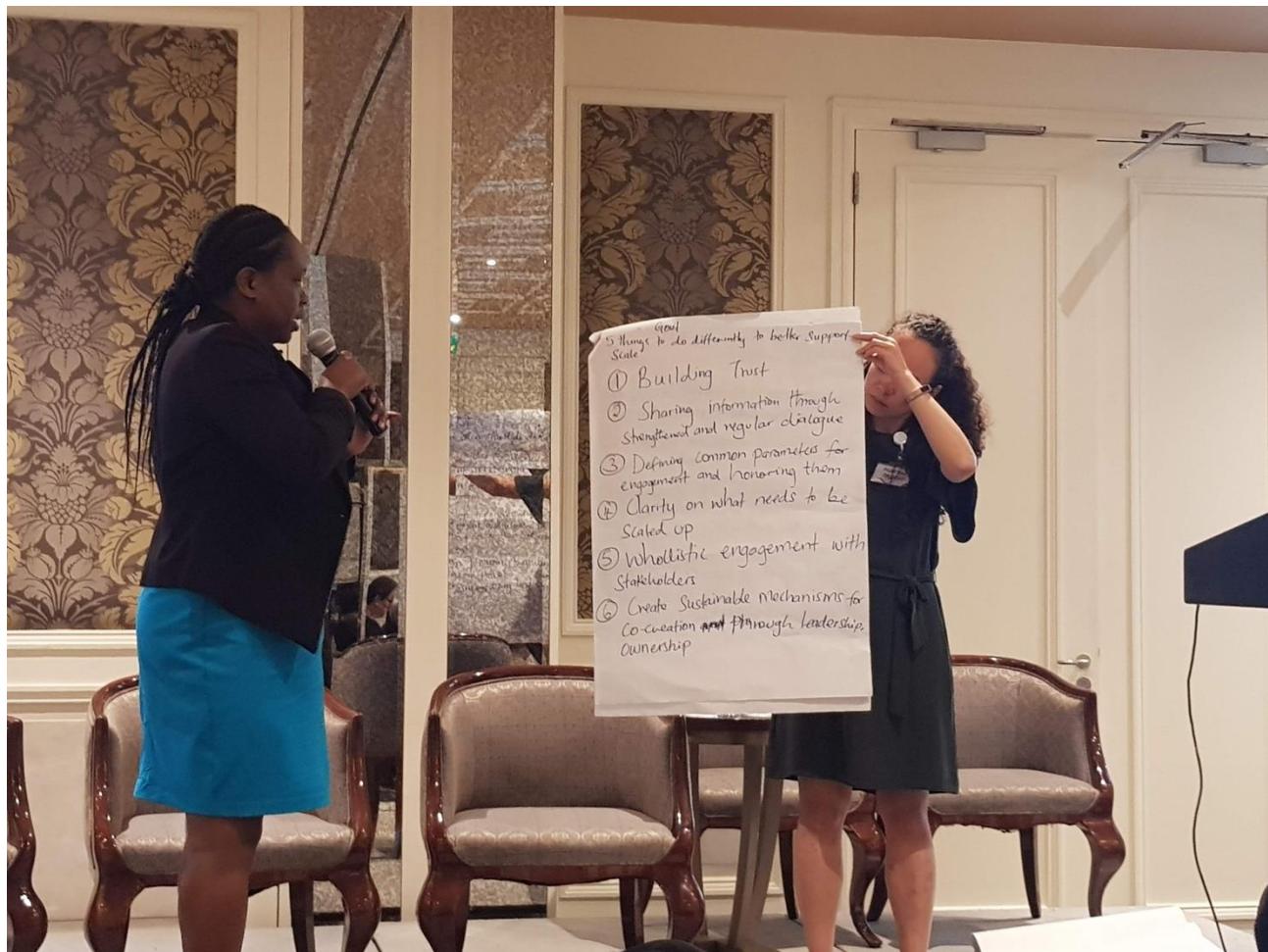




SDG PARTNERSHIP PLATFORM, KENYA 2020 ANNUAL REPORT



MAY 2021



EXECUTIVE SUMMARY

After two years of building momentum, mobilizing partners, and an elaborate design process, the Government of Kenya announced in 2017 at the UN General Assembly, the establishment of the SDG Partnership Platform, Kenya (SDGPP).¹

The Platform was established under the leadership of the Government of Kenya, and with the support of the UN System, development partners, and partners from the private sector and philanthropy.

The SDGPP has become a flagship initiative under Kenya's UNDCF 2018-2022² and received in 2018 global recognition from UNDCO and the Dag Hammarskjold Foundation as a best practice to accelerate SDG financing.³

The SDGPP convenes and connects leadership from Government, development partners, private sector, philanthropy, civil society, and academia to create SDG accelerator windows to catalyze SDG partnerships, financing and innovations in alignment with Government development priorities.

Primary Healthcare (PHC) has been the first window established with the goal of being a key driver towards attainment of Universal Health Coverage (UHC) in line with Kenya's SDG3 framework, Big Four Agenda ⁴, and UHC roadmap.

Under the leadership of the SDGPP co-chairs, the Cabinet Secretary for Ministry of Health in Kenya, the Chair of the Council of Governors Health Committee, and the UN Resident Coordinator to Kenya, the PHC Window has established a Steering Committee which meets quarterly to jointly discuss and offer strategic guidance for the implementation of the Window's 5-year strategic plan.

The implementation of the PHC Window strategic plan is coordinated by the Platform's Secretariat and facilitated through SDGPP partners with comparative advantage to lead on specific SDGPP strategic support areas (e.g. World Bank and WHO are supporting the development of the Health PPP strategy and toolkit, UNDP is driving innovation through the SDG Accelerator Lab, and UNFPA leads on research, analysis, innovative financing and technical assistance to MOH and COG for private sector engagement for RMNCAH).

The Secretariat also coordinates the mobilization of necessary talent, expertise, and financial support from the SDGPP membership to collectively resource the implementation of its strategic plan. So far, partners contributed between September 2017 – December 2020 approximately \$7,655,000 of funding and in-kind support to the PHC Window for the implementation of its 5-year strategic plan.

As a result, and as this report will clearly show, key milestones have been reached over 2020:

- Enhanced trust and understanding between public and private sectors partners. This has been achieved through support to stakeholder forums, dialogues and workshops on the roll out of UHC, assessment on the needs and opportunities for PPPs and co-creation on enhancing PPP partnerships in the health sector.

