



UN EBOLA RESPONSE MPTF
PROJECT MONTHLY PROGRESS REPORT - VERSION 1
Period (Month-Year): June 2015

Project Number and Title: 00092736	PROJECT START DATE¹: 1-12-2014	AMOUNT ALLOCATED by MPTF US\$ 2,245,832 ²	RECIPIENT ORGANIZATION UNDP Liberia
Project ID: 0000000 (Gateway ID)			
Project Focal Point: Name: Jill Morehead E-mail: jill.morehead@undp.org	EXTENSION DATE: 31-03-2015	FINANCIAL COMMITMENTS US\$ 2,972,373	
Strategic Objective (STEPP) SO3 – Ensure Essential Services	PROJECTED END DATE: 30-09-2015	EXPENDITURES as of June 30, 2015 US\$1,576,933	IMPLEMENTING PARTNER(S):
Mission Critical Action MCA7 – Cash Incentives for Workers			<ul style="list-style-type: none"> • UNDP • Ministry of Health and Social Welfare
Location: Country or Regional: Liberia	Sub-National Coverage Areas: Nationwide (all 15 counties)		

¹ The date project funds were first transferred.

² The unallocated amount is US\$326,541 (funds that have been committed but not received)



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MONTHLY PROGRESS REPORT RESULTS MATRIX					
OUTPUT INDICATORS					
Indicator³	Geographic Area	Projected Target (as per results matrix)	Quantitative results for the (one month) reporting period	Cumulative results since project commencement (quantitative)	Delivery Rate (cumulative % of projected total) as of date
<i>Description of the quantifiable indicator as set out in the approved project proposal</i>					
<i>% of Ebola Response Workers registered on the information management system (100%)</i>	Liberia	100%	100%	%100 of ERWs employed by the government	100% ⁴
<i>% paying organizations reporting to the information management system</i>	Liberia	65% ⁵ estimated		(100%) Government only	100%
<i># of Ebola response workers reported by media as striking</i>	Liberia	0	0	0	100%
EFFECT INDICATORS (if available for the reporting period)					

³ The Indicators should be disaggregated by gender, age and region as and where applicable

⁴ Through the USAID-funded Rehabilitation of Basic Health Services (RBHS) program, the MOHSW has an information management system in place with 11,000 names entered. WHO estimates approximately 8,000 are current. However, the MOHSW is currently using Excel spreadsheets and hard copy ledgers to track healthcare workers and ERWs. While all ERWs are not registered in the IMS, iHRIS, they are in Excel sheets with the central MOHSW.

⁵ The reporting organizations have provided information regarding their ERWs to the MOHSW, and while this information is on file with the MOHSW, it is not entered into the IMS.



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% of Ebola Response Workers registered on the information management system (100%)

11,000 health care workers working for the MOHSW have been registered on iHRIS MOHSW information management system (IMS). However it is not currently being utilized.

% paying organizations reporting to the information management system

MOHSW is the only organization that is reporting to the system. The challenge is that most INGOs are reluctant to provide the detailed information for their ERWs saying such list would compromise their neutrality. Some organizations have said they've already reported information to the MOHSW, including MSF and IOM



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of Ebola response workers reported by media as striking

None

MCA [7]

I. Information Management

% of Ebola Response Workers registered on the information management system

11,000 health care workers working for the MOHSW have been registered on iHRIS MOHSW information management system (IMS). However, MOHSW is using Excel spreadsheet for registration of newly hired ERWs. PPERW is looking at the interoperability of this iRHIS system with FMIS, which is used by the Ministry of Finance and the Civil Service Agency, as well as the CSA's personnel management software.

% paying organizations reporting to the information management system

Currently, the implementation of iRHIS is still under discussion within the MOHSW. There are larger discussions amongst donors, UN agencies and the Government regarding the most appropriate IMS and payroll to be utilized by the MOHSW moving forward. In addition, any proposed system will have to be compatible with FMIS at the Ministry of Finance and the Civil Service Administration.

We expect to have determined a path forward for the involvement of UNDP in the information management system based on the MOHSW priorities. This will most likely involve the interoperability of iHRIS and FMIS. A consulting firm is going to be procure to draft the TOR for the actual interoperability, determine what would be needed and the cost. It will open the path for the actual mission for interoperability that could be done at the will of the MOHSW, after the end of the PPERW. The TOR will be finalized in the week of the 6 July, 2015.

