



2022 Annual Report



Office of the UN Resident Coordinator in Haiti and the Director of the Sustainable Development Unit of the Executive Office of the Secretary-General's and UN Multi-Partner Trust Fund Office

[UN Haiti Cholera Response MPTF | MPTF Office \(undp.org\)](https://undp.org)

TABLE OF CONTENTS

FOREWORD*	1
FUND FACTS	2
BACKGROUND	3
FUND OPERATIONS	4
KEY ACHIEVEMENTS	8
CHALLENGES	9
BEST PRACTICES	10
CONCLUSION	10
2022 FINANCIAL INFORMATION	
DEFINITIONS	11
INTRODUCTION	12
SOURCES AND USES OF FUNDS	13
PARTNER CONTRIBUTIONS	14
INTEREST EARNED	15
TRANSFER OF FUNDS	16
EXPENDITURE AND FINANCIAL DELIVERY RATES	17
COST RECOVERY	19
ACCOUNTABILITY AND TRANSPARENCY	19
ANNEX	20

ACRONYMS

AWD	Acute Watery Diarrhea
CATI	Case-Area Targeted Interventions
COVID	Coronavirus Disease
CTC	Cholera Treatment Center
DELR	Directorate of Epidemiology Laboratory and Research
DINEPA	National Directorate of Drinking Water and Sanitation
INGO	International Non-Governmental Organization
IPC	Infection Prevention and Control
Labo-Moto	Laboratories by Motorcycles
LNSP	National Public Health Laboratory
MINUSTAH	United Nations Stabilization Mission in Haiti
MPTF	Multi-Partner Trust Fund
MPTFO	Multi-Partner Trust Fund Office
MSPP	Ministry of Public Health and Population
NGO	Non-Governmental Organization
OREPA	Regional Office for Potable Water and Sanitation
PAHO	Pan- American Health Organization
UN	United Nations
UNDP	United Nations Development Program
UNDPO	United Nations Development Program Office
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office for Project Services
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

FOREWORD

In 2010, Haiti faced a devastating cholera outbreak, resulting in nearly 10,000 deaths and 820,000 suspected cases recorded by the Ministry of Public Health and Population (MSPP) from October 2010 to March 2022. The peak number of deaths occurred in 2010 with 4,101 deaths out of 185,351 suspected cases, while the peak in the number of suspected cases was observed in 2011 with 352,033 cases including 2,927 deaths.

Despite these challenges, the state authorities including the MSPP and the National Directorate of Drinking Water and Sanitation (DINEPA), supported by United Nations agencies such as the Pan American Health Organization/World Health Organization (PAHO/WHO), UNICEF, and other partners, worked tirelessly to combat the disease. Thanks to their joint efforts, for the first time since the initial outbreak, Haiti marked three consecutive years without any laboratory confirmed cases of cholera.

However, on October 2, 2022, the MSPP confirmed two positive cases of cholera in the capital Port-au-Prince, prompting the Haitian health authorities to declare an outbreak (pending toxigenicity and genomics testing). As of December 31, 2022, the MSPP reported 22,365 suspected cases, more than 1,550 confirmed cases, and 450 deaths in various communes across ten departments. Only one department, Nord-East, remained without confirmed cases.

Following the resurgence of cholera, the UN's strategy, via PAHO and UNICEF in coordination with other UN agencies and partners has focused on three main objectives:

- (i) controlling cholera morbidity and mortality in affected communities through timely detection and investigation of cases,
- (ii) saving lives through early and appropriate case management, and
- (iii) preparing for and preventing transmission to protect vulnerable groups at risk of infection with vibrio cholerae.

To achieve these objectives, the response strategy has been based on four priority areas of work:

- (i) laboratory and epidemiological surveillance,
- (ii) case management, infection prevention and control (IPC)/water,
- (iii) sanitation, and hygiene (WaSH), and
- (iv) communications and community engagement.

These priority areas are aligned with the national response plan outlined by Haiti's Ministry of Health (MSPP) and the departmental response strategy elaborated by the MSPP.

The MPTF project funding has been critical in strengthening Haiti's national capacity for surveillance and response to infectious diseases, including cholera and COVID-19. It has also contributed significantly to behavioral change among the population, including the adoption of good hygiene practices such as regular hand washing, wearing masks, and practicing social distancing to prevent the spread of COVID-19.

