ADAPTATION FUND

CONCEPT NOTE PROPOSAL FOR SINGLE COUNTRY

PART I: PROJECT/PROGRAMME INFORMATION

Title of Project/Programme:	Transitioning to healthy and climate-resilient sanitation in ger areas of Ulaanbaatar, Mongolia
Country:	Mongolia
Thematic Focal Area:	Climate-resilient sanitation
Type of Implementing Entity:	Multilateral Implementing Entity
Implementing Entity:	World Health Organization
Executing Entities:	World Health Organization Country Office in Mongolia Partnering with: Ministry of Health Ministry of Environment and Climate Change Ministry of Urban Development, Construction and Housing UB City Governor's Office National Emergency Management Office
Amount of Financing Requested:	14,850,937 (in U.S Dollars Equivalent)

Project Formulation Grant Request (<u>available to NIEs only</u>): Yes ☒ No ☐

Amount of Requested financing for PFG: 89,987 (in U.S Dollars Equivalent)

Letter of Endorsement (LOE) signed: Yes ☒ No ☐

NOTE: LOEs should be signed by the Designated Authority (DA). The signatory DA must

be on file with the Adaptation Fund. To find the DA currently on file check this page: https://www.adaptation-fund.org/apply-funding/designated-authorities

Stage of Submission:

☐ This concept has been submitted before

☒ This is the first submission ever of the concept proposal

In case of a resubmission, please indicate the last submission date: Click or tap to enter a date.

Please note that concept note documents should not exceed 50 pages, including annexes.

Project/Programme Background and Context:

Provide brief information on the problem the proposed project/programme is aiming to solve. Outline the economic social, development and environmental context in which the project would operate.

Brief information on the problem

Mongolia is undergoing a profound socio-demographic shift, driven by rapid urbanization and internal migration. Over the past three decades, thousands of rural residents have moved to urban areas, particularly Ulaanbaatar city, the capital of the country, in search of better living and economic opportunities, education, and health services. Moreover, climatic conditions, particularly the harsh winter, seasonal variabilities have also contributed to high levels of rural migration to Ulaanbaatar. As a result, approximately 50% of the country's total population now resides in the capital.

These changes led to the expansion of peri-urban area called Ger area composed of traditional yurts and self-built simple brick and wooden houses that lack proper urban planning and essential infrastructure, including electricity, heating, ventilation, water supply, and sewerage systems. Between 1990 and 2024, Ulaanbaatar's ger areas have expanded 3.5-fold (increased from 4,600 hectares to 16,362 hectares) and the number of ger residents has increased by 2.2 times. According to the latest statistics, 44% of the city's population, equivalent to 204,670 households or 715,121 people, reside in ger areas.

A major public health concern in ger areas is the widespread use of poorly designed and maintained pit latrines and inadequate management of excreta and household wastewater contributing to soil and water pollution and posing high risk for transmission of infectious diseases, namely diarrheal diseases among children under 5 years old. Moreover, pit latrines are not resilient to climate change due to poor design, inadequate infrastructure, including the lack of proper sealing to prevent leakage and protect groundwater.

Figure 1. Ger area (peri-urban) of Ulaanbaatar city, Mongolia (©WHO CO Mongolia, 2023)

Environmental context

Mongolia is among the countries most vulnerable to climate change. Over the past 80 years, the country has experienced a rise in mean ambient annual air temperature of approximately 2.4°C, a 7.3% decrease in mean annual precipitation, and an increase in winter snowfall. Projected climate trends, such as increased frequency in summer flooding, the earlier onset of spring snowmelt, periodic droughts, and rising temperatures will disproportionately impact the ger areas.

During the flash floods that occurred on July and August in 2023, according to National Emergency Management Agency (NEMA), 18 locations in Ulaanbaatar had been identified as flood high-risk areas. These areas were inhabited by 288,738 people or 72,185 households, constituting 20 per cent of the total population of Ulaanbaatar. Among these individuals, 183,890 (or 64 per cent) live in ger districts. NEMA assisted in evacuating 526 affected individuals to the safe areas, including elderly people, disabled individuals, and children who were isolated due to standing water and floods[1].

Moreover, pit latrines are not resilient to climate change due to poor design, inadequate infrastructure, including the lack of proper sealing to prevent leakage and protect groundwater. For example, during the flash floods in August 2023, approximately 20,000 household pit latrines were filled up by the flood water and overflowed, significantly increasing the risk infectious disease transmission. During that flash floods period, four people lost their lives; 360 homes were filled up with flood water [2].

Another major environmental concern is that Ulaanbaatar is one of the coldest capital cities in the world, with winter temperatures often dropping below -30°C. The city experiences average monthly temperatures below -5°C for five consecutive months each year, from November to March. These prolonged cold conditions significantly affect sanitation systems. Wastewater and accumulated liquid in pipes, pits, tanks, vaults, and other containers can freeze, leading to blockages and potential structural damage. When the wastewater eventually thaws, it may contaminate the surrounding environment. But little attention has been paid to efficient management of sanitation for cold regions, especially low-cost sanitation [3].

Ger residents widely use poorly designed and maintained pit latrines and septic tanks, contributing to environmental pollution and greenhouse gas emission, particularly methane emissions. In Ulaanbaatar, a few households have built water and sanitation systems using deep wells or trucked water, with flush toilets connected to tanks. Both greywater and blackwater flow into tanks near the house. None of the owners have emptied these tanks, even after years of use. The tanks are likely not watertight, allowing liquid to seep into the ground during warm seasons[3].

Hygienic inspection results indicate that approximately 80% of pit latrines fail to meet national standards, primarily due to the absence of sealing and other structural deficiencies. This non-compliance contributes to soil and water contamination and heightens the risk of infectious disease outbreaks[4]

Consequently, these pit latrines are not classified as improved sanitation facilities (NSO, 2021). The survey, which did not include the simple pit latrine in the assessment, shows that 66% of households members use the improved sanitation facilities in Ulaanbaatar[5].

[1]DREF Final Report. Mongolia Flood 2023
[2] Floods in Ulaanbaatar, Mongolia. Situation Report #3. 15 August 2023. WHO WPRO
[3] Improving Sanitation in Cold Regions. Catalog of Technical Options for Household-Level Sanitation. World Bank groups. 2019
[4] The annual report of General agency for specialized inspection, 2021
[5] Mongolia Social Sample Survey-2023. NSO, UNFPA, UNICEF

Soil microbial contamination is high in ger areas, near the markets and landfills of Ulaanbaatar, that 88% of the total soil samples were contaminated by pathogens, including E. coli 65.2%, Proteus 27.3%, Citrobacter 12.2%, Cl.perfringens and fungi 42.4%. [6]

A study assessing the environmental impacts of pit latrines in Ulaanbaatar found that 85% pit latrines (144,942) impact on environment from moderate to high impacts (Zone II, III and IV) as shown in Figure 2. This is due to poor design of pit latrine in relation to shallow groundwater levels, placement within river protection zones and flood-prone areas, proximity to drinking water sources, and high pit latrine density[6].

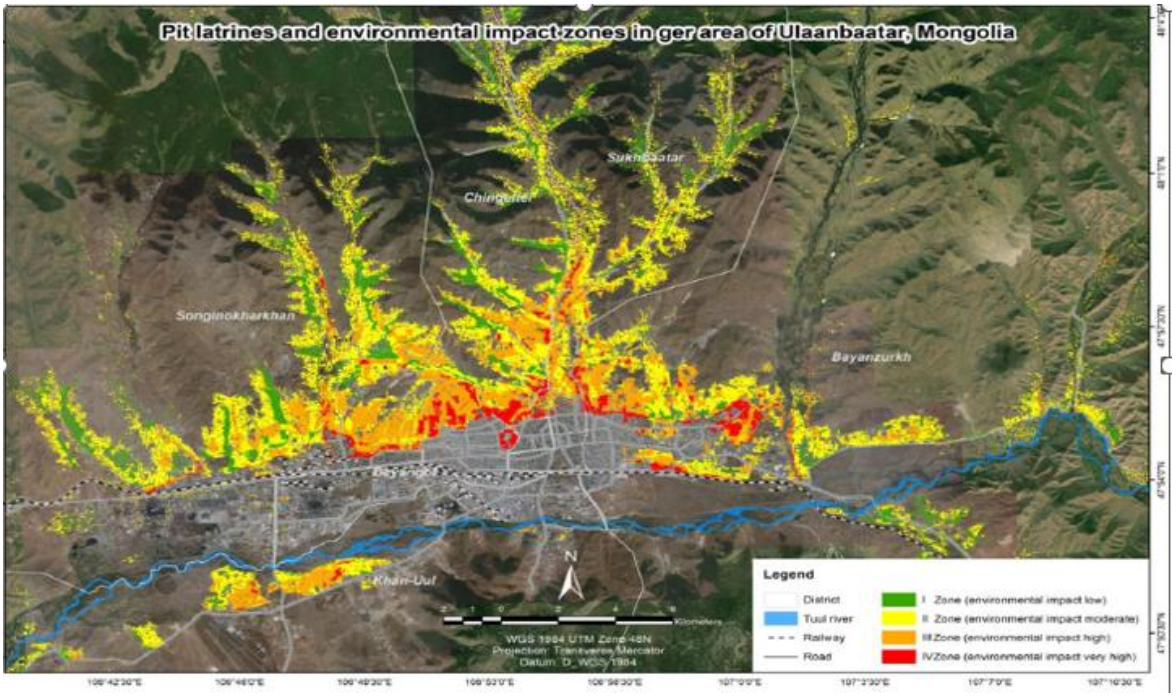

Figure 2. Pit latrine and environmental impact zones in Ger area, Ulaanbaatar Mongolia

Socio-economic and health context

The 2020 national poverty headcount rate is estimated at 27.8 percent. Due to increased urbanization rate in the 2010s (2.6 percent year-on-year) percentage of poor living in Ulaanbaatar city has increased continuously from 34 percent in 2010 to 42 percent in 2020[7]. The distribution of poor residents across ger and apartments has a distinct spatial pattern. About 38 percent of people living in ger areas are poor, while less than 1 percent of apartment dwellers are poor, indicating significant equity gap. More than half of the poor (57.5 percent) reported living in gers, which is a higher figure compared to 2010[8].

