



COVID-19 RESPONSE

UNITED NATIONS COVID-19 RESPONSE AND RECOVERY FUND FINAL NARRATIVE REPORT

FEBRUARY 2023



UN COVID-19 Response
and Recovery Fund
#RecoverBetterTogether



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CONTENTS

Foreword	02
Key Results in Numbers	03
I. Introduction: An Unprecedented Development Emergency and Rapid UN Response	05
II. The UN Secretary-General's Framework for the Immediate Socio-Economic Response to COVID-19	06
III. Summary Results	07
PILLAR 1: Health First	08
PILLAR 2: Protecting People	10
PILLAR 3: Economic Response and Recovery	12
PILLAR 5: Social Cohesion and Community Resilience	14
IV. Promoting Gender Equality, Leaving No One Behind and Innovation	15
V. Partnerships for a Rapid Response, Donors, Recipient United Nations Organizations and Countries	21
VI. Fund Governance and Key Lessons Learned	23
Annex 1: Financial Summary	26
Annex 2: Compendium of Funded UN Joint Programmes	27



FOREWORD

The United Nations COVID-19 Response and Recovery Fund, a time-limited interagency fund mechanism, was established in April 2020 by the UN Secretary-General, Mr. António Guterres, to assist low- and middle-income countries in overcoming the health and development crises brought on by the Covid-19 pandemic. It aims to help those who are most susceptible to financial hardship and social disruption. The Deputy Secretary-General and the Chair of the UN Sustainable Development Group guided and oversaw the work of the Fund.

To support the implementation of the UN Framework for the Immediate Socio-Economic Response to COVID-19, the Fund mobilized resources from 26 donors and provided \$83.6 million to 97 joint initiatives in support of socioeconomic recovery efforts in 84 countries across the world.

This report summarizes the UN's response to the pandemic supported by the Fund. It brought together the expertise and capacities of 24 United Nations entities which was key for coherent and effective joint programmes. The Fund tested and developed the basis of a Development Emergency Modality, which the UN Joint SDG Fund has adopted as a Development Emergency Window to streamline and strengthen the UN's response to future socio-economic development crises.

I would like to express my sincere gratitude to the 26 donors, including UN Member States and private donors, for their generous contributions. I would like to thank the members of the Advisory Committee for their strategic guidance and expert advice, the UN Resident Coordinators and Country Teams around the world for their tireless work on the ground, UNDP's Multi-Partner Trust Fund Office for its effective stewardship and fund management and the staff of the very small Secretariat for their dedication and professional support.

Finally, I would like to thank Mr. Jens Wandel, who served as the Secretary-General's Designate to the Fund from April 2020 to July 2021. His leadership was instrumental for the success of the Fund.

Haoliang Xu

UN Secretary-General's Designate a.i. for the COVID-19 Response and Recovery Fund

KEY RESULTS IN NUMBERS

UN COVID-19 Fund supported socioeconomic recovery efforts in

84 countries



18 countries

LATIN AMERICA AND THE CARIBBEAN

EUROPE AND CENTRAL ASIA

12 countries

ARAB STATES

2 countries

29 countries

AFRICA

23 countries

ASIA AND THE PACIFIC



20

Small Island Developing States were supported by the Fund



\$83.6

million allocated to

97

joint UN programmes



In **44** countries

19.2

million people accessed **health services** and increased their awareness about COVID-19 and **health protection measures**

In **41** countries

17.2

million people have improved access to **social protection** and **basic services**

In **48** countries

5.8

million people accessed **economic recovery programmes** and sustained **livelihoods**



95

UN assessments provided technical guidance on health-care and business diagnostics



82

public policy processes were supported to facilitate rapid government action on telemedicine, women's empowerment and gender-inclusive business



98

percent of joint programmes had a gender marker score of 2 or 3 with significant or principle activities in gender equality

I. INTRODUCTION

Over the past three years, the COVID-19 pandemic proved to be more than a global health emergency. It is a systemic human development crisis, which affected the economic and social dimensions of development in unprecedented ways. The pandemic also revealed significant and persistent disparities among countries in their ability to cope and recover. The pandemic shut down the world. Health systems struggled to keep up and lockdowns crippled entire economies and disrupted essential services. To date, the World Health Organization reports 754,018,841 confirmed COVID-19 cases, and over 6 million deaths.

Amid the catastrophe, the United Nations Development System stepped up as never before, providing a unified, integrated response to the rapidly evolving development emergency. This report covers the United Nations COVID-19 Response and Recovery Fund activities from its inception in April 2020 to its closure in December 2022.

The Fund was set up to back UN joint programmes and support Resident Coordinators to convene UN agencies and partners on the ground to repurpose programming and funding to address the most pressing needs for the pandemic response. Globally, UN Country Teams conducted rapid socioeconomic impact assessments (SEIAs) that helped shape country level socioeconomic response plans (SERPs), drawing on lessons from previous crises about the terrible human costs that come from gaps in services and livelihoods. Just two weeks after its inception, the Fund launched its First Call for proposals covering 55 UN joint programmes. The Second Call was launched in August 2020 and supported additional 42 joint programmes.

Within its first eight months, the Fund launched two calls for proposals but also established a pipeline of 204 vetted and readily implementable joint programmes.

The first round of proposals prioritized the least developed countries (LDCs) not covered by a humanitarian plan, Small Island Developing States (SIDS) and middle-income countries severely affected by the pandemic. The Second Call invested in countries where the UN Country Teams had finalized and published their SERPs. By the submission deadline of the Fund's Second Call for proposals, the number of countries with published response plans had risen to 109 from just 60 countries pre-call.

For the Second Call, the Fund put gender equality more explicitly at the core, with a requirement that 30 percent of funded programmes focus on closing gender gaps as a primary objective.

Programmes in both cycles fell mainly under four of the five SERP pillars fundamental to the pandemic response, including pillar 1) to sustain health systems, pillar 2) to protect people

through social assistance and services, pillar 3) to buffer the economic fallout on vulnerable small enterprises and informal workers and pillar 5) to promote social cohesion. From start to finish, programmes met the call to leave no one behind, often using innovative means to overcome discriminatory barriers, whether related to disability, gender, ethnicity, location, HIV status or any of several other parameters.

In the beginning, programmes acted fast to meet immediate needs, such as to supply personal protective equipment (PPE). A double impact in some cases came from supporting local production that provided income, especially for women. UN Country Teams also drew on sophisticated global procurement networks to bring in urgently needed medical supplies, such as oxygen tanks. As the pandemic continued, they played vital roles in sustaining services for sexual and reproductive health and the response to gender-based violence. They introduced new mobile, telehealth and other service models and digital technologies to work around constraints to in-person care.

Through the Fund, UN Country Teams made a lasting impact on social protection schemes, including through measurement systems that were more sensitive to multiple vulnerabilities to increase accuracy in reaching the most marginalized groups. People with disabilities, informal workers and women-headed households were targeted by the UN joint initiatives.

Programmes also maintained vital services to protect food security and nutrition and kept schooling on track. Early in the pandemic, programmes went on to lay the foundations for an economic recovery by creating new forms of employment services linking job seekers and providers. Training and finance for small firms, especially those run by women and youth, meant they could regain lost ground and even innovate and explore new avenues for commerce. Programmes strengthened value chains, including through introducing new technologies, and shored up hard-hit sectors, particularly in agriculture.

Overall, the Fund demonstrated the value of pooled funding in ensuring a cohesive, rapid and focused UN system response to a global development emergency and helped strengthen the position of Resident Coordinators and collaboration among UN entities at the country level.