The UN remains committed to supporting Haiti to combat cholera and provide support to those most severely affected by the disease.

FUND FACTS

The UN Haiti Cholera Response MPTF was established in October 2016 to address critical needs in line with the New UN approach to cholera in Haiti. As of February 4, 2022, there were no laboratory confirmed cases of cholera for three consecutive years. This is certainly the outcome of the new UN approach as well as close partnership with Haitian communities. While the strategy is now primarily centered on providing support to the communities severely affected, the experience gained ensures that the level of alert remains high on prevention and early response.

GOVERNANCE

The Governance Structure is co-led by the UN Resident Coordinator in Haiti and the Director of the Sustainable Development Unit of the Executive Office of the Secretary General.

The Advisory Committee includes the Co-Chairs, the Recipient Entities and eight Contributors (though there are numerous other Contributors) - Canada, Chile, France, Japan, Norway, Republic of Korea, the United Kingdom - and the United States of America.

The Government of Haiti participates as observer.

The Fund is administered by the [Multi-Partner Trust Fund Office \(MPTFO\)](#), the UN center of expertise on pooled financing instruments for the Sustainable Development Goals.

AT A GLANCE



BACKGROUND

Since its establishment, 45 contributors supported the New UN approach to cholera in Haiti through the fund. As of 31 December 2022, the UN Haiti Cholera Response MPTF received an overall total amount of \$21,888,101, including the reallocation of the unencumbered MINUSTAH balance from 31 Member States that responded to the invitation from the Secretary-General, dated 25 July 2017, in support of the new UN approach to Cholera in Haiti.

The contributions received throughout the years have supported the activities on the ground in alignment with the strategic objectives of the new UN approach, adapting the different phases of implementation with the evolving situation from rapid response to surveillance, early recovery, preventions, building capacity and support to the communities.

In 2022, focus was directed to supporting the Haitian communities severely impacted by cholera. The programming cycle transitioned almost entirely to Track 2, building on the solid collaboration among the technical teams, the implementing entities on the ground and the local communities. Specifically, the active projects will continue both to build capacity for national response and preparedness and to provide direct assistance to the communities. However, since October 2022 the UN has once again sought to mobilize and mount an emergency response, supporting the Haitian Government, to combat the most recent outbreak.

2022 SUMMARY OF PROJECTS	Track	UN Entity	Approved budget (million)	Status
Community assistance in 4 cholera priority communes (Cap-Haitian area) phase 2: New UN Approach cholera Haiti	Track 2	UNOPS and UNDP	\$ 5,936,070	On-going
Strengthening the national response for the elimination of Cholera in Haiti	Track 1a	UNICEF and PAHO/WHO	\$ 5,000,000	On-going
Strengthening Resilience, Health and Sanitation Systems in Haiti through community support	Track 2	UNDP	\$ 4,952,562	On-going
Operational and Technical Support to the OSE for a UN response to cholera in Haiti	Global Support	UNDPO	\$ 843,730	Fin. closed
Haiti Cholera Medical Response	Track 1a	PAHO/WHO	\$ 1,500,000	Fin. closed
Community assistance Mirebalais: New UN Approach cholera Haiti	Track 2	UNDP	\$ 1,172,876	Op. closed
Preventing and Cutting Transmission in four persistent departments	Track 1a	UNICEF	\$ 500,000	Fin. closed
Preventing and cutting cholera transmission in West Department	Track 1a	UNICEF	\$ 1,000,791	Fin. closed

FUND OPERATIONS

Under Track 1 of the United Nation’s New Approach to Cholera in Haiti, the UN is working to mount an emergency response to combat the most recent outbreak. The UN Haiti Cholera MPTF Advisory Committee met on 25 October 2022 to develop an effective response to the new outbreak. Under the leadership of the Resident Coordinator, Ulrika Richardson, and the Co-Chair, Michelle Gyles-McDonnough, the Committee voted to release \$1,000,000.00 to UNICEF and PAHO to support their interventions and programming directed at the latest outbreak.

