



Acronyms and Abbreviations

MPTF Multi-Partner Trust Fund SC Steering Committee

SCTW Steering Committee of the Thematic Windows
UNDAF United Nations Development Assistance Framework
UNECA United Nations Economic Commission for Africa

CF Cooperation Framework

UNICEF United Nations Children's Fund

UNDP United Nations Development Programme

MHSWHI Ministry of Health, Social Welfare and Health Infrastructure

UNS United Nations System
UNO United Nations Organization
SDG Sustainable Development Goals
SBC Social and Behavioral Change

ARVs Antiretroviral drugs

RCCE Risk Communication and Community Engagement

DDC District Development Committees



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INTRODUCTION

The year 2024 marked the beginning of a new cycle of cooperation between the United Nations System (UNS) and the Republic of Equatorial Guinea, with the signing of the Sustainable Development Cooperation Framework 2024–2028. This strategic instrument, endorsed by 18 UNS agencies, funds, and programs, reflects its renewed commitment to inclusive, sustainable, and human rightscentered development, in close partnership with the Government and Equatorial Guinean society.

In a fragmented and conflict-prone world, Africa has demonstrated remarkable resilience. Its average growth is projected to stabilize at 4.0% in 2024–25, almost one percentage point above the estimated 3.1% for 2023. The region's challenges include weak global demand, restrictive global financial conditions, high debt levels, and inflation, prompting new adjustments in economic policies and development strategies. Avoiding a debt crisis is a political priority (UNECA, 2024).

Specifically, Central African countries have shown notable resilience in the face of recent crises. However, the region continues to face persistent challenges. Many countries remain classified as "high risk" due to fragility, corruption, and governance deficits, compounded by economic instability, a substantial public debt burden, weak trade integration, and high youth unemployment.

Poverty and inequality remain high and persistent, with overloaded health and education systems. Additionally, the subregion faces humanitarian crises due to conflicts, climate emergencies, and health challenges. These issues highlight the urgency of adopting comprehensive strategies to foster economic resilience, improve public debt management, and prioritize investments in human capital.

Equatorial Guinea, formerly a rapidly growing economy, now faces macro-fiscal imbalances due to declining oil revenues since 2014, limited economic diversification

Situación macro-fiscal

Recesión económica

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resulting from an underdeveloped private sector, and a human capital misalignment with development needs.

This 2024 annual report provides a comprehensive analysis of the progress, achievements, and challenges recorded during the implementation of the Joint Program, developed by UNDP, UNICEF, and WHO with technical support from the Ministry of Health, Social Welfare, and Health Infrastructure of Equatorial Guinea. Throughout this period, efforts have focused on strengthening the country's sustainable development, with special attention to the health sector.

The document details the impact of investments made, engagement with national and international stakeholders, and lessons learned, highlighting the strategic role of international cooperation in consolidating sustainable outcomes. Beyond its contributions to the health system, this program represents significant progress in gender equality and social justice. Investment in technology to enhance prenatal and neonatal care addresses a historical debt to women and children, traditionally the most vulnerable populations within health systems.

In the context of structural challenges and gaps in access to essential services, these actions contribute to reducing inequalities and fulfilling international commitments in human rights, public health, and inclusive development, consolidating an approach based on capacity-building and community resilience.

This joint implementation modality demonstrates how multiple agencies, working synergistically, can leverage their comparative advantages to achieve set objectives. The report is presented in two parts. The first is the annual narrative report, consolidated by the Fund Secretariat in Equatorial Guinea based on information provided by implementing agencies. The second is the annual financial summary, consolidated by the MPTF Office in New York as the Fund's Administrative Agent.





1. ABOUT THE MPTF FOR EQUATORIAL GUINEA

During the first half of 2024, MPTF activities led to the continuation of the program's reorientation efforts, taking into account the post-COVID national context, which was the primary focus of the program's first phase, and based on the lessons learned during this initial implementation period.

In this regard, following a national assessment conducted by the Ministry of Health, 35 health centers in rural areas and five referral hospitals with the greatest equipment needs were identified. A priority list of essential medical equipment was established, including incubators, neonatal resuscitation equipment, X-ray machines, ultrasound machines, and key supplies to ensure quality service.