II. THE UN SECRETARY-GENERAL'S FRAMEWORK FOR THE IMMEDIATE SOCIO-ECONOMIC RESPONSE TO COVID-19

The Fund's investments and operations are guided by the UN Framework for the Immediate Socio-Economic Response to COVID-19, which framed the SERPs at the country level. The Fund supported countries to implement mainly four of the five pillars of action outlined in this Framework. The five pillars are:

1



HEALTH FIRST

Protecting health services and systems during the crisis by implementing telemedicine and mobile care units, and supporting innovations needed to provide health-care to vulnerable people during and beyond the pandemic

2



PROTECTING PEOPLE

Keeping families afloat during a time of job losses and economic contraction, with a focus on the poorest households, led by women. Care for children, the elderly and vulnerable people

3



ECONOMIC RESPONSE AND RECOVERY

Protect jobs, small and medium-sized enterprises and the informal sector workers. Support to workers' re-entry to the job market, and businesses to safely operate and provide jobs

4



MACROECONOMIC RESPONSE AND MULTILATERAL COLLABORATION

with support for active fiscal and monetary policies to stimulate the economy

5



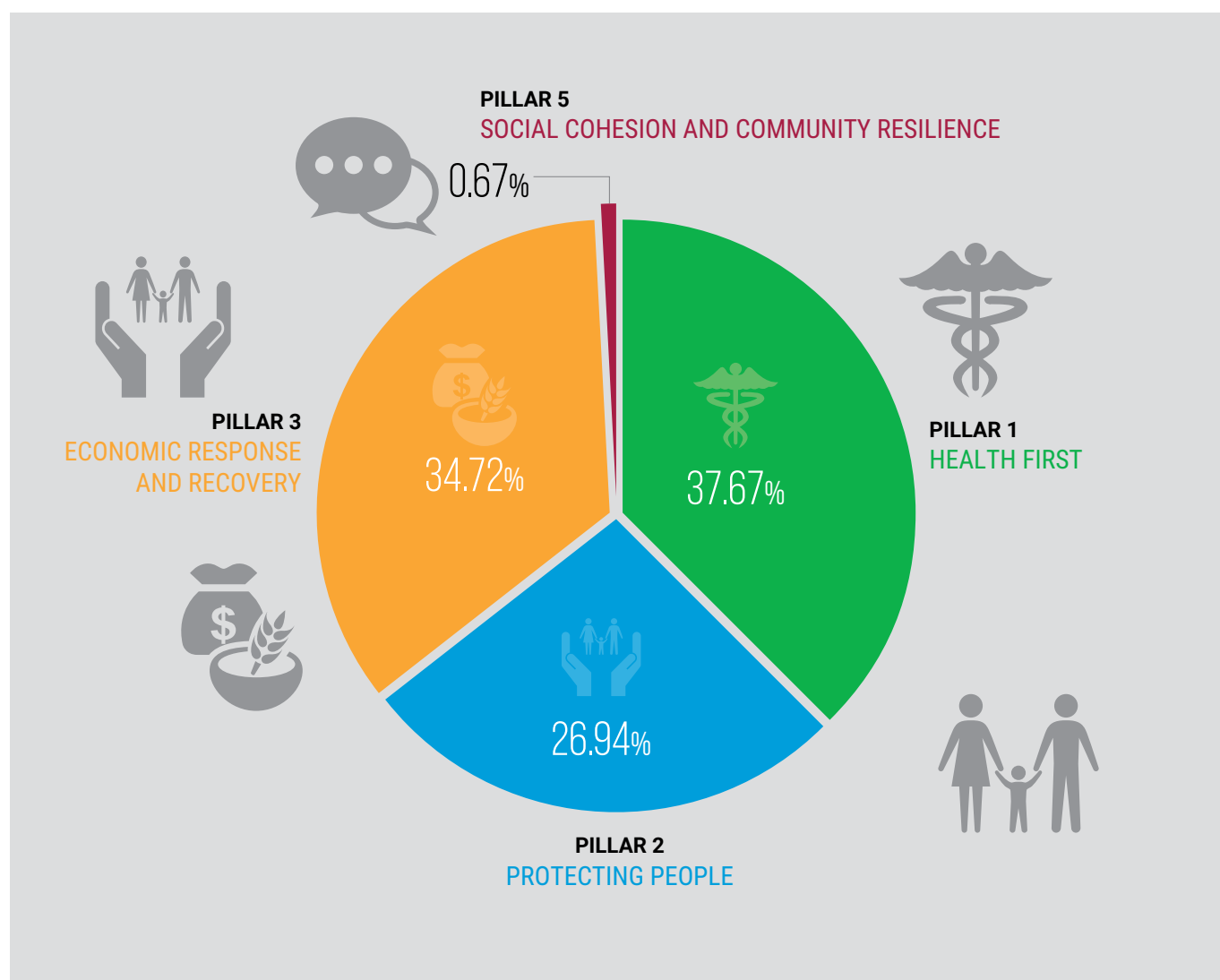
SOCIAL COHESION AND COMMUNITY RESILIENCE

Promote community engagement and empowerment in response and recovery

III. SUMMARY RESULTS

The United Nations COVID-19 Response and Recovery Fund provided \$83.6 million to 97 joint-initiatives in 84 countries across all regions. The joint programmes were implemented by 24 UN recipient organizations in support of the countries' socioeconomic response and initial recovery efforts. The following summary showcases selected results for four of the five pillars included in the Framework for the Immediate Socio-Economic Response to COVID-19¹.

Primary focus by SERP pillar for projects supported by the Fund



1. See details of all 97 programmes in the Compendium of Funded UN Joint Programmes: https://mptf.undp.org/sites/default/files/documents/final_narrative_report_onepager_compilation_2023.pdf

PILLAR 1: HEALTH FIRST



19.4 million people improved access to health services and increased awareness about COVID-19 and health protection measures



2.7 million pieces of personal protection equipment (PPE) distributed



1.1 million masks were produced



52,501 people trained on health protection measures during the pandemic



39,737 health workers trained on frontline response



1,951 health facilities received COVID-19 technical guidance and equipment



24 COVID-19-related policies and protocols developed to improve access to health

Joint United Nations programmes under the COVID-19 Fund shored up systems to surge and sustain essential services. Programmes also steered health system recovery and strengthening, leaving a lasting impact through new capacities and innovative methods of service provision.

The Fund supported health systems to move further down the road to universal health coverage, in line with the Sustainable Development Goals (SDGs). Overall, 19.4 million people improved their access to health services and 52,501 people received training to raise awareness on COVID-19 health protection measures.

The Fund linked the combined resources of the United Nations on health-care, public policy, governance, data, and logistics, all of which were top priorities for countries from the first days of the pandemic. UN teams helped rapidly scale up capacities for testing and tracking cases; adapt care standards; and implement tools such as call centres to address the information demand and build preventive skills. Overall, health facilities received technical guidance and special equipment while frontline health workers led response efforts worldwide. The United Nations' unique global reach in procurement and logistics mobilized

2.7 million life-saving PPEs and medical supplies. The United Nations supported the production of 1.1 million masks, moving them through supply chains to hard-to-reach locations.

Amid lockdowns and travel constraints, joint programmes found workaround solutions to maintain people's access to critical health services. They helped health workforces to pivot and meet new demands while maintaining a clear focus on more routine, but essential care. This included adapting new service modalities such as telehealth systems providing remote online consultations on sexual and reproductive health; and community care providers dispensing essential drugs to people with HIV.

The United Nations' commitment to leaving no one behind ran across its interventions, shining a spotlight on the ties between human health and vulnerability, and providing solutions to mitigate health risks, especially for people caught in multiple forms of discrimination. UN joint programmes played central roles in bringing returning migrants; indigenous communities and women-headed households into the centre of COVID-19 responses, reducing transmission rates and improving treatment access.

Improved systems, standards and data helped health systems keep up

Joint programmes supported national health systems to improve services through rapid assessments, new data generation and innovative approaches in facing the COVID-19 pandemic. Improved standards and data systems helped health structures to keep up and adapt to a rapid health response.

Mongolia increased COVID-19 testing capacity tenfold, covering over 1.8 million people in Ulaanbaatar and seven provinces.

Honduras curbed the spread of COVID-19 with epidemiological surveillance, expanded diagnostic capacity, rapid response teams and community outreach. An automated system for recording laboratory samples reduced test results from days to hours.