EVOLUTION & STATUS of CHOLERA IN HAITI 2022

POPULATION: 13,255, 590

SUSPECTED CASES: 22,365

CONFIRMED CASES: 1,550

INSTISUTIONAL DEATHS: 274

COMMUNITY DEATHS: 176

TOTAL DEATHS: 450

Track 1

Joint efforts of PAHO / WHO and UNICEF to maintain an effective surveillance and alert/response system, in support of the MSPP, at various systemic levels - community, municipality and departmental, up to the national level - has allowed Haiti to progress towards being the first country to receive the “Cholera free” certification, having maintained zero laboratory confirmed cases of cholera for over three years. This remained the case for the first 10 months of 2022, until October when a new outbreak occurred. Prior to this new outbreak, PAHO/WHO and UNICEF focused their efforts on activities aimed at strengthening the capacity of state entities in the surveillance of infectious diseases. The alert/response system has been strengthened.

From the declaration of the new cholera outbreak in October 2022 to December 31st, UNICEF supported over 231,000 people through the delivery of cholera supplies and/or kits (including Aquatabs, soap, oral rehydration salts) through CATI. Materials were also prepositioned in 19 of the 47 Cholera Treatment Centers (CTC) in the country, with a specific focus on difficult-to-access areas. It also supported surveillance and case management activities through training health workers and supporting NGO partners. These partners set up CTCs with medical kits. UNICEF supported integration of a malnutrition response, particularly in areas with high acute malnutrition.

PAHO has provided support to strengthen and scale up the early warning and response system of the MSPP’s Directorate of Epidemiology Laboratory and Research (DELR). This has been accomplished through the integration of assistant epidemiologists in all ten departmental health directorates (one in each department, except for the West department with five assistant epidemiologists). These epidemiologists work very closely with the departmental surveillance team of the MSPP and assist in the coordination of alert and response activities, epidemiological investigations, and reporting of epidemic intelligence to health authorities at the central level.

Furthermore, technical, and logistical support was provided to Haiti's National Public Health Laboratory (LNSP) for the expansion of the national surveillance system of acute watery diarrhea (AWD) to facilitate the detection of *Vibrio cholerae*.

UNICEF supported DINEPA in reinforcing national and subnational coordination mechanisms and developing the Water Sanitation and Hygiene emergency response to crisis, including cholera epidemic. By 31 December, the project had supported DINEPA, MoH, and humanitarian actors with WASH and cholera supplies. It also channeled materials and activities to implementing partners (ACTED, Solidarité, and others) and the four local WASH directorates (OREPAs) to increase rapid response. These materials and activities included the chlorination and control of residual chlorine, awareness raising activities and provision for the emptying of latrines in cholera treatment centers (CTC).



Support was also provided to DINEPA and the NGO Solidarité in trucking water to affected areas as well as sites hosting displaced people daily. This was part of the WASH response to the cholera outbreak combined with the response to urban violence. This activity benefited 187,720 people.

In December 2022, five (5) laboratories had the capacity to test for cholera; however, due to security constraints, some departments have closed their doors and only three (3) are available currently. To date, the system includes more than fifty (50) health institutions throughout the territory. These activities were complemented by training health professionals on the collection and management of specimens from AWD cases. Furthermore, laboratory technicians were trained in culture and antibiotic susceptibility testing of stool specimens. PAHO/WHO has also helped with the training, equipping, and deployment of Labo-moto nurses. These are field nurses who support the collection and transport of samples

from health facilities to laboratories by motorcycle. Finally, care institutions and healthcare personnel were trained in infection prevention and control (IPC) measures. The goal of this training was to strengthen IPC to reduce the risk of transmission of cholera, COVID-19, and other infectious diseases.

A challenge faced by INGOs and local NGOs in the first epidemic was to reach zero positive cholera cases as well as community sensitization and mobilization. The decrease in COVID-19 cases' numbers and the absence of Cholera cases for a long period of time meant that it took some time to resume a full operational cholera response across the country. This response started in the West Department where the October 2022 outbreak started. To ensure a reinvigoration of hygiene rules and barrier gestures, UNICEF worked with the Government to strengthen the MSPP's communication and awareness plan.

Overall, the project has reached 654,946 people through hygiene promotion, hand washing practices and provision of hand-washing devices.

The MPTF project, which aimed to Strengthen the National Response for Cholera Elimination in Haiti, played an important role not only in temporarily eliminating cholera, but also in consolidating and improving the performance of the national infectious disease surveillance network so that the resurgence of cholera to date has shown a more controlled peak and fewer deaths compared to the same timeframe in the previous outbreak. This project was jointly implemented by PAHO/WHO and UNICEF and was amended in July 2020 to include interventions geared towards the prevention and reduction of community transmission of COVID-19 in addition to cholera. The project was further extended in October 2022 to account for the new cholera outbreak.