Ger area residents face multiple vulnerabilities, including poor housing conditions, poorly managed water, sanitation, and exposure to extreme weather and climate hazards. These factors contribute not only to household income loss but also to broader economic losses for the country. Significant economic costs will emerge if immediate action is not taken.

[6] R.Oyunbat et al., (2022). Environmental impact assessment of pit latrines using remote sensing and multi-criteria spatial analysis in Ulaanbaatar (Ger area), Mongolia. The International Archives of the Photogrammetry, Remote Sensing and Spatial Information Sciences, Volume XLIII-B3-2022

[7] Mongolia poverty update 2022. National Statistics Office of Mongolia. World Bank. Ulaanbaatar. 2025

Health context

Ger areas face high public health risks associated with poor sanitation systems and services, including water and soil pollution and transmission of fecal-oral diseases, especially during periods of seasonal snow melting, heavy rain and flooding. Evidence demonstrates a direct link between poor sanitation, environmental contamination, and diarrheal disease. A national study reported a statistically significant, albeit weak, positive correlation between diarrheal disease incidence and bacterial contamination of soil (r = 0.21, p = 0.009) and found that morbidity from diarrheal diseases was substantially higher among residents of ger areas compared to apartment residents[9]. These findings are consistent with national and global estimates indicating that unsafe water, sanitation services, and inadequate hygiene practice account for approximately 61% of deaths from diarrheal diseases in Mongolia[10].

Climate change most likely causes an increase of diseases in the cardiovascular system, which is the third cause, accounts for 11.1% of all diseases. The duration of summer heat waves will be increased by 3.5 days in 2050, indicating the increased risk for the population. Public health sector's present and future vulnerability risk for climate change is 3.0. It shows that the public health sector is already experiencing significant challenges from climate change. The same score applied to future projections indicates that, without intervention, these vulnerabilities are expected to persist or intensify. [11]

Sanitation-related climate risks extend beyond households and directly affect the health system, creating a critical risk at the nexus of climate change and public health. Inadequate sanitation and unsafe drinking water increase the spread of healthcare-associated infections and antimicrobial resistance. A national assessment of WASH services in health care facilities found that 58% of surveyed primary health care facilities lacked basic sanitation services. More than half continued to rely on pit latrines due to the absence of water-flush toilets or technical challenges faced particularly during winter, when pipes often freeze[12].

A study assessing climate vulnerability across 79 health care facilities found average preparedness scores of 2.4 for human resources and infrastructure, 2.0 for water, sanitation, and hygiene (WASH), and 2.1 for energy systems. Overall, the facilities' preparedness for natural disasters was rated at 2.15. While 96.8% of health workers recognize the threat of climate change, many still lack a clear and systematic understanding. Over 52.5% of health workers held misconceptions, with many believing that a 1-°C rise in temperature will have no significant impact on their daily lives or health. [13]

The importance of WASH in health care facilities as a core source of public health and IPC intervention has been recognized globally. In 2018, the United Nations Secretary-General issued a Global Call to Action to prioritize WASH in all health care facilities, emphasizing its critical role in preventing infections, saving lives, improving quality of care, and reducing the spread of hard-to-treat and life-threatening antimicrobial-resistant infections (UN Secretary-General, 2018) [14].

Climate change further exacerbates sanitation-related health risks by increasing infrastructure failure, service disruptions, and patient load during climate-sensitive disease outbreaks. At the same time, poorly managed sanitation systems, including pit latrines, contribute to climate change through methane emissions generated by anaerobic decomposition of organic waste, creating a reinforcing cycle between climate change and sanitation vulnerability [15].

[8] Urban poverty in Ulaanbaatar. Understanding the Dimensions and Addressing the Challenges. 2017 International Bank for Reconstruction and Development/The World Bank

[9] Soil chemical and bacteriological contamination in big cities (Ulaanbatar, Darkhan). Study report. NCPH. 2018[1]

In this context, climate-resilient sanitation represents a critical public health adaptation and mitigation solution. Climate-resilient sanitation systems are designed to withstand climate-related shocks and stresses, ensure safe containment of fecal sludge throughout the sanitation service chain, protect soil and water resources, and support effective infection prevention and control in both community and health care settings.

Development context

The city's master plan divides the ger area into three tiers, including central (22.4%), mid (27%) and fringe (44.3%) and public centers in ger areas (6.28%). The central ger district, which can be connected to the centralized engineering infrastructure, will be redeveloped with high- and mid-rise buildings. The middle section of the ger district will be redeveloped with low- and mid-rise buildings and connected to partial engineering infrastructure. In the outer ger district, the area is planned to be reorganized in phases with independent infrastructure systems. The expansion of the outer ger district will be halted, and households located in hazardous or unsuitable areas will be relocated. Areas suitable for stable settlement will be reorganized with independent infrastructure systems to improve living conditions [16].

Investing in climate-resilient sanitation in ger areas for both households and health care facilities yields significant co-benefits for health, the environment, and climate action. Investments reduce the risks of climate-sensitive diseases, strengthen the quality of health care services, enhance the resilience of vulnerable populations, and safeguard environmental resources. These outcomes directly support the Vision 2050, Mongolia's Nationally Determined Contributions (NDCs), National Adaptation Plan (NAP), while also advancing the Sustainable Development Goals (SDGs) particularly those related to good health and well-being, clean water and sanitation, and climate action.

Recognizing the urgency of the actions, WHO called the "Solutions for Health" initiative, launched jointly by the Ministry of Health, Ministry of Environment and Climate Change and other relevant sectors, aims to catalyze multisectoral action and promote the adoption of innovative solutions to build a healthy environment and build climate resilience. This initiative comprises four components: enhancing evidence generation, establishing an innovation hub, strengthening the resilience of the health system, and empowering communities. All of these are embedded within the proposed project.

Project/Programme Objectives:
List the main objectives of the project/programme.

Goal: Proposed project aims to protect and improve the health and well-being of residents in the ger areas of Ulaanbaatar by promoting the adoption of innovation-driven, healthy and climate-resilient sanitation systems and services at both the household and healthcare facility levels, while integrating community engagement and behavior change approaches.

[9] Soil bacteriological and chemical contamination in big cities (Ulaanbaatar, Darkhan). NCPH. Study report. 2018
[10] Burden of diseases attributable to unsafe water, sanitation and hygiene. WHO.2023
[11] Fourth National Communication of Mongolia, Under the UNFCCC. MOET, GEF, UNEP. 2024. Mongolia.
[12] WASH assessment in health care facilities. MOH.NCPH, WHO. Study report. 2024.
[13] Assessment of health institutions' preparedness and health worker's knowledge, attitude and practice in the context of climate change. 2024. MOH, GGGI. Mongolia
[14] Global Framework for Action 2024-2030. Universal WASH, waste, electricity on HCFs. WHO. UNICEF. 2024
[15] WASH Climate-resilient development. Technical brief, UNICEF. Global water partnership. 2022

Objectives

1. Establish a collaborative mechanism to design and implement locally applicable solutions to address the chronic problem of sanitation in the Ger areas, including identification of the technical requirements for climate-resilient sanitation technologies and systems, considering climate and geographical conditions, socio-economic and health factors, infrastructure status, availability of renewable energy resources, and urban planning and development.
2. Support government to test technologies and pilot climate-resilient sanitation facilities that are affordable and scalable.
3. Support the government to scale up evidence-based climate-resilient sanitation technologies and services backed up by enabling governance and management mechanisms at the Ger areas of Ulaanbaatar City with potential of nationwide scale.

To achieve its goals and objectives, the project will adopt a multisectoral and comprehensive approach that addresses interlinked challenges across health, environment, climate, infrastructure development, and the socio-economic conditions of the country, ensuring the government ownership, leadership, and long-term sustainability. The innovation hub will play critical role in adopting the approach, that will be established as multidisciplinary technical national and international experts' platform to guide design, piloting, and scale-up of innovative, evidence-based sanitation solutions. These solutions will be climate-resilient, environmentally sustainable, locally applicable, scalable and affordable for low-income households living in ger areas. The project will draw on both national and international experiences, incorporating stakeholders' recommended options, such as the World Bank's (Improving sanitation in cold regions, catalog of Technical Options for Household-Level Sanitation, World Bank, 2019) proposed cold-resilient and environmentally sustainable flush toilet systems with septic tanks and sewer and sanitation system fact sheets included in WHO sanitation and health guidelines etc.

Project/Programme Components and Financing:

Fill in the table presenting the relationships among project components, activities, expected concrete outputs, and the corresponding budgets. If necessary, please refer to the attached instructions for a detailed description of each term.

For the case of a programme, individual components are likely to refer to specific sub- sets of stakeholders, regions and/or sectors that can be addressed through a set of well-defined interventions / projects.