North Macedonia reached 300,000 people through an online campaign on cervical cancer screening and introduced digital systems to improve case reporting, follow-up, referrals, and private protections. The digitalization of its immunization registry ensured the smooth roll-out of COVID-19 vaccines.

Rapid action procured critical supplies

UN Country Teams ensured continued procurement of essential supplies and regeared health workforces to keep up with the new disease challenges. The rapid provision of water supplies energy, oxygen ventilators, and PPE extended COVID-19 treatment, even in remote locations.

Madagascar trained 40 rapid response teams, provided oxygen tanks, and scaled up testing, treatment, and infection control tools. This comprehensive drive at the central and district levels allowed patients with severe symptoms to receive treatment and health-care.

Eswatini procured PPE for 88 percent of public health facilities, and trained 95 percent of health-care workers on prevention, testing and management skills. New national technical guidance for health-care workers providing maternity services in part mitigated the extra risks the virus posed to pregnant women.

Tokelau upgraded quarantine centres on three atolls, adapting 39 rooms, 64 beds and 11 isolation wards, and produced 1,716 pieces of PPE.

Sustained essential non-COVID-19 health services

UN action allowed continuity in providing health services. Initial investments in strengthening health systems to rise to COVID-19 challenges resulted in many positive spill-over effects in other areas of health-care. New technical staff and other capacities opened opportunities to piggyback.

Tajikistan used protocols grounded in international standards to extend the reach of routine health-care services. It provided 41,000 remote online consultations on sexual and reproductive health.

El Salvador brought home delivery of medicines to over 90,000 people with critical pre-existing conditions.

Turkey deployed 10 mobile health units that sustained services for over 61,000 people and provided support to gender-based violence survivors.

Maldives improved mental health and psychosocial support services by training 7,000 teachers and volunteers on community-based support. It reached 1.5 million people through communication, spurring a notable rise in social acceptance of mental health services.

PILLAR 2: PROTECTING PEOPLE



17.2 million people accessed social protection services



4.3 million people mapped to be included in social protection schemes



2.1 million people made eligible to receive cash transfers during the pandemic



1.6 million people received food packages



2.9 million students and teachers continued school attendance through improved water and sanitation facilities and distance learning



177 facilities supported to assist survivors of gender-based violence (GBV)



448,000 people received GBV-related support



5,953 GBV cases managed and provided with psychosocial support

Social protection and essential services carry people through crises and help prompt recovery. The scope of pandemic challenges required an extraordinary level of support, something that the United Nations was uniquely positioned to provide. The Fund supported countries in enabling 17.2 million people to access social protection services and in new mapping of 4.3 million people to be included in social protection schemes.

As the world's largest actor on social protection and basic services, the United Nations connected countries to technical advice, new service models and digital solutions so they could adapt social protection systems and services for the COVID-19 response. Amid escalating needs, joint programmes helped training for front-line workers that proved both inclusive and cost-effective. It also quickly scaled up social protection support and deployed new service delivery modes.

Efforts also improved targeting and registration of often excluded people to access social protection through integrated approaches helped capture multiple risks, with 2.1 million people enabled to receive cash transfers and 2.9 million students and teachers attending school through distance learning modalities.

Combined streams of United Nations expertise allowed programmes to simultaneously deliver diverse benefits, such as improved food security and livelihoods for 1.6 million people. Digital solutions repeatedly showed their merits, such as through closer service monitoring; through referral systems for 448,000 survivors of gender-based violence (GBV); by managing and providing psychosocial support for 5,953 gender-based violence cases and by supporting 177 additional facilities to assist survivors of gender-based violence.

Social protection grew in scale and reached the most marginalized

Joint programmes extended the reach of social protection systems, enhancing the targeting of the most vulnerable and amplifying benefits through integrated social protection solutions. Efforts involved creating new modes of service to manage the constraints of the pandemic with strong prospects for permanent application.

India leveraged digital tools, including mobile phone apps, to link 14 million more people to three existing national social protection systems.

Ghana supported a top-up of the national safety net programme with an emergency double payment, benefitting over 1.4 million extremely poor families.

Indonesia turned to financial and digital innovations to deliver unconditional cash transfers to 10 million households.

Viet Nam rolled out virtual training improving skills among hundreds of essential workers in health and education, including in remote areas. All 63 provinces took part in advocating continued use of sexual and reproductive health services; a mobile app eased the scheduling of over 210,000 care visits.

Learning took new forms and crossed digital and other divides

Joint programmes acted quickly to introduce new forms of learning amid mass shutdowns of schools, including through combining multiple forms of outreach that eased digital divides. Home-based education efforts allowed education systems to ensure continuity and prevented increased school drop-out rates.

Mongolia's Digital Adventures platform benefitted 300,000 children, parents and teachers, including ethnic minorities and people with disabilities through 104 lessons for pre-primary, primary and secondary education.

Bhutan implemented Google Classrooms reaching 170,000 children.

Senegal's digital learning solutions were combined with radio programming to sustain literacy and numeracy skills among 650,000 learners.

Services met rising rates of gender-based violence

Joint programmes stepped up prevention measures and strengthened services responding to gender-based violence, addressing increasing rates during lockdowns, amid the stresses of the pandemic.

Zimbabwe enhanced prevention with six dedicated community-based mechanisms and reached over 50,200 people with information services

Democratic Republic of the Congo strengthened referral pathways for cases of sexual and gender-based violence and improved access to psychosocial support, assisting 2,317 women and girls, including through age- and disability-responsive case management.

Maldives created a new digital platform to map service referral systems, monitor trends, and improve data collection from local councils on GBV cases.

PILLAR 3: ECONOMIC RESPONSE AND RECOVERY



5,8 million people accessed economic recovery programmes



123,690 people participated in employment-intensive programmes



5,860 jobs created or retained in eight countries



3,200 women were supported with temporary employment



49 policies and protocols on health, inclusiveness and financial guarantees adopted to improve conditions for workers in the formal and informal sectors



90,000 people received business skills training including e-commerce and agriculture and food processing



3,388 people trained in workplace COVID-19 safety in five countries

The COVID-19 pandemic represented a severe challenge for people's economic situation, destroying jobs and livelihoods. Small firms, self-employed people, agricultural workers, informal sector workers and migrants suffered some of the greatest losses, with few means, such as social protection, to buffer the crisis.

Livelihoods and employment are core to survival and recovery, both for individuals and the broader economy. The UN Development System acted immediately, helping 5.8 million people to navigate the downturn with initiatives such as jobs and cash-for-work schemes, and to extend employment services. In 48 countries, programmes allowed beneficiaries to access economic recovery programmes and sustained livelihoods.

Joint programmes injected a variety of inputs to ensure the business continuity of smaller enterprises, especially those run by women business owners. Trainings, access to finance and supplies and strengthened value chains helped firms survive and develop new and more resilient business models.

The Fund supported 123,690 people to enrol in employment intensive programmes and collaborated with eight countries to create and retain 5,860 jobs.

The pandemic's shift to the virtual world propelled a strong emphasis on improving digital skills and the use of digital technology in UN support for economic response and recovery. Long marginalized sectors, particularly smallholder agriculture, gained knowledge of digital tools and boosted productivity, advances that will underpin greater resilience over time. 90,000 people received business skills training in e-commerce, agriculture and food processing.

As longstanding deficits in care work galvanized global attention, programmes took opportunities to highlight the gender dimensions and put forward solutions to improve the quality of care and conditions for workers. Sustained changes resulted from 49 policies and protocols on health, inclusiveness, and financial guarantees that were adopted to improve conditions for workers in the formal and informal sectors.

Employment creation and job links sustained livelihoods

Scaled-up employment programmes created jobs in communities and sectors of the economy hardest hit by the pandemic. Improved links to employment for people seeking jobs came from new digital tools that overcame barriers due to location and social distancing. Improved workplace standards emerged alongside employment programmes in some countries.

Bhutan provided cash-for-work incentives to vulnerable groups in the tourism industry and agricultural inputs for nearly 700 smallholder farmers, who saw a 20 percent bump in production.

Kenya's digital African Youth Marketplace platform connected nearly 6,600 young people to jobs and training.

