



**UNFPA, UNICEF, UN-WOMEN, WHO**

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**Western and Central African Region  
(WCAR)**

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**MULTI-PARTNER TRUST FUND**

**Terms of Reference**

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## Definitions

The “**Fonds Muskoka for Women and Child Health**” (Muskoka-WCH-MPTF) is a joint partnership bringing together four UN agencies UNFPA, UNICEF, UN Women and WHO (Participating UN Organizations--PUNO) in the West and Central Africa Region (WCAR), established under a Multi-Partner Trust Fund (MPTF) mechanism. Beyond a partnership, the Fonds Muskoka functions as a joint coordination and implementation mechanism, enabling these agencies to plan and deliver interventions in a complementary and integrated manner. This structured way of working helps strengthen synergies, reduce fragmentation, and maximize impact for women, children and adolescents. It will be referred to as the Fonds Muskoka, the Muskoka Fund, or the Fonds throughout the document.

**Participating United Nations Organizations (PUNO):** United Nations Organizations that receive funds directly from the Muskoka Fund account. In these ToRs, the PUNOs will be principal recipients of the MPTF, though partnering at country level with different implementing partners. For this phase of the Muskoka Fund, the four PUNOs are: UNICEF, WHO, UNFPA and UN Women.

**Implementing Partners (IP):** organizations engaged by Participating United Nations Organizations to implement projects. These could be NGOs, CSOs, government entities, or others who work with Participating Organizations in the implementation of projects. POs are accountable for the selection and engagement of implementing partners.

## List of Acronyms

**AA** – Administrative Agent

**AfDB** – African Development Bank

**AWP** – Annual Workplan

**COPI / MSC** –Comité de Pilotage - COPIL/Muskoka Steering Committee

**COTECH** – Comité Technique/Technical Committee

**CSA** – Child Survival Action

**DR/RD** – Directeur Regional / Regional Director

**EmONC** – Emergency Obstetric and Neonatal Care

**EWENE** – Every Women, Every Newborn, Everywhere initiative

**FGM** – Female Genital Mutilation

**GFF** – Global Financing Facility

**GHI** – Global Health Initiative

**H4 / H6 / HHA** – UN Health Coordination Platforms

**IACT** – Inter-Agency Country Teams

**IFIs** – International Financial Institutions

**IMCI** – Integrated Management of Childhood Illness

**IP** - Implementing Partner

**KPI** – Key Performance Indicator

**KMC** – Kangaroo Mother Care

**MEAE** – Ministry of Europe and Foreign Affairs (France)

**M&E / M&E&R** – Monitoring & Evaluation /Monitoring, Evaluation & Reporting

**MDSR** – Maternal Death Surveillance and Response

**MF / FM** – Muskoka Funds / Fonds Muskoka

**MPTF** – Multi-Partner Trust Fund

**MPTFO** – Multi-Partner Trust Fund Office

**MoU** – Memorandum of Understanding

**MSC** - Muskoka Steering Committee

**MSF** – Médecins Sans Frontières - Doctors without Borders

**NCE** – No-Cost Extension  
**NEPAD** – New Partnership for Africa’s Development  
**NGO** – Non-Governmental Organization  
**NMSC** – National Muskoka Steering Committee  
**OSC/CSO**– Organisation de la société civile – Civil Society Organization  
**PUNO** - Participating United Nations Organization(s)  
**PHC** – Primary Health Care  
**PO** – Participating Organization  
**PTA** – Joint Annual Workplan / Plan de Travail Annuel Inter-agences  
**RC / RCO** – Resident Coordinator / Resident Coordinator Office  
**RMNCAH-NUT** – Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition  
**SAA** – Standard Administrative Arrangement  
**SDG** – Sustainable Development Goal  
**SFE / MF-SFE** – Muskoka Funds for Women and Children  
**TFP** – Technical and Financial Partners  
**ToC** - Theory of Change  
**ToR** – Terms of Reference  
**UNCT** – United Nations Country Team  
**UNEG** – United Nations Evaluation Group  
**UNFPA** – United Nations Population Fund  
**UNICEF** – United Nations Children’s Fund  
**UN Women** – United Nations Entity for Gender Equality  
**WHO / OMS** – World Health Organization / Organisation mondiale de la Santé  
**WP** – Workplan

# 1. Introduction

## 1.1. Background

The West and Central African region bears the highest global mortality rates for mothers, newborns, and children under five. The situation is aggravated by the recurring humanitarian and fragile context that hinders access to quality health services and essential care. A significant acceleration is needed to reach the targets of the Sustainable Development Goals (SDGs) for maternal, neonatal and under-five mortality (SDG 2.2, 3.1, 3.2) by 2030. Beyond reducing mortality, efforts should be accelerated to reach the targets of the Sustainable Development Goals for “healthy lives and well-being for all, at all ages” (SDG 3.7, 5.1, 5.2, 5.3). The Muskoka Fund is all about addressing these.

Despite significant progress in the region:

- A mother dies every 4 minutes in 2023 even though there has been a decline of nearly 22% in the maternal mortality ratio between 2010 and 2023. The **maternal mortality ratio** remains three times higher than the world average and nearly 40 times higher than that in industrialized countries.
- With nearly 1.9 million children dying before the age of five in 2023, representing around 40% of the global total, the region has the highest under-five mortality rate in the world, with 1 in 12 children not reaching their fifth birthday. In West and Central Africa, **adolescents** are subject to early marriage, often leading to unintended/early pregnancies, exposing them also to much higher risks of sexually transmissible infections such as HIV.
- The rate of **teenage pregnancy** in the region is three times higher than the global level. Complications of these pregnancies are the leading cause of death among young girls aged 15 to 19. They are also the main victims of HIV/AIDS.
- The burden of **malnutrition** remains at an unacceptably high level in sub-Saharan Africa. The region is marked by widespread undernutrition (more than 23 million children aged 6 to 23 months do not have access to a diversified diet), delays in growth (increasing from 27 million to more than 29 million children between 2010 and 2020), and wasting (which affects 2.5 million children), while overweight and obesity are emerging as growing public health concern. These factors contribute to approximately half of the deaths among children under the age of 5.
- **Violence** against women and girls in West and Central Africa persists. It is perpetuated by harmful practices such as child marriage and female genital mutilation (FGM), which continue to violate the rights, dignity, and bodily integrity of millions of girls and women. In 7 out of 24 countries, more than half of the female population has undergone FGM.<sup>1</sup>

## 1.2. The Muskoka Fonds for Women and Child Health

To address this alarming situation, France under its Ministry of Europe and Foreign Affairs (MEAE), created the Muskoka Mechanism in 2010. For over 15 years and with close to 200 million euros in investments, this innovative catalytic partnership has leveraged the comparative advantages of four PUNOs (UNFPA, UNICEF, UN Women and WHO) to improve the health, well-being and nutrition of mothers, newborns, children, adolescents and young people in West and Central Africa.

Fully aligned with national priorities, but also with the African Union's Agenda 2063, the Muskoka Mechanism contributed to significant progress between 2010 and 2023:

- A reduction in neonatal mortality across all countries of intervention (including a 22% decrease in Togo);

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<sup>1</sup> <https://www.unfpa.org/fgm-regional-snapshots/2024-west-and-central-africa> ; <https://data.unicef.org/topic/child-protection/female-genital-mutilation/>  
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- A reduction in under-five mortality by 28% in Benin, 34% in Côte d'Ivoire and Togo, and 39% in Senegal;
- A reduction in maternal mortality by 39% in Côte d'Ivoire, 34% in Guinea and 46% in Senegal;
- The development and implementation of the first joint regional framework to address early pregnancy, the first national reference document on menstrual health and hygiene in Côte d'Ivoire, and a significant increase in the number of health facilities offering integrated sexual and reproductive health services for young people;
- Based on current trends, Senegal and Côte d'Ivoire should be able to meet the SDG target on stunting.

In order to further **accelerate** its efforts towards achieving the SDGs by 2030, the Muskoka Mechanism adopted a new strategy at the end of 2023 (Muskoka Strategy 3.0), based on:

- Reframing **its outcomes** to focus on strengthening the resilience of health systems, fostering an enabling environment, and increasing the demand for services (with a focus on the empowerment of women and adolescent girls);
- Strengthening **Results-Based Management**;
- **Increased community engagement and participation**;
- the development of **operational research** and **innovations**; and
- Introducing **transformative partnerships**, notably by opening the Muskoka Mechanism to other resource partners.

In response to the above challenges and to facilitate the construction of a **stronger transformative partnership**, all stakeholders agreed to develop a multi-partner trust fund (MPTF). This fund is designed to offer the following advantages in advancing progress toward SDGs 2.2, 3.1, 3.2, 3.7, 5.1, 5.2, 5.3 and beyond:

1. Building upon 15 years of successful joint implementation, review and address the challenges to optimize efficiencies and efficacies.
2. Further strengthen inter-agency coordination, collaboration, synergies, and complementarities.
3. Improve, adjust and optimize the existing Muskoka governance mechanisms to better respond to the new MPTF structure and country-specific challenges.
4. Simplify and reduce administrative structure and burden, thereby optimizing the return on investment.
5. Mobilize, increase and diversify partners in order to better respond to the multiple challenges.
6. Strengthen support to countries already benefitting from the Muskoka mechanism and open to new countries.