Track 2

In continuation of the United Nation's New Approach to Cholera in Haiti, the UN system has been actively working to provide meaningful support to the most severely affected communities in Haiti. From 2018 to April 2021, the Haiti Cholera Multi-Partner Trust Fund (MPTF) provided funding to support victims in two phases. The first phase consisted of a pilot program in five communities in the Center department (Mirebalais, Crête Brûlée, Gascogne, Sarazin, Grand-Boucan) while the second phase saw an expansion into 20 additional communities in the North department (Cap-Haitien, Quartier Morin, Limbé and Dondon).

IMPROVED WASH OUTCOMES

10,694 students (4,922 boys and 5,772 girls, (as well as 323 teachers and administrative officers, (167 men and 156 women) and 15 schools in five communes of the West Department benefited from improved access to water sanitation and hygiene infrastructure, supplies, and services.

This occurred as the result of the construction and rehabilitation of latrines, hand washing devices, water tanks, and the provision of hygiene and sanitation kits, hygiene practice awareness raising and training.

The third phase of the project, implemented by UNDP in the Northeast and in other departments by UNDP and UNOPS, has been adapted to give local associations the possibility to implement micro-projects. This approach is based on ownership of the process and participation of cholera victims in the identification and implementation of priority projects. The project will strengthen capacities of the local association to give them possibilities to implemented micro-project selected by the communities.

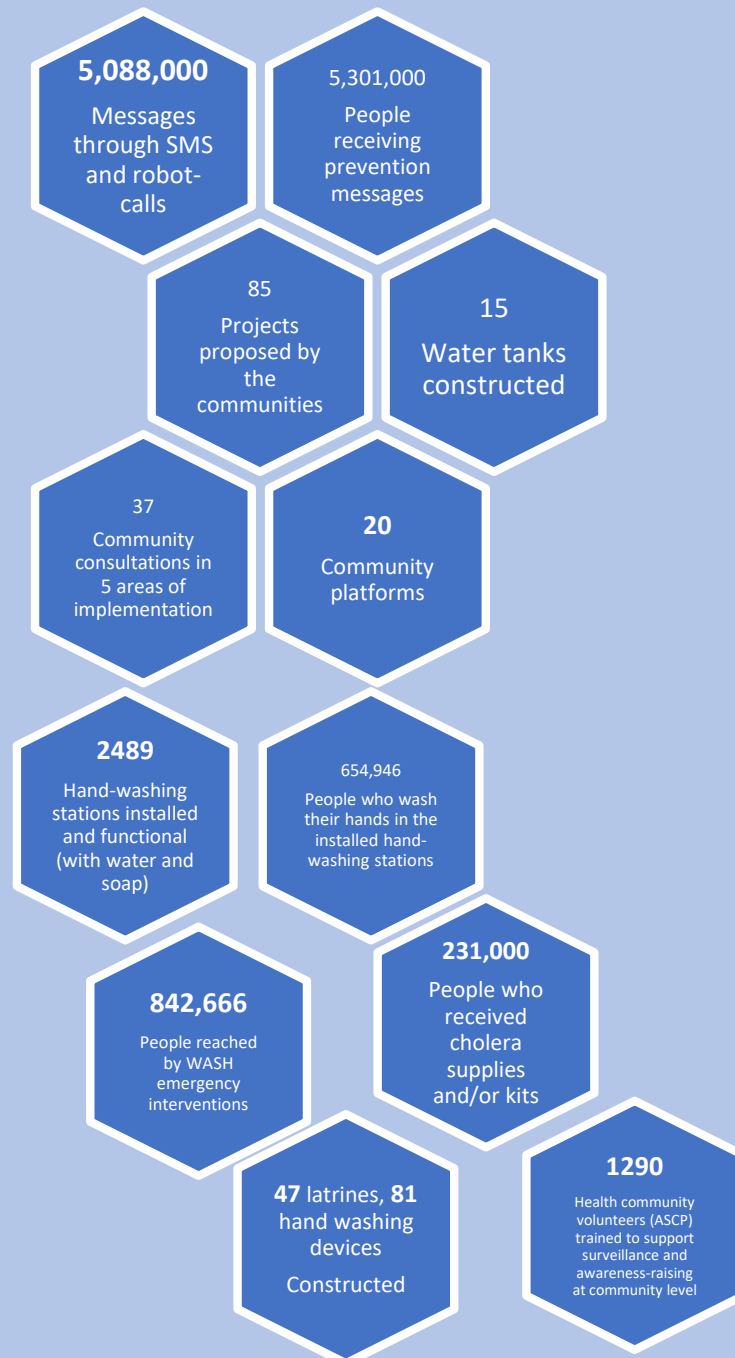
The project has ensured that women have equal access to information and the same level of participation as men in consultations, and that the specific needs of women are involved in the decision-making process for priority projects. Representatives of women's organizations were invited to join community platforms, and women who participate in platforms have the same right as men in decision making.