Project/Programme Components	Expected Concrete Outputs	Expected Outcomes	Amount (US$)
Phase 1: Systematic analysis of climate related risks in the sanitation chain and technical requirements of the climate resilient and environmentally sustainable sanitation technology and systems adaptable in vulnerable	• Comprehensive assessment of sanitation systems, climate risks to sanitation and technical requirement of for climate-and environmentally sustainable sanitation technologies— considering geographical	• Situational analysis on climate risks to sanitation, geographical condition, socio-economic, health, infrastructure development in ger area, using vulnerability	200,000

peri-urban/ger area	and soil conditions, water availability, socio-economic and health factors, infrastructure development, availability of energy resources, cultural acceptance, operation and maintenance. • Review of existing sanitation systems/, risks and failure modes under cold-climate and extreme weather conditions • Assessment of sanitation-related public health risks, including soil and water contamination, faecal-oral infections (diarrheal disease, dysenteries, poliomyelitis) soil-transmitted helminths and IPC gaps in primary health care facilities • Improved knowledge and skills of communities and professionals in conducting comprehensive assessment	assessment and other relevant tools. • List of existing sanitation technologies, management approaches used in ger area, gaps and needs • Contamination pathways, risks/impacts on human health assessed and priority interventions defined for making sanitation system climate resilient and safe • Technical and public health criteria for selecting climate-resilient sanitation both adapts to climate change and mitigates contributions to climate change substantially.	
Phase 2: Technology assessment, feasibility, innovation	• Innovative hub as multidisciplinary technical national and international experts' platform to guide technology selection, design, installation and operations • Detailed project design and feasibility studies for selected solutions • Demonstration of selected climate-resilient sanitation solutions	• Technically feasible, context-appropriate sanitation solutions validated for cold and flooding conditions in urban ger settings • Improved knowledge and skills of communities and professionals in identification and appraisal of options	500,000
Phase 3: Pilot, implementation of proven climate resilient	**Phase 3a. Pilot** • Technical and operational tools and capacity	• Evaluated the maintenance and	400,000

sanitation solutions and transition toward further scale-up	building • Piloted climate-resilient sanitation technology in selected households • Community engagement and behavior change activities integrated into pilot implementation	operation of the climate resilient sanitation facilities in the piloted households	
	Phase 3b. Implementation of proven solutions • Developed national guidance and standards for sanitation systems/services • Installed proven sanitation technology to target households (around 1000) and health care facilities (around 50) • Improved knowledge and skills of health, social workers, environmental officers, engineers and community on maintenance and operation of locally applicable climate resilient sanitation system and service • Improved knowledge and skills of environmental, health specialists, inspectors and engineers on conducting routine internal and external monitoring of soil and drinking water quality and health indicators • Improved knowledge and skills of public health workers to track sanitation related health impacts in community and health care facility level	• Improved access to safe, climate-resilient sanitation for households and health care facility users • Reduced exposure to fecal contamination and diarrheal diseases and other infectious diseases. • Strengthened infection prevention and control in health care facilities • Enhanced knowledge and healthy behaviors in the community • Strengthened institutional capacity for operation and maintenance of the selected sanitation technology • Enhanced routine (internal and external) monitoring systems to evaluate and report soil, water quality and health indicators • Strengthened integrated surveillance and climate-informed health early warning system to	10,588,000

		predict and track sanitation-related faecal-oral infections (diarrheal disease, dysentery, poliomyelitis) soil-transmitted helminths and AMR with integration of weather, drinking water and soil contamination data	
	Phase 3c. Transition towards further scale-up • Integrated climate-resilient sanitation into national and municipal sanitation, health, and climate adaptation and mitigation policies for enabling further scale-up nationwide • Developed a sustainability road map that identifies sectoral tasks for nationwide rollout, reinforced by a comprehensive monitoring and evaluation framework.	• Strengthened national capacity for adopting innovation-driven climate resilient sanitation systems in Ger area/peri-urban area • Strengthening institutional and sectoral capacities to implement the national roadmap, ensuring sustainability beyond the project's duration.	400,000
Phase 4: Evaluation and dissemination of lessons learned	• Evaluation of technical performance, climate resilience, public health outcomes, and IPC impacts of implemented sanitation systems • Documentation and dissemination of lessons learned, including policy briefs and technical guidance	• Demonstrated effectiveness of climate-resilient sanitation as a public health adaptation and mitigation measure	300,000
Total Component Cost			**12,500,000**
5.Project/Programme Execution cost (9.5%)			1,299,500
7. Total Project/Programme Cost			13,687,500

8. Project/Programme Cycle Management Fee charged by the Implementing Entity (if applicable) (8.5% - Programme Support Cost - PSC)	1,163,437
Amount of Financing Requested	**14,850,937**

Justification:

Why is WHO best positioned to perform those execution services instead of another national or subnational entity.

The World Health Organization (WHO), as an accredited Multilateral Implementing Entity, will implement the project through its Headquarters (WHO/HQ) as the Implementing Entity (IE), with execution services carried out by its Country Office in Mongolia.

WHO plays a pivotal role in global sanitation efforts by setting health-based guidelines, developing technical tools, supporting countries in policy and capacity building, and promoting safe, climate-resilient sanitation systems to protect public health. WHO's work is especially critical in reducing disease transmission and improving health outcomes in vulnerable populations.

Context of this project is comprehensive, encompassing health, environment, climate change, engineering and social protection academic backgrounds, knowledge, research and experience. But there is no single designated national or local entity responsible for delivering comprehensive services in public health, environmental protection, climate change, and engineering. National organizations often lack the necessary capacity, and their effectiveness is further hindered by political instability, weak governance, and high staff turnover exacerbated by low public sector salaries. Moreover, private entities and NGOs generally have limited capacity to address the complex and interdisciplinary nature of issues spanning health, environment, climate change, and engineering. There also remains a lack of technical solutions that are adaptable to Mongolia's climate and environmental conditions, especially its harsh winters, frequent flooding, and the country's socio-economic challenges.

WHO is well-positioned to support programme implementation through its technical expertise and its capacity to adapt international experience to national contexts. Its multisectoral, policy-coherent approach ensures government ownership, leadership, and long-term sustainability.

Given WHO's critical role in global sanitation and its three-tiered structure (Headquarters, Regional Office, and Country Office), technical assistance and execution service will be provided by WHO staff with support of the project implementation unit and in collaboration with national partners. A Project Implementation Unit (PIU) will be established to support project execution. It is proposed that the project implementation unit will be staffed by project national officers and an international consultant specialized in public health, environment, and sanitation engineering.

A Project Implementation Unit (PIU) will be established to support project execution.

The associated costs for the PIU include:

- Salaries for project personnel: Project Manager (Environmental Health), Project Officer (WASH Engineer), Project Assistant, and Driver
- Fees and transportation for an international consultant working in a hybrid modality
- IT equipment and consumables (e.g., laptops, mobile phones, printers) for project staff

- Project vehicle
- Communication (internet, mobile, translation etc.)
- Office Rent
- Office Operations (electricity, heating, fuel etc)
- Office Supplies and Stationery
- Office equipment (furniture and fixture)
- Miscellaneous expenses/Contingency

Considering these essential requirements, the project necessitates execution costs of up to 9.5%, exceeding the1.5% cap.

Projected Calendar:

Indicate the dates of the following milestones for the proposed project/programme

Milestones	Expected Dates
Start of Project/Programme Implementation	Q2/2027
Mid-term Review (if planned)	Q2/2029
Project/Programme Closing	Q2/2031
Terminal Evaluation	Q2/2031

PART II: PROJECT / PROGRAMME JUSTIFICATION

A. Describe the project/programme components, particularly focusing on the concrete adaptation activities of the project, and how these activities contribute to climate resilience. For the case of a programme, show how the combination of individual projects will contribute to the overall increase in resilience.

The project applies a phased, adaptive approach: (1) systematic analysis of sanitation system and technical requirement of the technology and management approaches, (2) technology assessment and innovation, (3) pilot, installation of proven climate resilient sanitation technology to households and health care facilities and transition toward further scale-up (4) Evaluation and dissemination of lessons learned.

The project will follow-up the definition of the climate resilient sanitation (both sewered and non-sewered), which can survive, function or quickly recover in the face of a range of climate-related shocks (extreme cold, flash flooding, fires, heatwave) and chronic stresses (poverty, water shortage) and seasonal variability (permafrost thaw, rainfall, dry, dust storm etc) ensuring that faecal matter is safely contained throughout sanitation chain and doesn't contaminate environment and emit GHG emissions or cause to public health risks such as increase of outbreak of diarrheal diseases especially among vulnerable populations including children, older people, people with chronic diseases and disabled people. In addition, the energy efficiency of systems and renewable energy options will be incorporated with the mitigation measures.

Within the framework of the definition of climate resilient sanitation, the project will adopt a comprehensive approach that addresses interlinked challenges across health, environment, climate, infrastructure development, and the socio-economic conditions of the country. The innovation hub will be established as a multi-stakeholder platform that will play a critical role in facilitating generations of evidence and knowledge, as well as the design, piloting, and scale-up of innovative, evidence-based sanitation solutions. These solutions will be climate-resilient, environmentally sustainable, locally applicable, scalable and affordable for low-income households living in ger areas. The project will draw on both national and international experiences, incorporating stakeholders' recommended options, such as the World Bank's (Improving sanitation in cold regions, World Bank, 2019) proposed cold-resilient and environmentally sustainable flush toilet systems with septic tanks and sewers.

The solutions will be incorporated across all levels: enabling environments, national and local levels, as well as behaviour change, demand generation, financing and monitoring. The project will adopt multisectoral collaboration and community engagement incorporating international and local experiences.

The table below shows how each phases/components activities, contributing to climate resilience.