Guided by the **2023 Muskoka Strategy 3.0**, the Muskoka-WCH-MPTF structure aims at:

**VISION:**

Ensuring that mothers, newborns, children, adolescents and young people live in optimal health and well-being.

**IMPACT:**

Accelerated progress toward the achievement of the Sustainable Development Goals (SDGs) related to maternal, newborn, child, adolescent and youth health, sexual and reproductive health and rights, nutrition, and the well-being of women, children and young people in intervention countries.

**RESULTS:**

Contributed to reducing preventable maternal, newborn, child, adolescent, and youth deaths, while improving sexual and reproductive health and rights and nutrition in intervention countries through the Muskoka mechanism.

## Specificities of the Muskoka Strategy 3.0

Based on the achievements and lessons learned over the past fifteen years, situational analyses at the regional and country levels, the evolution of the health and security context, and in alignment with the global agenda and national priorities, the Muskoka 3.0 strategy stands out for the following specificities:

- Strengthening the multisectoral, convergent and integrated population-centered programmatic approach in the context of primary health care and universal health coverage.
- Programmatic and technological innovation to ensure the supply of and accessibility to quality services at all levels of the health pyramid and stimulate demand, especially by vulnerable populations.
- Availability of information to improve evidence-based planning and decision-making.
- Pooling efforts through the development of transformative partnerships, including with relevant civil society, technical and financial partners.
- Strengthening communication and advocacy components to strengthen political commitment and promote the RMNCAH-NUT agenda in the region.
- Influencing an increase in domestic resources and Official Development Assistance for RMNCAH-NUT systems and services.
- Strengthening the demand for services and the socio-economic empowerment of women and girls with a focus on the commitment and accountability of actors, including community actors, in favor of gender equality and empowerment for better socio-economic and cultural impact.
- Harmonization and simplification of budget and reporting cycles for better effectiveness and efficiency in the field.

### OUTCOMES:

**OUTCOME 1:** Strengthen **the performance and resilience of health systems**, including at the community level, through innovation, to ensure equitable provision of and access to quality and UHC-friendly health services for women, newborns, children, adolescents and youth.

**OUTCOME 2:** Strengthen the creation of **an enabling environment** for the health and well-being of women, newborns, children, adolescents and young people at the regional and national levels.

**OUTCOME 3:** Strengthen **the demand for services and the socio-economic and legal empowerment of women and adolescent girls**, to reduce violence and discrimination against them and promote social attitudes and behaviors conducive to RMNCAH-NUT.

Each outcome has its own set of activities that guides countries participating to develop their workplans corresponding to their own realities, priorities, policies, guidelines and available resources.

These work plans shall be guided, developed, finalized and submitted by the national steering committees to the Muskoka Steering Committee for validation. Each national work plan shall be guided by and integrated within UN agencies specific working framework in agreement with the local authorities (UNSCDF and other UN agreement and framework).

The new Fonds Muskoka should run from its creation till end of 2030, contributing to the achievements of SDG 2.2, 3.1, 3.2, 3.7, 5.1, 5.2, 5.3 in partner countries. The priority list of countries for this Phase 1 of the Muskoka Fund will consist of six (6) priority countries: Benin, Chad, Cote d'Ivoire, Guinea, Senegal and

Togo. Other countries may be considered throughout the duration of the Muskoka Fund upon validation from the Muskoka Steering Committee.

## 2. Functions of the Fonds Muskoka for Women and Child Health

Each UN agency will ensure that their relevant mandates drive the implementation of interventions under the Fonds Muskoka:

**UNFPA:** The United Nations Population Fund is the United Nations sexual and reproductive health agency. Its mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

**UNICEF:** The United Nation Children Fund's vision and goals is a world where no child dies from a preventable cause and all children reach their full potential in health and well-being;

**UN WOMEN:** As the lead UN entity on gender equality and secretariat of the UN Commission on the Status of Women, UN Women's mandate is to shift laws, institutions, social behaviors and services to close the gender gap and build an equal world for all women and girls.

**WHO:** The World Health Organization is the United Nations entity that connects nations, partners and people to promote health, keep the world safe and serve the vulnerable – so everyone, everywhere, can attain the highest level of health.

The four PUNOs involved in the Muskoka mechanism present high-level complementarities, which have been implemented jointly in several countries in WCAR over the past 15 years. This partnership has already contributed to significant reductions in maternal, newborn, infant, under-five and adolescent mortality as well as improvements in overall well-being, as outlined in the introduction.

UNFPA focuses more on family, maternal and reproductive health. UNICEF addresses key determinants for health and well-being for newborn, infants, children under five, adolescents. UN WOMEN focuses on ending violence against women, advancing women's economic empowerment and promoting their leadership, by shifting social norms and ensuring gender perspective is integrated to all policies, programs and stakeholders' interventions. WHO, supported also by all other PUNOs, is the guardian of policies, guidelines, orientations, capacity building of health systems. Notably, all PUNOs prioritize investment in PHC and health systems strengthening approaches, though also building up higher level case-management capacities.

**By combining the expertise of the PUNOs, the Fonds Muskoka will deliver the following core functions:**

### **Coordination and alignment - maximizing technical expertise :**

All four PUNOs align their support to governments based on internationally recognized guidelines and evidence-based approaches. The MPTF will contribute catalytic finance and technical support towards joint products and results from the pooled efforts, mandates and expertise of the PUNOs, thereby achieving greater efficiencies and synergies as compared with separate efforts by each organization.

Implementation under the Muskoka Funds benefits from strengthened coordination mechanisms at global, regional, and country levels, aligned with and integrated into national coordination platforms under the respective Ministries of Health (MoH). Mechanisms such as H4 and H6+, as well as broader development partner coordination platforms, complement national forums as needed.

### **Coherence:**

All PUNOs have contributed or are contributing to the development of global, regional, national policies, guidelines, documents, operational plans, and resource mobilization strategies, thereby supporting countries in the road to the attainment of SDGs, such as through the Every Women, Every Newborn,

Everywhere (EWENE) Initiative and Child Survival Action (CSA) plans, Reproductive Maternal Newborn Child Adolescent Health Investment Case (RMNCAH-IC), Special Obstetric and Neonatal Emergency Care (EmONC), ...

**Consolidation:**

Building on over 15 years of experience, multi-agency and integrated approaches have demonstrated their effectiveness and added value. Continuous context-specific operational research, documentation, evidence generation, quality improvement and innovation will be pursued by each PUNO and strengthened through the partnership. This will contribute to the progressive development of shared standards and best practices, both at policy and operational levels, for more sustainable results.

**Strategic Allocation of Resources:**

Participating countries play a central role in identifying priorities, supported by PUNOs country and regional teams and aligned with the Muskoka strategy 3.0. Resource allocation will respond to these priorities while maximizing impact and return on investment.

The allocation of resources will follow an agreed-upon division of responsibilities among the PUNOs. This allocation of resources will be proposed by the national steering committees, reviewed by the COTECH and submitted for final decision to the Muskoka Steering Committee.

**Reduction of political and fiduciary risks:**

Each PUNO, as well as the Multi-Partner Trust Fund Office (MPTFO), applies robust compliance mechanisms for resource management, from allocation to reporting. As most funds are channeled through Ministries of Health and national partners, each PUNO's country office is responsible for disbursement, implementation, monitoring and financial reporting.

Long-standing partnerships with governments, combined with strong in-country presence and internal audit systems across agencies, contribute to minimizing political and fiduciary risks.

**Broadening the financial base:**

Building on 15 years of support, primarily from the Government of France, totaling nearly EUR 200 million, the Muskoka Fund is well positioned to expand its donor base.

Despite a shifting development aid landscape, there is growing interest from partners in investing in RMNCAH, including major philanthropic actors. The MPTFO, the Muskoka Steering Committee and partners will intensify advocacy, communication and partnership efforts to mobilize additional resources and highlight the urgent need to accelerate RMNCAH interventions in West and Central Africa.

The mechanism will also support countries in strengthening domestic resource mobilization for health, particularly for RMNCAH and nutrition. Strategic partnerships with technical actors will continue to be developed at regional and national levels.

**Reduction of transaction costs:**

Addressing fragmentation and reducing transaction costs is a key objective of the Muskoka Fund. Transitioning to the MPTF model is expected to generate efficiency gains (estimated at a minimum of 1.25%) while significantly simplifying administrative processes.

This includes reducing multiple bilateral agreements into a single framework, with standardized recovery costs (7% for PUNOs) and 1% for MPTFO as a one-time fee for administrative agent services. The MPTFO is responsible for signing the Memorandum of Understanding (MoU) with PUNOs and the Standard Administrative Agreement (SAA) with donors. The MPTFO will also provide critical support for fund design, consolidation of financial reports and funds closure.