¹ https://gadebate.un.org/sites/default/files/gastatements/72/ke_en.pdf

² [https://www.undp.org/content/dam/kenya/docs/unct/UNITED%20NATIONS%20DEVELOPMENT%20ASSISTANCE%20FRAMEWORK%20\(UNDAF\)%20B5%20web.pdf](https://www.undp.org/content/dam/kenya/docs/unct/UNITED%20NATIONS%20DEVELOPMENT%20ASSISTANCE%20FRAMEWORK%20(UNDAF)%20B5%20web.pdf)

³ <http://daghammarskjold.se/wp-content/uploads/2018/06/UNDG-CountryStudy-Kenya.pdf>

⁴ <http://www.president.go.ke/>



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- Enhanced government capacities to advance public private collaboration for PHC financing and delivery. Amongst other activities, key results include support to the development of the Health PPP strategy and toolkit, initiating training of 140 people on the PPC Resource Guide, technical assistance to the MOH for refinement of PHC policies and strategies and transaction support to FCDC and LREB Blocs, Makueni and Isiolo counties on PHC PPP etc.
- Innovative partnerships & financing mechanisms advanced for Kenya's Health domestic resource mobilization agenda. Key achievements include technical support to the development of innovative models for integrated care delivery, local vaccine production, and Health Diagnostic Platforms.
- Innovative solutions catalyzed to strengthen PHC delivery. Achievements include support to multistakeholder platforms and expert panels, a review of digital health technologies, development of a digitized tool to identify beneficiaries of the UHC scheme and progressive steps including a proposal submission to unlocking \$7 million catalytic financing to launch World's first Adolescent Sexual Reproductive Health Development Impact Bond
- Support to the Government-led COVID-19 response in Kenya. This included co-founding the National Business Compact Against Covid-19 and providing technical and coordination support MOH, COG and FCDC for implementation of the Covid-10 response.
- Launch of the Food and Nutrition Security Window. The launch of the food and nutrition security window was successfully followed with outreach to potential funders, partnership building, and strategy development.

I. Purpose

The SDG Partnership Platform's overall goal aims at contributing to the Government of Kenya's efforts to attain the SDG target 17.17: Effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships encouraged and promoted in Kenya. More specifically, the SDG3 Primary Healthcare Accelerator Window's support is contributing to Government of Kenya's efforts in attaining the SDG target 3.8: Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all. Additionally, the SDGP Window 2 on Food and Nutrition Security contributes to following SDG targets: SDG1: No Poverty: Target 1.2, 1.5, 1.a; SDG2: Zero Hunger: Target 2.1, 2.2, 2.3, 2.4, 2.a; SDG5: Gender Equality and Empower all women: Target 5.a.1; SDG8: Decent Work and Economic Growth: Target 8.3, 8.10; SDG9: Industry, Innovation and Infrastructure: Target 9.2, 9.3; SDG 13: Climate Action: Targets 13.1., 13.a., 13.b; SDG17: Partnerships for the Goals: Target 17.1, 17.3, 17.16, 17.17

This goal is pursued through strategic efforts towards the following objectives:

- Enhanced trust and understanding between public and private sector to partner for financing and delivery of UHC
- Enhanced government capacities to advance public private collaborations for the financing and delivery of PHC.
- Innovative partnerships and financing mechanisms advanced in support of Kenya's domestic resource mobilization agenda for Health.
- Innovative solutions catalyzed to strengthen PHC delivery
- Increased **SDG-compliant investment** in nutrition-sensitive, climate proofed agriculture of USD 100 million in the next five years
- Increased **income and employment**, especially for women and youth, in the nutrition-sensitive agriculture sector and food system for 50,000 Kenyans (50% women; 30% youth)
- Increased access for 100,000 local consumers to **safe and nutritious foods**



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- Strengthened policies, systems and structures at national and county levels to help catalyze investments in the delivery of the Agriculture Sector Growth and Transformation Strategy (ASGTS), Kenya Food and Nutrition Security Policy, its Implementation Framework (FNSP-IF), and Kenya National Nutrition Action Plan.

II. Results

i) Narrative reporting on results:

From January to December 2020 the following key results were achieved towards the following objectives:

Enhanced trust and understanding between public and private sector to partner for the financing and delivery of UHC in Kenya

The SDGPP supported five national and county-bloc stakeholder forums (e.g. National Health Summit, FCDC and LREB County Bloc Health Stakeholder Forums, and Isiolo County Health Stakeholder Forum) to enhance trust and understanding between key stakeholders on the UHC rollout and value of PHC PPPs for the same. The stakeholder forum selection was informed by ability to build on dialogues initiated by the Ministry of Health, County Governments, Kenya Healthcare Federation, and other partners in order to create synergies and avoid duplication, build on Health PPP processes ongoing at national, regional, or county levels as identified within the health PPP joint-assessment conducted to inform the Health PPC strategy, while safeguarding regional representation.

The SDGPP facilitated over 20 other dialogues between national and/or county governments and key stakeholders, including private sector, to identify PHC partnership needs and opportunities.

The SDG Partnership Accelerator workshop was another key achievement hosted in collaboration with UNDESA, TPI, UNOPS, and UN Global Compact to enhance convergence, shared language and a common approach to partnerships.

In Kakamega, the SDGPP facilitated a Public-Private Sector Engagement Co-Creation Workshop which convened 31 representatives to increase engagement and community building between and amongst Kakamega County public and private health sectors, co-prioritize key maternal health and health system issues and related public-private sector engagement challenges and co-produce action plans for improving the prioritized challenges and identification of technical assistance needed to succeed⁵

Enhanced government capacities to advance public private collaborations for the financing and delivery of PHC.

Facilitated high-level dialogues between the Ministry of Health, Council of Governors, County Governments, Development Partners including the United Nations and private sector entities.

The SDGPP facilitated two high-level dialogues between the Ministry of Health, Council of Governors, County Governments, and Development Partners including the United Nations and private sector entities through its regular Steering Committee meetings⁶ co-chaired by the Cabinet

⁵ <https://r4d.org/news/improving-maternal-health-and-universal-health-coverage-in-kenya/>

⁶ SDGPP PHC Window Steering Committees took place in May, September and December 2019, as well as September and December 2020.



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Secretary for Health, Chair of the Council of Governors Health Committee and UN Resident Coordinator. In addition to the leadership of UNH6, and KHF representing the local private sector, all Window investors⁷ are represented in the Steering Committee to jointly discuss and agree on the strategies for advancing PHC PPPs, financing and innovations in Kenya.

Engaged government health officials, development partners and private providers and enablers to promote public participation in planning and decision-making through workshops

To further strengthen public private dialogue capacities, the SDGPP supported the organization of four Multi-stakeholder Health Forums engaging national and county government health officials, development partners and private providers and enablers to promote public participation in planning and decision-making and catalyze on potential and feasible opportunities for PPPs at primary care level for RMNCAH.

Supported development and dissemination of Health Public Private Collaboration Strategy, Guidelines and Toolkit through a series and variety of stakeholder engagements.