This reprogramming proposal was approved at a Steering Committee meeting held in April 2024, leading to a new approach to strengthening the country's health system through the procurement of various medical equipment and supplies.

In this phase of the joint program, UNICEF and UNDP participate primarily as implementing entities, while the WHO and the Ministry of Health, Social Welfare, and Health Infrastructure provide support in providing technical guidance. Implementing this joint program addresses major challenges facing the health system in maternal and child health and laboratory diagnosis.

Initially created under the guidelines and objectives of the United Nations Development Assistance Framework (UNDAF 2019-2023), in July 2024, the Government of the Republic of Equatorial Guinea and the United Nations System signed a new Cooperation Framework that highlights the need to align the Trust Fund's actions with the aim of contributing to development effectiveness and coordinating the work of the United Nations. Now more than ever, the Fund must serve as a joint financing tool, mobilizing resources from United Nations Member States, intergovernmental and non-governmental organizations, or private sources to promote the implementation of joint programs in an integrated manner to accelerate the achievement of the SDGs.

The Fund's governance and management operate at three levels:

- Fund Operation, which involves coordination and operations, exercised by the Steering Committee, the Fund Secretariat, and the Cooperation Framework Results Group.
- Fund design and administration, by the Administrative Agent (MPTF Office in New York).
- Fund implementation, exercised by the UN Participating Organizations acting as implementing entities..

The figure below illustrates in a channeled manner the management and governance structure that the Fund will adopt in the future:



2. MPTF MANAGEMENT AND PERFORMANCE IN 2024

During this period, Phase B of the joint program entitled "Improving Access to Health Services for the Population of Equatorial Guinea" has begun implementation as part of the new Cooperation Framework.

Within the framework of this new development strategy, the MPTF is consolidated as a key financing mechanism aligned with its expected results. In this context, and based on the consensus reached between the parties, a thorough review of the Terms of Reference and the Operations Manual is planned, with the aim of adapting them to the new requirements and priorities established in the Cooperation Framework. With the approval of Phase B of the joint program in April 2024 at a face-to-face meeting of the Steering Committee, the parties agreed to continue implementing the funds based on the technical proposal submitted by the Ministry of Health, and the implementation period was extended until December 31, 2025.

The MPTF will continue to contribute to the achievement of the SDGs in the country by supporting the key catalytic interventions reflected in the Cooperation Framework, which are aligned with the six global transitions identified within the framework of the SDG Summit in September 2023. Financial contributions will be mobilized and program documents will be developed to serve as the basis for the implementation of strategic interventions through which the United Nations System and its partners, acting jointly and leveraging each other's comparative advantages, contribute to the achievement of Equatorial Guinea's national development priorities.

3. IMPROVE ACCESS TO HEALTH SERVICES FOR THE POPULATION OF EQUATORIAL GUINEA

Until December 31, 2024, the implementing agencies ensured the continuity of the program under its new strategic direction. While moving forward with the

international procurement processes to maximize value for money, they worked in coordination with suppliers and held technical sessions with the team designated by the Ministry of Health, Social Welfare, and Health Infrastructure to ensure efficient execution aligned with the established objectives.

Given the entry of a significant volume of health equipment and supplies into the country, the Fund Secretariat at the local level, in coordination with key stakeholders, established joint monitoring systems to ensure agile and transparent processes for customs clearance, storage, installation, training, and official delivery to final destinations.

While the procurement department focused its efforts on optimizing the purchasing processes, another program team conducted a key field mission to design a strategic distribution plan and define a technical baseline that would allow for rigorous monitoring throughout all phases of resource management.

In line with these efforts, complementary actions were promoted, such as the maintenance of electric generators in hospitals and health centers, the study of solar panel installation in the most remote areas, and the rehabilitation of storage warehouses, ensuring optimal conditions for the conservation of the equipment before its distribution and installation at the identified sites.

The field mission took place from October 16 to 25 in the Continental Region and from November 28 to 30 in the Insular Region. During this period, all health centers identified by the Government were visited, with the exception of Annobón due to logistical challenges. The technical team consisted of specialists from the United Nations and the Ministry of Health, Social Welfare, and Health Infrastructure, inspecting 35 health centers and five hospitals nationwide.