**Flexibility:**

The Muskoka Fund for Women and Child Health shall primarily be tailored to countries' needs towards SDGs achievements (3.1&3.2) but also explore donors' interest in financing key scientifically proven cost-

efficient approaches that should also aim at tracing the path towards full country ownership, accountability and sustainability.

The Muskoka Steering Committee (MSC) plays a key role in exploring funding opportunities, promoting the diversification of resources, and fostering increased domestic resource mobilization in support of sustainable financing

Twice a year, the MSC will meet with the MPTFO to review opportunities for funding diversification. Inclusion of new funding partners shall be at the discretion of the MSC.

**Innovation:**

Drawing on the knowledge, expertise and operational experience of the PUNOs and countries, as well as innovations from international, regional, national, local and development partners, the Muskoka Fund harnesses a wealth of experiences, approaches and successes. These are continuously reviewed and leveraged to refine practices, scale effective solutions, and optimize outcomes in maternal, newborn, child and adolescent health. The refined Resource Mobilization Strategy for the Muskoka Fund will consider innovative finance approaches to maximise resources through financing mechanisms such as Individual Giving, digital fundraising platforms, diaspora bonds, national budgets advocacy, private sector investment and more.

Dedicated capacity within the Muskoka-WCH-MPTF Secretariat and COTECH will support this function.

### 3. Programmatic Scope and Theory of Change (ToC)

The Muskoka-WCH-MPTF holds a strong comparative advantage and is uniquely positioned to advance the RMNCAH-NUT agenda in the region, by leveraging the complementary expertise of four UN agencies, a coordinated approach, and over 15 years of proven partnership and results.

To achieve the overall Muskoka-WCH-MPTF’s vision of “Ensuring that mothers, newborns, children, adolescents and young people live in optimal health and well-being”, the following ToC is proposed (please read from bottom to top the next table):

<b>Muskoka-WCH-MPTF’s ToC</b>			
<p>Then the Muskoka-WCH-MPTF will have contributed to the following <b>IMPACT</b>:</p>	<p>Accelerated progress toward the achievement of the Sustainable Development Goals (SDGs) related to maternal, newborn, child, adolescent and youth health, sexual and reproductive health and rights, nutrition, and the well-being of women, children and young people in intervention countries.</p> <p>The impact results and their targets are as follows</p> <ul style="list-style-type: none"> <li>• Reduce stunting prevalence among children under 5 by 40% (SDG 2.2.1)</li> <li>• Reduce wasting prevalence among children under 5 to less than 5% (SDG 2.2.2)</li> <li>• Reduce the maternal mortality ratio to less than 70 deaths per 100,000 live births (SDG 3.1.1)</li> <li>• Reduce under-five mortality to less than 25 deaths per 1,000 live births (SDG 3.2.1)</li> <li>• Reduce neonatal mortality to less than 12 deaths per 1,000 live births (SDG 3.2.2)</li> <li>• Reduce intimate partner violence against women and girls aged 15+ to 15% or below (SDG 5.2.1)</li> <li>• Eliminate child marriage by bringing the proportion of women married before age 15 to 2% or below (SDG 5.3.1)</li> <li>• End female genital mutilation by achieving a 60% reduction and zero new cases among girls and women aged 15–49 (SDG 5.3.2)</li> </ul>		
<p>This <b>RESULT</b> will be achieved:</p>	<p>Contributed to reducing preventable maternal, newborn, child, adolescent, and youth deaths, while improving sexual and reproductive health and rights and nutrition in intervention countries through the Muskoka mechanism. The results and their targets are as follows</p> <ul style="list-style-type: none"> <li>• Ensure that 90% of births are attended by skilled health personnel (SDG 3.1.2)</li> <li>• Increase to 90% the proportion of pregnant women completing at least four antenatal care visits (EWENE)</li> <li>• Ensure that 80% of women receive a postnatal consultation within 48 hours of delivery (EWENE)</li> <li>• Meet the family planning needs of at least 75% of women of reproductive age using modern methods (SDG 3.7.1)</li> <li>• Reduce the adolescent birth rate among girls aged 15–19 to 60 or fewer per 1,000 (SDG 3.7.2)</li> <li>• Establish in all countries a legal framework that promotes, enforces, and monitors gender equality and non-discrimination (SDG 5.1.1)</li> <li>• Empower at least 70% of women aged 15–49 to make informed decisions about sexual relations, contraception, and reproductive health care (SDG 5.6.1)</li> </ul>		
<p>By reaching the <b>OUTCOMES</b>:</p>	<p><b>Outcome 1:</b> Strengthen the <b>performance and resilience of health systems</b>, including the community level, through innovation, to ensure equitable provision of and access to quality and UHC-friendly health services for women,</p>	<p><b>Outcome 2:</b> Strengthen the creation of an <b>enabling environment</b> for the health and well-being of women, newborns, children, adolescents and young people at the regional and national levels</p>	<p><b>Outcome 3:</b> Strengthen the <b>demand for services and the socio-economic and legal empowerment of women and adolescent girls</b>, to reduce violence and discrimination against them and</p>

	newborns, children, adolescents and youth		promote social attitudes and behaviors conducive to RMNCAH-NUT
Developing, implementing, reporting activities tailored to each country context within these <b>Activities</b> , shall lead to reaching the outputs, above :	<b>Activity 1.1</b> : Improvement of the supply of and access to integrated RMNCAH-NUT services of quality and respectful for an efficient health system, including at the community level, through the full and uninterrupted availability of essential medicines and inputs, equipment and competent human resources	<b>Activity 2.1</b> Strategic and technical support for the development, dissemination and effective implementation of national laws, policies and strategies in support of the RMNCAH-NUT, in line with global goals and national priorities	<b>Activity 3.1</b> Support for social norms' change initiatives, towards a transformation in people's behaviors and attitudes in favor of RMNCAH-NUT and to promote the empowerment and decision-making power of women and girls
	<b>Activity 1.2</b> Increase financial and geographical accessibility to RMNCAH-NUT quality services at all levels for targeted populations	<b>Activity 2.2</b> Strengthen increased collaboration with other RMNCAH-NUT actors	<b>Activity 3.2</b> Strengthening holistic and joint prevention and response (with other sectors) to gender-based violence, in particular in humanitarian/health emergencies
	<b>Activity 1.3</b> Strengthen health data analysis, as well as adequate national referral and civil registration systems	<b>Activity 2.3</b> Development of strategic and transformative partnerships	<b>Activity 3.3</b> Promotion of health rights through access of youth, women and girls to RMNCAH-NUT information and skills
	<b>Activity 1.4</b> Strengthening the resilience of health systems and communities to ensure the continuity of RMNCAH-NUT services in health, security and humanitarian crises	<b>Activity 2.4</b> Strengthening intersectoral and multisectoral collaboration at all levels	

The priority interventions defined under the Muskoka strategy 3.0 will be implemented through the following operational strategies:

### **Operational Strategy 1: Integrated and Multisectoral Approach**

Strengthening the integration of interventions will maximize inter-agency complementarity through joint commitments and actions, including:

- Data analysis, planning, programmatic implementation, monitoring and evaluation, field missions, organization of campaigns and events, development of tools and guides, research and innovations, documentation and knowledge management.

It will also strengthen synergies between the health sector and other key sectors (including environment, nutrition, education and protection), while reinforcing government commitment to RMNCAH-NUT programmes. This, in turn, will enhance the overall impact of the Muskoka Mechanism, which provides catalytic funding to support country-driven priorities.

## **Operational Strategy 2: Alignment and Convergence of Priority Interventions**

The "convergence" approach is of great importance as a programmatic tool. It will contribute to strengthening the performance and resilience of health systems (including community-based ones), with a view to overcoming the various barriers and making a difference in the realization of human rights. Convergence aims at the synergy of priority actions through the pooling of efforts and resources around the basic services offered at all levels of the health pyramid. It is based on 3 axes:

1. Geographical convergence consists of identifying and concentrating our priority interventions on one or more geographical areas.
2. Programmatic convergence consists of joint programming of interventions taking into account intersectoral linkages with a view to pooling resources to maximize effectiveness and efficiency.
3. Operational convergence is the synchronization and operationalization of programmed actions through joint processes of analysis, planning, and monitoring and evaluation.

## **Operational strategy 3: Strengthening the Muskoka Partnership Mechanism**

The catalytic nature of the Muskoka Mechanism requires the development and strengthening of strategic partnerships and alliances. By reinforcing these partnerships, the Muskoka Strategy 3.0 will further contribute to advancing the RMNCAH-NUT agenda, enhancing coordination across the RMNCAH-NUT ecosystem (including through engagement in platforms such as the Harmonizing Health in Africa (HHA) working groups), and promoting the sustainability of achievements and high-impact interventions. This approach ultimately supports progress towards the achievement of the SDGs by 2030.

This partnership approach is informed by several key elements, including the mapping of the French Muskoka Fund's partners in its countries of intervention conducted in the first quarter of 2023, the regional mapping of RMNCAH-NUT partners, and the side events organized by Muskoka on 21 June 2023 during the *New Global Financing Pact Summit* in Paris. It also builds on the draft resource mobilization and partnership strategy for 2023–2026.

