



**UN EBOLA RESPONSE MPTF
PROJECT MONTHLY PROGRESS REPORT - VERSION 1
Period (Month-Year): August 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)			
Project Focal Point: Name: Jill Morehead E-mail:jill.morehead@undp.org	EXTENSION DATE: 09-09-2015	FINANCIAL COMMITMENTS US\$ 2,245,832	
Strategic Objective (STEPP) SO3 - Description	PROJECTED END DATE: 31-12-2015	EXPENDITURES as of Sep. 10, 2015 US\$1,905,675	IMPLEMENTING PARTNER(S): <ul style="list-style-type: none"> • UNDP • Ministry of Health and Social Welfare
Strategic Objective (STEPP) SO3 – Ensure Essential Services			
Mission Critical Action MCA7 – Cash Incentives for Workers		Sub-National Coverage Areas: All Counties in Liberia	

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	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



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

<i>management system (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	0	0	100%
EFFECT INDICATORS (if available for the reporting period)					

**MCA [7]
I. Information Management**

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.



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

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 MOH HR management system and the financial management software at the MOFDP (IFMIS) and the Civil Service Agency (CMS). The consultant completed his mission and provided us with a draft report that was presented to the MOH, MOFPD, CSA, UNDP, WHO and CSH. The interest expressed for the interoperability was so significant that the partners decided to fast track the project and to create a Steering Committee and a Project Management Team. As a result we extended the consultant contract to draft the project TOR that he submitted on August 31, 2015 for our review.

The E-Billboard is not functioning, the malfunction is apparently resulting from wiring interference after the completion of installation by MOH when installing another electrical appliance provoking a power surge in the E-Billboard. We took that matter to MOH to see how best to fix the E-Billboard.

II. Strengthen existing payment mechanism

of Ebola response workers reported by media as striking

A mediation between the ETU workers who protested in July and the GOL has been engaged and it was decided that the GOL will make a final "appreciation" payment to all ETU workers via a lump sum, but the final amount is still under negotiation.

For the period of July 6 to August 31, 2015, a total of 578 complaints have been reported by our UNVs. Amongst them, 164 will have been elevated to the MOH central office for which payment is pending. 414 complaints have been dealt with by the County Health Teams. Among the 164 complaints that were elevated to the central MOH, 57.9% of them were made by men and 42.1% of them were women.

As of August 31, 2015, 15 complaints have been made to the call center. Among the complainants, 73.4 % were men and 26.6% 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. Unfortunately, no firms made a bid, one asked for more time which was granted but their ultimate proposal was withdrawn. We decided to make a new RFP to be advertised early September 2015.

Recommendations made to Government and financial sector to bolster resilience

To increase the ability of the MOH 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 Mobile Technologies, to enter the Liberian market. The closing period to apply for the Global Development Alliance is October 15, 2015.

Monitoring system fully functional and reporting incidents of potential failure 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. The call center ceased operation at the end of August amid a sharp reduction in the number of complaints. The UNVs have also finished their mission and been pulled back from the counties where they were assigned and won't be able to receive any more complaints.

III Establish an operational contingency plan



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

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.

% 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 before the end of August. However, as the MOH also started to simultaneously compile and verify payment lists for private healthcare facilities and workers in the counties, the finalization of the April/May lists for ERWs and RHWs was once again postponed to September 2015.

The tender for the financial diagnostic TOR by UNCDF was unsuccessful, no bids were made and subsequently the firm that made a bid after the deadline withdrew thereafter. It was decided to make a new RFP to be advertised in September 2015.

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

No. of Beneficiaries ⁵		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)

⁵ There was no hazard payment to ERWs and RHWs in July, 2015