Health in Africa through SDGPP commissioned in 2019 a Health PPP assessment which addressed the following areas: identification of global, regional and country experience and evidence on innovative and appropriate PPP models for primary care

Reviewed existing policy and regulatory frameworks for PPPs in Kenya (many of which have been enacted post devolution) and their effectiveness in facilitating several types of private sector engagement;

The SDGPP identified tools required for different modes of contracting e.g. service level agreements, leasing, training of human resources, commodity and essential health products and technology etc. Moreover, SDGPP mapped the current state of public and private sector engagement at county level especially with regards to dialogue, inclusion in county AWPs, formal partnerships on service delivery etc.

Building on this assessment, a consultant came on board to provide "in-kind" expert support to the SDGPP for leading coordination and technical support to the Ministry for the development of the Health PPC strategy and toolkit. The Ministry of Health assigned a Health PPP Technical Working Group which with the support of the SDGPP engaged in two workshops, as well as a series of consultations with key stakeholder, to develop the draft Health PPP strategy, and Health PPP toolkit.

It was a highly inclusive and consultative process which delivered final documents that are in the endorsement channel by MOH and COG executive. Furthermore, the SDGPP facilitated design, layout and printing of the Health PPP strategy and toolkit for signoff by the Ministry of Health, and Council of Governors and be ready for rollout and dissemination. The Resource Guide has been transformed into an online training platform and is available with free access to all public officers and health entrepreneurs.

Built capacity of Ministry of Health, COG Health Secretariat and selected County Governments on the PPC strategy through workshops

The SDGPP supported the Ministry of Health in the organization of a Health PPP Toolkit Trainer of Trainer workshop. 13 trainers were trained selected by the Ministry of Health, Council of Governors,

⁷WB/GFF, Netherlands, Sweden, Switzerland, USAID, Merck for Mothers, Philips, J&J, AstraZeneca, Takeda, Safaricom, Huawei, McKinsey, Ford Foundation, Rockefeller Foundation, Conrad N. Hilton Foundation, CIFF



WHO, KHF and UN SDGPP membership.

Subsequently, three rounds of workshops took place. At the first workshop 25 participants were trained from the Ministry of Health, Nairobi Metropolitan Services, Kenya Medical Training College, KEMRI, NHIF, KCCB, SUPKEM and KHF. At the second workshop 24 participants from the County Governments of the Frontier Counties Development Council were trained. At the third workshop 42 participants from the County Governments of the Lake Region Economic Bloc were trained. In addition, the SDGPP was able to unlock support from Nuffic to customize the Health PPP toolkit online allowing free access to it for Health Public Officers as well as Health Entrepreneurs.

Finally, the SDGPP supported the National Treasury in undertaking a capacity assessment on the Treasury PPP Unit and make recommendations to the Cabinet Secretary on how to strengthen its effectiveness, taking into consideration policy and legislative aspects, PPP Unit structure and functions, as well as implications for staffing levels, budgets, and other relevant support structures.

Support to Health Sector Intergovernmental Forum

The SDG Partnership Platform provided facilitation, planning and coordination support to the Ministry of Health for the 14th Health Sector Intergovernmental Forum on UHC, which took place in Mombasa in October 2020. The main aim of the Forum was to sensitize County leadership including 47 County governors and County Executive Committee Members for Health on UHC. The UHC Yearbook and the Health Sector Partnership and Coordination Framework were launched.

Research and Policy Analysis Support to the MOH

This has been ongoing in collaboration with the MOH through the Division of Primary Healthcare (PHC) and the Duke Innovations in Healthcare (IIH) team. Progress made in the year 2020 includes:

- Development of a scored criteria for assessing PHC innovations
- Assessment of 241 Innovations to determine if they fit the PHC criteria
- Scoring of 71 innovations
- Drafting of 8 case studies to be included in the research brief
- Engagement with the PHC committee of experts for their input

Innovative partnerships and financing mechanisms advanced in support of Kenya's domestic resource mobilization agenda for Health.

To advance strategic partnerships, the SDGPP Coordinator together with the Resident Coordinator undertook a joint Government of Kenya – UN mission to the USA from January 21st to 28th 2020 to engage with a diverse range of selected strategic partners from Silicon Valley. Big-data, technology, innovation, and blended financing are critical to advance our development agenda

in Kenya through the new pathways built and commitments mobilized. The mission's main objective was to harness the potential of partnerships, financing, and innovations for the delivery of the Government of Kenya's Big Four Agenda, Vision 2030, and the Sustainable Development Goals (SDGs). The ability to thrive and become a global leader will be down to harnessing the immense opportunities Kenya has, coupled with building deep and meaningful partnerships with global partners like the UN and other private and development sector players across the world⁸

⁸ Mission to Silicon Valley: <https://kenya.un.org/sites/default/files/2020-03/Mission%20Report%2C%20USA%2C%202020%20-%202028%20January%202020.pdf.pdf>



An investment pipeline of approximately \$150 million is currently being curated of which selected investments and partnerships expected to come to fruition in 2020/21/22. This pipeline has been identified after thorough needs assessment, market research, diagnostics on new pathways to financing (e.g. innovative public financing (such as “robin-hood taxes”, levy of mobile money transactions) blended financing, Islamic financing etc.) screening of over 100 investment opportunities, and facilitating continues multi-stakeholder dialogues to drive an ecosystem approach⁹ for co-creating solutions and building partnerships.

Additionally, work began on the SDGPP website, newsletter and social media toolkit in partnership with Phoenix Design Aid, the consultant providing design and technical support for this endeavor. The website is expected to launch in mid 2021, to be followed by a regular newsletter and greater social media engagement.

SDGPP has been offering technical and coordination support to MOH and Philips in the establishment of a Euro 100 million Africa Primary Healthcare “Tip the Scale Fund” with a strong focus on Kenya hopefully to be launched early next year. The fund invests in developing, piloting, and large-scale roll out of innovative, integrated care delivery models; with a unique ‘double blended’ mix of impact investment capital, development and technical assistance grants and donor/government payments for achieved health outcomes at the project level enables maximal social impact at acceptable risk return metrics.

Technical and coordination support towards the establishment of a local vaccine production facility (\$30 million investment). The Government of Kenya is keen to expand local manufacturing of pharmaceuticals (including vaccines), devices, and medical supplies and equipment. Towards this goal, a partnership proposal has been received by the Government of Kenya from Dawa Ltd. in collaboration with Merck KGaA to establish a human vaccine production plant in the country in partnership with the Government. The feasibility study is envisioned to include a thorough market assessment and inform detailing of a Public Private Collaboration proposal as well as further actions, including potential contract negotiations. Moreover, as a pilot, this process will form a great learning experience for future PPP arrangements for unlocking investments, forming the basis for best practices going into the future. This process therefore will have a strong capacity and knowledge building element and all relevant Government institutions will have a seat in the TWG to assure all views are being considered, and that the partnership is being established collaboratively with due process under given regulatory frameworks. There is high level political support from lessons learnt during the COVID-19 pandemic to build local manufacturing capacity and self-reliance on supply chains.