A new resource mobilization and partnership strategy, along with an immediate roadmap for 2026–2030, will be added to the Operations Manual as an Annex.

## **Operational Strategy 4: Advocacy for more resources and better allocation**

The predictability ensured by the renewal of the Muskoka Funds over the past fifteen years has significantly supported effective planning and the achievement of sustainable results by the four agencies. While RMNCAH-NUT targets have remained unchanged since 2010, the resources available to achieve them have declined (from approximately EUR 20 million per year in the early years to around EUR 10 million annually since 2016), even as the scope of interventions has expanded and the operating environment has become more complex.

Strengthening investments in gender equality, while preserving the Fund's inherently catalytic nature, represents a key lever to enhance its impact and better achieve its ambitions.

At country level, further efforts will be made to support governments in analyzing the efficiency and effectiveness of health systems, with a view to optimizing the allocation and use of health financing. The Fund will engage at the country level, with the national representation ensured at the technical level and the national authorities who are members of the National Steering Committees. In each country, the Ministry of Health designates a Muskoka Fund focal point within its team. This person is responsible for ensuring that the activities defined in the AWP are fully aligned with national priorities and will also support health financing through local budgets.

## **4. Governance Arrangements**

The implementation of Muskoka Strategy 3.0 is governed by the Muskoka-WCH-MPTF management bodies at the regional and country levels.

Below is an overview of the governance architecture (detailed Terms of Reference are provided in Operations Manual):

**4.1 The Muskoka Steering Committee (COFIL)** is the body in charge of the strategic guidance and general supervision of the Muskoka Funds. It validates the orientations proposed by the COTECH, and ensures optimal coordination among agencies and stakeholders at global, regional, and national levels. It plays a key role in driving the partnerships and resource mobilization strategy and high-level engagement with donors and stakeholders, providing strategic advocacy, and enhancing the RMNCAH-N and the Fund's visibility at policy forums.

The COFIL is composed of statutory members, the UN regional directors of the PUNOs and one representative of the contributing partners (up to a maximum of three contributing partners called "Contributor" (see below governance organigram). To be more specific and in the transition period of the creation of the MPTF (until more contributors join the Fund), the French MEAE will be part of the COFIL.

The Chair of the COTECH is a full member of the COFIL as a representative of the COTECH and as a key informant.

Other members of the COTECH, e.g. UN agency focal points, may be invited to participate in COFIL meetings to support the meeting agendas, also as informants.

The MPTF Administrative Agent sits on the COFIL as an ex-officio member and as the financial manager of the Fund.

The following may be invited annually by the COFIL Chair, during expanded COFIL meetings and as observers (without voting rights):

- Embassies of partner countries
- Partner countries: one representative per country, preferably from the ministry most supported by the MF;
- United Nations agencies: one additional representative per agency;
- Other institutions or Technical and Financial Partners

The Muskoka Steering Committee meets when deemed necessary and it is responsible for the following tasks:

- To review and approve their Terms of Reference and Rules of Procedures (now called Operations Manual), based on the generic MSC TOR, and update and/or modify them, as necessary, in case of compelling requirements. In case of departures from the generic TOR, the TOR of the MSC should be referred for endorsement to the HQs Fiduciary Management Oversight Group;
- Provide general oversight and exercising overall accountability of the Fund
- Review and approve the periodic progress reports (programmatic and financial) consolidated by the Administrative Agents based on the progress reports submitted by the Participating Agencies<sup>[1]</sup>. To ensure consistency in reporting between clusters; Consolidated annual reports should include a section on the activity of the Steering Committee.
- Approve the strategic direction of the Fund and its overall results framework
- Approve the Fund risk management strategy and review risk monitoring regularly
- To allocate available resources to PUNOs, making sure that the allocations are aligned with the strategic development framework of the countries and approved national priorities. The PUNOs will be responsible for the prioritization within the national allocation;
- To review and approve proposals from Agencies submitted (by thematic clusters/sectoral groups or otherwise) for funding; ensure their conformity with the requirements of the MPTF agreements (MoUs, SAAs).

- To ensure the quality of proposals to receive funding from the MPTF. To discuss the MPTF requirements and priorities concerning, inter alia: Programme/project management, including consistent and common approaches to programme/project costing, cost recovery, implementation modalities, results-based reporting and impact assessment,
- Information management including appropriate MPTF and MPTF donor visibility;
- To review and approve the periodic progress reports (programmatic and financial) consolidated by the Administrative Agent based on the progress reports submitted by the Participating Agencies
- Review and approve project documents and concept notes submitted for funding (if applicable: after being reviewed by the Technical Committee), ensuring their conformity with the requirements of the Fund Terms of Reference (TOR)
- Decide the allocation of funds
- Request fund transfers to the Administrative Agent (signed off by UN member of the Steering Committee);
- Review Fund status and oversee the overall progress against the results framework through monitoring, reporting and evaluation`
- To review findings of the summary audit reports consolidated by the internal audit service of the Administrative Agent. To highlight lessons learnt and periodically discuss follow up by Participating Agencies on recommended actions that have MPTF-wide impact;
- Commission mid-term and final independent evaluations on the overall performance of the Fund
- To agree on the scope and frequency of the independent “lessons-learned and review” of the MPTF commissioned by the SC,
- To review the draft/final reports on lessons learnt, ensure the implementation of recommendations and identify critical issues for consideration by the HQs Fiduciary Management Oversight
- Approve direct costs related to fund operations, including the Secretariat costs.
- Approve Fund extensions and updates to the Fund TOR, as required. In case of departures from the generic TOR, the TOR of the SC should be referred for endorsement to the HQs Fiduciary Management Oversight Group;
- Develop and implement resource mobilization strategies to capitalize the Fund

The Muskoka Steering Committee meets regularly every six months (virtually or face-to-face) and makes funding and programming decisions by consensus. Decisions can also be made electronically. In the case of non-consensus, the MSC co-chairs will decide, based on consultation with MSC members. The MSC has a quorum when 2/3 of its membership is present.

<sup>[1]</sup> The standard reporting period is as per the SAAs and MoUs.

**4.2 The Technical Committee (COTECH)** is the technical body of the Muskoka Funds. It ensures the operationalization of the orientations and decisions taken by the Muskoka Steering Committee (COPIL) and has decision-making power on the operational aspects of the Muskoka Funds. It provides technical support, validates annual workplans at both country and regional levels, monitors implementation and budget execution, and reports back to the COPIL.

The COTECH also validates narrative and financial reports, coordinates research, knowledge sharing, and advocacy efforts, and serves as a “laboratory of ideas” to identify good practices and innovations. It organizes regional activities financed by the Muskoka Funds and maintains regular interaction with the Administrative Agent on administrative and financial matters.

The COTECH operates in both a restricted and an extended format:

- In restricted format, it brings together the PUNOs and the COTECH Secretariat to discuss technical and programmatic issues. During the transition phase of establishing the MPTF, the COTECH will also include a technical representative from the “Contributors”, namely and firstly the French MEAE and others as new contributors join and the process evolves up to a maximum of three “Contributors”. Above three, these ToR shall be reviewed.

- In extended format, it also includes technical representatives from all donors, technical focal points, as well as interested stakeholders as observers, such as development entities, contributors, ADB (African Development Bank), AFD (Agence Française de Développement), IsDB (Islamic Development Bank), GFF (Global Financial Facility), World Bank, NGOs, civil society, and youth representatives) and local government representatives.

The COTECH is chaired by one of the PUNOs’ focal points on a two-year rotational basis (UN Women, UNFPA, WHO, UNICEF), with a Vice-Chair ensuring continuity as the next agency in line. The Chair coordinates the work of the COTECH, represents it to the COPIL, supervises the Secretariat, and contributes to the visibility of RMNCAH-NUT and the Muskoka Funds. The Vice-Chair supports the Chair and takes over responsibilities in case of absence.

The COTECH meets in extended format twice a year and as needed in restricted format, either in person or virtually, with at least one in-person meeting per year. Ad-hoc meetings may be convened depending on programmatic needs. Meetings are convened by the Secretariat under the authority of the Chair and Vice-Chair. Decisions are made by consensus, In the case of non-consensus, the lead agency will decide, based on consultation with COTECH..

The COTECH chair/vice-chair meets also with the secretariat at least once a month.

The Vice-chair together with the secretariat, maintains regular interaction with National Muskoka Steering Committee(NMSC), including government counterparts, particularly for the preparation, finalization, quarterly and annual monitoring of workplans, and facilitates cross-country knowledge exchange through operational research, communities of practice, and dissemination of best practices. Meetings with NMSCs

are held at least once per quarter. The COTECH prepares and submits to the COPIL the proportional repartition of the funds per agency and countries at the beginning of the MPTF and for any proposed revision, cases arising.

The COTECH also develops and leads the implementation of the partnership and resource mobilization strategy. It contributes to the visibility of RMNCAH-NUT and the Muskoka Funds in key technical forums and generates evidence-based insights to strengthen advocacy and communication efforts at country, regional, and global levels, while promoting synergies with related initiatives.

