarian delivery system, but its role in climate finance is still emerging. Going forward, I see adaptive and shock-responsive social protection becoming a more deliberate channel for climate adaptation finance, particularly where climate risks affect livelihoods, food security, displacement, health and wellbeing.”

~ Patrick Gitonga, Health and Climate Senior Specialist, Green Climate Fund

Indigenous peoples

Indigenous peoples are among those most disproportionately and acutely affected by climate change. They are also among the least represented in the climate finance architecture that is supposed to address it. The IPCC's Sixth Assessment Report; Working Group II (2022) mentions Indigenous Peoples 2,057 times, recognising climate change's disproportionate impacts on Indigenous Peoples, including in relation to their rights to ancestral lands, health, subsistence, and cultural practices (Cultural Survival, 2022).

Over 387 million indigenous peoples live in middle-income countries, of whom 220.9 million (or 46.4 per cent of the total indigenous population) are concentrated in lower middle-income countries. 76million, or 16 percent of the total, reside in low-income countries. (ILO, 2019). Climate change drastically worsens existing inequalities in access to WASH for Indigenous communities globally because these populations are intrinsically linked to their environments; shifting temperatures

and extreme weather threaten both traditional livelihoods and foundational public health. For communities whose health, food systems, and cultural practices are directly tied to the condition of land and water, climate-driven environmental degradation is not only a physical health threat but a threat to social and spiritual cohesion (Brubacher et al., 2024).

Indigenous Peoples are also largely excluded from formal social protection systems. Many live outside the reach of national registries, lack documentation required for programme enrolment, or face structural discrimination in public service delivery (ILO, 2018). Extending social protection to indigenous communities requires not only administrative reform but genuine respect for indigenous governance structures, land rights, and self-determination (UNDRIP, 2007).

The GCF's Indigenous Peoples Policy requires Free, Prior and Informed Consent (FPIC) for all projects affecting

indigenous communities, with consultations that are gender and intergenerationally inclusive (GCF Environmental and Social Policy, 2021). The Indigenous Peoples Advisory Group (IPAG) provides a formal channel for indigenous participation in GCF governance. The GCF's Locally Led Climate Action framework, which emphasises grounding investment decisions in lived realities and empowering local actors, provides further institutional support for indigenous-led approaches (GCF, 2024).

In terms of inclusion in social protection programmes, Indigenous Peoples were reported as being present in seven project areas, although only four projects included social protection components that explicitly incorporated Indigenous Peoples – in Botswana (FP158), Paraguay (FP062), the Philippines (FP201) and Brazil (SAP031) (GCF-FA0, 2025).

Climate migrants and displaced populations

Climate change is already displacing people. In 2022, 84 per cent of refugees and asylum seekers fled from highly climate-vulnerable countries, up from 61 per cent in 2010, and the scope for safe and sustainable return is narrowing as extreme weather, degraded environments and competition over depleted resources prolong instability (UNHCR, 2024). The countries most exposed to these pressures are overwhelmingly the same countries the GCF prioritises: as of 2016, 13 out of the 15 countries with the highest vulnerability to natural hazards were from the LDC, LLDC and SIDS groups (IOM, 2019).

Displaced populations face a specific and severe version of the nexus problem. They frequently have no access to any form of social protection or to health systems, arriving in host communities or camps with no

documentation, no formal status, and no connection to national welfare systems. Their WASH access is typically limited to whatever infrastructure exists in informal settlements or camps, which is rarely designed to withstand climate extremes. Their health needs are elevated by the physical and psychological stress of displacement, compounded by limited access to health services in host communities that may themselves be under climate stress.

The legal framework for climate-related displacement is fragmented and inadequate across categories. Those who move due to eroded livelihoods are typically classified as economic migrants by host countries, outside refugee protection frameworks. Those displaced by acute physical threats such as sea level rise occupy a legal grey zone for which no binding international instrument yet provides

protection. A third category involves conflict where climate stress was a contributing driver: the case of Syria, where drought between 2007 and 2010 caused agricultural collapse and the displacement of up to 1.5 million people before armed conflict began, illustrates how climate, fragility, and forced movement interact in ways existing legal categories struggle to capture (Kelley et al., 2015). Across all three categories, no binding international instrument currently provides climate-displaced people with a protection status equivalent to that established under the 1951 Refugee Convention (Kälin and Entwisle Chapuisat, 2024). This protection gap has direct implications for access to social assistance, health services, and WASH infrastructure in host countries where they are typically restricted or denied entirely.