Catalytic support to the Africa Health Diagnostic Platform (AHDP). EIB is the financing partner of AHDP, where the Gates Foundation has funded CHAI to conduct the feasibility work. CHAI concluded feasibility work on how to advance lab & diagnostics services in Kenya through Public Private Collaboration and gained interesting insights on what opportunities Kenyan counties may have. Work is underway to explore different blended financing instruments to get ready for hopefully transacting first partnership arrangements. Building on the successes and lessons coming from these initial arrangements, there is potential to build a model / facility for national roll-out to improve lab & diagnostics services country wide.

Technical assistance accorded to Johari Beads initiative with the aim of scaling and sustaining this initiative against FGM/C through creation of a locally owned shared-value e-commerce model.

⁹ http://www3.weforum.org/docs/WEF_Health_Systems_Leapfrogging_Emerging_Economies_report.pdf



Facilitation of strategic engagements with Zipline, Zenysis, Merck for Mothers, and other investors to catalyze additional high-impact PHC partnerships and financing for Kenya

The SDGPP initiated providing transaction support to Isiolo and Makueni county on PHC PPP.

Innovative solutions catalyzed to strengthen PHC delivery

Provided coordination support to set-up the RMNCAH-N Multi-stakeholder Platform which seeks to provide advisory, oversight, coordination, guidance, advocacy, and accountability for Kenya's efforts to improve RMNCAH-N services and health outcomes. The platform has representation from enabler ministries, county governments, development partners, private sector, professional bodies and youth organizations

Supported the Council of Governors in mapping partners supporting RMNCAH activities across the 47 County governments to enable better analysis of gaps in terms of distribution. The findings inform counties to make need-based decisions in strengthening RMNCAH programs.

Facilitated research in support of the MOH-led PHC Expert Committee on the potential of innovation for delivery of PHC - including through Primary Care Networks (PCNs) with the following deliverables: Case studies on innovative models for PHC; a research brief on adaptation of promising PHC models and bundled innovations in Kenya; and a policy brief on Creating an Enabling Environment for Scaling Primary Health Care.

Supported the Government of Kenya to broker a Strategic Partnership with the Center for Effective Global Action at the University of California, Berkeley, the Rockefeller Foundation, and the UN Family in Kenya to inspire future action and support for the delivery of Kenya's Big Four agenda, including UHC. The SDG Accelerator Lab in Kenya, powered by UNDP, is at the heart of this partnership and envisioned to become the innovation engine for all the SDGPP Innovation efforts.

Conducted a review of the status of digital health technologies in Kenya and recommended a roadmap for supporting their large-scale adoption. Findings are being disseminated for discussion and follow up.

Together with Ministry of Labor and Social Protection, KNBS, COG, AMREF and CHAI developed a digitized tool to identify beneficiaries of the UHC Scheme

- Mobilization of Counties to identify poor and vulnerable households to the UHC Scheme
- Supported Health Financing Division in the virtual TOT for Nakuru and Kiambu County health teams on the digitized identification tool to register beneficiaries

The World's First Development Impact Bond for Adolescent Sexual/Reproductive Health and Rights

In partnership with UNFPA, WHO, and UNAIDS, SDGPP led the development of a proposal for the World's first Development Impact Bond for Adolescent Sexual and Reproductive Health to the Joint SDG Fund. The concept builds on a DIB model designed in 2019 by CIFF and DFID with support of the SDGPP and will lever an initial outcome fund tranche of \$6.4 million committed by DFID with CIFF as anchor investor. The Joint Program seeks to address the problem of teenage pregnancy and HIV infections among adolescents by leveraging on strategic private-public sector partnerships and unlocking resources from various sources towards the aforementioned SDG targets.

The concept note submitted was selected out of 155 proposals globally. A sub-sequent full-fledged proposal was developed to unlock \$6 million DIB outcome fund for scaling up ASRH services to adolescent girls through a mobile platform called In Their Hands. The program will deploy the use of



technology to reach adolescents, especially those who are disadvantaged, with critical lifesaving information and services. In the review, the proposal was among the final candidates and was approved a grant of 100,000 USD to refine the proposal for resubmission in October 2021. If then approved, the program has a potential to reach 200,000 additional girls in 19 counties with a high burden of teenage pregnancy and new HIV infections with SRHR and HIV services.

Launch of the Food and Nutrition Security Window

- Launch of the SDGPP W2 on Food and Nutrition on Feb 26, 2020 with CS Agriculture and key stakeholders including FAO, IFAD, WFP, UNIDO, KEPSA and KNCCI, representing some 400 sector members and actors.
- Development of a program document that would provide an overall five-year strategy for the implementation of activities under this window. Under this program document the overall objective of the Food and Nutrition Security Window.
- Co-creation of the Agriculture Sector Network (ASNET), bringing together the Private Sector players involved in the agriculture sector.
- Consultant to ensure adequate technical capacity for securing significant funds from new sources, incl. the Swedish Government. Further proposals have been created for IFAD and UNCDF, while active multilateral and bilateral discussions are taking place for additional opportunities.
- Anchoring of SDGPP in financial and philanthropic networks, including the National Advisory Board for Impact Financing Task Force (NAB-TF) being established with SDGPP leadership and global GSG support, as well as the Finance, Trade and Investment Network (FINTRINET) acting as an umbrella organization of Private Sector and Development Partners on post-COVID19 economic recovery and long-term growth and transformation.

During this period of implementation, there are a number of challenges that have been faced by the Platform. The first has been in the process of fund flow which has necessitated the utilization of alternative budgets to ensure SDGPP W2 has been able to deliver on the activities detailed above, with a commitment for cost-recovery once the funds originally earmarked for the activities have been received. There have been a number of administrative delays in the receipt of the funds by the Implementing agencies. This situation has been further compounded with the COVID-19 situation which has made challenged the implementation of some activities.

Support to the Government-led Covid-19 response in Kenya

The SDGPP in collaboration with the Private Sector established the Finance, Trade and Investment Network (FINTRINET) in early 2020 as a response to COVID-19. With the SDGPP as the Deputy Chair, it is a partnership project between National Government, County Government, the Private Sector and Development Partners on post-COVID-19 economic recovery and also long-term growth and transformation up to 2030. The first three years will focus on COVID-19 economic recovery while the next seven years will focus on accelerated growth and transformation. It will focus on mainstreaming and upscaling ten economic sectors: agriculture, construction, real estate, manufacturing, health, wholesale and retail, ICT, tourism and nature, financial services and transport and logistics. Expected national outcomes include: economic recovery in three years from 2% to 6% GDP growth, creation of 1.5 million new jobs every year, increasing private capital for Kenya's development and reducing pressure on the National Treasury and establishing Kenya as a major export economy and strong Middle-Income Nation.



