



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

Project Number and Title: 00092736	PROJECT START DATE¹: 1-12-2014	AMOUNT ALLOCATED by MPTF US\$ 2,245,832	RECIPIENT ORGANIZATION UNDP Liberia
Project ID: 0000000 (Gateway ID)		FINANCIAL COMMITMENTS US\$ 2,245,832	
Project Focal Point: Name: Jill Morehead E-mail:jill.morehead@undp.org	EXTENSION DATE: 31-03-2015		
Strategic Objective (STEPP) SO3 – Ensure Essential Services	PROJECTED END DATE: 30-09-2015 NCE to be requested through 31-12-2015	EXPENDITURES as of Aug 21, 2015 US\$1,841,918	IMPLEMENTING PARTNER(S): <ul style="list-style-type: none"> • UNDP • Ministry of Health and Social Welfare
Mission Critical Action MCA7 – Cash Incentives for Workers			
Location: Country or Regional: Liberia	Sub-National Coverage Areas: Full list of countries and/or districts		

MONTHLY PROGRESS REPORT RESULTS MATRIX

OUTPUT INDICATORS

Indicator²	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>					
% of Ebola Response Workers registered on the information management system	Liberia	100%	100%	%100 of ERWs employed by the government	100%

¹ The date project funds were first transferred.

² The Indicators should be disaggregated by gender, age and region as and where applicable



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<i>(100%)³</i>					
<i>% paying organizations reporting to the information management system⁴</i>	Liberia	65% estimated		(100%) Government only	100%
<i># of Ebola response workers reported by media as striking</i>	Liberia	0	approx. 500	Approx. 500-700 ⁵	100%
EFFECT INDICATORS (if available for the reporting period)					

³ 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.

⁴ 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.

⁵ Every reported protest since April has been the same group of people, but different quantities per protest, therefore, the cumulative number is still approximately 500-700 people.



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MCA [7]

I. Information Management

RESULTS / OUTCOMES EXPECTED AT END OF MONTH 8: ACHIEVED (FOR GOVERNMENT EMPLOYED WORKERS)

% paying organizations reporting to the information management system

In order to ensure faster and more effective payment processes, we hired a consultant for the inter-operability of the MOHSW HR management system and the one at the MOFDP (IFMIS) and the Civil Service Agency (CMS). The consultant should start his mission on 5 August, 2015.

The E-Billboard is now operational and ready to receive content and disseminate information to the ERWs among others. The decision was made to extend the UNVs up to 31 August, 2015 in order to finalize the verification process of the Private Health Facility for their Hazard payment as well as the final Hazard payment of April/May for response and routine health care workers (RHW).

II. Strengthen existing payment mechanism

of Ebola response workers reported by media as striking

On 1 July, the same ETU workers formerly run by MSF France claiming the MOHSW has not paid hazard benefits to them, raided the MOHSW central office and threatened to burn it to the ground. The central office had to subsequently be evacuated. The remaining of the month there has been no strike or demonstration. As of July 31, 2015 there has not been a resolution to this conflict.

As of July 31, 2015, 737 complaints have been reported by our UNVs among them 364 have been elevated to MOHSW central office for which payment is pending and 370 complaints have been dealt with at the CHT level in the counties and denied. Out of the 737 complaints, 65.5% came from men and 34.5% came from women.

As of July 31, 2015, 64 complaints have been made to the call centre and sent to the MOHSW Central office for resolution. Among the complainants 72% were men and 28% women.

The TOR for the in-depth diagnostic feasibility study has been finalized

The TOR for a 2 month diagnostic and feasibility study for the mobile payment and banking system in Liberia has been finalized and sent to UNCDF to procure a consulting firm and start its mission by 3 August, 2015.

Recommendations made to Government and financial sector to bolster resilience

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.

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

The call center procured by UNDP has been operation since the beginning of July 2015 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. UNDP continues to work with the MOHSW to resolve and respond to complaints.

III Establish an operational contingency plan

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



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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.

% local districts with adequate cash out points for forecasted volumes

NSTR

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))

It was anticipated that hazard payments for April/May 2015 for Ebola response (ERWs) and routine healthcare workers (RHWs) would take place toward the end of July. However, as the MOHSW also started to simultaneously compile and verify payment lists for private healthcare facilities and workers, finalizing the April/May lists for ERWs and RHWs was delayed.

The financial diagnostic TOR was sent to UNCDF for procurement of a firm through their long-term agreements. However, the final week of July, UNDP was informed that none of the firms had submitted a proposal for the TOR due to a short turnaround time (2 weeks). We granted one extension to a consulting firm that requested more time to submit its proposal. In the event that consulting firm do not submit its proposal, other options will be explored in August 2015; however, this will result in the need for a no cost extension to finalize this activity as it is a 2 month TOR and will need to finish after the current project end date of September 30, 2015.

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

No. of Beneficiaries⁶		Environmental Markers	
Women		<i>e.g. Medical and Bio Hazard Waste</i>	
Girls		<i>e.g. Chemical Pollution</i>	
Men			
Boys			
Total			

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.

As this is a project to support the government in ensuring ERWs are paid the hazard pay they are entitled to, there are no specific strategies for reaching out to women and children specifically, but all ERWs. However, UNDP is tracking the number of female ERWs and RHWs, as well as the number of female ERWs and RHWs who are banked and the percentage of complainants who are female in order to determine whether female healthcare workers seem to be disproportionately affected by non-payment. We noticed the trend that there were fewer unbanked women among ERWs (30.3%) and RHWs (11%) than men ERWs (34.6%) and RHW (15%).

Additional Information (Optional)

⁶ There was no hazard payment to ERWs and RHWs in July, 2015