**4.3 The National Muskoka Steering Committees (NMSC)** are responsible for planning and implementing Muskoka Funds activities at country level in the area of Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH-NUT).

Each NMSC is led by one PUNO Technical RMNCAH-in charge (Lead Agency) on a two-year rotational basis, supported by a Vice-Lead Agency to ensure continuity and interim leadership if needed. They work closely with the COTECH and the Secretariat, which provide technical and strategic support. Members include technical focal points from the PUNOs, government representatives, and donor representatives whenever present at country level, with also optional participation from youth and civil society organizations.

They harmonize the interventions of the PUNOs in close collaboration with the national government — particularly the Ministry of Health — and in coordination with other Technical and Financial Partners (TFPs), to maximize impact, complementarity, and ownership.

The NMSCs are responsible for developing and implementing joint (pluri) annual workplans (PTAs), aligned with national priorities, signed by both PUNO Representatives and the Minister of Health. They oversee the identification and management of implementing entities, the operational follow-up, and the technical, financial, and administrative monitoring and reporting of funded activities. They also coordinate joint supervision missions with government, civil society, donors (country representations) and UN partners; contribute to national RMNCAH-NUT coordination platforms; and ensure alignment with existing coordination mechanisms (HHA, H4+, H6, UNCT, etc.).

NMSCs meet at least quarterly, convened by the Lead PUNO in coordination with the Secretariat (which must systematically attend, at least virtually). Meetings may be held in-person or online and additional ad hoc sessions may be organized as needed. (e.g. joint missions, high-level advocacy events, knowledge-sharing workshops). Decisions are taken by consensus, in the case of non-consensus, the lead PUNO will decide, based on consultation with NMSC members.

NMSCs should present annually the consolidated workplan and progress reports to a joint forum of the PUNO representatives and the UN Resident Coordinator (i.e. UNCT – UN Country Team).

As such, **UN-CRs (United Nations Country Representatives)** and the **UN-RC (United Nations Resident Coordinator)** shall be sensitized to their critical role in advocating for the RMNCAH-N progress and challenges in their respective countries and within the region, particularly in **advocating for more domestic and international resource mobilization as a and for a united Muskoka mechanism.**

**4.4 The Muskoka Funds Secretariat** is a technical and administrative body that supports and ensures the functioning of the three governance structures: the Steering Committee (COFIL), the Technical Committee (COTECH), and the NSMCs. The Secretariat operates under the authority of the COTECH Chair and Vice-Chair and is accountable to the United Nations agencies participating in the Muskoka Funds. It is composed of a partnership specialist, a communication and advocacy specialist, a technical monitoring/evaluation manager (M&E&R), and a person in charge of the administrative and financial component. Three positions are funded by the Muskoka Fund and located at the UNICEF West and Central Africa Regional Office (Partnership specialist, communication and advocacy specialist, and a programme associate) while one position is based at the WHO AFRO office and outposted to Dakar (monitoring/evaluation manager).

The Secretariat coordinates administrative, financial, and technical work to support the implementation of Muskoka Funds activities. It ensures the timely submission of workplans, approved budgets, regular reports, final project reports to the Administrative Agent for operational closure, monitors financial closure, and guarantees that projects are closed within 12 months from their operational completion. It also develops and implements the Muskoka Funds' communication and advocacy strategies, ensures the visibility of all partners (including contributors and participating organizations), and coordinates and monitors the Muskoka Funds' resource mobilization strategy implementation. The secretariat is responsible for identifying and mobilizing new financial partners. The potential new contributors shall be presented by the Fund secretariat to the Muskoka Steering Committee for consideration and approval.

In addition, the Secretariat provides technical and operational support to regional and country-level inter-agency coordination, including:

- Ensuring the planning, monitoring, evaluation, and reporting of activities in line with Muskoka Funds' objectives;
- Supporting the consolidation and management of data and dashboards at both regional and country levels;
- Promoting communication, advocacy, and visibility of Muskoka Funds activities and results;

- Coordinating partnerships and ensure the sharing of knowledge, research, and best practices among agencies and stakeholders.
- Monitors and reports on the fundraising targets and on the implementation and results of the resource mobilization strategy.

The Secretariat meets at least once a month to ensure regular follow-up.

Costs related to the Secretariat are charged as direct costs to the MPTF, as described under the ToR of the Governance Structure in the Operations Manual. In 2026, these functions include: Partnerships Specialist, communication and advocacy specialist, administrative officer managed under UNICEF. PUNOs currently jointly supports the M&E&R manager managed under WHO. The budget is approved annually by the COPIL.

The secretariat is the first interlocutor for all communications with the AA.

The secretariat will include their operating costs validated by the COTECH in the workplans.

**4.5 The Administrative Agent (AA)**, ex-officio of the COPIL and in this case the MPTFO will be the primary interlocutor for the interaction with the different contributors and shall play an active advocacy role.

The funds received by the AA, shall be allocated to the Participating UN Organizations, based on COPIL's decision and COTECH's recommendations after review of approved workplans and the programmatic documents (e.g. Country, regional, etc...). The UN agencies shall be accountable for the utilization, operationalization, accounting and reporting to and by the respective countries and local partners based on annual, bi-annual, tri-annual workplans developed under technical support from the COTECH and consolidated by the secretariat. Once the workplans have been approved, budgets shall be submitted to the AA by the COTECH through the secretariat, for respective allocations to each UN agencies. Each UN agency shall be allowed to charge 7% indirect support cost whilst the AA shall charge a 1% single Fund's administrative agent fee.

The AA shall ensure:

- The Muskoka Funds' establishment: support to the Muskoka Funds' design (Terms of Reference and Operation Manual), and development of legal instruments
- The Muskoka Funds' administration: receipt, administration and release of funds to POs in accordance with decisions from the COPIL, and financial report consolidation. The AA will present annually the consolidated financial report to the COPIL.
- To sign a Memorandum of Understanding (MOU) with Participating UN Organizations
- To sign SAAs with donors (Contributors) and receive contributions from donors that wish to provide financial support to the Muskoka Funds through the AA.
- To administer such funds received in accordance with its regulations, policies and procedures, as well as the relevant MOU, Muskoka Funds Terms of Reference (TOR) and SAA.
- To consolidate statements and reports, based on submissions provided by the COTECH/Secretariat and PUNOs, as set forth in the TOR/MoU and provide these to each donor that has contributed to the Muskoka Funds/Program account and to the COPIL
- To provide updated information regarding regular resource availability.
- To provide final reporting, including notification that the Muskoka Funds has been operationally completed;
- To disburse funds to any PUNO for any additional costs of the task that the SC may decide in accordance with the approved programmatic document.
- To provide tools for fund management to ensure transparency and accountability

#### **4.6 Each Participating UN Organization**

Each PUNO at its different hierarchical levels, should fulfill its mandate in the respective Governance structure here-above described with the strongest involvement; ensuring constructive coordination,

collaboration and cooperation; building optimal complementarities; strengthening countries' ownership and advocacy for more RMCNAH/Nut domestic resource allocation; fostering synergies and stimulating constructive discussions towards stronger programs hence generating more results for partner countries.

Each PUNO shall:

- Design a technical focal point as member of the COTECH at regional or global level
- Sign a Memorandum of Understanding with the MPTF Office
- Assume full programmatic and financial accountability for the funds disbursed to it by the Administrative Agent, in accordance with its own regulations, rules, directives and procedures
- Establish a separate ledger account for the receipt and administration of the funds disbursed to it by the Administrative Agent

Indirect costs of the Participating Organizations recovered through programme support costs will be 7%. All other costs incurred by each Participating Organization in carrying out the activities for which it is responsible under the Muskoka Funds will be recovered as direct costs.