The SDGPP repurposed budget and mobilized additional SDGPP membership support for the Government-led COVID-19 response. Philips, AstraZeneca, McKinsey, Huawei and other SDGPP members have all come through offering financing and in-kind goods and services in support of Kenya's fight against COVID19

All seven SDGPP team member are providing technical and coordination support to MOH, COG and FCDC for implementation of the COVID-19 response, in particular in areas of partnership coordination, resource mobilization, and innovation (e.g. robotics, COVID-19 WhatsApp applications, and COVID-19 digital Behavior Change Communication).

The SDGPP also co-founded the National Business Compact on Coronavirus – for further details, see the Case Study below.

Case Study - NBCC for Covid-19 Response

The SDGPP has co-founded the National Business Compact against COVID-19 (NBCC) to catalyze local private sector action in support of the government response. Between Mid-March and Mid-June significant support had already been mobilized with great results: 3240 handwashing stations set up in over 43 counties reaching approximately 7.4 million people per month with over 149,000 bars of soap. TV ads with key influencers in 45% of Homes in Kenya (1.8 million households) and billboards across the entire country reaching 10 million out of home. Additionally, a puppets series in local languages aired across the country on key national TV stations.

The NBCC focuses on commitment to impact and long-term behavior change to prevent disease spread, adherence to sustainable market-based solutions, transparency and contribution to the global effort through best practice sharing, and a collaborative and inclusive approach, commitment to coordination by pooling resources and leveraging existing platforms.

We are seeing three main types of national-level collaboration. First, new coalitions are being created that bring together government, companies, civil society, and international organizations. The National Business Compact on Coronavirus in Kenya, profiled in this toolkit, is one exciting example. Collaborations between businesses, citizens, and governments have raised millions of dollars in financial and in-kind donations, helped to spread information on sanitary measures, built public health facilities, and called for action not only against the emergency but also in favor of a better future. Cash and in-kind donations fell into four buckets – firstly, a unified platform of communication which totaled approximately \$448,690, secondly, scaling up of hygiene facilities which totaled approximately \$400,000, thirdly, emergency support to the Ministry of Health which totaled \$65,000 and finally miscellaneous expenses including branding and secretariat support which totaled approximately \$48,000.

This new Kenyan platform has mobilized key hygiene brands and communications platforms to work with the Kenyan Ministry of Health, the UN, Amref and other partners to distribute hygiene products, build handwashing facilities, and spread reliable and accurate public health information. It is also raising funds from citizens and businesses to make essential products available to the most in need. Discussions are ongoing to support this initiative into 2021 as the fight against Coronavirus continues.

Delays in implementation, challenges, lessons learned & best practices

The COVID-19 pandemic which brought much of the world to a standstill in early 2020 had a drastic impact on rollout of the workplan for 2020. The Kenyan Ministry of Health, County Governments, and many development partners and key stakeholders have been deeply engaged in the COVID-19



response in the Country taking up the majority of their time. However, the Platform adapted and worked around the constraints posed by COVID-19, shifting trainings to virtual platforms and so on. The Platform also engaged with a number of specific initiatives generated in response to COVID-19 such as FINTRINET and the National Business Compact on Coronavirus. A relatively small number of activities will need to be rolled over to 2021 largely due to COVID-19 – a total of \$145,000 has been requested to be rolled over for UNFPA implementation in 2021.

The Health PPC strategy was the first of its kind in Kenya. The strategy will guide the advancement of PPC moving forward but given the limited data and capacities available, as well as evolving nature of work and the huge variations in the needs and project priorities across contracting authorities (including counties), it was not possible yet to develop a solid M&E framework, nor costed workplan for the implementation of the strategy.

Finally, and at the operational level, the SDG Partnership Platform's novel approach requires risk appetite and flexibility within the United Nations system to advance innovation so the UNCT can balance the demand for concrete results with experimentation, trial and error. One main impediment is that legal and administrative restrictions and obstacles slow internal processes. This may stem from the fact that current operational and financial frameworks were set up at a time when overseas development assistance through grants was the norm and they have not been fully adapted to newer financing models under the UN Reform's aspirations to lead on SDG Funding to Financing transitions championed by the UN Secretary General.

Some of the best-practices applied by the SDGPP to address the challenges described above are:

1. 1.National and Sub-National Ownership:
 - The SDGPP is owned locally and addresses needs on the ground and promotion of a country led and country owned systems approach, in which public authorities are strengthened in their capacity to plan, manage, monitor and report on priority interventions.
 - The SDGPP focusses on systems strengthening efforts and use of institutional infrastructure for program implementation (rather than establishing parallel systems).
 - The SDGPP co-creates under the leadership of the Government together with key partners from private sector models aiming to offer greatest value for money, based on research and evidence, so that national and county governments can scale up these approaches beyond the program period.
 - The SDGPP invest in advocacy and policy dialogue with governments, communities, and partners to build trust and understanding and to sustain relevant achievements.
2. A common agenda: SDGPP Partners have a shared vision for change and a joint approach to solutions. This not only helps aligning efforts but also defines partners commitment and determines how information will be shared within and outside the group. The agenda takes each partner's perspective and interests into consideration to ensure adequate incentivization.
3. A shared measurement system: SDGPP Partners have determined how success will be measured and reported and set each other on annual base milestones and targets to be achieved.
4. Mutually reinforcing activities: diverse partners are engaged in mutually reinforcing activities. Each focuses on what it can do best. Typically, initiatives would be developed from multiple working groups, each addressing a complementary aspect of the development issue.



5. Constant communication: All partners engage in frequent and structured communications to build trust and coordinate mutual objectives. Monthly updates are shared with Steering Committee members and the Steering Committee meetings on quarterly base.
6. Dedicated backbone support: The Secretariat — the “backbone” of the program— guides the Steering Committee in pursuing common goal and objectives, as well as provision of strategic oversight in implementation of strategy, activities, measuring impact, communicating results and expanding the resource and partnership base.

As a result of all of this, the Platform has become a Government of Kenya UNDAF (2018 – 2022) Flagship initiative and received global recognition from UNDCO and the Dag Hammarskjold Foundation as a best practice to accelerate SDG financing¹⁰. Subsequently, and catalyzed by its learnings, the Platform upon the request of the Government of Kenya is activating new windows to support thematic SDG clusters under Kenya’s “Big Four” agenda commencing with food security and nutrition launched on 26 February 2020.