Project/Programme Components	**Activities**	**Contribution to climate resilience**
Phase 1: Systematic analysis of climate related risks to sanitation and technical requirements of the climate resilient and environmentally sustainable sanitation technology and systems adaptable in vulnerable peri-urban/ger area	• Conduct comprehensive assessment of climate risks to sanitation, calculation of sanitation-related emissions and technical requirement for climate-resilient and environmentally sustainable sanitation technologies and systems • Review of existing sanitation technologies and failure modes under cold-climate and extreme weather conditions using community participatory approach • Assess sanitation-related public health risks, including environmental contamination, unsafe sanitation-related health impacts and IPC gaps in primary health care facilities • Facilitate workshops and technical meetings involving national and international experts, government staff, authorities, and communities to validate the assessment proposal and report • Develop technical and public health criteria for selecting climate-resilient sanitation both adapts to	• Strengthens institutional capacity to generate comprehensive evidence on climate risks to sanitation and technical requirements for designing locally applicable and climate resilient sanitation technology. • Empowers community to identify health, environment and climate risks related to poor sanitation

	climate change and mitigates contributions to climate change substantially.	
Phase 2: Technology assessment, innovation, and feasibility	• Establish innovative hub as multidisciplinary technical national and international experts' platform to guide technology design, installation and operations • Design locally applicable climate resilient sanitation technology and conduct feasibility study for the selected options, aligning with current and projected climatic conditions, trends identified in risk assessment, and needs of community • Facilitate discussions and training with community representatives, staff working in health, environment and infrastructure sectors, national and local authorities, private companies and NGOs to identify and assess options • Demonstrate selected climate-resilient sanitation solutions	• Identifies technically feasible, local context-appropriate sanitation solutions validated for cold and flooding conditions in Ger area
Phase 3: Pilot, implementation of proven climate resilient sanitation solutions and transition toward further scale-up	**Phase 3a. Pilot** • Develop technical and operational tools to pilot technology • Pilot climate-resilient sanitation technology in selected households and monitor its' operation • Conduct training and behavior change activities among household members on proper maintaining and operation of the piloted technologies and self-monitor and report	• Empowers household members to operate and maintain piloted climate resilient sanitation technology and identity gap in relation to climate adaptation especially on cold, flood, and mitigation measures, especially safe faecal sludge containment, conveyance, treatment, disposal management • Strengthens institutional capacity to prove climate resilient sanitation technology based on the real pilot
	Phase 3b. Implementation of proven technology • Develop national guidance and standards for climate-resilient and environmentally sustainable sanitation systems and services • Install proven sanitation technology	• Strengthening national regulations to support climate-resilient sanitation systems and services • Contributes to increase access to healthy and climate-resilient sanitation

	to target households (around 1000) and health care facilities (around 50) • Conduct capacity building training for health and environmental specialists, engineers, social workers, communities on maintenance and operation of climate-resilient sanitation systems and services. • Conduct training and behavior change activities among household members on proper maintaining and operation of the installed technologies during the project and beyond • Conduct training for health and environmental specialists, inspectors and engineers on conducting routine internal and external monitoring on soil and drinking water quality and health indicators • Conduct training among public health workers to track sanitation related health impacts in community and health care facility level •	technology in ger area • Reduces ger residents' and health care facilities' vulnerability to extreme cold, flooding, heatwaves, while improving health and well-being. • Contributes to decrease GHG emissions and environmental pollutants • Contributes to strengthen institutional adaptation capacity through improved monitoring and surveillance system on interlinked health, environment and climate change indicators
	Phase 3c. Transition towards further scale-up • Facilitate integration of climate-resilient sanitation solutions into national and municipal sanitation, health, and climate adaptation and mitigation policy and regulations for enabling further scale-up nationwide • Developed a sustainability road map that identifies sectoral tasks for nationwide rollout, reinforced by a comprehensive monitoring and evaluation framework.	• Empowers national capacity for scaling-adopting innovation-driven climate resilient sanitation systems in Ger area/peri-urban area • Strengthens institutional and sectoral capacities to implement the national roadmap, ensuring sustainability beyond the project's duration.
Phase 4: Evaluation and dissemination of lessons learned	• Evaluate technical performance of technology, climate resilience, public health outcomes, and IPC impacts • Develop policy briefs and technical guidance and conduct experience	• Demonstrated effectiveness of evidence-based, innovative, climate-resilient, and environmentally sustainable sanitation technologies that are

	sharing workshop	culturally appropriate and affordable for low-income households.

B. Describe how the project/programme provides economic, social and environmental benefits, with particular reference to the most vulnerable communities, and vulnerable groups within communities, including gender considerations. Describe how the project/programme will avoid or mitigate negative impacts, in compliance with the Environmental and Social Policy and Gender Policy of the Adaptation Fund.

Economic and social benefits: Investing in sanitation is cost effective, every dollar invested can bring returns up to US$5.50. The project will contribute to reducing poverty, creating job opportunities, and lowering heath service costs by reducing health risks/impacts associated with poor sanitation, that all of which support sustainable development.

Vulnerable groups, namely children, pregnant women, persons with disabilities, older people, and low-income households will particularly benefit from healthy and climate-resilient sanitation, as it reduces health risks and minimizes absences from school and work. The intervention also will reduce stigma associated with poor sanitation and hygiene services and strengthen social cohesion.

Environmental benefits: The project will contribute to reducing water and soil pollution and lower methane emissions from uncontrolled decomposition, particularly from pit latrines which are widely used in ger area. The project also will support renewable energy sources for contributing to reducing carbon dioxide emission. Facilities are designed to withstand flooding, extreme cold, dust storms and other climate stresses as essential part of climate policies and investment priorities and community resilience to climate risks.

Health benefits: The project will have impact on reducing health burden (e.g. diarrhea of bacterial and viral origin, parasitic infections such as soil transmitted helminth infections) at community and hospital levels, improves IPC and healthcare associated infection control and prevention.

C. Describe or provide an analysis of the cost-effectiveness of the proposed project/programme.

The project is designed to deliver high-impact, low-cost interventions that address both immediate public health needs and long-term climate resilience in vulnerable Ger areas. Its components are interrelated and sustained, ensuring the overall cost-effectiveness of the initiative.

A systematic analysis will be conducted to assess the socio-economic and environmental conditions**,** as well as the performance and limitations of existing sanitation technologies under cold-climate and extreme weather conditions. This comprehensive assessment will actively involve underserved Ger residents, including women, children, and low-income households through interviews and participatory discussions to ground the design of cost-effective interventions in lived realities.

The systematic assessment is as basis to compare with post-project progress, the criteria to assess the cost effectiveness of the project (e.g. financial value of technology/interventions; costs saved by heath sector and households due to improved health; environmental and social considerations) compared to pre project would need to be further elaborated.

Key components of the project, such as technology assessment, the establishment of an innovation hub**,** pilot testing**,** implementation of proven climate-resilient sanitation solutions**,** and the transition to

scale-up and knowledge sharing will be implemented in close collaboration with underserved communities and stakeholders. This includes health, society, environment, and infrastructure sectors**,** whose capacities will be strengthened to ensure the sustainability and cost-effectiveness of interventions within the target areas and beyond.

Investments in community engagement and local capacity building are expected to yield high social and health returns**,** while also reducing long-term dependency on external support. The project will reduce costs of health care from unsafe sanitation caused diseases, environmental remediation from ground water contamination and sanitation facility damage due to cold weather and flood effect. Co-benefits include improved public health, gender equity, employment opportunities and climate adaptation capacity.

D. Describe how the project/programme is consistent with national or sub-national sustainable development strategies, including, where appropriate, national adaptation plan (NAP), national or sub-national development plans, poverty reduction strategies, national communications, or national adaptation programs of action, or other relevant instruments, where they exist.

The project aligns with Vision 2050, Mongolia's Nationally Determined Contributions, National Adaptation Plan, Development Priorities, Government Action Plan, Environmental Health Action Plan, and Ulaanbaatar's action plan. It contributes to SDGs 3, 6, 7, and 13 by addressing climate-sensitive health risks through adopting climate resilient sanitation systems, services and behaviors in vulnerable peri-urban area (Ger area) of Ulaanbaatar city.

"VISION-2050" is Mongolia's long-term development policy document approved by the Resolution # 52 of Mongolian Parliament in 2020. It outlines the country's vision and strategic goals for the year 2050 and serves as a roadmap for sustainable development and addresses various aspects of Mongolia's socio-economic development, governance, and environmental conservation.

The proposed project is consistent with this policy and will specifically contribute to the implementation of objective #2: emphasizes the development of human capital through improved education, healthcare, and social protection systems. It aims to ensure equal opportunities for all Mongolians, reduce poverty and inequality, and enhance social cohesion and objective # 3: Environmental Sustainability: aims to address environmental challenges, such as desertification, deforestation, and climate change, through the promotion of green practices, biodiversity conservation, and the transition to a low-carbon economy.

Mongolia's Five-Year Development Policy Framework, 2026–2030 *was approved by the Resolution # 109 of Mongolian Parliament in 2025.* In the Five-Year Development Policy Directions of Mongolia for 2026–2030 the pressing issues at the national, sectoral, and budget administrator levels, as well as within the programs they implement, have been identified. The Policy Directions specify the solutions to these issues, the expected outcomes upon resolution, and the measurable indicators. These indicators are aligned with the United Nations Sustainable Development Goals (SDGs). Furthermore, the State Investment Program incorporates investment projects and measures aimed at implementing the Policy Directions, with detailed integration of budgetary and financial calculations and sources of funding.

The project specifically will contribute to the implementation of objective # **2.2.** Improve quality of life through a healthy and safe living environment, accessible housing, and quality social protection services; support family health and stability; ensure the guarantee of human rights; improve child development and protection to a new level; and increase the social well-being index by 20 percent and objective #

4.1. Ensure the balance of primary ecosystems, mitigate climate change, support the restoration and sustainable use of natural resources, introduce environmentally friendly advanced technologies, reduce pollution and waste from production and consumption, improve environmental quality standards, and raise the environmental performance index score to 59.0.