Uzbekistan's online 'Job Café' platform helped nearly 9,500 informally employed day labourers seek opportunities for work.

Training and services built resilience among small enterprises

Joint programmes supported small enterprises as many were more vulnerable to the pandemic and had fewer resources to cope with its negative economic effects. Programmes provided training, essential supplies and retooled services to help firms survive. Programmes consistently singled out women's enterprises as among the most vulnerable to downturn but also vital to recovery.

Sri Lanka provided 1,000 micro- and small enterprises with training, allowing entrepreneurs to gain skills, and offered them with funds to resume and continue business operations.

Solomon Islands bolstered the livelihoods of market vendors, especially women, amid the twin crises of the pandemic and a tropical cyclone. Equipment and supplies benefited hundreds of vendors as well as 90,000 people who depend on them for fresh produce.

The **State of Palestine** enhanced women's equal economic opportunities through better services for business registration and procurement. A grants mechanism increased purchases from women-led businesses.

Use of evidence and analysis to spotlight specific gender issues in economic recovery

Improved access for women to labour markets came through gender assessments identifying specific gaps; these were used to devise responses to women workers' needs during the pandemic. Accelerator programmes helped women entrepreneurs through all stages of enterprise development, and to launch or expand their firms on a sound footing.

Armenia leveraged \$350,000 in government funding to create an accelerator programme training vulnerable women and young girls on business, marketing and STEM skills.

Myanmar's acceleration programme helped 120 women-led businesses and entrepreneurs revise their business models, develop digital action plans, and improve their financial statements and management.

Pakistan linked 112 women home-based workers to local markets and other private companies, helping 20 small business became part of larger supply chains.

Digital tools offered lifelines to markets, finance and information

Many joint programmes delivered new digital solutions that helped manage pandemic disruptions and offer potential for transforming economic sectors moving forward.

Benin completed the digital transformation of two financial services providers, opening access to financial services for almost 11,000 people, including over 7,000 women.

United Republic of Tanzania linked 1,085 farmers, input suppliers, and financial services using digital platforms for providers and buyers to interact, enhancing their economic recovery and income sustainability.

Viet Nam supported small rural farming enterprises to develop e-commerce skills and improve production, and brokered links between 3 e-commerce platforms, 10 supermarkets and women and youth producing mango and pomelo products. The programme improved packaging and safety standards, closed stubborn disparities in business practices and brought in technologies to increase product shelf-life, meeting export market requirements.



PILLAR 5: SOCIAL COHESION AND COMMUNITY RESILIENCE

The negative socioeconomic impacts of the pandemic put pressure on communities, as it magnified existing social vulnerabilities and created new challenges. Recognizing social cohesion as an essential component to recovery, the United Nations set out to strengthen existing community-led structures and ensure inclusion of women and youth. Joint programmes supported by the Fund facilitated inclusive dialogues and consultations with community representatives, civil society as well as unions and employers' associations. Many programmes helped consolidate ongoing processes of social dialogue in pandemic responses and preserve gains on gender equality.

Community participation, inclusive social dialogue and political engagement

UN Country Teams worked with a human rights-based approach and introduced inclusive and participatory approaches to socio-economic recovery efforts. Programmes leveraged the convening power of the UN Development System to help community representatives gain access to information and shape the socioeconomic response to the pandemic.

Guatemala supported the implementation of a gender-sensitive household registry, and held numerous consultations across targeted regions to take on board perspectives from marginalized groups throughout implementation. In every municipality, consultations involved community leaders, farmers, people with disability, youth, women, and people living in poverty. They helped to identify opportunities to expand existing initiatives and understand barriers to social protection for marginalized groups and individuals.

Djibouti held consultations with women farmers from remote areas to determine distribution of community resources and collaborated with women-led agricultural cooperatives to identify needs and improve market access, access to land and trainings as well.

Congo aided survivors of sexual and gender-based violence and raised COVID-19 awareness by working closely with target populations and community leaders to implement activities and established community information and feedback mechanisms.

Joint programmes engaged civil society and workers, organizations to promote social dialogue and improve policies affecting employment and a decent work environment.

A programme covering **Fiji, Palau, Tonga** and **Vanuatu** supported new partnerships and collaboration between the government, social partners, regional organizations and the private sector to push forward long-delayed initiatives to improve the rights of informal sector workers.

Solomon Islands amplified the 'Markets for Change' project, bringing together governments, market vendors and market vendors associations, civil society and UN entities to promote gender equality and the safety of women market vendors in a pandemic, post-cyclone context.

IV. PROMOTING GENDER EQUALITY, LEAVING NO ONE BEHIND AND INNOVATION

GENDER EQUALITY

Gender-responsiveness across all pillars

A focus on gender-responsive programming ran across the pillars of the UN Socio-Economic Response Plans, with the pandemic exacerbating existing inequalities, the most pervasive of which related to gender. The Fund began with a perspective that only programmes with a strong gender lens could be effective in addressing pandemic-related socioeconomic needs. An allocation target of 30 percent for programmes with a score of 3 on the Gender Equality Marker for the Fund's Second Call incentivized UN Country Teams to mainstream gender equality principles in their joint programmes. Applying a gender lens began in socioeconomic assessments of pandemic impacts and continued throughout measures to mitigate them. Through the programmes supported by the Fund, the United Nations Development System drew on its deep reservoirs of expertise on gender equality as well as longstanding relationships with national authorities, civil society groups and women's organizations. It maintained health and other services essential to women, responded to gender-based violence, sustained women's links to jobs and livelihoods and bridged gaps in social protection.

Under Pillar 1, programmes sustained sexual and reproductive health services that were often at risk of being shunted aside under the pressures of the early phase of the pandemic.

- New service provision models supported service continuity, such as in **Lao PDR**, where mobile outreach increased the share of women receiving antenatal care for the first time. The approach worked so well it became part of the national action plan on reproductive, maternal, newborn, child and adolescent health.
- **Morocco** improved the quality of care by introducing new technology in 30 sexual and reproductive health facilities while reaching over 21,000 women through mobile services.
- Nearly 260,000 women used neonatal and newborn services that the joint programme sustained in **Malawi**, allowing the safe delivery of 75,600 infants.

Opportunities opened under Pillar 2 to rectify longstanding gaps in social protection that tend to be more acute among women, especially in the informal economy.

- **Guatemala** developed a gender-sensitive social protection registry that was more accurate in targeting and delivering cash transfers and other benefits to 20,000 indigenous and other women marginalized by intersecting forms of discrimination.
- **El Salvador** linked a multipurpose cash-based transfer with agricultural inputs to restart livelihoods and support to prevent violence against women, reaching over 2,000 vulnerable families.

Under Pillar 3 retooled job services specifically for women to gain skills and make connections to new employment.

- In **Chile**, a platform providing ready access to work and training opportunities saw more than 67,000 visits. In tandem, the programme laid the foundations for a national caregivers' network, which the Government is now advancing.
- Opportunities targeting women saw 1,800 women market vendors in **Zimbabwe** develop their businesses and access financial services. They also began tapping into an e-based National Knowledge Centre with vital information on markets, agricultural value chains and transport.

High marks for gender equality

As part of its Second Call for proposals, the Fund set a target where 30 percent of programmes would need to score 3 on the Gender Equality Marker, meaning that gender equality was a primary focus. In August 2020, two gender-responsive programming webinars engaged 400 staff members from all UN Country Teams interested in applying to the Fund. The UN Inter-Agency Network on Women and Gender Equality facilitated the sessions, which featured diverse gender specialists from 10 United Nations organizations. The Fund exceeded its target, as 73 percent of successful proposals under its Second Call scored a 3 on the marker, and none scored below 2, where gender equality is a significant focus in a programme.

State of Palestine



Olfat Zorob, 31, is a pharmacist who had launched a small centre for cosmetics and skincare. With funding from a joint programme, she purchased new equipment and materials to develop and expand her business and increase the number of customers. She hopes to eventually open a larger centre and diversify the services she provides.