Following the field mission, the collected data was consolidated, generating a baseline report documenting key findings on the state of health facilities. This analysis identified critical areas requiring priority intervention, covering aspects such as physical infrastructure, medical equipment, staffing, population accessibility to health services, and availability of essential resources, including electricity, drinking water, and biomedical waste management.

The assessment determined the actual capacity of the selected health centers to receive the allocated equipment, identifying both challenges and priority areas requiring immediate action. The report also includes a series of corrective measures aimed at ensuring efficient and effective implementation of the program.

This phase of the program was developed within the framework of the Health System Strengthening window in

Fourth output: "Community mobilization campaigns implemented in target communities to encourage the

Equatorial Guinea, with an investment of USD 10.7 million for the acquisition, delivery, and installation of medical equipment and supplies in hospitals and health centers selected by the Government, with the aim of improving the population's access to essential health services.

The main consolidated results achieved during the first phase of program implementation are presented below.

3.1. Overview of the Joint Program Results - Milestones of Inter-institutional Collaboration in 2024

In the conception of this implementation phase of the joint program, four outputs were identified, the achievements and progress of which are detailed below:

- First output: "Equipment and supplies are procured and delivered effectively and efficiently to Equatorial Guinea (including customs clearance)." After analyzing the situation using a baseline approach to understand the actual status of the prioritized health centers, meetings were held again with the Ministry of Health's technical committee to adjust the purchasing list initially received from the Ministry of Health and shared with the Copenhagen supply center while awaiting the arrival of the equipment.
- Second output: "Distribution chains have been established to ensure the storage, delivery, installation, and tracking of equipment and supplies at their final destination." Forty percent of the warehouse rehabilitation has been completed, in close coordination with the Directorate General of Health Infrastructure. This process is carried out in accordance with the procedures established by the Ministry of Health, ensuring that the facilities meet the standards required for optimal equipment conservation.
- Third output: "Health professionals in target health centers and hospitals trained in the use and maintenance of equipment and supplies." The results of the baseline mission for the implementation of the joint program have highlighted significant challenges in the availability and training of laboratory personnel, both in terms of quantity and quality. In more than 70% of health centers, the limited presence of professionals with the necessary skills to perform essential laboratory procedures represents a critical obstacle. In response to this situation, a training plan has been developed to strengthen the technical capabilities of staff before the arrival of the equipment. Currently, this plan has reached an advanced level of implementation, progressing in the strategic training of human resources to ensure the efficient and sustainable operation of the new equipment.

population to use the best services offered in health centers and hospitals." Within the framework of the program, progress was made in strengthening community interventions in health districts, consolidating support for the Ministry of Health. In this context, UNICEF deployed a team of eight consultants specializing in Risk Communication and Community Engagement (RCCE) and Behavior and Social Change (BSC), covering the 13 districts of the continental region. Their work has strengthened the work of district health teams, local authorities, and civil society, promoting essential family health practices and children's rights, with an emphasis on community participation and generating demand for health services.

Thanks to these interventions, more than 286 communities have been reached, with a total of 683 community activities focused on social and behavior change (BSC). These actions have addressed parenting, infection prevention and control, and maternal and child health promotion, benefiting 43,232 community members. Among them, 17,316 men and 25,916 women, as well as 25,745 children—mostly students—and 17,487 adults.

Approximately 160 advocacy meetings have been held in all districts, focusing on improving district management and the coordination of community interventions with a resilience approach. Additionally, the production of 47 radio and television reports on community interventions has provided greater visibility to the work of the United Nations on the ground.

As part of strengthening the health system, the acquisition and installation of innovative systems for biomedical waste management has been successfully completed, resulting in the implementation of 10 specialized systems.

Likewise, the digitalization of the Ministry of Health has made significant progress, with an updated digital system that facilitates patient registration, management of ARV consumption, and access to disaggregated data, improving decision-making capacity in health planning.

3.2. Challenges in implementation

During the evaluation period, several challenges were identified that impacted the procurement and management processes for supplies for the identified public health centers and hospitals. Among the main obstacles is the lack of key information and documentation for the purchase of some laboratory equipment, which is causing significant delays in the procurement process.