National Adaptation Plan to Climate Change (2024-2030): The plan was approved by Resolution No. 01 of the National Committee of Climate Change in 2024. The project will contribute to the implementation of objective #14: Public Health**,** which aims to improve the knowledge and attitudes of the population and health workers, generate evidence for adaptation and mitigation interventions, and strengthen response capacity. Specifically, the project supports action 14.1**:** Developing evidence-based guidance and recommendations to protect public health from climate change impacts, action 14.2: Building the capacity of health workers to provide health education to the population, including vulnerable groups, on climate change and health and action 14.3**:** Building climate-resilient and environmentally sustainable health care facilities.

In addition, the project aligns with objective #1: Climate Change Adaptation Policy, which focuses on improving regulations across environmental, social, and economic sectors. It contributes action 1.2: Updating standards and norms for climate-resilient infrastructure, and action 1.11: Enabling multisectoral mechanisms to address the impacts of climate change on human health and strengthen response capacity. The project also supports objective #2: Knowledge and Capacity Building, which seeks to enhance stakeholder expertise in environmental and socio-economic sectors and expand research capacity. It contributes to action 2.3: Assessing the impacts of climate change, flooding, and permafrost on planning of engineering infrastructure and action 2.9: Implementing interventions to improve public knowledge of the health impacts of climate change and adaptation strategies.

Nationally Determined Contributions (2025-2035): The updated Nationally Determined Contributions (NDC 3.0) for 2025–2035 were endorsed by Government Resolution No. 91, issued on 10 September 2025. Mongolia has set an unconditional target of reducing greenhouse gas emissions by 30.3% by 2035, and a conditional target of reducing emissions by 52.8% with the support of international finance and technology. The target to reduce greenhouse gas emissions was identified in the NDC and the project will support the use renewable energy in WASH, renewal and construction of new central wastewater treatment plant to reduce GHG emissions from non-sewered systems and support health objective aimed to reduce GHG emissions from health care facilities, including water and sanitation facilities.

The project is consistent with the goal #7 (health sectoral goal) to study health impacts of climate change, improve actions for early warning and response and improve quality of health care and objectives a) enhance institutional capacity for early detection, warning, response, and mitigation of climate change related health threats, b) expand data collection and research on climate change-related diseases, and develop surveillance, information management, and early warning systems, c) develop climate resilient and environmentally sustainable health care infrastructure, and increase investment in these facilities and d) raise public awareness and understanding of the impacts of climate change on human health, and promote health preserving habits and behaviors across population. The project will also support the goal # 8 (livelihood of residents and social protection) to identify target people, improve their capacity, prevent risks and strengthen social-welfare and protection systems and cross-cutting objectives, goals and measures a) inclusive goal and measures ensuring participation of children, youth, vulnerable groups and gender equality and b) establish a favourable legal, institutional and financial environment and provide stakeholders with knowledge and information.

Action Plan for Environmental Health (2025–2028). The plan was approved on 10 December 2025 by Health Ministerial Order # A/465. The plan is a medium-term policy of Mongolia, developed to

implement the Health Law, National Development Priorities, and Action 3.4.3.3: implementing comprehensive measures to prevent, reduce, and protect against environmental pollution that is included in the Government action plan; 2024-2028.

The plan was developed by the multisectoral working group members represented health and non-health sectors, including Ministry of Health, Ministry of Health, Ministry of Environment and Climate Change, Ministry of Urban Development, Construction and Housing, Ministry of Road and Transportation, National Agency for Environmental Management, National Center for Public Health, National Center for Occupational Safety and Health, Mongolian National University of Medical Science, WHO, NGO for Mongolian Epidemiologists, and Breath Mongolia NGO, and the planning process was facilitated by the MOH. The project is consistent with the action plan, specifically to support the implementation of objective 2# to improve water, sanitation, and hygiene services at community and health care facilities, including the updating regulations of water and sanitation risk assessment, standard of sanitation facilities, WASH in health care facilities, improving the inspection on soil quality and supporting programme to phase-out pit-latrine by safe sanitation facilities and objective #4 to implement the nationally determined contributions in the area of climate change and health (NDC 3.0), including the development of national regulations to assess vulnerabilities of health care facilities in the context of climate change, measuring greenhouse emissions on health system, building climate resilient and environmentally sustainable health care facilities, support health care facilities with provision of climate-resilient water and sanitation facilities and measure GHG emissions emitted from water and sanitation facilities of the selected health care facilities and households, assess health impacts of climate change, improving community empowerment on climate adaptation and mitigation measures.

Action Plan for the capital, Ulaanbaatar city for 2024-2028. The plan was approved by Resolotion (24/05) of the City Representative Khural on 15 November 2024 for implementing the Government Action Plan, 2024-2028. The project aligns with Objective 4 to protect natural environment and its recovery and supports action 4.3.1 by establishing protection zones to improve soil quality, reduce the number of pit latrines by half, and decrease soil contamination. The project aligns also objective 2 to improve quality and access to social care in line with the urban planning and population growth and action 2.1.3 to improve prevention, surveillance, early screening, treatment of communicable diseases including WASH-related diseases.

E. **Describe how the project/programme meets relevant national technical standards, where applicable, such as standards for environmental assessment, building codes, etc., and complies with the Environmental and Social Policy of the Adaptation Fund.**

The project is designed to align with Mongolia's regulatory framework and technical standards and the Environmental and Social Policy of the Adaptation Fund.

Environmental impact assessment. The project will comply with Mongolian Law of Environmental Impact Assessment, approved in 2012 and undergo through the screening accordance to the Law. Potential risk assessment and mitigation measures will be assessed for the construction component. The project also complies with the law of Hygiene; 9.1. Health impact assessments shall be conducted in accordance with articles 5.3 and 7.7 of Law on Environmental Impact Assessment and 9.2. In addition to occasions specified in paragraphs 5.2 and 9.1 of this law, the assessment shall be conducted in cases where there is a potential or existing health impact on human health.

Building norms and standards: Climate-resilient sanitation technology and system design, pilot, scale-up will comply with Mongolian norms and standards, including building norm and regulations 82-01-98, Hospital building planning norm and regulations 31-22-21, and relevant sanitation technical

standards, including General requirements for selecting a site for wastewater treatment plants and treatment technologies and effectiveness MNS 4288:1995; General requirements. Wastewater discharged into the sewerage network. "MNS 6561:2025; Pipeline network and facilities CNR 40-02-2015; General requirement for pit latrine and soak pit, MNS 5924:2015 and Environmental hygienic requirements for health facilities. MNS 6392:2013.

E. Describe if there is duplication of project/programme with other funding sources, if any.

This project uniquely focuses on innovative driven climate-resilient sanitation as a public health adaptation and mitigation measure in unserved ger areas, addressing a critical gap in current programmes. Regarding it, the project addresses a wide area, including health, environment, climate change, engineering and urban development context which requires multidisciplinary expertise and coordination.

The project fills that critical gap by focusing on innovative adaptation to climate risks, such as extreme cold, permafrost degradation, and flash flood, which directly affect sanitation infrastructure performance and reducing greenhouse emissions, namely methane emitted by pit latrine which widely used in ger area of Ulaanbaatar city. The project will also fill-up gaps related to community empowerment, institutional capacity, multisectoral regulatory mechanisms, innovation hub and adoption of innovative technology and management through translating evidence to action.

Given WHO's critical role in global sanitation and its three-tiered structure (Headquarters, Regional Office, and Country Office), WHO will bring international experience to the national context by ensuring a multisectoral, policy coherent and government leadership and ownership approach in collaboration with Ministry of Health, Ministry of Environment and Climate Change, Ministry of Urban Development, Construction and Housing, National Agency for Emergency Management, Governor's Office UB City and other relevant agencies, including National Center for Public Health, National Center for Communicable Diseases, Center for Health Development, National Agency for Meteorology and Environmental Monitoring, Water Agency, National Regulatory Commission for Urban Water Supply and Sewerage Systems, Center for Construction Development, academic institutions.

F. If applicable, describe the learning and knowledge management component to capture and disseminate lessons learned.

Learning and knowledge management are integrated throughout the entire project cycle. This includes capacity building, knowledge-sharing platforms, documentation of lessons learned, and dissemination mechanisms.

The comprehensive capacity building program will encompass research, assessment, and evidence generation on climate vulnerability; the design, construction, operation, and maintenance of technologies; community behavior change; surveillance of health impacts caused by unsafe sanitation; and planning, implementation and monitoring and evaluation of programme. A series of capacity-building training courses will be conducted for staff across the health, social protection, environment, and engineering sectors, as well as for community representatives. These training courses will be systematically documented. Furthermore, the project will collaborate with academic institutions to integrate training curricula and evidence findings.

The capacity-building programme will draw on WHO guidelines and training materials, including the Discussion Paper on Sanitation and Health, Climate-Resilient Sanitation Safety Planning, Sanitation and Health, Climate-Resilient and Environmentally Sustainable Health Care Facilities, the Checklist to

Assess Vulnerability of Health Care Facilities, Measuring Greenhouse Gas Emissions in Health Systems, Climate change and health: vulnerability and adaptation assessment, WASHFIT, and other relevant technical resources, such as Greenhouse Gas accounting Tool used across the health, environment, climate change, and infrastructure sectors.

Lessons learned will be captured through qualitative surveys (including face-to-face interviews and focus group discussions), on-site observations and visits, and participatory monitoring and evaluation mechanisms. Findings will be systematically documented. These documents will include a) results of qualitative studies compiling insights from decision makers, health workers, social workers, environmental officers, WASH engineers, researchers, and household members, b) case studies on innovative climate-resilient sanitation facilities, focusing on maintenance, operation, and sustainability, c) analyses of household behavior changes that support long-term use of sanitation technologies and d) routine monitoring and evaluation reports highlighting successes, challenges, and adaptive measures.