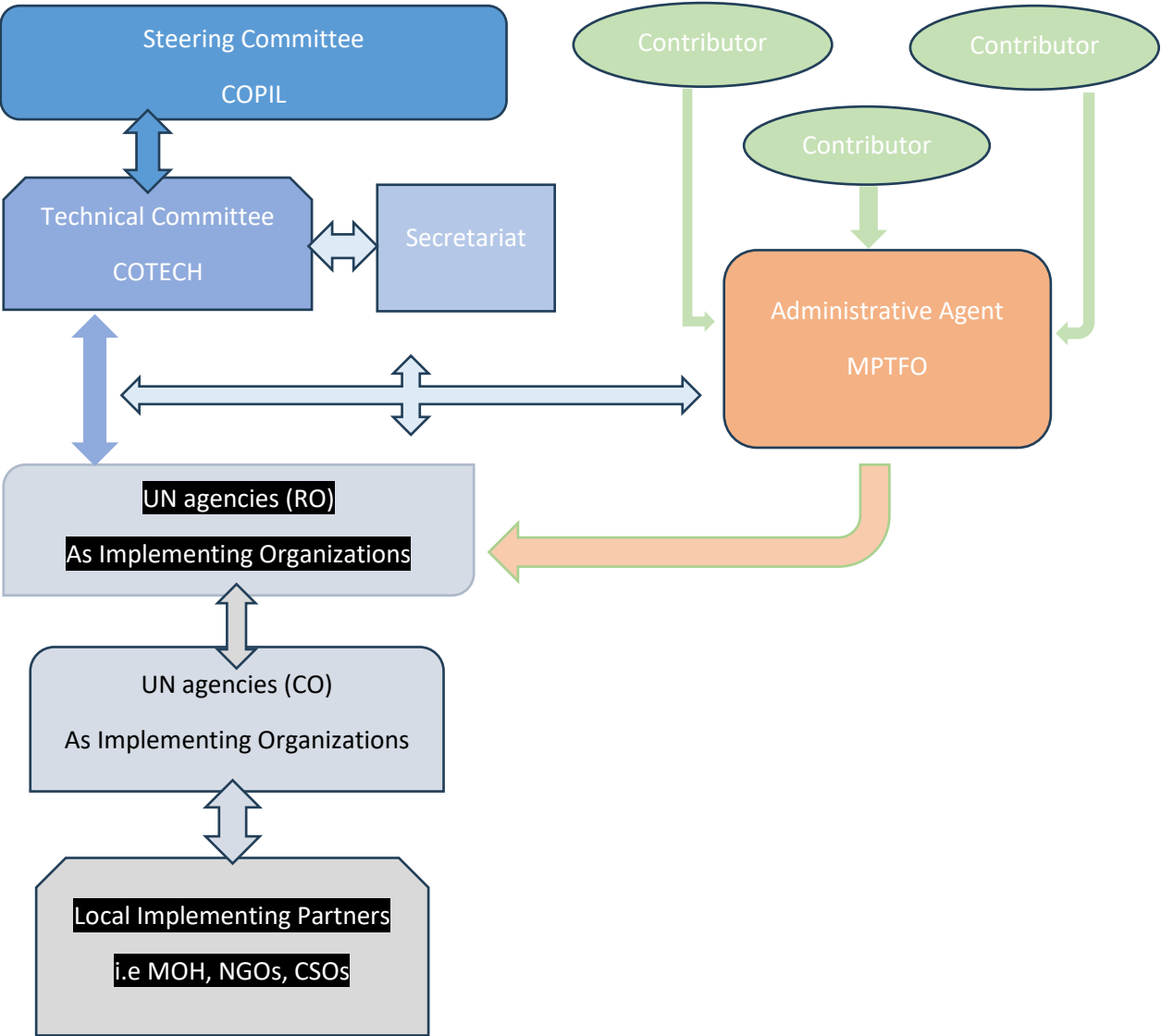
The PUNOs at regional and country offices will be responsible for implementing projects approved by the COTECH and COPIL. They will actively explore opportunities to establish synergies and linkages between projects financed by the MPTF and existing and new projects in related fields being financed by donors outside the MPTF or by organization regular budget. They will encourage other development organizations to provide financing and join the donor pool funding as well. They will be in charge of the risk and mitigation strategy management as well.

**4.7 The Contributors** are funding entities that voluntarily want to be part of the MPTF and align their support to the Muskoka Strategy 3.0, its vision, outcomes, and for which support fits within the Activities.

The contributors shall:

- Submit to the COTECH through the secretariat (or to the AA who channels these to the secretariat) a proposal of support / letter of commitment to the Muskoka funding mechanism to be first reviewed by the COTECH, then submitted for consideration and approval by the COPIL
- Commit to at least one full year funding in complementarity of the different contributors, whilst several years' funding shall be better considered.
- Sign a Standard Administrative Agreement (SAA) with the AA stipulating their contributions, once their contribution is accepted by the COPIL,
- Can participate in COPIL (see above under COPIL) and or in extended COPIL meetings

# MUSKOKA-WCH-MPTF GOVERNANCE STRUCTURE



## 5. Project Approval Cycle

Since 2010 and in view of the existing funding mechanism and the yearly budget envelop, the four UN agencies were proposing to each partner countries (PC) to develop annual workplans (AWPs). For the last cycle 2024-2026, a two-year planning exercise was organized involving representatives of the PC, including all UN agencies and ministries. These AWPs are under implementation till end of July 2026, under the existing Muskoka Funds for the Health of Women and Children (MF-SFE).

Considering the challenges observed over the past 15 years, such as the delay in the availability of national data at the end of the operational year and the length of the planning and validation processes, the adoption of a harmonized budget cycle every 2 or 3 years is recommended, to ensure a successful implementation of the Muskoka strategy 3.0.

Depending on contributors' participation at the creation of this MPTF, a two-years' project cycle would be much more appropriate than a yearly one. The contributors shall be sensitized in this sense.

The first year project cycle under this new Muskoka-WCH-MPTF shall then consider and start covering the period of July 2026 (July 2026 till June 2027) onwards till end of 2030, the set horizon of the SDGs, or be adjusted according to funding availability and period of disbursement/reception by the AA. From July 2027, based on availability of funds and funding pipeline prospects, we may then consider multi-year programmes as set out in the Muskoka Fund Operations Manual and upon validation of the Muskoka Steering Committee.

### **New applicants:**

In the case of new contributors or new PC willing to enter into the mechanism, a specific COPIL shall be called by the COTECH after an in-depth analysis of the applications (PC) or proposal of support/ letters of commitments (new contributors) prepared by the Secretariat and validated by the COTECH, based on fundamental principles of compliance to : the UN rules, the Muskoka Strategy 3.0, the Vision, Outcomes, and Activities, due diligence policies (for private sector contributors) as well as availability of funding for minimum two years in the case of a PC application.

The Steering Committee decision consists of the three following options: i) approval; ii) approval with recommendations; or iii) reject

A new membership, being a new contributor or a new PC, shall be proposed and accepted on a quarterly basis maximum.

Subject to the availability of funds, new technical partners may join at any time following due review by the COTECH.

Any application supported by a concept note/commitment letter can be sent to either the AA, the COPIL, the COTECH or the Secretariat or also through one of the UN agencies at country level. The secretariat is responsible for compiling all applications (within a month) and submits to the COTECH for consideration. The COTECH will review these within another month, then submits to the COPIL for review and endorsement. The COPIL shouldn't take more than a month to take its decision, that should be validated within an extraordinary COPIL meeting. Sites where applications can be submitted are: <https://fmuskoka.org> + site du AA: <https://mptf.undp.org>

All entities defined under the governance structure are in a position to propose new partnerships and are also required to actively seek them.

## 6. Risk management

Risk Type	#	Risk Title	Determining Factors	Key Consequences	Risk Level	Proposed Mitigation Measures	Monitoring	Responsible
Contextual	1	Decline in Official Development Assistance and geopolitical reorientation	Budget austerity among main donors; changes in geopolitical priorities (geopolitical context); reduction of aid budgets; low visibility of the results and added value of the Muskoka Funds.	Increased financial vulnerability, decreased funding, reduced program scaling, limited availability of HR at the UN agency level to support the program at both regional and country levels, reputational risk.	High	Develop a solid investment case; develop a resource mobilization plan; mobilizing new donors; promoting multi-year commitments; Maintain visibility on the results obtained. Ensuring a maximum of 30% of programmatic costs from the available funds would be allocated to the staff of the UN agencies to ensure the effective functioning of the Muskoka Funds.	Quarterly review by COTECH; donor pipeline dashboard.	Secretariat / COTECH/ MPTFO / COFIL
Contextual	2	Political, social and security instability in fragile contexts	<i>Coups d'État</i> ; insecurity in Sahel and West African countries; strikes movements; reluctance of host governments; political sensitivities surrounding the MPTF mechanism.	Delays in project approval; limited access to beneficiaries; increased costs; suspension of field missions.	Medium	Integrate contingency planning to address emergencies in the PTAs; political mapping and regular engagement with Ministries of Health; launch of the MPTF through inter-agency coordination to support adaptive programming; diversification of implementing partners at country level.	Quarterly updates and monitoring by UN Country Teams.	UNCT / Secretariat / COTECH/ COFIL
Institutional	3	Perception of donor dominance and low UN ownership	Perception as a French initiative; low visibility of the role of the United Nations and other donors; inconsistent communication.	Perceived loss of neutrality; reduced diversification of donors.	Medium	Implement a unified communication and branding strategy; strengthen the UN inter-agency identity; ensure regular monitoring of communication, develop clear guidance for donors on communication	Semi-annual communication reviews.	Secretariat / Communication Unit / COTECH/ COFIL
Institutional	4	Fragmentation of inter-agency coordination and donor influence	Priorities imposed by donors; earmarked funding; inconsistent functioning of IACT mechanisms; weak coordination at country level.	Fragmented programming; inconsistencies in implementation and reporting.	High	Strengthen IACT and PTA mechanisms; maintain inter-agency PTAs; increased technical support from the Secretariat and the COTECH.	Quarterly review of country office performance; revision of allocations by COFIL; involvement and accountability of the UN Resident Coordinator at country level.	Secretariat / UNCT / IACT Chairs
Programmatic	5	Difficulty attributing results and complex reporting requirements	Multiple funding streams; diversified reporting models depending on	Lack of visibility of results; heavy workload; delays reporting;	Medium	Develop a common results dashboard; harmonize indicators and reporting formats in line with donor requirements; align evaluation processes.	Quarterly performance reviews and joint audits.	Secretariat / M&E / COTECH/ MPTFO