Considering that part of the ongoing procurement includes a variety of hospital attire, it is necessary to clearly define the technical specifications for linens and uniforms, since the lack of access to this data has caused a delay in their production.

The government-led process of standardizing medical equipment in hospitals and health centers seeks to improve operational efficiency, reduce costs, optimize staff training, and ensure higher-quality care for patients. However, in a changing and dynamic market where medical products and equipment are constantly developing, limiting the search to

only specific equipment, which may no longer be the latest, is resulting in constant back-and-forth with suppliers, causing significant delays in the procurement of laboratory equipment.

Given this situation, clear and specific communication regarding the progress of this process has been requested, and exchanges have been held with the stakeholders involved to facilitate the acquisition process. Once the alignment of the equipment with the standards defined by the Ministry has been confirmed, a formal procurement request for each of the required equipment will be submitted.

Within the framework of the program, the Ministry has formally designated several officials to strengthen the management and oversight of ongoing activities. As part of this process, it is essential to strengthen coordination with the assigned teams, ensuring effective communication regarding key program issues.

This coordination is essential to streamline procurement processes and facilitate the execution of planned activities during the implementation period, optimizing time and ensuring efficient execution aligned with established strategic objectives.

3.3. Lessons learned and best practices

To ensure the effective implementation of the Joint Program's actions and strengthen community resilience, it is essential to avoid centralized execution and ensure that District Governments are fully functional. Their participation in all phases of the process—from planning to monitoring and evaluation—is key to the sustainability of the interventions.

In this framework, the United Nations has promoted the creation of District Development Committees (CDD) in all districts, in accordance with Presidential Decree 99/1990. These committees, under the leadership of the Government Delegate, are consolidated as management and coordination bodies for the implementation of a community-centered Primary Health Care (PHC) model with a multisectoral approach, coordinating their work with Local Authorities.



Through this initiative, the capacity of 410 members of the 13 District Governments in the Continental Region has been strengthened. They now have strategic tools and knowledge to lead the coordination and implementation of health interventions more effectively.

The main objective of the workshops held has been to optimize district management, promoting the identification of problems and the design of concrete solutions to achieve a transformative impact. These actions seek to improve the well-being of communities in general, with special attention to children and adolescents in vulnerable situations.

3.4. Performance Evaluation by Indicators:

The Matrix containing the Indicator-based Performance Evaluation below reflects the outcome and output indicators of the Results Framework, with their baselines, planned and achieved goals, as well as reasons or possible reasons and means of verification..

	Objectives of the indicators achieved	Reasons for deviation from the planned objective (if any)	Source of verification
Outcome 4: Improved access to healthcare services in 40 healthcare facilities through the provision of diagnostic equipment and improved laboratory services Indicator: Baseline: Expected target:	Improving access to health services in 40 health facilities by providing diagnostic equipment and improving laboratory services		
Output 4.1 Equipment and supplies are procured and delivered effectively and efficiently to Equatorial Guinea (including customs clearance) Indicator 4.1.1 % of planned items procured and received by the United Nations in Equatorial Guinea Baseline: 0 Expected target: > 90%	0%		
Output 4.2 Distribution chains have been established to ensure the storage, delivery, installation, and monitoring of equipment and supplies at the final destination. Indicator 4.2.1 % of all equipment and supplies arrive at their final destination in good condition within 3 months of arrival in the country. Baseline: 0 Expected target: >80%	0%		
Output 4.3 Training of health professionals at target health centers and hospitals in the use and maintenance of equipment and supplies. Indicator 4.3.1 Number of health workers trained in the use and maintenance of equipment and supplies, disaggregated by location/gender Baseline: 0 Expected target: 300	0		

Output 4.4 Community mobilization campaigns implemented in selected communities to encourage the population to use the improved services offered at health centers and hospitals. Indicator 4.4.1 Number of community members participating in community awareness sessions, disaggregated by location/age/sex

Baseline: 0

Expected target: 250,000

43,232	community
members	participating in
community	awareness
sessions, b	roken down by:

• Gender: 17,316 men and 25,916 women

 Age: 25,745 children and 17,487 adults

Field	Mission			
Report	(October		
2024	to	March		
2025)				

4. PROGRAMMATIC REVIEWS

Given that the development of the new Program Document spanned the entire first half of 2024, and considering that implementation of this phase of the program is planned for a maximum of 24 months, a free extension for an additional year, until December 31, 2025, has been requested.