The GCF has engaged this issue to a limited degree. The UNRWA readiness project, which the team at E Co. worked on, led by Jean-Baptiste Routier, Ayoub Omri and Ellie La Trobe-Hogan, aimed to position UNRWA to access international climate finance to support adaptation in refugee camps in Jordan, Lebanon, Syria, Gaza, and the West Bank. It represents a rare example of GCF readiness investment explicitly targeting a displaced population. It also illustrates the scale of what remains undone: a readiness project is a first step, not a programme of investment. The pipeline from readiness to funded climate action for displaced populations within the GCF architecture has not yet been built.

The ILO has identified extending social protection to migrant workers, refugees and other displaced persons, including those affected by climate change, as a priority, grounded in the principles of equal treatment and non-discrimination. This includes progressively extending coverage to workers in sectors with a high concentration of migrants, such

as agriculture, domestic work and construction, where legal exclusions from social protection schemes remain widespread (ILO, 2025).

For the GCF, addressing the needs of climate migrants and displaced populations requires going beyond the current project-by-project approach. It requires deliberate engagement with

UNHCR, IOM, and UNRWA as potential Accredited Entities or delivery partners, a clearer policy position on how GCF resources, in terms of building social protection systems and infrastructure, can reach populations without formal national status, and recognition within the results framework that adaptation outcomes for displaced populations are both measurable and fundable.

“In fragile and conflict settings, the most important backbone for health investment is the community health worker because when a population is displaced, that community health worker can move with them. If we have invested in that backbone, the health arm is already there.”

~ Abheet Solomon, Senior advisor for Climate, Environment, and Energy (Health Section) at UNICEF



From the field: practitioners' insights on health, WASH and social protection nexus

This section presents a thematic analysis of six semi-structured interviews conducted with practitioners across GCF-accredited entities, the Direct Access Entity National Centre for Disaster and Development Studies (NCDDS), implementing organisations, and the GCF Secretariat. The analysis draws on a bottom-up coding process applied across all six transcripts, through which recurring codes were identified and elevated into broader themes. Seven themes emerged from this process.

The interviews reveal a growing consensus that adaptation is undergoing a conceptual shift from protecting assets to protecting people.

While social protection, health and WASH have historically occupied separate policy spaces, interviewees increasingly view them as mutually reinforcing pillars of climate resilience. Across institutions and the GCF, the strongest areas of convergence were the need for stronger community-level systems, integrated programming, locally led adaptation and greater recognition of health and social protection as core adaptation investments rather than ancillary development outcomes.

Distribution of interviewees

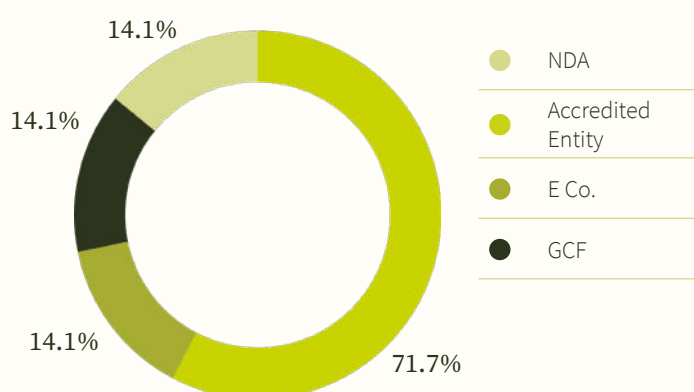


Figure 1 shows the breakdown by GCF accreditation status: four respondents, 57 per cent, represented GCF-accredited entities; one respondent, 14 per cent, represented a National Designated Authority (NDA); one respondent, 14 per cent, represented the GCF Secretariat; and one respondent, 14 per cent, was a non-accredited technical assistance provider.