¹⁰ <https://www.daghammarskjold.se/publication/unlocking-sdg-financing/>



Indicator Based Performance Assessment:

Workplan output	Targets 2020	Achievements 2020	Progress
1.1 Technical support provided to review policies and regulations to optimize public private collaboration for health.	Enhanced trust and understanding between key stakeholders to support UHC rollout and potential PHC PPP through support to at least 10 health stakeholder forums/public private dialogues	Supported more than 10 health stakeholder webinars and forums to enhance trust and understanding between public and private sector and explore opportunities for public-private partnership	
1.2 National and County Government capacities built to steward private sector engagement for health	<p>Enhanced MOH leadership and capacities to steward PHC PPP through finalization and implementation of Health PPP strategy and refinement of PHC policies and practices</p> <p>Enhanced capacities of at least 80 public officers to facilitate PHC PPP through training in Health PPP toolkit</p>	<p>Health PPC strategy finalized</p> <p>Support provided to development of PCN guidelines and other technical documents</p> <p>Support to MOH crisis communication</p> <p>PPC training toolkit developed. 12 TOT trained and 80 representatives from MOH CoG, SAGAs counties and KHF</p>	
2.1 Evidence-base on potential new business models for universal access to quality affordable PHC developed and promoted	New PPP opportunities identified through pre-feasibility studies done on PHC networks hub and spokesmodel expanding local pharma and support to health technology Assessment	<p>New opportunities identified through:</p> <ul style="list-style-type: none"> • AHDP feasibility studies • PHC Impact Investment Fund • Building ASRH DIB consortium and submission of investment proposal • Strategic engagement with MoI/DT, MoH, Merck/Dawa consortium • Supported development of business plan for Johari Beads initiative • Screening for Maternal Outcomes Matter Alliance (Merck for Mothers, OPIC, USAID) 	
2.2 Public, private and blended financing models brokered to accelerate universal access to quality affordable PHC	<p>Makueni and Isiolo County Governments sign PHC PPP agreements offering value for money with transaction support of SDGPP</p> <p>Investment pipeline expanded to 200 million UD with a minimum of 20 % transacted in 2020</p> <p>SDG Partnership Platform partnership and resource base expanded</p>	<p>Supported Makueni P4PC consortium in submission and review of PIIP to MCG</p> <p>Supported Isiolo County Government in sourcing transaction support to advance its PHC PPP concept (transaction support in early 2021)</p> <p>Mobilized additional support for Isiolo County Government through partnership with Huawei Smart Village project</p> <p>Current investment pipeline of selected projects supported is estimated at approximately 150 million USD but no new projects closed in 2020:</p> <ul style="list-style-type: none"> • Makueni P4PC – 60million USD • ASRH DIB – 30 million USD • Local vaccine production facility – 30 million USD • AHDP – 15 million USD • Isiolo PHC PPP – 5 million USD • Other (e.g. Penda Health, Zenysis Zipline etc.) – 10 million USD <p>SDGPP co-founded NBCC to support fight against Covid-19</p> <p>SDGPP partnership base expanded with 2 new partners (Johnson and Johnson and PharmAccess)</p> <p>SDGPP resource base grown with 400,000 USD for own programming. Support mobilized for Covid-19 with approximately 5 million USD</p>	



SDG PARTNERSHIP PLATFORM

		SDGPP funding and in-kind pipeline: 7,645,000 USD	
3.1 Innovative solutions and partnerships catalyzed to strengthen the delivery of PHC systems	Digital Health Solution scaled with support of SDG Accelerator Lab	PHC Innovation research progressing AI and Robotics for Covid-10 response supported	
3.2 Support design and testing of innovative partnerships and solutions	UHC media and communication supported through SDGPP platforms Best practice documents capturing successes and lessons learned to inform progressive policy and practices for SDG partnership platforms around the world	SDGPP website being finalized Various high-level events and convenings organized engaging SDGPP partners NBCC best-practice documents SDGPP captured as best practice in SDG Partnership Accelerator toolkit	
4 SDGPP secretariat operational capacities enhanced		SDGPP team member are providing technical and coordination support to MOH, COG and FCDC for implementation of the COVID-19 response, in particular in areas of partnership coordination, resource mobilization, and innovation	



III. Assessments

Njibu, Peris: Mapping of partners supporting RNMCAH activates in the 47 Counties, SDGPP, 2020.

Siddharth Chatterjee: Without Universal Health Coverage we are sitting ducks when the next pandemic strikes in Forbes Africa, 13 May 2020 [WITHOUT UNIVERSAL HEALTH COVERAGE WE ARE SITTING DUCKS WHEN THE NEXT PANDEMIC STRIKES - Forbes Africa](#)

Paul Polman, Siddharth Chatterjee and Myriam Sidibe: Op-Ed: How Multilateralism Through Public-Private Partnerships Is Key To Flatten The Curve in Forbes Africa, 17 April 2020 [Op-Ed: How Multilateralism Through Public-Private Partnerships Is Key To Flatten The Curve - Forbes Africa](#)

IV. Programmatic Revisions

While the COVID-19 pandemic that erupted in March 2020 severely impacted the Platform, the focus has remained on adapting rapidly to ensure that the SDGPP is still able to meet its targets. Several trainings were shifted online given the travel restrictions which remain in place into 2021. Additionally, the SDGPP has been instrumental in the founding of a number of initiatives developed specifically in response to COVID-19. The National Business Compact on COVID-19, which is discussed in the Case Study section of the report, focused on broadcasting messages around handwashing as a prevention method, while the Finance, Trade and Investment Network (FINTRINET) focusses on economic recovery. The Platform remains committed to maintaining its flexibility and adaptability, to best ensure programmatic delivery in spite of the disruption caused by COVID-19.

Targets for 2021

In line with the SDGPP PHC Window 5-year strategic plan, and building on the achievements made over the last 2 years, the following key milestones and targets have been set for 2021 by the SDGPP PHC Window Steering Committee

1. Enhanced MOH capacities to steward implementation of Health PPC strategy, and refinement of PHC policies and practice
2. Institutionalize Health PPP training, and enhance capacities of at least 300 public officers to facilitate PHC PPP through online & face to face training in Health PPP Toolkit, as well as establishment of a PHC PPP Community of Practice
3. Enhanced trust and understanding between key stakeholders to support UHC rollout, and potential PHC PPPs, through support to at least five (5) health stakeholder forums / public private dialogues
4. Makueni and Isiolo PHC PPPs, as well as ASRH Development Impact Bond successfully launched
5. Advance towards transaction; AHDP County PPCs, Local Vaccine Production Facility, 1-2 more PHC County PPC (e.g. Kisumu, Kilifi)
6. Innovations within PHC delivery (including through PCN) informed through research and guidance of practice
7. Investment pipeline expanded to \$250 million with a minimum of 10% transacted in 2021



8. SDG Partnership Platform partnership and resource base expanded
9. SDG Partnership Platform website launched, and online footprint expanded

V. Resources

In 2020, the SDGPP continued to broaden its partnership and resource base to sustain the PHC programming and launch the Food and Nutrition Security window.