This extension will allow the procurement processes and the execution of the distribution and installation plan to be completed in accordance with the guidelines established in the Program Document, ensuring effective implementation aligned with the strategic objectives.

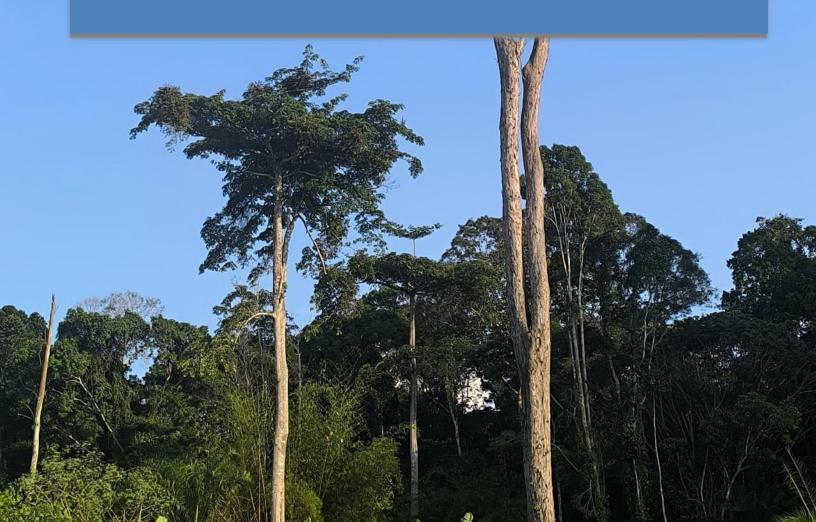
5. RESOURCES

No additional funds were mobilized for the reporting period, but several outreach initiatives with partners were implemented. The Government of Equatorial Guinea continues to view the MPTF as a funding tool for UN System initiatives in the country and continues working to fulfill its commitment to contribute USD \$19 million to achieve the objectives set out in the Cooperation Framework.





Part II CONSOLIDATED ANNUAL FINANCIAL REPORT of the Administrative Agent





Allocation/Total Approved Budget

Amount approved by the Steering Committee for a project/programme. The total approved budget represents the cumulative amount of allocations approved by the Steering Committee.

Approved Project/Programme

A project/programme including budget, etc., that is approved by the Steering Committee for funds allocation purposes.

Contributor Commitment

Amount(s) committed by a contributor to a Fund in a signed donor agreement with the UNDP Multi-Partner Trust Fund Office (MPTF Office), in its capacity as the Administrative Agent. A commitment may be paid or pending payment.

Contributor Deposit

Cash deposit received by the MPTF Office for the Fund from a contributor in accordance with a signed donor agreement.

Delivery Rate

The percentage of funds that have been utilized, calculated by comparing expenditures reported by a Participating Organization or Non-UN Organization against the 'net funded amount'. This does not include expense commitments by Participating Organizations.

Donor Agreement

Standard Administrative Arrangement and/or European Commission contribution agreement between contributor/donor and MPTF Office.

Net Funded Amount

Amount transferred to a Participating Organization less any refunds transferred back to the MPTF Office by a Participating Organization.

Participating Organization

A UN Organization or other inter-governmental Organization that is a partner in a Fund, as represented by signing the applicable legal agreement with the MPTF Office for a particular Fund.

Project Expenditure

The sum of expenses and/or expenditure reported by all Participating Organizations for a Fund irrespective of which basis of accounting each Participating Organization follows for donor reporting.

Project Financial Closure

A project or programme is considered financially closed when all financial obligations of an operationally completed project or programme have been settled, and no further financial charges may be incurred. MPTF Office will report a project financially closed once the financial report(s) has been received and any balance of funds refunded.

Project Operational Closure

A project or programme is deemed operationally closed once all activities funded for Participating Organization(s) have been concluded, and the Steering Committee has approved the final narrative report.

Project Start Date

Project/ Joint programme start date as per the programmatic document.

US Dollar Amount

The financial data in the report is recorded in US Dollars.