© UNDP

Cambodia-supporting women's economic empowerment

In Cambodia, a joint programme backed quick action research on women's economic empowerment and completed two surveys informing policy briefs on potential economic sectors for growth and the financing needs of women entrepreneurs. A Credit Guarantee Scheme introduced safeguards for women businesses and provided preferential interest rates and lower application costs to them. It emphasized sectors with a predominantly female workforce, like the garment and food industries, thus creating a trickle-down effect so women could sustain their jobs during the pandemic. Advisory and technical assistance to the Ministry of Economy and Finance helped design and launch the new Women Entrepreneurs Guarantee Scheme to formalize micro-, small and medium enterprises and improve access to loans and grants.

Malawi



Thirty-one-year old Alepher Matemba Banda is a hotline nurse at Chipatala cha pa fon, a national health helpline in Malawi. She was one of 40 nurses and technicians taught to provide information, support and referrals on gender-based violence and maternal, neonatal and sexual reproductive health care in light of COVID-19. She says, "I have been working at Chipatala cha pa fon for three years, and in that time my focus was on health information. Now, when I'm working, I can recognize underlying issues like gender-based violence that clients are struggling with. I am so proud to have the knowledge and skills to help scared pregnant women or adolescent girls facing difficult situations. They can take charge of their bodies, monitor their health status and be safe, all because of a phone call."

© UN Women - The National Health helpline (Chipatala cha pa fon) August 2020

LEAVING NO ONE BEHIND



24% of funded programmes targeted people with disabilities



3.1 million children and youth benefited from the initiatives supported by the Fund



5.3 million people sensitized on care work, gender inclusion and stigmatization

The COVID-19 pandemic put pressure on the central promise of the 2030 Agenda to "leave no one behind" (LNOB) as never before. The Fund prioritized programmes that promoted the guiding principles of human rights and LNOB, to proactively counter exacerbation of existing inequalities during the pandemic. Discrimination and inequalities left people low in resilience and outside sources of life-saving assistance, such as social protection systems. Many marginalized people worked jobs that put them at high risk of catching the virus while also being vulnerable to losing informal and service sector employment with little in the way of security or labour rights. Many of the supported initiatives began with a comprehensive mapping to define those most at risk of being left behind, due to multiple and intersecting forms of inequalities and discrimination in vulnerable and remote geographic locations. Such assessments linked the knowledge, experiences and relationships of UN development organizations working with an array of different groups. Broadly, the Fund supported programmes that reached at-risk groups including older persons, children and young people, persons with disabilities, indigenous people, migrants, minorities, people living with HIV/AIDS, people with diverse sexual orientations and gender identities, and people on the margins of economies, such as those working in informal jobs and smallholder agriculture.

Under Pillar 1 programmes steering health services to recognize and effectively respond to vulnerabilities that pose barriers to care.

- In **Peru**, indigenous women gained greater access to minimum neonatal services through culturally sensitive health-care.
- **Brazil** supported indigenous and traditional communities with the highest COVID-19 mortality rates through telemedicine facilities, trained health-care providers, and more testing and equipment in remote areas.

The pandemic often posed dire risks to people in care institutions.

- **Georgia** adopted new standards and monitoring tools to protect vulnerable older people and people with disabilities. It also issued health information in multiple languages to include ethnic minorities, and a new blood bank reduced high rates of maternal mortality.
- With health centres minimizing in-person treatment, **Jamaica's** Health Ministry developed a multi-month dispensing policy sustaining care for over 3,200 people living with HIV.

Several programmes reduced acute risks among prison inmates in crowded conditions.

- Health care improved for 13,700 inmates in 24 prisons in **Morocco** through teleconsultation services with trained health professionals.
- In **Côte d'Ivoire**, hygiene kits and trained prison workers mitigated risks for 3,000 inmates in two major prisons.

With migrants streaming back to their home countries, having lost jobs and with little assistance, responses ensured that health and other critical services reached points of entry at borders and quarantine centres.

- In **Cambodia**, prevention awareness improved among 323,000 returning migrants and their host communities. Outreach activities caught almost 6,000 COVID-19 cases, ensuring fast referrals to health-care.
- A similar approach linked 7,400 returning migrants to health-care in **Guatemala**, which laid the ground for a new model of care for unaccompanied migrant children that now operates nationally.
- **Belize** developed a Risk Communication and Community Engagement Strategy to inform vulnerable populations on accessing COVID-19 health care. Messages translated into indigenous and local languages reached 206,435 people (49 percent of the country's population)

Under Pillar 2, programmes reached people in locations long left outside protective services.

- **Eswatini** provided cash-based transfers to a cross-section of vulnerable populations living on the outskirts of urban areas, including poor households, refugees and people living with HIV.
- In **North Macedonia**, deploying seven mobile teams of lawyers and social workers helped nearly 3,000 vulnerable people in outlying areas cope with psychosocial concerns and apply for social assistance.
- In **Rwanda**, 15,000 refugee families living in camps and urban settings were provided one-off cash-based transfers, averaging \$30.
- **Kazakhstan** built an integrated Family Social Card database and consolidated existing and real-time data from different state databases to identify and more effectively reach vulnerable families with social protection services.

Entrepreneurship programmes under Pillar 3 opened opportunities for people to earn more income but also addressed some of the root causes of inequalities by pushing back against discrimination in the workplace.

- **Indonesia** provided basic entrepreneurship training to nearly 2,100 disadvantaged people, including refugees, people living with HIV, people with disabilities, women and young people; 57 percent later reported earning more income. A parallel advocacy campaign on inclusive

workplaces reached nearly 14,000 people in the Government, companies, business organizations and trade unions. An updated national Equal Employment Opportunities Guideline now helps counter discrimination in employment practices, including forms related to gender and disability.

- A programme supported the Government of **Tonga** to establish a \$3.7 million COVID-19 assistance package for the informal sector was accessed by 7,000 COVID-19-impacted micro-, small and medium enterprises. The same programme also helped increase financial literacy through skills training and materials for approximately 750 rural informal actors (80 percent women, 65 percent youth).
- In **Djibouti**, a project trained 371 smallholder farmers of Arta, Dikhil and Ali Sabieh covering 16 cooperatives, out of which 231 were women farmers.
- A programme in **Ethiopia** retained 3,584 employees by providing financial support, with 1,902 in the informal sector and 1,682 in the formal sector.

Indonesia

Aprianus Adu participated in entrepreneurship trainings in Indonesia, which helped him improve his business plan to sell agricultural produce in East Nusa Tenggara Province. Aprianus lost his job after having his leg partially amputated due to a prolonged bone infection. He later started his own agricultural business, mainly producing and selling virgin coconut oil, but at the onset of the pandemic, his business struggled amid national lockdowns.

The trainings helped him improve his bookkeeping skills and properly calculate business costs per unit, which made him realize that he needed to raise unit prices for his products to profit through the pandemic. He also began to sell his products via social media and e-commerce platforms.



Mr. Adu (in yellow shirt) together with the team of trainers in Kupang, East Nusa Tenggara, in front of the venue of an exhibition to showcase products that resulted from the training. © Riwan Globe

Georgia

As the coronavirus numbers continued to climb and restrictions on public gatherings remained in force, many workers, especially women holding informal or part-time jobs, saw their wage income dry up in cities and towns. In a context in which most families have roots in villages, turning to agriculture became a key coping strategy.

"My family is in a particularly difficult situation, as our only child is disabled and needs constant care," said Dina. "This limits our possibilities of work for income and with the pandemic-related restrictions, our mobility has been limited even more. It means that our family relies mostly on food that we can produce ourselves," she explained.

Dina is from one of 620 households receiving assistance from UNDP to improve yields and boost their incomes during the pandemic.

Working in partnership with the Association of Women Farmers, UNDP distributed packages of fertilizer, pesticides, and farm tools to women heading vulnerable households—families with many children, single parents, internally displaced persons, families living in poverty, and national minorities—in seven regions of Georgia.