Theme 1: Systems before social assistance such as cash and social assistance alongside systems

“Right now our social protection system is heavily focusing on identification of vulnerable households based on their socioeconomic income. Not all of this is connected to climate data or hazard data, and that is where the missing piece is. There is a real need to have harmonisation, which is why it is important that we can identify resources, whether it is GCF or a development partner or development bank, to come in and fill in these infrastructural gaps.”

~ Abheet Solomon, Senior advisor for Climate, Environment, and Energy (Health Section) at UNICEF

The most consistent finding across the interviews is that building functional systems and infrastructure must come before direct cash or in-kind transfers. This was not a peripheral observation but was a starting point from which every practitioner approached the question of social protection and GCF financing. Several noted that the GCF is structurally better positioned to fund systems than to fund direct assistance. A practitioner within an AE revealed that moving the needle on climate-indexed insurance or targeted cash mechanisms before the broader social security architecture functions reliably means “going ten steps ahead of the process” particularly in contexts such as Togo where that architecture is itself still weak. Despite this, most believe this should change. This finding directly reinforces the GCF-FAO review’s conclusion that social assistance within the portfolio is underdesigned and concentrated in shorter-term instruments, and it points toward the same corrective: deeper investment in the policy, delivery, and data foundations of climate-adaptive social protection systems.

One climate finance consultant offered the most direct articulation of the structural argument against broad cash transfer programmes, which is a focus on the structural intervention that changes the situation for many people rather than providing recurring support to some. He acknowledged, however, that narrow, time-bound, precisely targeted cash transfers do have a place for people you can identify who genuinely need it to survive. This nuance matters as it is not that social assistance is without value; it is that it works best when embedded within functioning systems, and that GCF investment is more sustainable and more transformative when it builds those systems rather than bypassing them.

GCF Adaptation Finance

Approach	Key Characteristics/Functions
Direct Cash Assistance	- Highly effective for immediate acute shocks (e.g., Cambodia floods). - Faces long-term fiscal sustainability & buy-in hurdles at GCF level.
Shock-Responsive Systems	- Building institutional capacity and interoperable registries. - Introducing climate interventions into safety kits (e.g., seeds, rainwater harvesting). - Facilitating graduation pathways.

On the other hand, a representative of an AE contextualised social protection as protecting children's health - one significant vulnerable group - as anticipatory action and cash transfers can cushion the most vulnerable families against expected shocks, whether sudden or slow-onset. He tied it back to the bigger purpose: the role of climate finance is "to prevent loss and damage," and the more it can cushion the impact or reduce "the human misery that's to follow," the better.

Source: Deduced from interviews

A closely related point raised by multiple practitioners is that social protection registries identifying vulnerability on socioeconomic grounds alone are structurally incomplete from a climate perspective. Data on climate hazards, health outcomes, and social protection eligibility sit in separate ministries with no linkages between them, meaning that climate-responsive targeting remains structurally impossible until the data infrastructure to support it exists. This is a systems investment, and one where GCF financing has a clear and under-exploited role. So the shared position is systems-first, not systems-only. This finding is the clearest interview support for the report's central argument that climate finance should invest in people-centred systems, not only in projects, with the cash debate as its live edge.

This preference for systems over direct assistance is also linked to a broader divide between humanitarian, development, and climate finance that several interviewees raised. A GCF Secretariat representative drew this distinction explicitly, noting that the role of climate finance is not to displace humanitarian finance but to invest in systems strengthening that reduces the long-term need for recurrent humanitarian funding. A consultant with E Co. illustrated the practical consequence of this divide, describing how a humanitarian agency feared that accessing climate finance from a donor government could be read as a signal of reduced need, risking cuts to the emergency funding it depended on from the same donor. The GCF sits specifically within the climate finance space, distinct from both humanitarian and general development finance, which is what positions it to focus on, and be capable of financing, the systemic and anticipatory infrastructure this theme points toward, rather than the recurring direct support that humanitarian finance already exists to provide.