Transferred Funds

Funds transferred to Participating Organizations by the Administrative Agent in accordance with the Steering Committee's request.

INTRODUCTON

This Consolidated Annual Financial Report of the Equatorial Guinea MPTF is prepared by the United Nations Development Programme (UNDP) Multi-Partner Trust Fund Office (MPTF Office) in fulfillment of its obligations as Administrative Agent, as per the Terms of Reference (TOR), the Memorandum of Understanding (MOU) signed between the UNDP MPTF Office and the Participating Organizations, and the donor agreement signed with contributors/donors.

The MPTF Office, as Administrative Agent, is responsible for concluding an MOU with Participating Organizations

and donor agreements with contributors/donors. It receives, administers and manages contributions, and disburses these funds to the Participating Organizations. The Administrative Agent prepares and submits annual consolidated financial reports, as well as regular financial statements, for transmission to stakeholders.

This consolidated financial report covers the period 10 August 2021 to 31 December 2024 and provides financial data on progress made in the implementation of projects of the Equatorial Guinea MPTF. It is posted on the MPTF Office GATEWAY (https://mptf.undp.org/fund/gnq00).

2024 FINANCIAL PERFORMANCE

This chapter presents financial data and analysis of the **Equatorial Guinea MPTF** using the pass-through funding modality as of 31 December 2024. Financial information for this Fund is also available on the MPTF Office GATEWAY, at the following address: https://mptf.undp.org/fund/gnq00.

SOURCES AND USES OF FUNDS

As of 31 December 2024, 1 contributor deposited US\$ 19,225,000 and US\$ 318,281 was earned in interest.

The cumulative source of funds was US\$ 19.543,281.

Of this amount, **US\$ 19,203,183** has been net funded to 3 Participating Organizations, of which **US\$ 8,944,579** has been reported as expenditure. The Administrative Agent fee has been charged at the approved rate of 1% on deposits and amounts to US\$ **192,250**. Table 1 provides an overview of the overall sources, uses, and balance of the **Equatorial Guinea MPTF** as of 31 December 2024.



Table 1 Financial Overview, as of 31 December 2024 (in US Dollars)

	Prior Years up to 31 Dec 2023	Financial Year Jan-Dec 2024	Total
Sources of Funds			
Contributions from donors	19,225,000	-	19,225,000
Sub-total Contributions	19,225,000	-	19,225,000
Fund Interest and Investment Income Earned	170,754	147,527	318,281
Total: Sources of Funds	19,395,754	147,527	19,543,281
Use of Funds			
Transfers to Participating Organizations	12,948,160	10,622,012	23,570,172
Sub-Total Transfers	12,948,160	10,622,012	23,570,172
Refunds received from Participating Organizations	-	(4,366,989)	(4,366,989)
Sub-Total Refunds	-	(4,366,989)	(4,366,989)
Administrative Agent Fees	192,250	-	192,250
Bank Charges	320	93	413
Total: Uses of Funds	13,140,730	6,255,116	19,395,846
Change in Fund cash balance with Administrative Agent	6,255,025	(6,107,590)	147,435
Opening Fund balance (1 January)	9,672	6,255,025	-
Closing Fund balance (31 December)	6,255,025	147,435	147,435
Net Funded Amount (Includes Direct Cost)	12,948,160	6,255,023	19,203,183
Participating Organizations Expenditure (Includes Direct Cost)	6,626,676	2,317,903	8,944,579
Balance of Funds with Participating Organizations	6,321,484	3,937,120	10,258,604

2. PARTNER CONTRIBUTIONS

Table 2 provides information on cumulative contributions received from all contributors to this fund as of 31 December **2024**.

The **Equatorial Guinea MPTF** is currently being financed by 1 contributor, as listed in the table below.

The table includes financial commitments made by the contributors through signed Standard Administrative Agreements with an anticipated deposit date as per the schedule of payments by 31 December **2024** and deposits received by the same date. It does not include commitments that were made to the fund beyond **2024**.

Table 2. Contributions, as of 31 December 2024 (in US Dollars)

Contributors	Total Commitments	Total Deposits
Government of United States of America	19,225,000	19,225,000
Grand Total	19,225,000	19,225,000

3. INTEREST EARNED

Interest income is earned in two ways: 1) on the balance of funds held by the Administrative Agent (Fund earned interest), and 2) on the balance of funds held by the Participating Organizations (Agency earned interest) where their Financial Regulations and Rules allow return of interest to the AA.