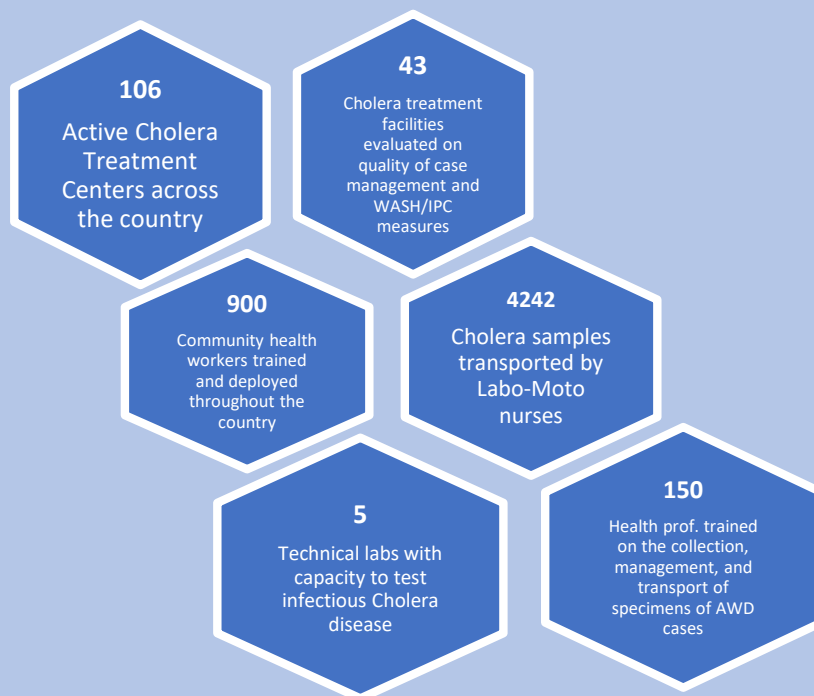
In the third phase, which was approved for funding by the Haiti Cholera MPTF Advisory Committee on 25 October 2022, five additional communities were added, bringing the total number of communities reached by the project to 43, with an extension of three years to further expand the UN's support to victims of cholera in two other departments (Artibonite and Centre). The targeted communities, including those in the most recent expansion, have established locally run victim-led platforms and have carried out hundreds of local consultations using a participatory community assessment process for the selection of community projects.



KEY ACHIEVEMENTS

This section highlights some of the key results achieved for the period Jan-Dec 2022. The results were provided by the Agencies in the projects' Annual Report, which are available on the UN-Haiti Cholera Response MPTF Gateway [site](#). The key achievements focus primarily on the strategic importance of supporting the Haitian communities as an effective way to improve the national health and sanitation system. The work done on responsive and preventative activities, as well as preparedness was also critical in addressing the response for recent Cholera outbreak in October 2022.





CHALLENGES

The socio-political and security situation in Haiti has become increasingly complex and volatile over the past year and a half. Continuous nationwide fuel shortages, crippling insecurity, escalated violence and impromptu lockdowns have not only provoked an alarming humanitarian crises but also made access to vulnerable populations more challenging and hence also frequently hindered the progress of the project, severely impacting the pace of activities.

The new cholera outbreak began during the “peyi lòk” period when armed gangs took control of fuel terminals, the port, and key national roads to the northern and southern departments. The lack of fuel hindered rapid response activities. Although the terminals were opened by December, fuel availability remained largely limited to the West department, while other departments continued to register new cholera cases.

Unfortunately, the outbreak inhibited progress on Track 2 activities. The targeted communities were not spared and were also affected by cholera, which created negative social impacts.