"Direct cash support works in very narrow, specific situations, short, targeted, for people you can identify who genuinely need it to survive. More broadly, it is preferable to find the structural intervention that changes the context: better roads, storage, certification for agricultural exports. That changes the situation for many people rather than providing recurring support to some."

~ Jean-Baptiste Routier, Principal consultant, E Co.

Theme 2: The climate-health gap persists at the frontline as health as a co-benefit

“What is the purpose of climate finance? The purpose of climate finance and climate adaptation in our mind is to protect human health. I mean, what else?”

~ Abheet Solomon, Senior Advisor for Climate, Environment, and Energy (Health Section) at UNICEF

Practitioners across all positions described a translation failure where global and national commitments to climate and health are not reaching the frontlines where protection actually needs to happen. Community health workers, rural health facilities, and sub-national social protection delivery systems remain under-resourced and under-connected to climate finance. One interviewee within an AE described this as the central frustration of the field: **“Things are very global and at most national, and they are not translating on the front lines where they really need to be happening. The protection element lies on the front lines, not in policies or declarations.”** This is consistent with the IEU’s finding that health benefits in the GCF portfolio occur largely as co-benefits of other investments rather than as primary programming objectives, and with the absence of any health indicator in the current IRMF. A GCF Secretariat representative acknowledged that reforming the bundled HWFW result area is “a tall order as it can be very bureaucratic, involving lots of consultations, and there will be many people that will push back,” which explains why a well-understood structural gap has persisted. In addition, from inside and outside GCF, that health has been treated as a side effect of other investments and needs to be treated as a primary platform. There was a consensus on the purpose of climate finance, which majorly includes protecting human health. More weighty is the sharp opinion by the GCF secretariat representative that health and social protection cannot just be co-benefits of asset investments.

“When it comes to the nexus that is health, social protection and climate, we see those as inextricably linked.”

~ Patrick Gitonga, Health and Food Security Lead, GCF

Theme 3: Differentiated vulnerability requires deliberate design

“The psychosocial and mental health effects of climate change have not, to my knowledge, been addressed in previous GCF projects. We have dedicated measures to address this in the Malawi health project (FP244) that was driven from the ground-up.”

~ Imelda Phadtare, Principal Advisor Climate Change: GCF portfolio (Save the Children Australia)

Interviewees identified specific population groups whose needs are inadequately reflected in the current portfolio. Pregnant women and the elderly were described as primary risk groups across malaria, just as children with diarrhoeal diseases, and heat stress, with vulnerability compounded by limited decision-making power and restricted access to services. Children were identified by a multilateral health specialist within an AE as the most physiologically exposed group, with malnutrition described as “the most visible face of climate change for children.” Mental health emerged as a need that community consultation processes consistently surface but that top-down project design consistently misses: one practitioner described how the psychosocial component of a project in a drought-affected context came entirely from community voices and had not appeared in any document review. Displaced populations face a compounded version of the nexus problem, sitting outside national social protection systems, health registries, and formal WASH infrastructure simultaneously. One climate finance consultant described how treating refugee settlements as an integrated part of the host city’s urban fabric, rather than as separate entities, was what made climate finance viable for that population. Framing these areas as permanent urban extensions ensured that the project could move beyond the ‘temporary’ constraints of humanitarian aid and justify long-term investments in municipal water, sanitation, and heat-resilience infrastructure that benefit both displaced and host populations. Another practitioner within an AE identified community health workers as the most resilient health investment for displaced populations precisely because they can move with the communities they serve.

“Our stakeholder consultation identified the most vulnerable urban groups: people living near waste collection sites, those in social housing, informal economy workers. From that, we understood what types of social adaptive interventions could work for these communities.”