A knowledge-sharing digital platform will be developed to facilitate information exchange among stakeholders, ensuring real-time access to data and decision-making processes. Policy briefs, technical guidelines, case studies, and training manuals will be produced and disseminated to strengthen stakeholder capacity. Project experiences will be shared through national and local meetings, workshops, social media channels, and publications in both local and international journals, thereby contributing to global and national knowledge on climate-resilient sanitation and lessons learned.

G. Describe the consultative process, including the list of stakeholders consulted, undertaken during project preparation, with particular reference to vulnerable groups, including gender considerations, in compliance with the Environmental and Social Policy and Gender Policy of the Adaptation Fund.

Project preparation involved ministries of health, environment and urban development, municipal authorities, technical and academic institutions. The concept note is the result of the consecutive discussions held at the national and local levels.

For instance, urgent actions to advance sanitation in climate risk prone areas especially in ger area of Ulaanbaatar city were discussed at the national meeting to launch Solutions for Health initiative jointly led by MOH and WHO and organized in collaboration with Ministry of Environment and Climate Change, Ministry of Urban Development, Construction and Housing, Ministry of Education, National Center for Public, Governor's Office of UB City, Department of Health, National Regulatory Committee for Water, Water Agency, UN HABITAT Mongolia. In the meeting total of 50 officials and decision makers participated. The Solutions for Health Initiative call for an urgent multisectoral action to protect the health and well-being of the population by addressing, and to the extent possible eliminating the environmental risk factors that impact health.

The issue was also consulted in the National Urban Forum co-organized by the Ministry of Urban Development, Construction and Housing, UN-HABITAT, and WHO, with participation of the Ministry of Health, Ministry of Environment and Climate Change, and governors' offices of the city and provinces.

Moreover, over the past three years, the issues related to climate resilient sanitation were discussed during the series of consultative meetings held within the multisectoral technical working group on Water, Sanitation and Hygiene (WASH) and Climate Change, established jointly by the Ministers of Health and Environment through Orders #A/482 and #A/657 in 2023. Additionally, in meetings of a multisectoral working group was formed to develop a National Action Plan on Environmental Health,

as approved by the Minister of Health under Order #A/166 and the actions were planned for implementation.

H. Provide justification for funding requested, focusing on the full cost of adaptation reasoning.

The funding requested is essential to cover the full costs of climate adaptation in Mongolia's Ger areas. These communities are among the most vulnerable, facing multiple, overlapping risk factors including poor sanitation, inadequate housing, energy poverty, and exposure to extreme climate and weather hazards such as severe cold, snowstorms, and flash flooding.

The project will develop and implement ground-based, innovation-driven climate-resilient sanitation solutions through active engagement with local communities and stakeholders representing different sectors, including health, environment, climate change, engineering, urban development. This inclusive, participatory approach is critical to ensuring sustainability and ownership during the project implementation and beyond.

By systematically addressing the sanitation challenges in Ger areas, the project targets socially and financially vulnerable populations who are disproportionately exposed to climate risks. It will also generate scalable solutions, standards, guidelines and policy insights to support the nationwide replication of climate-resilient and locally applicable sanitation solutions in ger area. The project is cost-effective and delivers sustainable benefits, including reduced health costs, lower environmental remediation and infrastructure repair expenses and strengthened community resilience.

In summary, funding is necessary to improve the health and well-being of vulnerable populations by supporting equitable access to climate-resilient sanitation, thereby contributing to the reduction of health inequities and the safeguarding of public health for all.

I. Describe how the sustainability of the project/programme outcomes has been taken into account when designing the project/programme.

Project is designed to ensure the sustainability of its outcomes, with the aim of delivering lasting benefits that extend well beyond its implementation period. Sustainability will be embedded throughout the entire project cycle by fostering broad engagement with community members, as well as local and national stakeholders.

The initiative seeks to strengthen local governance, institutional capacity, and community ownership, so that climate resilience becomes a routine aspect of daily practice rather than a one-time intervention.

At the governance level, the project supports the sustainable implementation of strategic, budgeted local plans that align with national development and climate adaptation priorities. These plans will emphasize interventions identified collaboratively by communities and technical experts, ensuring that climate-resilient sanitation technologies are both contextually appropriate and locally adaptable.

Institutional capacity will be enhanced through comprehensive training and strategic partnerships. Targeted capacity-building programs will be delivered to officials and technicians across the health, social, environmental, and infrastructure sectors. These trainings will cover systematic assessments of climate risks to sanitation systems, technical requirements based on geographic and socio-economic contexts, infrastructure development, feasibility studies, technology evaluation, innovative design, piloting and scaling of solutions, the translation of knowledge and evidence into actionable, nationwide

practices and development of monitoring and evaluation framework. Partnerships with NGOs and technical institutions will help institutionalize these competencies and ensure their long-term availability.

Community engagement will be integral throughout the entire project cycle to ensure the design and implementation of interventions that are responsive to local needs. Community members will actively participate in discussions, interviews, training, planning, implementation, and monitoring and evaluation activities. This inclusive approach aims to enhance local knowledge, skills, and ownership of climate-resilient sanitation solutions, while also enabling communities to share their experiences and promote sustainability more broadly.

Provide an overview of the environmental and social impacts and risks identified as being relevant to the project/programme.

The project may face risks related to construction activities, including temporary air and noise pollution and dust generation. Some low-income households may face challenges in maintaining and operating the technology beyond the project period, unless sustainable ownership mechanisms are effectively established.

To address these concerns, the project will implement environmental and social management plans focusing on climate adaptation, pollution prevention, inclusive design, affordability mechanisms, and systematic capacity building.

Based on this initial screening, the identified risks are considered small-scale, reversible, and manageable through appropriate mitigation measures. Accordingly, the project has been classified as Category B**.** This classification will be reconfirmed in Year 1 through an Environmental and Social Impact Assessment, and a comprehensive Environmental and Social Management Plan will be developed at the full funding proposal stage.

Checklist of environmental and social principles	**No further assessment required for compliance**	**Potential impacts and risks – further assessment and management required for compliance**
Compliance with the Law		Project will comply with Mongolian Norms and Rules of construction, as well as health, and environmental regulations.
Access and Equity		Risks: Some low-income households may face challenges with maintenance and operation of technology beyond the project. Management: Affordability and scalability that is factored in the development stage, including subsided programme.
Marginalized and Vulnerable Groups		The project focuses on the most vulnerable population, those who are living in ger area.
Human Rights		Project promotes right to health and safe environment and human right to water and sanitation.

Gender Equality and Women's Empowerment		Women and girls often bear disproportionate sanitation burdens. Project ensures gender equality and women's empowerment through broadly involving them during the whole cycle project.
Core Labour Rights		All contractors will be required to comply with labour laws and safety standards.
Indigenous Peoples	No risks identified.	
Involuntary Resettlement		No land acquisition or resettlement required. Selected climate resilient sanitation technology will be built within existing household/community plots.
Protection of Natural Habitats		Project will be implemented in residential area and will not affect protected areas or natural habitats.
Conservation of Biological Diversity		No impact on biodiversity is expected; projects do not involve natural resource.
Climate Change		Project contributes to climate adaptation and mitigation by reducing sanitation vulnerabilities under extreme weather and unstable climatic condition.
Pollution Prevention and Resource Efficiency		The project is designed to prevent environmental pollution, maximize energy efficiency and use water efficient technology
Public Health		Directly improves public health by reducing faecal-oral diseases and soil-transmitted helminths
Physical and Cultural Heritage	No risks identified.	
Lands and Soil Conservation		The design and construction of climate-resilient sanitation facilities will incorporate land and soil disturbance management practices

PART III: IMPLEMENTATION ARRANGEMENTS

The World Health Organization (WHO), as an accredited Multilateral Implementing Entity, will implement the project through its Headquarters (WHO/HQ) as the Implementing Entity (IE), with execution services carried out by its Country Office in Mongolia.

WHO plays a pivotal role in global sanitation efforts by setting health-based standards, developing technical guidelines, supporting countries in policy and capacity building, and promoting safe, climate-resilient sanitation systems to protect public health. WHO's work is especially critical in reducing disease transmission and improving health outcomes in vulnerable populations.

As such, WHO is well-positioned to provide implementing and execution support through its technical expertise and its ability to bring international experience to the national context through a multisectoral and policy coherent approach.

Given WHO's critical role in global sanitation and its three-tiered structure (Headquarters, Regional Office, and Country Office), technical assistance and execution service will be provided by WHO staff with support of the project implementation unit and in collaboration with national partners. A Project Implementation Unit (PIU) will be established to support project execution. It is proposed that the project implementation unit will be staffed by project national officers and an international consultant specialized in public health, environment, and sanitation engineering.

WHO will follow up the National Regulation on Receiving, Utilizing, Managing, Recording, and Reporting Foreign Aid, which is Government Resolution # 176 issued in 2016. Within this context, the steering committee will be established which consisted of members from relevant ministries and organizations, including the Ministry of Health, Ministry of Environment and Climate Change, Ministry of Urban Development, Construction and Housing, National Emergency Management Agency, Governor's office of Ulaanbaatar city, other relevant stakeholders and implemented under the leadership of Ministry of Health and Ministry of Environment and Climate Change.

The technical working group will be established with participation from multiple agencies, including the National Center for Public Health, National Center for Communicable Diseases, Center for Health Development, National Agency for Meteorology and Environmental Monitoring, Water Agency, National Regulatory Commission for Urban Water Supply and Sewerage Systems, Center for Construction Development, academic institutions, and community representatives. Its primary role will be to develop the project work plan, oversee implementation, ensure effective monitoring and evaluation and support the operation and sustainability of the innovation hub under the leadership of the Steering Committee.