As of 31 December **2024**, Fund earned interest amounts to US\$ **318,281**.

Details are provided in the table below.

Table 3. Sources of Interest and Investment Income, as of 31 December 2024 (in US Dollars)

Interest Earned	Prior Years up to 31-Dec-2023	Financial Year Jan-Dec-2024	Total
Administrative Agent			
Fund Interest and Investment Income Earned	170,754	147,527	318,281
Total: Fund Interest Earned	170,754	147,527	318,281
Participating Organization			
Total: Agency Interest Earned	-	-	-
Grand Total	170,754	147,527	318,281

4. TRANSFER OF FUNDS

Allocations to Participating Organizations are approved by the Steering Committee and disbursed by the Administrative Agent. As of 31 December 2024, the AA has transferred US\$ 23,570,172 to 3 Participating Organizations (see list below).

Table 4 provides additional information on the refunds received by the MPTF Office, and the net funded amount for each of the Participating Organizations.

Table 4. Transfer, Refund, and Net Funded Amount to Participating Organization (in US Dollars)

		Prior Years to 31-Dec-20	23		Financial Yea Jan-Dec-2024			Total	
Participating Organization	Transfers	Refunds	Net Funded	Transfers	Refunds	Net Funded	Transfers	Refunds	Net Funded
UNDP	3,079,476	-	3,079,476	4,553,505	-	4,553,505	7,632,981	-	7,632,981
UNICEF	1,678,254	-	1,678,254	6,068,507	-	6,068,507	7,746,761	-	7,746,761
WHO	8,190,430	-	8,190,430	-	(4,366,989)	(4,366,989)	8,190,430	(4,366,989)	3,823,441
Grand Total	12,948,160	-	12,948,160	10,622,012	(4,366,989)	6,255,023	23,570,172	(4,366,989)	19,203,183

All expenditures reported are submitted as certified financial information by the Headquarters of the Participating Organizations. These were consolidated by the MPTF Office.

Joint Programme/ project expenditures are incurred and monitored by each Participating Organization, and are reported to the Administrative Agent as per the agreed upon categories for inter-agency harmonized reporting. The expenditures are reported via the MPTF Office's online expenditure reporting tool. The 2024 expenditure data has been posted on the MPTF Office GATEWAY at https://mptf.undp.org/fund/gnq00.

5.1 EXPENDITURE REPORTED BY PARTICIPATING ORGANIZATION

In 2024, US\$ 6,255,023 was net funded to Participating Organizations, and US\$ 2,317,903 was reported in expenditure.

As shown in the table below, the cumulative net funded amount is US\$ 19,203,183 and cumulative expenditures reported by the Participating Organizations amount to US\$ 8,944,579. This equates to an overall Fund expenditure delivery rate of 46.58 percent.

Table 5.1 Net Funded Amount and Reported Expenditures by Participating Organization, as of 31 December 2024 (in US Dollars)

Participating Organization	Approved Amount	Net Funded Amount	Expenditure			Delivery Rate %
			Prior Years up to 31-Dec- 2023	Financial Year Jan-Dec-2024	Cumulative	
UNDP	7,632,981	7,632,981	1,246,973	1,619,757	2,866,730	37.56
UNICEF	7,746,761	7,746,761	1,568,072	686,337	2,254,409	29.10
WHO	14,226,667	3,823,441	3,811,631	11,810	3,823,440	100.00
Grand Total	29,606,409	19,203,183	6,626,670	6 2,317,903	8,944,	579 46.58

5.2. Expenditures Reported by Category

Project expenditures are incurred and monitored by each Participating Organization and are reported as per the agreed categories for inter-agency harmonized reporting. In 2006 the UN Development Group (UNDG) established six categories against

which UN entities must report inter-agency project expenditures. Effective 1 January 2012, the UN Chief Executives Board (CEB) modified these categories as a result of IPSAS adoption to comprise eight categories.