BEST PRACTICES

To build and maintain trust with the community, the Track 2 projects involved the wider community in decision-making processes from the outset and ensured that the community was informed about the projects, its approach, and its operation. Additionally, being transparent and clear about the project's strengths and limitations with victims upfront is essential to avoid creating false expectations that cannot be met.

Regular communication with the communities enabled the project to maintain direct links with their members, which helped build and strengthen better communication channels with the Track 2 projects. The project team learned to explain concepts in various ways to make it easier for beneficiaries to understand, while considering their educational backgrounds. This facilitated their inclusion in decision-making processes and respected their dignity and opinions.

By implementing these principles, the Track 2 project encouraged the active participation of cholera victims in the most affected communities.

CONCLUSION

After an optimistic start to the year towards the certification of Haiti being the first "Cholera Free" country, the United Nations mission in Haiti had to quickly mobilise resources and partners to provide support to the Government when the disease reappeared. Thanks to the availability of the Member States of the UN Haiti Cholera MPTF Advisory Committee, a rapid release of funds to develop an effective response to the new outbreak was voted. This allowed partner agencies to mount an emergency response, under Track 1 of the United Nation's New Approach to Cholera in Haiti.

During the last quarter of the reporting year, the humanitarian situation in Haiti has continued to deteriorate and became increasingly complex. Haiti continues to face multiple concurrent crises including armed violence, political instability, galloping inflation and rapid deepening of protection and humanitarian needs, while also experiencing an increase in the number of confirmed cholera cases.

Against this backdrop, the UN in Haiti is determined to continue its support to the Haitian Government in the response and the surveillance of Cholera but also continue to assist those most vulnerable in the communities affected by the epidemic. The Haiti Cholera MPTF, through its Secretariat being now located at the Resident Coordinator Office in Haiti, will continue to support agencies in assisting both most affected communities and the various national institutions involved in the response.

DEFINITIONS

Allocation

Amount approved by the Advisory Committee for a project/programme.

Approved Project/Programme

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

Contributor Commitment

Amount(s) committed by a contributor to a Fund in a signed Standard Administrative Arrangement 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 Standard Administrative Arrangement.

Delivery Rate

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

Indirect Support Costs

A general cost that cannot be directly related to any particular programme or activity of the Participating Organizations. UNSDG policy establishes a fixed indirect cost rate of 7% of programmable costs for inter-agency pass-through MPTFs.

US Dollar Amount

The financial data in the report is recorded in US Dollars

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 a Memorandum of Understanding (MOU) 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.

Project Operational Closure

A project or programme is considered operationally closed when all programmatic activities for which Participating Organization(s) received funding have been completed.

Project Start Date

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

Total Approved Budget

This represents the cumulative amount of allocations approved by the Advisory Committee.

INTRODUCTION

This Consolidated Annual Financial Report of the **Haiti Cholera Response Multi-Partner Trust Fund** 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 Standard Administrative Arrangement (SAA) signed with contributors.

The MPTF Office, as Administrative Agent, is responsible for concluding an MOU with Participating Organizations and SAAs with contributors. 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 1 January to 31 December 2022 and provides financial data on progress made in the implementation of projects of the **Haiti Cholera Response Multi-Partner Trust Fund**. It is posted on the MPTF Office GATEWAY (<https://mptf.undp.org/fund/clh00>).

2022 FINANCIAL PERFORMANCE

This chapter presents financial data and analysis of the **Haiti Cholera Response Multi-Partner Trust Fund** using the pass-through funding modality as of 31 December **2022**. Financial information for this Fund is also available on the MPTF Office GATEWAY, at the following address: <https://mptf.undp.org/fund/clh00>.

1. SOURCES AND USES OF FUNDS

As of 31 December **2022**, **45** contributors deposited US\$ **21,888,101** and US\$ **358,713** was earned in interest.

The cumulative source of funds was US\$ **22,246,814**.

Of this amount, US\$ **20,842,646** has been net funded to **5** Participating Organizations, of which US\$ **12,222,794** has been reported as expenditure. The Administrative Agent fee has been charged at the approved rate of 1% on deposits and amounts to US\$ **218,881**. Table 1 provides an overview of the overall sources, uses, and balance of the **Haiti Cholera Response Multi-Partner Trust Fund** as of 31 December 2022.