To strengthen government ownership and long-term sustainability, the project will also support the development of a sustainability road map that identifies sectoral tasks for nationwide rollout, reinforced by a comprehensive monitoring and evaluation framework.

A. Demonstrate how the project/programme aligns with the Results Framework of the Adaptation Fund

Project Objective(s)[1]	Project Objective Indicator(s)	Fund Outcome	Fund Outcome Indicator	Grant Amount (USD)
The project goal: To improve the health and well-being of residents in the ger areas of Ulaanbaatar by promoting the adoption of innovation-driven, healthy and climate-resilient sanitation systems and services at both the household and healthcare facility levels, while integrating community engagement and behavior change approaches.				
Objective 1. Establish a collaborative mechanism to design and implement locally applicable solutions to address the chronic problem of sanitation in the Ger areas, including identification of the technical requirements for climate-resilient sanitation technologies —taking into account natural and geographical conditions, socio-economic and health factors, infrastructure status, availability of renewable energy resources, and urban planning considerations.	• Systematic analysis on climate risks to sanitation, and technical requirements for climate-resilient sanitation technologies • Identified locally applicable sanitation solutions • Number of professionals trained in conducting systematic analysis and designing locally applicable, climate resilient and environmentally sustainable sanitation technology	Established innovation hub as a multi-stakeholder platform that facilitates generation of evidence/ knowledge and design of locally applicable solutions.	Designed evidence based, locally applicable climate-resilient and environmentally sustainable solutions.	200,000
Objective 2. Support the government to test technologies and pilot climate-resilient	• Number of technologies tested • Piloted climate-resilient sanitation facilities that are affordable and	Strengthened institutional capacity to test and pilot technologies	Demonstrated climate-resilient sanitation technologies	500,000

sanitation facilities that are affordable and scalable.	scalable in selected households • Number of technical guidelines or protocols developed for climate-resilient sanitation • Number of national and local professionals and community trained in testing technologies and piloting facilities			
Objective 3. Support the government to scale up evidence-based climate-resilient sanitation technologies and services backed up by enabling governance and management mechanisms at the Ger areas of Ulaanbaatar City with potential of nationwide scale.	• Number of underserved communities (around 1,000 households) and health care facilities (around 50) provided healthy and climate-resilient sanitation systems and services • Number of national or local policies, plans, standards and guidelines updated • Reduction in disparities in access to safe sanitation between urban and peri-urban/ger areas	Increased access to healthy and climate resilient sanitation systems and services in vulnerable peri-urban ger area Improved health outcomes of people living in ger areas (Decreased cases of faecal-oral infections and soil-transmitted helminths)	• Improved the climate-resilient capacity of community health sectors in vulnerable peri-urban/ger areas through the comprehensive road map	10,888,000
Project Outcome(s)	**Project Outcome Indicator(s)**	**Fund Output**	**Fund Output Indicator**	**Grant Amount (USD)**
The project has 4 components/phases				
Phase 1: Systematic analysis of climate risks to sanitation and technical requirements of the climate resilient sanitation technology adaptable in vulnerable peri-urban/ger area				
• Situational analysis on climate risks to sanitation, geographical condition, socio-economic, health, infrastructure development in ger areas • Technical and public health	Comprehensive assessment of the local situation and technical requirements of the technology are validated and	• Comprehensive assessment of climate risks to sanitation and technical requirement of for climate-resilient sanitation technologies development,	Number of assessments and criteria of the climate resilient sanitation	200,000

criteria for selecting climate-resilient sanitation both adapts to climate change and mitigates contributions to climate change substantially.		availability of energy resources, cultural acceptance, operation and maintenance. • Review of existing sanitation technologies and failure modes under cold-climate and extreme weather conditions • Assessment of sanitation-related public health risks (soil and water contamination, faecal-oral infections, soil-transmitted helminths and IPC gaps in primary health care facilities) • Improved knowledge and skills of communities and professionals in conducting comprehensive assessment		
Phase 2: Technology assessment, innovation, and feasibility study of climate-resilient sanitation solutions adaptable in local context				
• Established innovative hub as multidisciplinary technical national and international experts' platform to guide technology design, installation and	• Selected locally applicable climate resilient solutions are validated by feasibility studies.	• Locally applicable climate resilient solutions identified • Feasibility studies for selected	• Number of technical guidance notes produced • Number of sanitation technologies assessed through feasibility studies	500,000

operations • Technically feasible, context-appropriate sanitation solutions validated for cold and flooding conditions in urban ger settings • Increased confidence among stakeholders in selected technologies		solutions • Improved knowledge and skills of communities and professionals in identification and appraisal of options	• Number of stakeholders and households validated the innovative technologies	
Phase 3: Pilot, implementation of proven climate resilient sanitation solutions and transition toward further scale-up				
<u>Phase 3a. Pilot</u> Evaluated the maintenance and operation of the climate resilient sanitation technologies in the piloted households	• Targeted households piloted climate-resilient sanitation solutions	• Piloted climate-resilient sanitation technology in selected households • Community engagement and behavior change activities integrated into pilot implementation	• Number of households involved in the pilot • Number of sanitation technologies functioning as designed after 1 to 3 months of installation • Number of household members reporting satisfaction with the technology's usability, privacy, and safety. • Number of local technicians trained and retained for ongoing maintenance	400,000
<u>Phase 3b.</u> **Implementation of proven solutions** • Improved access to safe, climate-resilient sanitation for households	• Targeted households and health care facilities provided with climate resilient sanitation facilities	• Installed the • Installed proven sanitation technology to	• Number of households and health care facilities reached with locally	10,588,000

and health care facility users • Reduced exposure to fecal contamination and climate-sensitive diarrheal diseases • Strengthened infection prevention and control in primary health care facilities • Improved access to safe, climate-resilient sanitation for households and health care facility users • Reduced exposure to fecal contamination and diarrheal diseases and other infectious diseases. • Strengthened infection prevention and control in health care facilities • Enhanced knowledge and healthy behaviors in the community • Strengthened institutional capacity on operation and maintenance of the selected sanitation technology • Enhanced routine (internal and external) monitoring systems to evaluate and report soil, water	• Percentage of reduction in reported diarrheal disease cases in target communities • Percentage of health care facilities meeting basic WASH and IPC standards •	target households (around 1000) and health care facilities (around 50) • Improved knowledge and skills of health, social workers, environmental officers, engineers and community on maintenance and operation of locally applicable climate resilient sanitation system and service • Improved knowledge and skills of environmental, health specialists, inspectors and engineers on conducting routine internal and external monitoring of soil and drinking water quality and health indicators • Improved knowledge and skills of public health workers to predict and track sanitation related health impacts in community and	applicable and scalable climate resilient sanitation technology • Number of individuals trained in operation and maintenance of climate-resilient sanitation systems • Number of professionals trained and retained in public institutions or service providers • Number of updated monitoring regulations to evaluate and report soil, water quality and health indicators • Number of updated national surveillance regulations to track sanitation-related diseases, AMR at community and HCF level	

quality and health indicators • Strengthened surveillance systems to track sanitation-related faecal-oral infections (diarrheal disease, dysenteries, poliomyelitis) soil-transmitted helminths, AMR		health care facility level		
Phase 3c. Transition towards scale-up nationwide • Strengthened national capacity for adopting innovation-driven climate resilient sanitation solutions in Ger area/peri-urban area • Strengthening institutional and sectoral capacities to implement the national roadmap, ensuring sustainability beyond the project's duration.	Improved institutional capacity to scale-up the locally applicable climate resilient sanitation solutions nationwide	• Integrated climate-resilient sanitation into national and municipal sanitation, health, and climate adaptation and mitigation policies for enabling further scale-up nationwide • Developed a sustainability road map that identifies sectoral tasks for nationwide rollout, reinforced by a comprehensive monitoring and evaluation framework.	• Number of updated policies, regulation documents • Number of national or local institutions with defined roles in climate-resilient sanitation, governance and implementation	400,000
Phase 4: Evaluation and dissemination of lessons learned				
• Demonstrated effectiveness of climate-resilient sanitation as a public health adaptation and mitigation measure	• Percentage of reduction in climate-sensitive diarrheal disease incidence in intervention areas • Percentage of sanitation systems with verified climate-	• Evaluation of technical performance, climate resilience, public health outcomes/impacts, and IPC	• Sanitation systems and services evaluated for technical and climate-resilient performance • Number of health	300,000

	resilient performance resistance) • Reduction of GHS emissions and soil pollution • Number of knowledge products developed and disseminated • Improved knowledge and behavior change among health, social workers, environmental officers, engineers, technicians and community • Improved public and private partnership mechanisms	impacts of implemented sanitation systems • Documentation and dissemination of lessons learned, including policy briefs and technical guidance	care facilities assessed for IPC and WASH improvements post-intervention • Number of public health indicators monitored in pilot areas • Number of evaluation reports, policy briefs, technical guidance documents, or case studies developed • Number of dissemination events or learning workshops conducted	

[1] The AF utilized OECD/DAC terminology for its results framework. Project proponents may use different terminology, but the overall principle should still apply

PART IV: ENDORSEMENT BY GOVERNMENT AND CERTIFICATION BY THE IMPLEMENTING ENTITY

A.Record of endorsement on behalf of the government[2] *Provide the name and position of the government official and indicate date of endorsement. If this is a regional project/programme, list the endorsing officials all the participating countries. The endorsement letter(s) should be attached as an annex to the project/programme proposal. Please attach the endorsement letter(s) with this template; add as many participating governments if a regional project/programme:*

Endorsement letter (attached as Annex)

Focal point: Munkhjargal Chuluunjav *National Designated Authority for the Adaptation Fund* *Ministry of Environment and Climate Change, Mongolia*	Date*: (Month, day, year)* *16 February 2026*

Supporting letter (attached as Annex)

Ministry of Health *Dr Jigjidusuren Chinburen,* *Minister of Health, Mongolia*	Date*: (Month, day, year)* *13 March 2026*

B.Implementing Entity certification *Provide the name and signature of the Implementing Entity Coordinator and the date of signature. Provide also the project/programme contact person's name, telephone number and email address*

I certify that this proposal has been prepared in accordance with guidelines provided by the Adaptation Fund Board, and prevailing National Development and Adaptation Plans in Mongolia, including the updated NDC 3.0 (2025-2035), National Adaptation Plan to Climate Change (2024-2023) and Mongolian Long-Term Development Policy: Vision–2050 and subject to the approval by the Adaptation Fund Board, commit to implementing the project/programme in compliance with the Environmental and Social Policy and the Gender Policy of the Adaptation Fund and on the understanding that the Implementing Entity will be fully (legally and financially) responsible for the implementation of this project/programme.