~ Vatanak Chheng, Deputy Head at National Committee for Sub-National Democratic Development

Theme 4: GCF architecture constrains reach

Practitioners with established GCF portfolios described reporting requirements as burdensome even for well-resourced organisations, with direct implications for what community-level actors can realistically access. Process length was identified as locking in design decisions made years before implementation, limiting responsiveness to changed conditions. A practitioner who had navigated the concept note route concluded it should be bypassed entirely in future, given that concept notes consistently lose priority to funding proposals within the Secretariat’s workflow. Most significantly, several interviewees described a layer of local civil society organisations doing direct community support work that is entirely invisible to climate finance, lacking the institutional infrastructure to navigate accreditation and reporting requirements. For these grassroots groups, obtaining full status as an AE is structurally out of reach, but even operating at a lower level as executing entities or sub-grantees is heavily constrained by requirements that exceed local operational capacities. The GCF Secretariat confirmed the internal dimension of this problem: social protection has no dedicated institutional champion within the fund, in contrast to health, and IRMF reform remains a long-term rather than immediate objective.

“A layer of local civil society organisations doing direct community support work [is] entirely invisible to climate finance, lacking the institutional infrastructure to navigate accreditation and reporting requirements.”

~ Abheet Solomon, Senior Advisor for Climate, Environment, and Energy (Health Section) at UNICEF

Theme 5: Locally led design is the quality standard, not a preference.

Five of the six interviews described locally led, community-informed design as the mechanism through which the most significant needs are identified and the most durable investments are made. The mental health example above is one instance. Another is the identification of specific vulnerable groups and adaptive measures for an urban heat project through direct community consultation by a representative within a DAE, producing an intervention design that a generic framework would not have generated. A third, raised by a representative of an AE, is the integration of climate training into existing health worker routines rather than creating parallel structures, specifically to avoid the pattern of isolated activities that function during the project cycle and are not sustained afterward. One practitioner within an AE argued that locally led design requires a shift in how climate finance is structured. Community-based approaches often demand longer timelines, greater flexibility and recognition of benefits that are not immediately captured through traditional financial metrics. Practitioners described this not as a philosophical commitment but as an operational quality standard: top-down designs that are not grounded in community realities do not work, and the evidence from the portfolio confirms it. As these perspectives confirm, locally led design is viewed as an operational risk-mitigation strategy. Projects that bypass these local structures and dynamics risk being disconnected from the realities of the population, ultimately leading to project designs that are neither sustainable nor effective in addressing the specific climate-health-WASH nexus of the country or region.

“The biggest problem we have at the moment and a likely challenge for the GCF, is a shrinking financial landscape for climate finance. As part of this, we’d like to see more recognition for the public-good aspects of projects which do not, in general, easily transfer to absolute economic or financial figures. However, that is where a lot of the real paradigm-shifting work actually happens.”

~ Imelda Phadtare, Principal Advisor Climate Change: GCF portfolio (Save the Children Australia)

Theme 6: Social protection is crosscutting, not sectoral

“Social protection is not only an adaptation issue: it has a mitigation dimension too. When people move out of fossil-fuel-related industries, social protection is what cushions that transition. It needs to be a crosscutting theme across both adaptation and mitigation for countries to have a truly resilient social protection system.”

~ Deputy Head at National Committee for Sub-National Democratic Development

Five interviews described social protection as a system that spans adaptation and mitigation, health and livelihoods, emergency response and long-term resilience building. A practitioner in Southeast Asia described its inclusion in a national NDC as evidence that governments already understand this but what remains is whether climate finance architecture catches up. A GCF Secretariat representative described the trajectory clearly: social protection is currently a sub-activity in many programmes but is moving toward becoming a standalone delivery platform, as health has. A representative of an AE described what the crosscutting principle looks like in operational terms in a GCF project in Mozambique. The project she described had worked to harmonise social protection and climate change in both directions simultaneously: bringing climate change into the social protection legal framework, and bringing social protection into climate action. The practical result was an expansion of what the national social protection system offers: rainwater harvesting, drought-tolerant seeds, climate-smart agricultural training, things that had not previously been part of the social protection toolkit. The graduation model that accompanies this, enrolling additional households during periods of climate stress and designing a structured exit as resilience builds, was described as the mechanism through which social protection investments generate sustainability rather than dependency.

Theme 7: Institutional partnerships multiply impact

“The line between a humanitarian project and a really severe climate crisis project is thinning. In some contexts, it is becoming genuinely difficult to explain the difference between climate problems and applied solutions, especially in a frequent multi-hazard setting. Any action along the spectrum contributes to an increase in resilience and a decrease in vulnerability.”