Table 1 Financial Overview, as of 31 December 2022 (in US Dollars)

	Annual 2021	Annual 2022	Cumulative
Sources of Funds			
Contributions from donors	1,000,000	-	21,888,101
Sub-total Contributions	1,000,000	-	21,888,101
Fund Earned Interest and Investment Income	24,034	62,009	358,713
Total: Sources of Funds	1,024,034	62,009	22,246,814
Use of Funds			
Transfers to Participating Organizations	1,845,445	4,852,562	20,906,029
Refunds received from Participating Organizations	(6,895)	-	(63,383)
Net Funded Amount	1,838,549	4,852,562	20,842,646
Administrative Agent Fees	10,000	-	218,881
Bank Charges	167	137	1,009
Total: Uses of Funds	1,848,716	4,852,699	21,062,536
Change in Fund cash balance with Administrative Agent	(824,682)	(4,790,690)	1,184,277
Opening Fund balance (1 January)	6,799,649	5,974,967	-
Closing Fund balance (31 December)	5,974,967	1,184,277	1,184,277
Net Funded Amount (Includes Direct Cost)	1,838,549	4,852,562	20,842,646
Participating Organizations Expenditure (Includes Direct Cost)	2,953,779	2,256,203	12,222,794
Balance of Funds with Participating Organizations	(1,115,230)	2,596,359	8,619,852

PARTNER CONTRIBUTIONS

Table 2 provides information on cumulative contributions received from all contributors to this fund as of 31 December **2022**.

The **Haiti Cholera Response Multi-Partner Trust Fund** is currently being financed by **45** contributors, 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 **2022** and deposits received by the same date. It does not include commitments that were made to the fund beyond **2022**.

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 **2022**, Fund earned interest amounts to US\$ **358,713**.

No interest was received from Participating Organizations. Details are provided in the table below.

Table 3. Sources of Interest and Investment Income, as of 31 December 2022 (in US Dollars)

Interest Earned	Prior Years as of 31-Dec-2021	Current Year Jan-Dec-2022	Total
Administrative Agent			
Fund Earned Interest and Investment Income	296,704	62,009	358,713
Total: Fund Earned Interest	296,704	62,009	358,713
Participating Organization			
Total: Agency earned interest	-	-	-
Grand Total	296,704	62,009	358,713

TRANSFER OF FUNDS

Allocations to Participating Organizations are approved by the Advisory Committee and disbursed by the Administrative Agent. As of 31 December 2022, the AA has transferred US\$ 20,906,029 to 5 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 by Participating Organization (in US Dollars)

Participating Organization	Prior Years Cumulative as of 31-Dec-2021			Current Year Jan-Dec-2022			Total		
	Transfers	Refunds	Net Funded	Transfers	Refunds	Net Funded	Transfers	Refunds	Net Funded
PAHO/WHO	3,500,000	-	3,500,000	500,000	-	500,000	4,000,000	-	4,000,000
UNDP	3,374,917	-	3,374,917	3,852,562	-	3,852,562	7,227,479	-	7,227,479
UNDPO	843,730	-	843,730	-	-	-	843,730	-	843,730
UNICEF	3,500,791	(63,383)	3,437,408	500,000	-	500,000	4,000,791	(63,383)	3,937,408
UNOPS	4,834,030	-	4,834,030	-	-	-	4,834,030	-	4,834,030
Grand Total	16,053,467	(63,383)	15,990,084	4,852,562	-	4,852,562	20,906,029	(63,383)	20,842,646

EXPENDITURE AND FINANCIAL DELIVERY RATES

All final 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 **2022** expenditure data has been posted on the MPTF Office GATEWAY at <https://mptf.undp.org/fund/clh00>.

EXPENDITURE REPORTED BY PARTICIPATING ORGANIZATIONS

In **2022**, US\$ **4,852,562** was net funded to Participating Organizations, and US\$ **2,256,203** was reported in expenditure.

As shown in table below, the cumulative net funded amount is US\$ **20,842,646** and cumulative expenditures reported by the Participating Organizations amount to US\$ **12,222,794**. This equates to an overall Fund expenditure delivery rate of **58.64** percent.