Table 5.2. Expenditure by UNSDG Budget Category, as of 31 December 2024 (in US Dollars)

Category		Percentage of Total Programme Cost		
	Prior Years up to 31-Dec-2023	Financial Year Jan-Dec-2024	Total	
Staff & Personnel Cost	423,741	342,213	765,954	9.16
Supplies, commodities and materials	3,560,619	23,191	3,583,810	42.87
Equipment, vehicles, furniture and depreciation	138,240	105,019	243,259	2.91
Contractual Services Expenses	1,190,021	1,126,251	2,316,272	27.71
Travel	211,663	67,174	278,837	3.34
Transfers and Grants	283,018	112,630	395,648	4.73
General Operating	386,306	389,722	776,028	9.28
Programme Costs Total	6,193,607	2,166,200	8,359,808	100.00
¹ Indirect Support Costs Total	433,069	151,703	584,771	7.00
Grand Total	6,626,676	2,317,903	8,944,579	-

¹ Indirect Support Costs charged by Participating Organization, based on their financial regulations, can be deducted upfront or at a later stage during implementation. The percentage may therefore appear to exceed the 7% agreed upon for on-going projects. Once projects is financially closed, this number is not to exceed 7%.

6. COST RECOVERY

Cost recovery policies for the Fund are guided by the applicable provisions of the Terms of Reference, the MOU concluded between the Administrative Agent and Participating Organizations, and the SAAs concluded between the Administrative Agent and Contributors, based on rates approved by UNDG.

The policies in place, as of 31 December 2024, were as follows:

- The Administrative Agent (AA) fee: 1% is charged at the time of the contributor deposit and covers services provided on that contribution for the entire duration of the Fund. Cumulatively, as of 31 December 2024, US\$ 192,250 has been charged in AA fees.
- Indirect Costs of Participating Organizations: A general cost that cannot be directly related to any particular programme or activity of the Participating Organizations. Participating Organizations may charge 7% indirect costs based on UNSDG policy, establishing an indirect cost rate as a percentage of the programmable costs for interagency pass-through pool funds. In the current reporting period US\$ 151,703 was deducted in indirect costs by Participating Organizations. Cumulatively, indirect costs amount to US\$ 584,771 as of 31 December 2024.

7. ACCOUNTABILITY AND TRANSPARENCY

In order to effectively provide fund administration services and facilitate monitoring and reporting to the UN system and its partners, the MPTF Office has developed a public website, the MPTF Office Gateway (https://mptf.undp.org). Refreshed daily from an internal enterprise resource planning system, the MPTF Office Gateway has become a standard setter for providing transparent and accountable trust fund administration services.

The Gateway provides financial information including: contributor commitments and deposits, approved programme budgets, transfers to and expenditures reported by Participating Organizations, interest income and other expenses. In addition, the Gateway provides an overview of the MPTF Office portfolio and extensive information on individual Funds, including their purpose, governance structure and key documents. By providing easy access to the growing number of narrative and financial reports, as well as related project documents, the Gateway collects and preserves important institutional knowledge and facilitates knowledge sharing and management among UN Organizations and their development partners, thereby contributing to UN coherence and development effectiveness.

Annex to Financial Report

Annex. EXPENDITURE BY PROJECT GROUPED BY WINDOW

The Annex displays the net funded amounts, expenditures reported and the financial delivery rates by window by project/ joint programme and Participating Organization

Annex Expenditure by Project within Windows

Window /	Project No. and Project Title	Participating Organization	Project Status	Total Approved Amount	Net Funded Amount	Total Expenditure	Delivery Rate %
Covid-19 va	accination support						
00129191	Towards an accelerated immuniz	UNDP	On Going	7,632,981	7,632,981	2,866,730	37.56
00129191	Towards an accelerated immuniz	UNICEF	On Going	7,746,761	7,746,761	2,254,409	29.10
00129191	Towards an accelerated immuniz	WHO	On Going	14,226,667	3,823,441	3,823,440	100.00
Covid-19 va	accination support: Total			29,606,409	19,203,183	8,944,579	46.58
Grand Tota	ı			29,606,409	19,203,183	8,944,579	46.58





Contributors



Government of United States of America

UN Participating Organizations







UN Multi-Partner Trust Fund Office
United Nations Development Programme
GATEWAY: https://mptf.undp.org