© Nino Zedginidze/UNDP

INNOVATION

Programmatic responses to new challenges

The Fund prioritized innovations that improved access to health care and essential services for vulnerable populations and developed and grew businesses despite COVID-19 related restrictions.

During the lockdown, a joint programme in **India** deployed digital tools and innovation to reach vulnerable groups and strengthened systems for service delivery. A mobile app, Jan Aapurti (fulfilment of needs of the citizens) helped 192,000 vulnerable citizens order essential commodities for home delivery.



An elderly woman shows her happiness after receiving dry rations of wheat flour, oil, pulses and salt during the lockdown in Lucknow, Uttar Pradesh in India. As part of the COVID-19 response, WFP supported SAMARTH, a frontline civil society organization, to distribute food packets to nearly 120,000 marginalized people, including sex workers, transgender people, migrants, and people who are chronically ill or have a disability.

© WFP/Ankit Sood

Viet Nam's programme introduced new products and technologies that improved the livelihoods of smallholder farmers. Women members of Giong Trom Cooperative in Ben Tre Province learned to use a mobile app to track data from a smart pest-monitoring system.



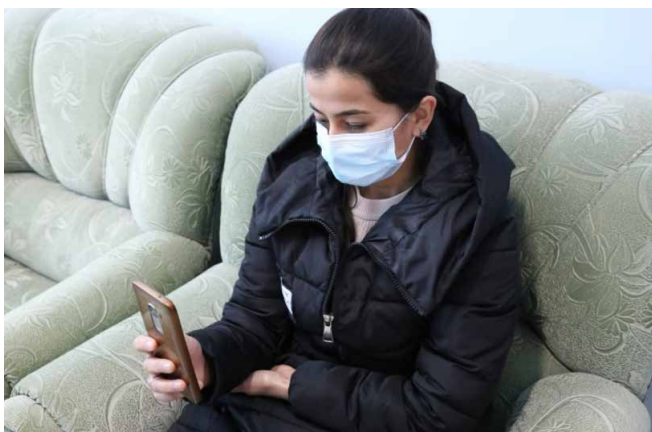
© UNIDO Viet Nam/Khanh Phan

Kenya's joint programme boosted youth entrepreneurship by providing innovation hubs and funding for youth-led start-ups. One of them, Veezaviz, is developing assistive two-way communication technologies for the deaf community to prevent isolation and transcend communications barriers. It leveraged \$17,000 from investors based on initial seed funding.



Kenya © UNICEF

Tajikistan established a telehealth system that delivered 40,780 remote online consultations on sexual and reproductive health and gender-based violence. Madina Yuldosheva from the Sughd Region was happy to speak to her doctor from home. "Due to the COVID-19 pandemic I stopped visiting my doctor for several months," she said. "However, the need for consultation was very essential. One day my gynaecologist informed me that I can get sexual and reproductive health and other psychosocial support services using the telehealth methodology."



Tajikistan © UNFPA

An innovative approach to Fund governance for an improved development emergency response

The rapid start-up of the Fund demonstrated the ability of the UN Development System to respond at the country level around a joint UN Country Team initiative. In the Early Lessons and Evaluability Report, key informants noted that the rapid establishment of the Fund, its governing principles and, especially, streamlined development, submission and approval of funded projects were key to ensuring relevance. The assessment also identified innovative measures in the Fund's organization and governance structure that enabled a fast response time. Stakeholders found that the Fund was innovative in:

- Structuring its governance around an inclusive Advisory Committee with very high-level representation from UN participating agencies as well as ex officio members and contributing development partners
- Operating in a transparent and collegial way so that development partners took part in crucial operational and policy decisions
- Adhering to clear criteria for project review and approval, relying on the technical expertise of the Secretariat and the Advisory Committee and their technical staff, although the review process was extensive and in the Second Call involved 71 different participants across the UN system.

Innovative measures to support response coordination

To advance the SERP's development, dissemination, and utilization, the Fund allocated an additional \$50,000 to all Resident Coordinator Offices from the First Call for Proposals. The grants were allocated to support coordination and accelerate the formulation, approval and publication of the SERP, support coordination around the preparation of proposals for the Fund's Second Call and build a pipeline of implementable programmes to address urgent needs. In response to a voluntary sample survey conducted with 15 of the Resident Coordinator Offices, all responded that the grant had been useful for developing the SERPs and/or for conducting assessments to inform and better target response efforts.

Solutions catalogue for innovative donor engagement

Based on the high demand for resources to fund the SERPs, the Fund built a project pipeline to enable agile and rapid disbursements to cover funding gaps in UN Country Team response plans and prioritize projects that were ready for immediate implementation and that made the most significant contribution to leaving no one behind.

In addition to the 18 proposals that initially received funding through the Fund's Second Call, Resident Coordinators submitted 257 additional concept notes for joint programmes to be considered for a project pipeline.

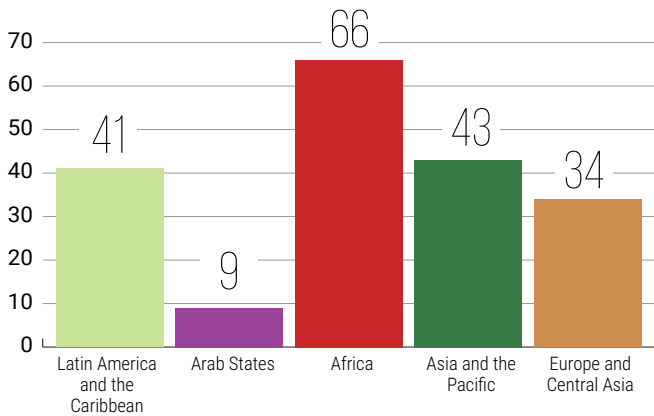
These concept notes were vetted within a few weeks of receipt and 214 concepts qualified to be included in a 'Catalogue of Solutions'. The Catalogue showcased what the United Nations considered urgent funding needs and currently contains joint programmes spanning 104 countries, amounting to \$244 million.

Throughout 2021, new donor contributions funded 21 pipeline initiatives, demonstrating the usefulness of the Solutions Catalogue in quickly mobilizing funding for COVID-19 response and recovery.

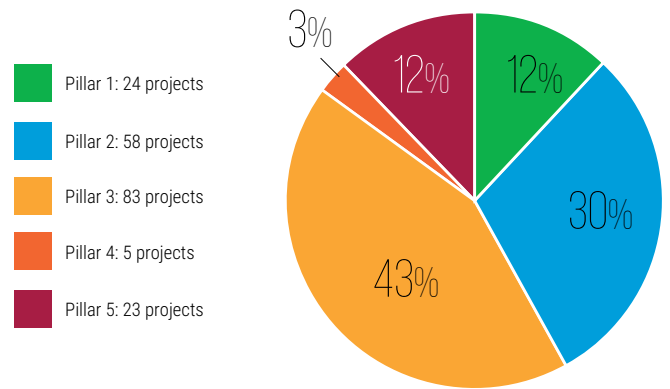
The Joint SDG Fund aligned with the COVID-19 Fund to support 17 proposals outlined in the COVID-19 Solutions Catalogue as part of its latest call for resilience building in the Small Island Developing States.

The Solutions Catalogue currently encompasses a total of **193 projects**.

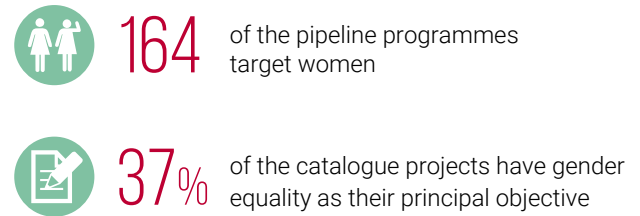
Geographical distribution of the target Solutions Catalogue



Solutions Catalogue by Pillar



Solutions Catalogue Gender Focus



V. PARTNERSHIPS FOR A RAPID RESPONSE, DONORS, RECIPIENT UNITED NATIONS ORGANIZATIONS AND COUNTRIES

26 donors contributed a total of \$86,320,158 in contributions to the COVID-19 Resonse and Recovery Fund.