			donors; limited harmonization.	reduced accountability.				
<b>Programmatic</b>	6	Disengagement or delayed financing by donors	Political changes; divergent budget cycles; delays in disbursements.	Reputational and operational risks; cash flow tensions; implementation delays.	High	Include non-reversibility clauses in financing agreements; harmonize disbursement calendars; strengthen financial dashboards; promote multi-year commitments.	Monthly financial monitoring; annual review of financing agreements (SAA).	Secretariat / MPTFO
<b>Programmatic</b>	7	Low visibility and weak communication of results achieved	Lack of a coherent communication plan; donor fatigue; fragmented advocacy.	Reduced advocacy potential; loss of stakeholder confidence.	Medium	Implement an inter-agency communication plan at regional and country level with adequate resources; regularly disseminate achievements to donors, COFIL and the public. Strengthen documentation and dissemination of good practices.	Semi-annual communication reports.	Secretariat / Communication Focal Point
<b>Operational</b>	8	Non-Adjustment of the Functioning and Cost of the Secretariat in relation to the Muskoka Funds	Dependence on donors; variable percentage of annual Secretariat costs depending on available funds	Limited capacity, loss of continuity, increased pressure on the overall budget, operational delays, vacancies, insufficient knowledge management	High	Ensure sufficient multi-donor funding within the MPTF to justify the cost; create a digital knowledge management platform; regular HR monitoring; Adjust the costs of the secretariat to an acceptable maximum; Flexibility of funds to be allocated to the Secretariat according to the availability of funds and workload	Quarterly HR and KM monitoring.	COFIL / COTECH
<b>Operational</b>	9	Insufficient integration of risk analysis between agencies at regional and country level	Lack of integrated risk analyses at regional and country level; lack of communication between agencies and the regional and country level; varying capacities in each agency; limited monitoring of mitigation measures.	Uncontrolled implementation risk; decisions based on partial information; delays in detecting major risks; non-integration of risk management across agencies.	Medium	Strengthen the capacity of agencies to conduct risk analyses; integrate risk assessments into PTAs and performance reviews; Establish regular reporting of risks and mitigation measures during joint reviews.m	Semi-annual operational reviews at country level; regional synthesis of risk analyses in COFIL reports.	Secretariat / COTECH/ Country Offices / UN Agencies

## 7. Contributions

The details of the approach for broadening the source of contributions will be included in the Resource Mobilization Strategy 2026-2030.

Each PUNO will apply its “Due diligence Strategy” for any partnership with the private sector.

Funds should be provided in fully convertible currency and shall be deposited in the bank accounts designated by the MPTF Office as Administrative Agent. The value of a contribution-payment, if made in other than United States dollars, shall be determined by applying the United Nations operational rate of exchange in effect on the date of payment.

Acceptance of funds from the private sector will be guided by criteria stipulated in the UN system-wide guidelines on cooperation between the UN and Business Community (the UN Secretary General’s guidelines: (<https://www.un.org/en/ethics/assets/pdfs/Guidelines-on-Cooperation-with-the-Business-Sector.pdf>)).

Funds from the private sector will be subject to the outcome of applicable due diligence processes of the Administrative Agent, and any application follows the same principle of submission to the COTECH and approval by the COFIL. The fund Operations Manual can elaborate the process for reviewing private sector contributions.

In support of the overarching aim of the Fund, and in order to ensure maximum flexibility and adaptation to priorities, donors to the Fund are encouraged to contribute with multi-year pooled/ un-earmarked resources. However, if this is not possible, earmarking at the country level will be accepted.

## 8. Accountability

Each Participating UN Organization shall assume full programmatic and financial accountability for the funds disbursed to it. Such funds will be administered by each organization in accordance with its own regulations, rules, directives and procedures. Each organization shall establish a separate ledger account for the receipt and administration of the funds disbursed to it by the Administrative Agent.

## 9. Planning, Monitoring, Evaluation and Reporting

The planning, monitoring, evaluation and reporting will be assumed jointly by the PUNOs at country and regional levels regardless of their comparative advantage and specific technical expertise in implementing interventions. The secretariat is responsible for overseeing, planning and budgeting these requirements upon consultation and validation from the Steering Committee. More specifically, the Monitoring & Evaluation Officer will coordinate, guide and support technically this area of work. It will be based on a results-based framework designed in view of the interventions proposed that shall contribute to the outputs, outcomes and the impact defined in these Terms of References and the Muskoka Strategy 3.0.

### Planning phase:

Regional and country interagency teams including government focal points will jointly develop a country specific interagency workplan for each country and a regional interagency workplan. The joint planning exercise aligned with the SRMNCAH – NUT global agenda and country priorities should optimally be organized every two years, to reduce the costs and burden and ensure longer-term and consistency as it is planned to be done ideally through a regional interagency workshop. This workshop will additionally contribute to the reporting and sharing best practices, guidelines and innovations.

Based on this, a maximum yearly planning shall be organized as explained under chapter 5 (Project and Approval Cycle)

### Monitoring:

Based on the above planning, quarterly joint monitoring will be conducted with thorough review of programmatic achievements and financial utilization rates. In-depth indicators' analysis and solution-oriented approach shall be applied to ensure optimal implementation of the workplans. This monitoring exercise will be done with consensual tools and by organizing calls with countries implementing activities.

On a semi-annual basis, the secretariat shall be opening for review to technical counterparts from the contributors, as observers, allowing any contributions to be then discussed at the COTECH as necessary.

### **Reporting:**

Official programmatic reporting will be done annually and submitted within 6 months after the end of each calendar year based on activities completed contributing to the targeted outputs, outcomes and impact.

Uncertified Financial reporting shall be done similarly as per programmatic reporting.

Certified financial report shall be submitted 18 months after the closure of programmatic activities.

### **Indicators for performance monitoring**

Achieving the SDGs targets in countries depends in large part on implementing universal health coverage. In this area, the contribution of the Muskoka Funds will be to work to increase the effective coverage of intervention packages with a demonstrated impact on reducing maternal, newborn, child, adolescent and youth mortality and malnutrition. These coverages themselves depend on the effective implementation of strategies to reduce bottlenecks. For this reason, a set of Key Performance Indicators (KPIs) and targets has been developed to monitor how funding and expertise under Muskoka are reducing health system bottlenecks in the geographical areas of implementation as mentioned in the Muskoka 3.0. These KPIs which reflect the performance of the Muskoka mechanism in countries are organized according to the Muskoka 3.0 outcomes.

They are as follows:

KPI No	Muskoka Key Performance Indicator	Target by 2030
<b><u>Muskoka OUTCOME 1: Health system performance and resilience strengthened</u></b>		
1.1	Availability rate of essential tracer RMNCAH NUT products and medicines in health facilities, including blood products	+50%
1.2	Percentage of facilities offering EmONC/IMCI services where staff (Doctors/Midwives/Nurses) have received training or supervision/coaching/mentoring according to national standards	90%
1.3	Percentage of health facilities where the quality of SRMNIA-NUT services was assessed against national standards, guidelines, and tools	90%
1.4	Percentage of maternal deaths reported and audited through MPDSR system	<80%
1.5	Proportion of functional EmONC facilities according to national quality standards	90%
1.6	Percentage of districts with care units for sick infants/newborns and emergency obstetric care accessible to ≥50% of population	80%
1.7	Percentage of districts with at least one functional neonatal unit and one KMC unit	90%
1.8	Percentage of health facilities offering maternity services according to the latest global guidelines (prenatal, intrapartum incl. new partograph, PPH management, postnatal care)	90%
1.9	Number of in-hospital maternal and neonatal deaths	-50%
1.10	Percentage of functional adolescent and youth centers (HR, equipment, activities)	90%

1.11	Percentage of health facilities whose catchment areas are covered by a functional emergency transportation system for the referral of pregnant women and obstetric complications to health facilities	90%
1.12	Percentage of EmONC facilities with at least one functional emergency transportation means for the referral of obstetric and pediatric emergencies	90%
1.13	Number of target population members benefiting directly from Muskoka WCH interventions (pregnant women, reproductive age women, newborns, children <5, adolescents, youth)	+50%
<b>Muskoka OUTCOME 2: Favorable environment for health and well-being established</b>		
2.1	Existence of a functional national coordination mechanism for RMNCAH NUT with regular meetings and follow-up	Yes
2.2	Availability of integrated, budgeted national RMNCAH NUT strategy/plan to reduce maternal, neonatal, child mortality and improve adolescent health	Yes
2.3	Availability of national health workforce development strategy/plan including task delegation/sharing	Yes
<b>Muskoka OUTCOME 3: Demand and empowerment of women / adolescent girls strengthened</b>		
3.1	Number of individuals reached through integrated community awareness campaigns on RMNCAH-NUT services and reproductive rights	+50%
3.2	Number of countries implementing/strengthening policies to address violence against women/girls and promote access to RMNCAH-NUT services and reproductive rights	90%
3.3	Existence of a functional multi-sectoral coordination framework engaging government, civil society, girls, and marginalized communities to promote SRHR access and rights	Yes
3.4	% of health service delivery points with trained staff providing survivor-centered services (psychosocial support, FGM care, legal/medical referrals)	90%
3.5	Number of women and girls (including survivors of FGM, obstetric fistula) benefiting from prevention and holistic survivor-centered responses (health, psychosocial, legal services)	+50%

In addition, the different reports will include trends related to globally developed SDG indicators that reflect the contributions of Muskoka Funds and other stakeholders, providing an overview of progress at the country level toward achieving the SDG targets. These indicators and targets are listed in Annex I.