Name & Signature Implementing Entity Coordinator: Dr Socorro Escalante, WHO Representative to Mongolia	
Date: 25 March 2026	Tel. and email: 976-99033311 escalantes@who.int
Project Contact Person: Dr AHMADOVA, Shalala Rafayil, Coordinator/Integrated Diseases Control Dr Badrakh Altanzagas, NPO/Health and Environment	
Tel. and Email: 976-95022270 and ahmadovasha@who.int 976-99154959 and badrakha@who.int	

MONGOLIA
MINISTRY OF ENVIRONMENT
AND CLIMATE CHANGE

Government Building 12, Builder's Square,
Chingeltei District, Ulaanbaatar 15170, MONGOLIA
Tel: (976-51) 26 61 71, E-mail: contact@mecc.gov.mn,
Website: www.mecc.gov.mn

2026 .02. 16

Date 16, Feb, 2026
Ref. 05a/1975

To: The Adaptation Fund Board
c/o Adaptation Fund Board Secretariat
Email: Secretariat@Adaptation-Fund.org
Fax: 202 522 3240/5

Subject: Endorsement for Concept Note for Single-Country Project: Transitioning to Healthy and Climate-Resilient Sanitation in Ger Areas of Ulaanbaatar, Mongolia

In my capacity as the National Designated Authority for the Adaptation Fund in Mongolia, I hereby confirm that the Concept Note for the Single-Country Project titled "Transitioning to Healthy and Climate-Resilient Sanitation in Ger Areas of Ulaanbaatar, Mongolia" aligns with the Government of Mongolia's national priorities for implementing climate change adaptation measures aimed at reducing the adverse impacts of climate change.

A series of consultations have taken place between the World Health Organization, as the Multilateral Implementing Entity, the Ministry of Environment and Climate Change, the Ministry of Health, and other relevant stakeholders. These discussions have resulted in a shared commitment to support the proposed project.

Accordingly, I am pleased to endorse this concept note with support from the Adaptation Fund. If approved, World Health Organization will lead the development of a full project proposal, in close collaboration with the Ministry of Environment and Climate Change, the Ministry of Health, and other stakeholders. This proposal will detail the project's budget, implementation arrangements, and measures to mitigate potential environmental and social impacts.

Sincerely,

Munkhjargal Chuluunjav
National Designated Authority for the Adaptation Fund,
Ministry of Environment and Climate Change of Mongolia

1526000873

MINISTRY OF HEALTH
OF MONGOLIA

Olympic street 2, Government building VIII,
Sukhbaatar District, Ulaanbaatar 14210, Mongolia
Tel: (976-51) 26 36 84, Fax: (976-11) 32 35 41, 32 09 16
Email: letter@moh.gov.mn
https://www.moh.gov.mn

2026 .03. 16

Date: 13 March 2026
Ref: 1/49

To: The Adaptation Fund Board
Attn: Adaptation Fund Board Secretariat
From: Dr. Chinburen Jigjidsuren, Minister of Health and Member of State Great Khural (Parliament) of Mongolia

Subject: Support for Concept Note for Single-Country Project: Transitioning to Healthy and Climate-Resilient Sanitation in Ger Areas of Ulaanbaatar, Mongolia

Dear Members of the Adaptation Fund Board,

The Concept Note for the Single-Country Project titled "Transitioning to Healthy and Climate-Resilient Sanitation in Ger Areas of Ulaanbaatar, Mongolia" is fully aligned with the Government of Mongolia's national priorities in health, environment, climate change, energy and infrastructure development.

The project addresses a critical public health challenge in peri-urban areas, where households and health care facilities continue to rely on non-climate-resilient sanitation systems, particularly pit latrines that are inadequate for cold weather and flooding conditions. These facilities contribute to environmental pollution and significantly increase the risk of infectious disease transmission.

The proposed project seeks to protect and improve the health and well-being of residents in the peri-urban (ger) areas of Ulaanbaatar by promoting the adoption of innovative, healthy, and climate-resilient sanitation systems and services at both household and health care facility levels. It integrates community engagement, behavior change, and multisectoral approaches to ensure government ownership, leadership, and long-term sustainability.

Since the initiation of the concept note, the Ministry of Health, the Ministry of Environment and Climate Change, the World Health Organization, and the local

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governor's office have held consecutive discussions to identify problems, define project components, and align justifications with both Adaptation Fund policies and national strategies. These consultations have resulted in a shared commitment to support the proposed project.

Accordingly, the Ministry of Health is pleased to support this concept note submitted by the World Health Organization for consideration under the Adaptation Fund. If approved, the Ministry of Health will continue to provide its support to the World Health Organization in the development of the full project proposal, in close collaboration with the Ministry of Environment and Climate Change and other stakeholders.

Yours sincerely,

Dr. Chinburen Jigjidsuren
Minister

MONGOLIA
MINISTRY OF ENVIRONMENT
AND CLIMATE CHANGE

Government Building 12, Builder's Square,
Chingeltei District, Ulaanbaatar 15170, MONGOLIA
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Sincerely,

Munkhjargal Chuluunjav
National Designated Authority for the Adaptation Fund,
Ministry of Environment and Climate Change of Mongolia

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MINISTRY OF HEALTH
OF MONGOLIA

Olympic street 2, Government building VIII,
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Tel: (976-51) 26 36 84, Fax: (976-11) 32 35 41, 32 09 16
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2026 .03. 16

Date: 13 March 2026
Ref: 1/49

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Attn: Adaptation Fund Board Secretariat
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Yours sincerely,

Dr. Chinburen Jigjidsuren
Minister

ADAPTATION FUND

Revised PFG Submission Form[1] (additions in red)

Project Formulation Grant (PFG)

Submission Date: 24 March 2026

Adaptation Fund Project ID: Single Country Project Concept Note

Country/ies: Mongolia

Title of Project/Programme: Transitioning to healthy and climate-resilient sanitation in ger areas of Ulaanbaatar, Mongolia

Type of IE (NIE/RIE/MIE):

Implementing Entity: World Health Organization

Executing Entity/ies: World Health Organization Country Office in Mongolia

A. Project Preparation Timeframe

Start date of PFG	December /2026*
Completion date of PFG	March /2027*

*If the project concept note is approved by 47th Adaptation Fund Board Meeting (5-9 October 2026), WHO will facilitate the development of full proposal, in close collaboration with stakeholders starting December 2026. It is estimated that the full proposal development will take four months.

B. Proposed Project Preparation Activities ($)

List of Proposed Project Preparation Activities	Output of the PFG Activities	US$ Amount	Budget note[2]
Development of full proposal. 1.To conduct baseline assessment on sanitation system and types of	Output 1. Full project proposal 1.1 Baseline assessment report on sanitation system	82,180	Two national consultants : 2930$*2*4 months = 23,440 USD

[1] As presented in AFB/PPRC.33/40 Annex 1.

[2] The proposal should include a detailed budget with budget notes indicating the break- down of costs at the activity level. It should also include a budget on the Implementing Entity management fee use.

Please describe below each of the PFG activities and provide justifications for their needs and for the amount of funding required:

The PFG will support a baseline assessment and environmental and social management plan development to inform the design of a full proposal that facilitates the transition to climate-resilient sanitation systems in peri-urban (ger areas) of Ulaanbaatar, Mongolia.

The baseline assessment covers the components below:

- Review of the overall sanitation system, including governance, human resources, monitoring, and financial mechanisms.
- Analysis of sanitation technologies currently used in ger areas, with considering to operation and maintenance.
- Assessment of community needs and demand to improve sanitation facilities.

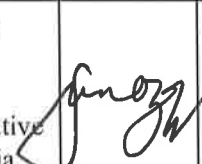
The assessment will combine qualitative and quantitative methodologies, including policy document and report review, site visits to evaluate operation and maintenance of technology across the sanitation chain (containment, collection, transport, treatment, reuse/disposal), and interviews with health and non-health policymakers, officials, partners, and community representatives. Gender and social inclusion perspectives will be integrated throughout.

The assessment findings will be shared with stakeholders along with a draft proposal for inputs prior to finalization.

WHO, as the Implementing Entity, will develop terms of reference for the full proposal, hire two national consultants and one international consultant (with expertise in environmental health and sanitation engineering), and oversee implementation of PFG activities while providing technical inputs.

C. Implementing Entity

This request has been prepared in accordance with the Adaptation Fund Board's procedures and meets the Adaptation Fund's criteria for project identification and formulation

Implementing Entity Coordinator, IE Name	Signature	Date (Month, day, year)	Project Contact Person	Telephone	Email Address
Dr Socorro Escalante, WHO Representative to Mongolia		25 March 2026	Dr AHMADOVA, Shalala Rafayil, Coordinator/Integrated Diseases Control Dr Badrakh Altanzagas, NPO/Health and Environment	976-95022270 976-99154959	ahmadovasha@who.int badrakha@who.int