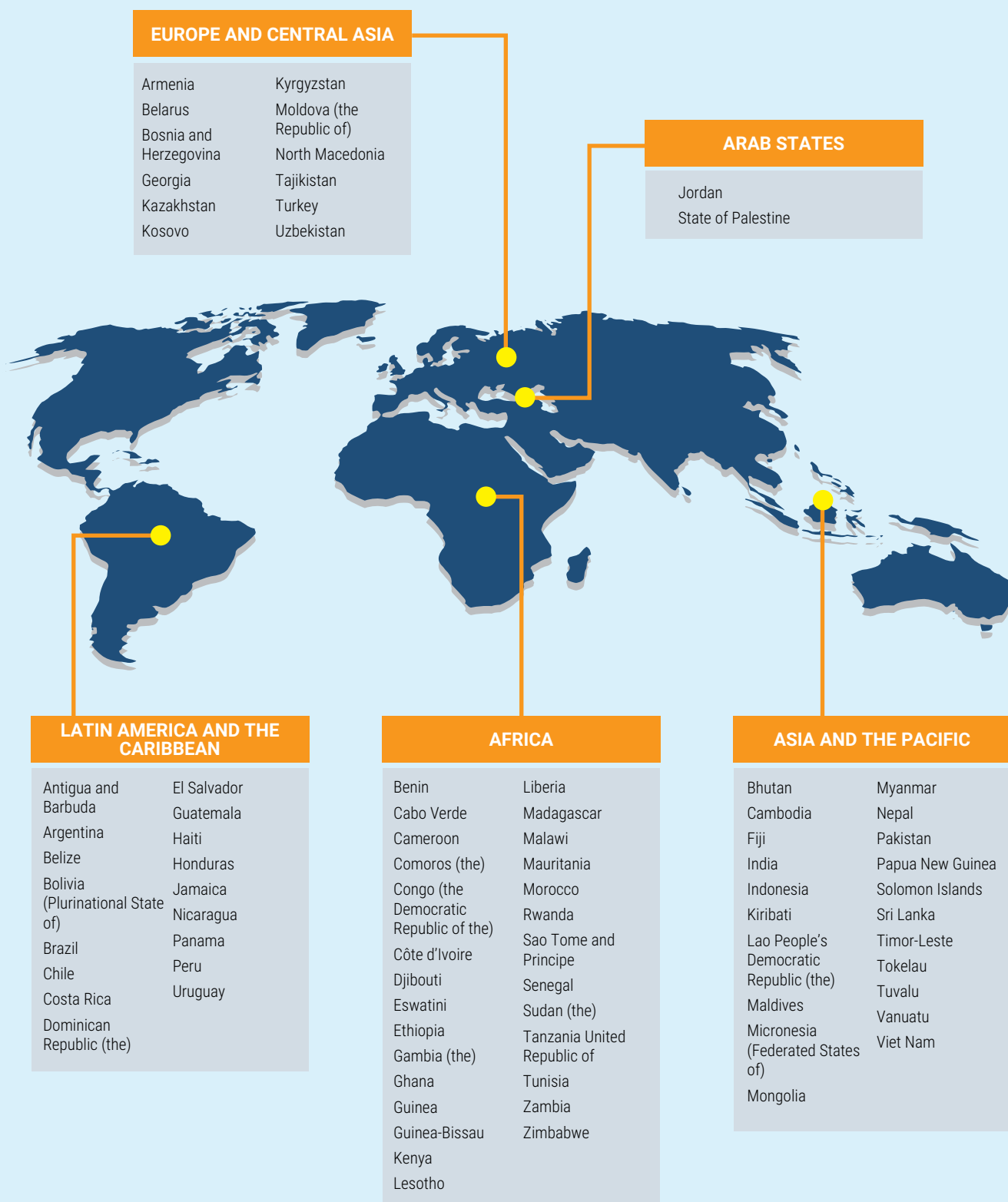
	Austrian Development Agency		New Zealand, Government of		Thailand, Government of
	Cambodia, Government of		Norway, Government of		United Kingdom, Government of
	Croatia, Government of		Philippines, Government of		The United States of America, Government of
	Cyprus, Government of		Portugal, Government of		UN Evaluation Group
	Denmark, Government of		Romania, Government of		UN Association of Finland
	Finland, Government of		Slovakia, Government of		UN Foundation Partnership Office
	Iceland, Government of		Spain, Government of		Dr. Betsee Parker
	Republic of Korea		Sweden, Government of		Standard Chartered Bank Zambia PLC
	Netherlands, Government of		Switzerland, Government of		

For a detailed list of the contributions to the Fund, please visit the MPTFO website <https://mptf.undp.org/fund/cov00>.

24 UN organizations worked together to implement joint programmes to support socioeconomic recovery.



84 COUNTRIES ACROSS ALL REGIONS RECEIVED SUPPORT FROM THE UN COVID-19 RESPONSE AND RECOVERY FUND

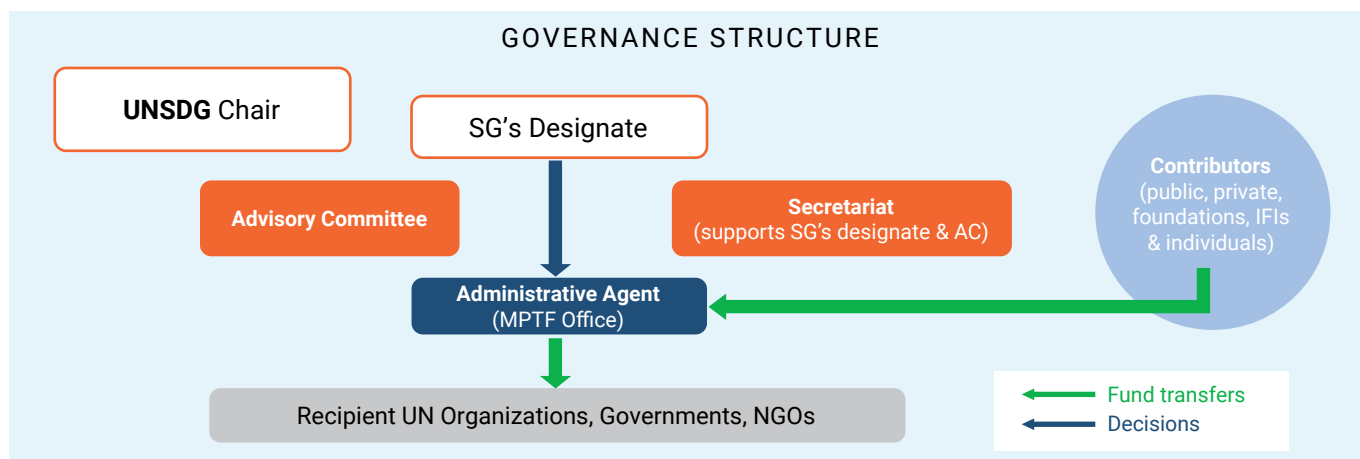


VI. FUND GOVERNANCE AND KEY LESSONS LEARNED

GOVERNANCE

The UN COVID-19 Response and Recovery Fund operated under the overall leadership of the UN Secretary-General through his Designate to the Fund, who also served as the Chair of the Advisory Committee. The Fund's governance structure consisted of an Advisory Committee, a Fund

Secretariat, Recipient Organizations, and an Administrative Agent (the UNDP Multi-Partner Trust Fund Office or MPTF Office). Funding decisions on country proposals were made by the Secretary-General's Designate, in consultation with the Advisory Committee.



Advisory Committee

Advisory Committee members included: representatives from ILO, UNCTAD, UNICEF, UNDP, WFP, and UNFPA; representatives of the contributing partners of Denmark, the Netherlands, Norway, Sweden, and Switzerland; and five ex-officio members of WHO, OCHA, the UN Development Coordination Office, UN Women and the MPTF Office. In the first year of the Fund, the Advisory Committee held meetings

regularly to advise the designate and have discussions on the strategic direction of the fund. The Committee ensured a collaborative and integrated approach, which served as an expression of UN reform. It helped gather lessons learned after the First Call, ensured gender mainstreaming and helped introduce allocation targets for gender markers 2 and 3 in funding criteria.