II. Strengthen existing payment mechanism

of Ebola response workers reported by media as striking

In June, no ERWs protested, but there've been recent protests by ETU workers formerly run by MSF France claiming the MOH has not paid hazard benefits them. They are pointing to the fact that "they risk their lives during the Ebola fight, they must be paid hazard benefit as much the MOHSW is paying same to the MOHSW Routine Healthcare Workers". UNDP followed up on these claims with MOH but the talks have not produced any meaningful results. Therefore renewed protests are highly probable. The UNVs being deployed to the counties will keep a log of all complaints of non-payment and support County Health Teams in



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verifying claims, reporting all results regularly to Monrovia UNDP and MOHSW via the KoBo ToolKit software. Using the KOBo ToolKit software, the UNVs had supported the MOHSW Counties' offices to verify 303 complaints from RHWs & ERWs for hazard or response pay of which 121 complaints were settled at the Counties' level while 182 will be elevated to the central MOHSW level for redress. This list is likely to increase as more complaints are gathered in the field.

To increase the ability of the MOHSW to pay workers in remote areas and strengthen payment mechanisms in Liberia, UNDP is collaborating with USAID to reduce the risk, via a public-private partnership, for a digital payments aggregator, Splash Cash, to enter the Liberian market. They would actively manage agent networks and liquidity in the counties to extend the reach of the financial system and enable last mile delivery.

Diagnostic study completed

Initial diagnostic has been completed and is ready for distribution, and the results of the initial diagnostic showed that a more in-depth study of the banking sector and a mapping of cash liquidity in the counties is required. The TOR for such a diagnostic is being completed, and is going to be sent to UNCDF to procure a consulting firm and start its mission by 1 August, 2015.

Recommendations made to Government and financial sector to bolster resilience

The Government, UN partners, donors, LNGO and INGOs are all in discussions now regarding early recovery and resilience. The Government drafted a strategy for early recovery, which was presented at the conference in Brussels. The end of Hazard Pay has been publicly announced for the end of May, 2015. Unfortunately on 28 June, 2015 one new case of Ebola has been confirmed which is likely to raise the issue on whether or not Hazard Pay should be reinstated. The international community and the Government are discussing how to ensure that payments can be made in the future should there be any shocks and there is a consensus that current payment mechanisms remain inadequate. Multiple actors are considering support for an aggregator to make bulk payment, liquidity and enable last mile delivery in the counties. UNDP and USAID co-hosted a Splash Cash visit to Monrovia in May 2015. Splash Cash met with key stakeholders, such as Central Bank of Liberia, Liberian Revenue Authority, Ecobank, MTN, Novafone, Coca-cola, UBA bank, and UNDP, etc. In addition, UNDP Liberia attended the African Development Bank Annual Meetings in Abidjan the final week of May 2015 to discuss this initiative with key players and receive support.

Monitoring system fully functional and reporting incidents of potential failure with according UNDP activity to resolve

The call center procured by UNDP is now ready to receive complaints providing additional opportunity for the health workers to voice their complaints. In addition, as mentioned above, UNVs are in the field collecting complaints, as necessary.

III Establish an operational contingency plan

payments made through operational testing and proof of concept/stress testing

None.

people paid through UNDP contingency plan (note goal is 0 since ideally the strengthening and monitoring in output II obviates the need for this contingency to be utilized)

None. But a request was received for a core group of 26 Emergency Operations Center employees (previously IMS) for approximately \$87,000. It will be paid by UNDP in July, but through another project.

% local districts with adequate cash out points for forecasted volumes

NSTR

I. Information Management

The TOR for the recruitment of a consultant to lay out the requirement for the iRHIS integration into FMIS has been finalized and transmitted to procurement for publication.



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II. Strengthen existing payment mechanism

UNDP's intermediation with the protesters pending resolution by MOHSW

UNV's are successfully receiving complaints from ERWs that are notified to the CHOs and scaled up to the MOHSW for resolution; the call center is ready to receive complaints

The initial financial diagnostic has been finalized and be distributed to key donor partners

Splash cash made a further prospection trip to Liberia and drafted a TOR for a consultancy service-market review for cash transfers in rural areas and creation of an aggregated financial services ecosystem

III Establish an operational contingency plan

The request payment for a core group of 26 Emergency Operation Center employees is going to be paid in July by UNDP through another project

Delays or Deviations (if any, briefly describe the delays or changes in focus, approach or targets, and provide a short justification for the change (1-2 paragraphs))

Gender and Environmental Markers (Please provide disaggregated data, if applicable)

No. of Beneficiaries	
Women	2863
Girls	
Men	7031
Boys	
Total	9894

Environmental Markers
<i>e.g. Medical and Bio Hazard Waste</i>
<i>e.g. Chemical Pollution</i>

Please explain what strategies are being used to reach out to the most vulnerable sections of the population (women, children, etc) and how it is making a difference.

Additional Information (Optional)