- Astra Zeneca, Conrad N. Hilton Foundation and the Netherlands increased their support in 2020
- Rockefeller Foundation, Ford Foundation, IFAD, WFP, FAO and UNIDO joined the Platform in 2020.

The Platform will continue to grow its resource and partnership base in 2021.



SDG PARTNERSHIP PLATFORM

VI. Consolidated Annual Financial Report of the Administrative Agent for the Kenya SDG Partnership Platform Multi-Partner Trust Fund for the Period 1 January to 31 December 2020

DEFINITIONS

Allocation

Amount approved by the Steering Committee for a project/program.

Approved Project/Program

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

Contributor Commitment

Amount(s) committed by a donor 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'.

Indirect Support Costs

A general cost that cannot be directly related to any particular program or activity of the Participating Organizations. UNDG policy establishes a fixed indirect cost rate of 7% of programmable costs.

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 an implementing 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 program is considered financially closed when all financial obligations of an operationally completed project or program have been settled, and no further financial charges may be incurred.

Project Operational Closure

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

Project Start Date

Date of transfer of first instalment from the MPTF Office to the Participating Organization.

Total Approved Budget

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

US Dollar Amount

The financial data in the report is recorded in US Dollars and due to rounding off of numbers, the totals may not add up.



SDG PARTNERSHIP PLATFORM

INTRODUCTION

This Consolidated Annual Financial Report of the **Kenya SDG Partnership Platform MPTF** is prepared by the United Nations Development Program (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 contributors.

This consolidated financial report covers the period 1 January to 31 December **2020** and provides financial data on progress made in the implementation of projects of the **Kenya SDG Partnership Platform MPTF**. It is posted on the MPTF Office GATEWAY (<http://mptf.undp.org/factsheet/fund/KEN00>).

The financial data in the report is recorded in US Dollars and due to rounding off of numbers, the totals may not add up.



2020 FINANCIAL PERFORMANCE

This chapter presents financial data and analysis of the **Kenya SDG Partnership Platform MPTF** using the pass-through funding modality as of 31 December **2020**. Financial information for this Fund is also available on the MPTF Office GATEWAY, at the following address:

<http://mptf.undp.org/factsheet/fund/KEN00>.

1. SOURCES AND USES OF FUNDS

As of **31 December 2020**, 5 contributors deposited US\$ **2,040,658** in contributions and US\$ **11,146** was earned in interest.

The cumulative source of funds was US\$ **2,051,804**. Of this amount, US\$ **1,730,422** has been net funded to **2** Participating Organizations, of which US\$ **1,448,214** has been reported as expenditure. The Administrative Agent fee has been charged at the approved rate of 1% on deposits and amounts to US\$ **20,407**. Table 1 provides an overview of the overall sources, uses, and balance of the **Kenya SDG Partnership Platform MPTF** as of 31 December 2020.

Table 1. Financial Overview, as of 31 December 2020 (in US Dollars)

	Annual 2019	Annual 2020	Cumulative
Sources of Funds			
Contributions from donors	635,000	100,000	2,040,658
Fund Earned Interest and Investment Income	3,863	3,014	11,146
Interest Income received from Participating Organizations	-	-	-
Refunds by Administrative Agent to Contributors	-	-	-
Fund balance transferred to another MDTF	-	-	-
Other Income	-	-	-
Total: Sources of Funds	638,863	103,014	2,051,804
Use of Funds			
Transfers to Participating Organizations	883,320	-	1,730,422
Refunds received from Participating Organizations	-	-	-
Net Funded Amount	883,320	-	1,730,422
Administrative Agent Fees	6,350	1,000	20,407
Direct Costs: (Steering Committee, Secretariat...etc.)	-	-	-
Bank Charges	3	8	18
Other Expenditures	-	-	-
Total: Uses of Funds	889,673	1,008	1,750,846
Change in Fund cash balance with Administrative Agent			
Opening Fund balance (1 January)	449,762	198,951	-
Closing Fund balance (31 December)	198,951	300,958	300,958
Net Funded Amount (Includes Direct Cost)	883,320	-	1,730,422
Participating Organizations' Expenditure (Includes Direct Cost)	489,984	504,634	1,448,214
Balance of Funds with Participating Organizations			282,208



SDG PARTNERSHIP PLATFORM

2. PARTNER CONTRIBUTIONS

Table 2 provides information on cumulative contributions received from all contributors to this Fund as of 31 December **2020**.

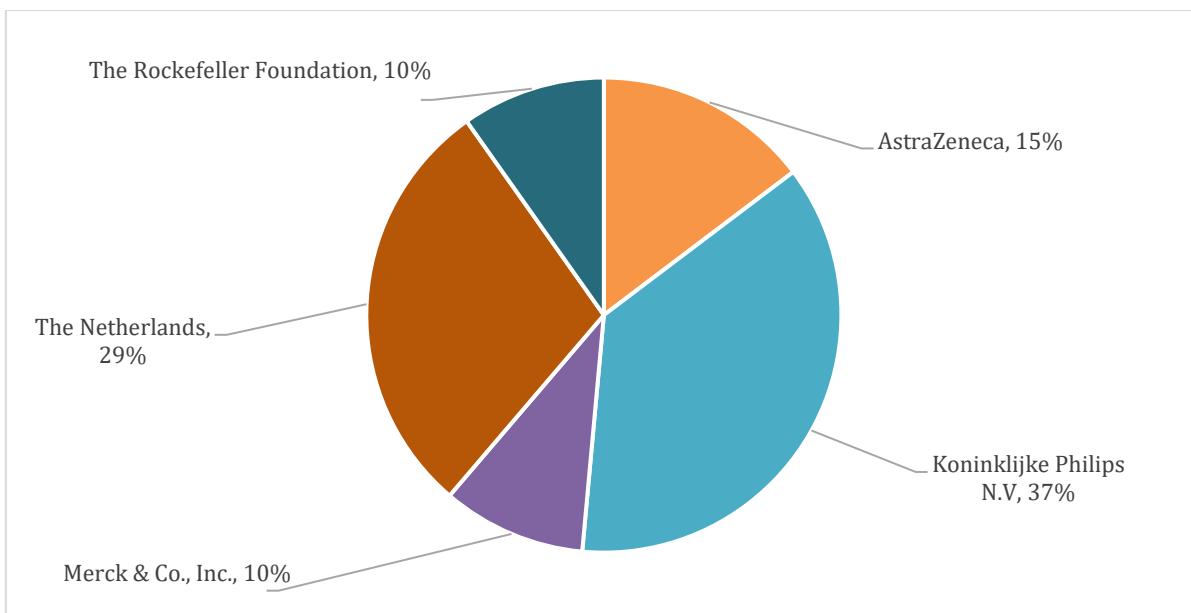
The **Kenya SDG Partnership Platform MPTF** is currently being financed by **5** contributors, as listed in the table below.