~ Abheet Solomon, Senior Advisor for Climate, Environment, and Energy (Health Section) at UNICEF

The final theme, strongest among practitioners with cross-institutional visibility, concerns the complementarity between institutions that are expert in different things. A GCF Secretariat representative described the relationship between the world’s largest climate fund and the world’s largest health fund as a mutual naivety gap with obvious and immediate synergies: one brings climate science and adaptation finance, the other brings disease-specific expertise, procurement systems, and country coordinating mechanisms. This synergistic institutional logic is now visible beyond individual projects. In November 2025, the GCF, the Adaptation Fund, the Climate Investment Funds, and the Global Environment Facility published their first Joint Results Report, aggregating results across a shared set of indicators for the first time since committing to greater coherence at COP25. The four funds report over USD 34 billion in approved financing and USD 176.2 billion in co-financing across 2,287 active projects in 145 countries (AF, CIF, GEF and GCF, 2025). This is an early step in measurement coherence rather than joint programming, but it offers concrete evidence of the kind of deliberate, system-level coordination practitioners argue climate finance has so far not taken advantage of.

An emerging multi-country programme in sub-Saharan Africa - Building Climate-Resilient Health Systems and Community Wellbeing in Africa’ (Africa CRHC), submitted by the Africa Centres for Disease Control and Prevention (Africa CDC) with the Global Fund as proposed co-Executing Entity - was described as the first concrete realisation of this at scale. More broadly, several practitioners noted that the growth of the climate finance ecosystem has not automatically produced coordination, and that without government-driven convening at the country level, proliferation of actors can produce fragmentation rather than impact.

Recommendations

To bridge the persistent gap between global policy declarations and frontline protection across the health, WASH and social protection nexus, the following actions are recommended across the climate finance ecosystem:

To the GCF:

Recommend standalone IRMF indicators for social sectors



In direct alignment with the IEU's findings, the GCF should consider disaggregating the bundled Health and Wellbeing, and Food and Water Security (HWWF) result area in the next iteration of the Integrated Results Management Framework (IRMF). Given that the current IRMF represents only the second such framework in the Fund's history and was the product of extensive deliberation, this would not require an immediate overhaul, but rather a planned evolution. Collaboration with WHO, UNICEF, and the ILO could help establish explicit, standalone public health, WASH, and social protection metrics, ensuring human outcomes are more directly tracked and audited going forward.

Expand the financial risk appetite for adaptive social protection



The GCF should establish clear technical windows to finance the institutional readiness, trigger rules, and graduation assets of shock-responsive safety nets, mirroring the model it already applies to health through WHO-delivered Readiness support for Health National Adaptation Plans (HNAPs). Extending a comparable Readiness pathway to social protection, potentially in partnership with the ILO or UNICEF, would allow national safety nets to build the institutional and technical foundations needed to respond to climate shocks. While GCF should steer clear of acting as a long-term emergency cash dispensary, it must actively finance the underlying delivery systems that enable national safety nets to rapidly scale up when climate triggers are met.

Develop non-state delivery channels in fragile contexts



The GCF should support the access of non-traditional partners (such as UNHCR, IOM, and UNRWA) to climate finance in contexts characterised by state fragility or forced displacement, without requiring these agencies to pursue full Accredited Entity (AE) status. This could take the form of delivery partnerships with existing AEs, structured sub-granting arrangements, or other mechanisms that allow climate finance to legally and safely reach populations lacking formal national status or documentation.

Create a policy position on climate migrants and displaced populations



No GCF project currently incorporates international migrants or refugees into social protection components, despite these populations being among the most climate-exposed and the least served by existing national systems. The GCF-FAO review identified this as a gap requiring direct attention. The fund should develop a clear policy position on how GCF resources can reach populations without formal national status, including through deliberate engagement with UNHCR, IOM, and UNRWA as potential accredited entities or delivery partners. This should include guidance on how social protection systems investments and infrastructure investments can be designed to serve both host communities and displaced populations simultaneously, as the UNRWA readiness project began to explore.