Table 5.1 Net Funded Amount and Reported Expenditures by Participating Organization, as of 31 December 2022 (in US Dollars)

Participating Organization	Approved Amount	Net Funded Amount	Expenditure			Delivery Rate %
			Prior Years as of 31-Dec-2021	Current Year Jan-Dec-2022	Cumulative	
PAHO/WHO	4,000,000	4,000,000	2,725,468	722,248	3,447,716	86.19
UNDP	7,227,479	7,227,479	2,247,872	520,057	2,767,929	38.30
UNDPO	843,730	843,730	730,122	126,766	856,888	101.56
UNICEF	4,000,791	3,937,408	3,085,170	223,029	3,308,199	84.02
UNOPS	4,834,030	4,834,030	1,177,959	664,103	1,842,062	38.11
Grand Total	20,906,029	20,842,646	9,966,591	2,256,203	12,222,794	58.64

EXPENDITURE 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.

Table 5.2. Expenditure by UNSDG Budget Category, as of 31 December 2022 (in US Dollars)

Category	Expenditures			Percentage of Total Programme Cost
	Prior Years Cumulative as of 31-Dec-2021	Current Year Jan-Dec-2022	Total	
Staff & Personnel Cost	2,054,639	590,960	2,645,599	23.16
Supplies, commodities and materials	559,894	117,411	677,305	5.93
Equipment, vehicles, furniture and depreciation	980,049	10,191	990,240	8.67
Contractual Services Expenses	1,635,210	1,010,296	2,645,507	23.16
Travel	437,510	154,545	592,055	5.18
Transfers and Grants	2,814,343	195,987	3,010,330	26.35
General Operating	832,373	29,107	861,480	7.54
Programme Costs Total	9,314,018	2,108,497	11,422,515	100.00
¹ Indirect Support Costs Total	652,573	147,706	800,279	7.01
Grand Total	9,966,591	2,256,203	12,222,794	-

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 are financially closed, this number is not to exceed 7%.

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 2022, were as follows:

- **The Administrative Agent (AA) fee:** 1% is charged at the time of contributor deposit and covers services provided on that contribution for the entire duration of the Fund. Cumulatively, as of 31 December **2022**, US\$ **218,881** has been charged in AA-fees.
- **Indirect Costs of Participating Organizations:** Participating Organizations may charge 7% indirect costs. In the current reporting period US\$ **147,706** was deducted in indirect costs by Participating Organizations. Cumulatively, indirect costs amount to US\$ **800,279** as of 31 December **2022**.

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 in real time every two hours 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 1: EXPENDITURE BY PROJECT GROUPED BY TRACK

Annex 1 displays the net funded amounts, expenditures reported and the financial delivery rates by Track by project/ joint programme and Participating Organization

Annex 1 Expenditure by Project within Track

Track/ Project No. and Project Title	Participating Organization	Project Status	Total Approved Amount	Net Funded Amount	Total Expenditure	Delivery Rate %
1a Prevent & Cut Transmission						
00105773	#1 HAITI CHOLERA MEDICAL RESPO PAHO/WHO	Financially Closed	1,500,000	1,500,000	1,500,000	100.00
00105774	#3 PREVENTING & CUTTING TRANSM UNICEF	Financially Closed	500,000	443,512	443,512	100.00
00109989	#4 Preventing and cutting UNICEF	Financially Closed	1,000,791	993,896	993,896	100.00
00122749	CLH7 - PAHO UNICEF Strengtheni PAHO/WHO	On Going	2,500,000	2,500,000	1,947,716	77.91
00122749	CLH7 - PAHO UNICEF Strengtheni UNICEF	On Going	2,500,000	2,500,000	1,870,791	74.83
1a Prevent & Cut Transmission: Total			8,000,791	7,937,408	6,755,915	85.11
2 Support to Affected						
00105932	#2 COMMUNITY ASSIST. MIRABALAIS UNDP	Operationally Closed	1,172,876	1,172,876	1,172,516	99.97
00115476	#6 Phase 2 Community Assistanc UNDP	On Going	1,102,040	1,102,040	964,578	87.53
00115476	#6 Phase 2 Community Assistanc UNOPS	On Going	4,834,030	4,834,030	1,842,062	38.11
00127164	Strengthening Resilience, Heal UNDP	On Going	4,952,562	4,952,562	630,835	12.74
2 Support to Affected: Total			12,061,508	12,061,508	4,609,991	38.22
Global Support						
00109990	#5 Operational and Technical UNDPO	On Going	843,730	843,730	856,888	101.56
Global Support: Total			843,730	843,730	856,888	101.56
Grand Total			20,906,029	20,842,646	12,222,794	58.64