The table below includes commitments made up to 31 December **2020** through signed Standard Administrative Agreements, and deposits made through **2020**. It does not include commitments that were made to the fund beyond **2020**.

Table 2. Contributors' Commitments and Deposits, as of 31 December 2020 (in US Dollars)

Contributors	Total Commitments	Prior Years as of 31-Dec-2019 Deposits	Current Year Jan-Dec-2020 Deposits	Total Deposits
AstraZeneca	300,000	200,000	100,000	300,000
Koninklijke Philips N.V	750,000	750,000	-	750,000
Merck & Co., Inc.	200,000	200,000	-	200,000
NETHERLANDS	590,658	590,658	-	590,658
ROCKEFELLER FOUNDATION	200,000	200,000	-	200,000
Grand Total	2,040,658	1,940,658	100,000	2,040,658

Figure 1: Deposits by contributor, cumulative as of 31 December 2020





3. INTEREST EARNED

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

As of 31 December **2020**, Fund earned interest amounts to US\$ **11,146**.

Details are provided in the table below.

Table 3. Sources of Interest and Investment Income, as of 31 December 2020 (in US Dollars)

Interest Earned	Prior Years as of 31-Dec-2019	Current Year Jan-Dec-2020	Total
Administrative Agent			
Fund Earned Interest and Investment Income	8,132	3,014	11,146
Total: Fund Earned Interest	8,132	3,014	11,146
Grand Total	8,132	3,014	11,146

4. TRANSFER OF FUNDS

Allocations to Participating Organizations are approved by the Steering Committee and disbursed by the Administrative Agent. As of 31 December **2020**, the AA has transferred US\$ **1,730,422** to **2** Participating Organizations (see list below).

4.1 TRANSFER BY PARTICIPATING ORGANIZATION

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, as of 31 December 2020 (in US Dollars)

Participating Organization	Prior Years as of 31-Dec-2019			Current Year Jan-Dec-2020			Total		
	Transfers	Refunds	Net Funded	Transfers	Refunds	Net Funded	Transfers	Refunds	Net Funded
UNDP	847,102		847,102				847,102		847,102
UNFPA	883,320		883,320				883,320		883,320
Grand Total	1,730,422		1,730,422				1,730,422		1,730,422



SDG PARTNERSHIP PLATFORM

5. EXPENDITURE AND FINANCIAL DELIVERY RATES

All final expenditures reported for the year **2020** were submitted by the Headquarters of the Participating Organizations. These were consolidated by the MPTF Office.

Project expenditures are incurred and monitored by each Participating Organization, and are reported as per the agreed upon categories for inter-agency harmonized reporting. The reported expenditures were submitted via the MPTF Office's online expenditure reporting tool. The **2020** expenditure data has been posted on the MPTF Office GATEWAY at <http://mptf.undp.org/factsheet/fund/KEN00>.

5.1 EXPENDITURE REPORTED BY PARTICIPATING ORGANIZATION

In **2020**, US\$ was net funded to Participating Organizations, and US\$ **504,634** was reported in expenditure.

As shown in table below, the cumulative net funded amount is US\$ **1,730,422** and cumulative expenditures reported by the Participating Organizations amount to US\$ **1,448,214**. This equates to an overall Fund expenditure delivery rate of **84** percent.

Table 5.1. Net Funded Amount, Reported Expenditure, and Financial Delivery by Participating Organization, as of 31 December 2020 (in US Dollars)

Participating Organization	Approved Amount	Net Funded Amount	Expenditure			Delivery Rate %
			Prior Years as of 31-Dec-2019	Current Year Jan-Dec-2020	Cumulative	
UNDP	847,102	847,102	792,529	50,286	842,815	99.49
UNFPA	883,320	883,320	151,051	454,348	605,398	68.54
Grand Total	1,730,422	1,730,422	943,579	504,634	1,448,214	83.69

5.2 EXPENDITURE BY PROJECT

Table 5.2 displays the net funded amounts, expenditures reported and the financial delivery rates by Participating Organization.

Table 5.2. Expenditure by Project within Cluster, as of 31 December 2020 (in US Dollars)

Cluster / Project No.and Project Title	Participating Organization	Project Status	Total Approved Amount	Net Funded Amount	Total Expenditure	Delivery Rate %
Enabling Support to the SDG PP						
00108116 Establishing and operationalizing	UNDP	On Going	535,000	535,000	531,128	99.28
Enabling Support to the SDG PP: Total			535,000	535,000	531,128	99.28

TW1 SDG 3 Cluster PHC							
00108117	SDG3 Primary Healthcare Accelerator	UNDP	On Going	312,102	312,102	311,687	99.87
00115127	Implementation of the SDG Part	UNFPA	On Going	883,320	883,320	605,398	68.54
TW1 SDG 3 Cluster PHC: Total				1,195,422	1,195,422	917,086	76.72
Grand Total				1,730,422	1,730,422	1,448,214	83.69



5.3 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. See table below.

2012 CEB Expense Categories

1. Staff and personnel costs
2. Supplies, commodities and materials
3. Equipment, vehicles, furniture and depreciation
4. Contractual services
5. Travel
6. Transfers and grants
7. General operating expenses
8. Indirect costs

Table 5.3. Expenditure by UNDG Budget Category, as of 31 December 2020 (in US Dollars)

Category	Expenditure			Percentage of Total Program Cost
	Prior Years as of 31-Dec-2019	Current Year Jan-Dec-2020	Total	
Staff & Personnel Cost	554,289	1,607	555,896	41.07
Suppl, Comm, Materials	-	-	-	
Equip, Veh, Furn, Depn	15,639	23,793	39,432	2.91
Contractual Services	133,934	134,544	268,478	19.84
Travel	88,758	160	88,918	6.57
Transfers and Grants	-	-	-	
General Operating	89,232	311,517	400,749	29.61
Program Costs Total	881,852	471,621	1,353,473	100.00
¹ Indirect Support Costs Total	61,728	33,013	94,741	7.00
Total	943,579	504,634	1,448,214	

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%.



SDG PARTNERSHIP PLATFORM

6. COST RECOVERY

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

The policies in place, as of 31 December **2020**, 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. In the reporting period US\$ **1,000** was deducted in AA-fees. Cumulatively, as of 31 December **2020**, US\$ **20,407** has been charged in AA-fees.
- **Indirect Costs of Participating Organizations:** Participating Organizations may charge 7% indirect costs. In the current reporting period US\$ **33,013** was deducted in indirect costs by Participating Organizations. Cumulatively, indirect costs amount to US\$ **94,741** as of 31 December **2020**.

7. ACCOUNTABILITY AND TRANSPARENCY

In order to effectively provide fund administration services and facilitate monitoring and reporting to the UN system and its partners, the MPTF Office has developed a public website, the MPTF Office Gateway (<http://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 program 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.