KEY LESSONS

The System-wide Evaluation team of the Executive Office of the Secretary-General conducted an early evaluability and lessons learned assessment for the COVID-19 Fund in December 2020. The assessment drew on a document review of over 100 interviews with 138 informants at the global level, and case studies of Fund operations and Socio-Economic Response Plans in seven countries with varying national contexts (Cambodia, Guatemala, Kosovo,² Malawi, the Maldives, Moldova and Sao Tome and Principe). Discussions and feedback with UN Country Teams validated case study results. The assessment, issued in April 2021, provided lessons and recommendations that later informed the System-wide Evaluation of the UN Development System's Socio-Economic Response to COVID-19.

The Fund enhanced UN coordination in targeting underfunded countries and programmes

The assessment affirmed that UN Development System reform and an empowered, independent Resident Coordinator were key to the Fund's rapid launch and operation. The Fund in turn strengthened the reform process. Across all case studies, informants noted that the Fund's rapid establishment and governing principles ensured relevance and demonstrated the UN Development System's ability to respond through joint initiatives.

The assessment highlighted the Fund's ability to address socioeconomic impacts in small, formerly growing economies that have been heavily damaged. This was true in Eastern

2. All references to Kosovo are under Security Council resolution 1244.

Europe, such as in Moldova, which relies on remittances from expatriates working in Western Europe. Such countries experienced a decline in unofficial transfers to families compounded by a wave of returning migrants requiring careful screening and treatment for COVID-19. The Fund was also important in Small Island Developing States like the Maldives and Sao Tome and Principe, where the economic fallout from travel restrictions was as devastating as the disease itself. In all these and other smaller middle-income countries, the Fund was particularly effective at enhancing the independent and empowered role of the Resident Coordinator.

Overall Fund relevance differed somewhat depending on national context. In Kosovo and Moldova, with relatively limited access to large-scale funding, project budgets, while small, were still significant. Projects helped improve the visibility of the Resident Coordinator and demonstrate that the UN Country Team could provide focused support to fill gaps in the response. Similar results were evident in the Maldives and Sao Tome and Principe. The assessment found mixed evidence of the Fund's impact in securing new financial resources for the UN socioeconomic response at the country level. But in all seven case study countries, with some variation, the Fund provided an important 'proof of concept', illustrating to UN Country Teams, national authorities and development partners that the UN system can respond rapidly to changing conditions in a development emergency.

The assessment also found that Fund projects were catalytic, at least potentially, through their influence on national programmes and policies. For many UN entities involved in Fund-assisted programmes, the most important benefit was the ability to engage in new areas of programming likely to propel future impacts. Some stakeholders described how programmes have facilitated new partnerships and working relationships with other UN entities, which may have lasting impacts on future collaboration.

System-wide Evaluation of the UN Development System's Socio-Economic Response to COVID-19

Challenges remain in mobilizing funds for a joint UN response

Building on findings from the early evaluability assessment, the Executive Office of the UN Secretary-General conducted a system-wide evaluation under the guidance and management of the Senior Coordinator for System-wide Evaluation in 2022.⁴ Published in October 2022, the evaluation highlighted that pooled funding mechanisms, including the COVID-19 MPTF, Joint SDG Fund and Spotlight Initiative, have constituted valuable mechanisms for UN Country Teams to engage in new programming areas and collaborative partnerships in response to the COVID-19 pandemic. The evaluation also emphasized that major challenges remain in relation to low levels of funding and the full realization of the 2019 Funding Compact. Generally, needed financial resources have not matched the strenuous efforts by UN Country Teams to coordinate, submit and implement joint programmes.

Applying lessons learned for future funding of development emergency response

The Socio-Economic Response Plans were a stand-alone planning tool to respond to the COVID-19 pandemic. By early 2022, all plan activities had been integrated into joint workplans under the UN Sustainable Development Cooperation Frameworks (UNSDCF). By the end of December 2022, all joint programmes under the COVID-19 Fund have concluded. The updated Cooperation Frameworks will continue to build on Fund-supported activities. Based on lessons learned under the COVID-19 Fund, the Joint SDG Fund has launched a Development Emergency Modality to support the UN Development System's

The assessment deemed 11 components essential for channeling funds towards socioeconomic responses to future development emergencies:³

1. Speed of response and a clear structure for joint planning and programming
2. Pre-existing coordination structures with an independent and empowered Resident Coordinator
3. Inclusiveness and broad UN Country Team participation
4. A level playing field for all UN entities in a rapid-response environment
5. UN Country Team readiness to act collaboratively and be held accountable for collective results
6. A global response framework to identify priority actions

and encourage collaboration on joint work

7. UN Country Team capacity to identify funding gaps and joint action to highlight UN comparative advantages
8. Adequate funding for Resident Coordinators to effectively engage government partners and garner further investments
9. Transparency via use of joint programming databases and reporting disaggregated output data
10. Responses tailored to the socioeconomic context.
11. A successful emergency response requires leadership at the global level and clear communication with Resident Coordinators and development partners.

3. Key lessons have been summarized for the purpose of this report. See the full wording in the early evaluability report: <https://unsdg.un.org/resources/early-lessons-and-evaluability-un-covid-19-response-and-recovery-mptf>

4. System-Wide Evaluation of the UNDS Socio-economic Response to COVID-19: <https://unsdg.un.org/resources/system-wide-evaluation-unds-socio-economic-response-covid-19-final-report>

response to future socioeconomic crises with a wide impact on entire sectors or geographies. The first activation of the modality occurred in early 2022 to channel a contribution from Portugal for continued COVID-19 response efforts in Turkey. Subsequent activation took place in June 2022, in coordination with the UN Global Crisis Response Group, to support the UN Development System response to the global cost-of-living crisis. This second activation has become a best practice case of the UN Development System working together under the global policy framing of the Global Crisis Response Group. Based on COVID-19 Fund experiences, Resident Coordinators

and UN Country Teams quickly mobilized to identify key challenges and country needs and ensure quality design and rapid financing (a two-week turnaround from proposal submission to fund disbursement). Through this process, the Joint SDG Fund provided \$21 million to 85 UN Country Teams to kick-start preventive development actions, implemented by 24 UN entities. Joint programmes mainly supported SDG data collection, analysis and forecasting to bridge immediate crisis response needs with more sustainable development policies for food, energy and financing systems.

ANNEX 1: FINANCIAL SUMMARY

Table 1: Fund Status
(As Of 20 February 2023, In Us Dollars)

	Total
Sources of Funds	
Contributions from Donors	86,320,158
Fund Earned Interest and Investment Income	78,414
Interest Income received from Participating Organizations	7,226
Total: Sources of Funds	86,405,799
Use of Funds	
Transfers to Participating Organizations	83,629,799
Refunds received from Participating Organizations	-1,725,113
Net Funded Amount to Participating Organizations	81,904,687
Administrative Agent Fees	863,202
Direct Costs: (Steering Committee, Secretariat...etc.)	2,020,805
Bank Charges	422
Total: Uses of Funds	84,789,115
Change in Fund cash balance with Administrative Agent	
Balance of Funds with Administrative Agent	1,616,684
balance as a percentage of contributions	1.87%

All numbers in this financial summary are from 20 February 2023. The final financial expenditure for 2022 will be reported in May 2023.

All financial summaries and reports will be published on the MPTFO Gateway page: <https://mptf.undp.org/fund/cov00>

ANNEX 2: COMPENDIUM OF FUNDED UN JOINT PROGRAMMES

The compendium includes brief summaries of all the 97 UN Joint Programmes supported by the Fund.

For details, see: [file:///C:/Users/ander/Downloads/Final%20narrative%20report%20-%20onepager%20compilation%202023%20\(2\).pdf](file:///C:/Users/ander/Downloads/Final%20narrative%20report%20-%20onepager%20compilation%202023%20(2).pdf)



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