For Accredited Entities and NDAs:

Anchor social protection in NDCs, NAPs, and health national adaptation plans before seeking GCF financing



The most immediate and actionable entry point for GCF social protection financing is the inclusion of social protection targets, needs, and strategies in national climate planning documents. GCF readiness and preparatory support funding is available to support this process. NDAs and accredited entities should use readiness investments to develop the national planning foundations that trigger GCF programming, including the development of specified adaptation plans for the social protection sector, or the integration of social protection into existing health national adaptation plans. As one GCF Secretariat representative noted, this early-stage definition “creates an entry door that would trigger GCF financing immediately” and the possibility of support through the Fund’s readiness and preparatory support window.

Make differentiated vulnerability a design standard, not a reporting category



The interviews are unambiguous on this point: the populations most inadequately served by the current GCF portfolio, women, pregnant women, children, people with disabilities, Indigenous Peoples, climate migrants, and people with mental health needs arising from repeated climate shocks, are identified through community consultation and locally led design processes, not through document review. Accredited entities should conduct genuine community consultation before fixing project designs, ensure gender representation is a procedural requirement at every level of project development, and build child-focused and mental health components into health, WASH, and social protection projects where community consultation identifies them as priorities.

Design social protection investments for systems, not instruments



The evidence from the GCF-FAO review and from practitioner experience consistently shows that social assistance instruments work best when embedded within functioning social protection systems, and that GCF investment is more sustainable when it builds those systems rather than bypassing them. Project designs should prioritise the policy, delivery, and data foundations of climate-adaptive social protection over shorter-term, income-focused instruments. Where direct transfers are included, they should be time-bound, precisely targeted, and designed with a clear graduation logic that builds household resilience over time rather than creating open-ended dependency.

Build the climate-health link explicitly and rigorously into every health proposal



One interviewee was direct on what distinguishes a successful health and climate proposal: it cannot simply describe vulnerabilities in the health sector. If it does only that, it reads as a health sector development proposal rather than a climate finance proposal. Every health proposal submitted to the GCF must establish a rigorous, evidence-based link between specific climate hazards, the health risks they generate, the populations exposed, their pre-existing vulnerability, and the solutions that address that specific climate-health nexus. This is both a quality standard and a competitive edge. Proposals that meet it are more likely to be approved; proposals that do not will continue to face questions about whether they belong in a climate fund.

Conclusion

Climate change, as the science shows, is reforming the conditions under which billions of people access health care, clean water, and economic stability. Its harshest consequences fall on populations in LDCs, SIDS, and fragile contexts where public systems are already under strain and household buffers are already depleted. The evidence reviewed in this report is consistent and direct. Health, WASH, and social protection are underfunded, under-monitored, and insufficiently integrated within the GCF portfolio. The most vulnerable populations, women, children, displaced communities, people outside formal social protection systems, are inadequately reached not because the knowledge of how to reach them is absent but because the architecture of climate finance has not been designed with them at its centre

The case studies, the portfolio evidence, and the practitioner interviews all point toward the same conclusion: incremental improvement within the current approach will not close this gap. What is required is a deliberate shift toward people-centred investment, grounded in systems thinking, locally led design, and genuine inclusion, backed by institutional reform within the GCF itself. The next decade or so will determine whether climate finance becomes a force that genuinely transforms the conditions of the most vulnerable or remains concentrated in the infrastructure and institutions that surround them without reaching them. Social protection systems that anticipate climate shocks before they arrive, health systems that treat climate risk as a permanent operating condition rather than an occasional disruption, and WASH infrastructure designed to withstand the climate realities of 2050 rather than the conditions of the past century are not distant possibilities. They are the direction in which the most credible investments in this report already point. People, not just projects, should be the guiding principle of the GCF's next programming period. As rightly put by a GCF Secretariat representative:

“The time has come to rethink that approach and focus on people-centred investments. Health, and by extension social protection, cannot just be co-benefits of asset and infrastructure investments in energy, forestry, or pure infrastructure projects - especially where climate vulnerability is described in terms of increasing disease patterns.”

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