### **Evaluation**

At mid-point and at the end of Phase 1 of the Fund, evaluation will be conducted, subject to the availability of sufficient funding previously included in the project. These evaluations will consider the norms and standards recommended by the United Nations Evaluation Group (UNEG) to ensure that the evaluation function is fully operational and duly independent, and that evaluation work is carried out in accordance with the highest professional standards with stakeholder involvement. The recommendations included in the evaluation reports will be monitored for their effective implementation to increase the performance and results of the next phase.

Whilst developing (bi-tri) AWP, the COTECH or any agency or PC could suggest, submit, include critical evaluation, with adequate funding and relevant to the different domains of interventions and within the global framework of the Muskoka strategy 3.0.

## 10. Audit

The Administrative Agent and participating UN organizations will be audited according to their own rules and financial regulations and in line with the 2014 Framework for Joint Internal Audit of UN Joint Activities. Government entities will be audited in accordance with the national audit framework:

[https://mptf.undp.org/sites/default/files/documents/20000/framework\\_for\\_joint\\_internal\\_audits\\_of\\_united\\_nations\\_joint\\_activities.pdf](https://mptf.undp.org/sites/default/files/documents/20000/framework_for_joint_internal_audits_of_united_nations_joint_activities.pdf)

The total cost of internal audits of Joint Activities will be covered: a. Directly by those activities, with a budgetary provision included from the onset for Multi-Partner Trust Funds; or b. By participating Internal Audit Services (IASs).

## 11. Public Disclosure

The Muskoka Funds Secretariat ensures that the operations are transparent, visible, and publicly accessible. Transparency is primarily guaranteed through the development and use of reporting tools, including a common regional and country-level dashboard that allows for monitoring, evaluating, and measuring program results, as well as through the preparation of annual reports summarizing the Muskoka Funds' activities, achievements, and financial performance. All publications are public: they are shared with donors and made available through digital platforms, including the Muskoka Funds' website and social media channels.

Partnerships and resource mobilization, Communication and advocacy strategies are developed and validated by the COTECH and oriented and supported by the COPIL to ensure alignment with the objectives set for by the Muskoka Funds. These strategies support the promotion of the Muskoka Funds, the development of strategic partnerships, and the visibility of its activities and results. Dedicated communication materials are created within this framework, and media partnerships are established to maximize coverage and outreach.

Advocacy efforts are designed to raise awareness of the Muskoka Funds' priorities, mobilize support from stakeholders, and influence decision-making at regional, national, and local levels. The Secretariat ensures that all advocacy initiatives are coordinated, strategically targeted, and contribute to the Muskoka Funds' overall objectives. Participating Organization (POs) are responsible for promoting the Muskoka Funds through their communications and ensuring that any media coverage of funded activities, official press releases, and publications acknowledge the Muskoka Funds' role in supporting these initiatives.

The MPTFO website, Gateway (<https://mptf.undp.org>), is a web-based service portal that provides real-time financial data issued directly on contributions in and out of the Muskoka Funds account, from the UNDP accounting system. The Muskoka Funds will have a dedicated page on the Gateway which will allow partners and the public at large to follow-up the Muskoka Funds contributions, transfers and expenses, and access key documents and reports.

The Secretariat and the MPTFO will ensure that the Muskoka Funds' operations are posted on the Gateway. Further, in accordance with the Funding Compact, the Muskoka Funds should specifically mention individual contributors in all results reporting.

Each PO will take appropriate measures to promote the Muskoka Funds. Information shared with the media regarding beneficiaries of funding, official press releases, reports and publications will acknowledge the role of the Muskoka Funds.

## 12. Amendments, duration and termination

Amendments to these ToR can be proposed exceptionally and unless "Cas-de-Force-Majeure" by the COTECH to the COPIL.

The Muskoka Strategy 3.0 horizon provides a structure towards 2030's SDGs which is broad enough to respond to the countries' challenges, hence we don't expect big changes of this strategy till 31st December 2030.

. The duration of these ToRs is therefore aligned with the objective of contributing to the achievement of the SDGs by 2030, as outlined above. Amendments might be exceptionally proposed to these ToR in view of major changes brought by new contributors and PC as they enter the MPTF.

Any amendment shall be subject to preparation by the COTECH to be submitted to COPIL's approval.

The last date to transfer funds to participating organizations will be at least 1 year before the operational end date of the fund.

The termination date of this first Muskoka-WCH-MPTF cycle is planned for 31 December 2030, aligning to the SDGs' targets. Any further cycles will be considered during the implementation of this first one in view of new global and regional targets.

Upon conclusions of all activities by December 31<sup>st</sup>, 2030, the narrative and financial reports shall be submitted as stated above, under the paragraph *Planning, Monitoring and Reporting (\$9)*. The former by end of June 2031 and the latter by end of June 2032.

The Muskoka Funds will be terminated upon the completion of all programmes it finances and once all commitments and liabilities have been fully settled. Yearly fund utilization related to (bi-tri) AWP shall aim for full utilization. Any balances can be either carried forward, allocated to agree upon activities or returned to the contributor after termination of the Fund. Notwithstanding the completion of the initiatives financed by the Muskoka Funds, any unutilized balances at the end of the five-year cycle will continue to be held in the fund account until all commitments and liabilities incurred in implementation of the projects/programs have been satisfied and project activities have been brought to an orderly conclusion. The COPIL will decide on the use of any unutilized balance of the Muskoka Funds in agreement with the contributor. Any remaining balance in the Muskoka Funds account, upon its final closure, will be used for purposes mutually agreed upon or returned to the donor(s) in proportion to their contributions, as agreed between the contributors and the COPIL.

Any amendments related to implementation of the workplans such as No Cost Extension (NCE) shall be agreed upon between the COPIL and the contributor(s) and communicated to the AA.

**Annex I: List of SDG Indicators to be included in the Muskoka reports**

No.	SDG Indicators	Global Target by 2030
<b>SDG 2.2 — End all forms of malnutrition, including achieving internationally agreed targets on stunting and wasting in children under 5 years of age.</b>		
1	2.2.1: Prevalence of stunting among children under 5 years old (SDG).	-40%
2	2.2.2: Prevalence of wasting among children under 5 years old (SDG).	<5%
<b>SDG 3.1 — Reduce the global maternal mortality ratio to less than 70 per 100,000 live births.</b>		
3	3.1.1: Maternal mortality ratio per 100,000 live births (SDG).	≤70
4	3.1.2: Proportion (%) of births attended by skilled health personnel (EWENE).	90%
5	Percentage (%) of pregnant women who had at least four antenatal care visits (EWENE).	90%
6	Percentage (%) of women who received a postnatal consultation within 48 hours after delivery (EWENE).	80%
<b>SDG 3.2 — End preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least 12 per 1,000 live births and under-five mortality to at least 25 per 1,000 live births.</b>		
7	3.2.1: Under-five mortality rate per 1,000 live births (SDG).	≤25
8	3.2.2: Neonatal mortality rate per 1,000 live births (SDG).	≤12
<b>SDG 3.7 — Ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.</b>		
9	3.7.1: Proportion (%) of women of reproductive age (15–49 years) whose family planning needs are met with modern methods (SDG).	≥75%
10	3.7.2: Adolescent birth rate (15–19 years) per 1,000 girls in the same age group (SDG).	≤60
<b>SDG 5.1 — End all forms of discrimination against women and girls everywhere.</b>		
11	5.1.1: Existence of a legal framework to promote, enforce, and monitor gender equality and non-discrimination based on sex (SDG).	Yes
<b>SDG 5.2 — Eliminate all forms of violence against women and girls in public and private spheres, including trafficking and sexual and other types of exploitation.</b>		

12	5.2.1: Proportion (%) of women and girls aged 15 and older who have been in a relationship and experienced physical, sexual, or psychological violence by a current or former partner in the past 12 months, disaggregated by type of violence and age (SDG).	≤15%
<b>SDG 5.3 — Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.</b>		
13	5.3.1: Proportion (%) of women aged 20–24 who were married or in union before age 15 (SDG).	≤2%
14	5.3.2: Proportion of girls and women aged 15–49 who have undergone female genital mutilation, disaggregated by age (SDG).	≥-60% <b>0 new cases</b>
<b>SDG 5.6 — Ensure universal access to sexual and reproductive health and reproductive rights, as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action.</b>		
15	5.6.1: Proportion (%) of women aged 15–49 who make informed decisions regarding sexual relations, contraceptive use, and reproductive health care (SDG).	≥70%