



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

<b>Project Number and Title:</b> 00092736	<b>PROJECT START DATE<sup>1</sup>:</b> 1-12-2014	<b>AMOUNT ALLOCATED by MPTF</b>  US\$ 2,245,832	<b>RECIPIENT ORGANIZATION</b>  UNDP Liberia
<b>Project ID:</b> 0000000 (Gateway ID)			
<b>Project Focal Point:</b> Name: Alain Koffi E-mail:alain.koffi@undp.org	<b>EXTENSION DATE:</b> 09-09-2015	<b>FINANCIAL COMMITMENTS</b>  US\$ 2,245,832	
<b>Strategic Objective (STEPP)</b> SO3 – Ensure Essential Services	<b>PROJECTED END DATE:</b>  31-12-2015	<b>EXPENDITURES as of Nov 26, 2015</b>  US\$1,964,893.93 <sup>2</sup>	<b>IMPLEMENTING PARTNER(S):</b>  <ul style="list-style-type: none"> <li>• UNDP</li> <li>• Ministry of Health</li> </ul>
<b>Mission Critical Action</b> MCA7 – Cash Incentives for Workers			
<b>Location:</b> Country or Regional: Liberia	<b>Sub-National Coverage Areas:</b> Full list of countries and/or districts		

**MONTHLY PROGRESS REPORT RESULTS MATRIX**

**OUTPUT INDICATORS**

Indicator <sup>3</sup>	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%

<sup>1</sup> The date project funds were first transferred.

<sup>2</sup> This number is likely to be revised and is likely to be lower by US\$84,000 as we revised our expense account, hence the delay in making this reporting on time.

<sup>3</sup> The Indicators should be disaggregated by gender, age and region as and where applicable



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<i>(100%)<sup>4</sup></i>					
<i>% paying organizations reporting to the information management system<sup>5</sup></i>	Liberia	65% estimated		(100%) Government only	100%
<i># of Ebola response workers reported by media as striking</i>	Liberia	0	0	0	100%
<b>EFFECT INDICATORS (if available for the reporting period)</b>					
<i>% registered Ebola workers fully paid on time</i>	Liberia	100%	100% <sup>6</sup>	10% <sup>7</sup>	10%

<sup>4</sup> Through the USAID-funded Rehabilitation of Basic Health Services (RBHS) program, the MOH has an information management system in place with 11,000 names entered. WHO estimates approximately 8,000 are current. However, the MOH 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.

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

<sup>6</sup> This can only be explained that Hazard Payment has ended and that the only ERWs on payroll for the month are the ERWs of Montserrado and the ELWA 3 ETU and they are paid on time.

<sup>7</sup> Throughout the programme only ERWs from Montserrado County totaling an average of 1000 workers have been paid on time, the remaining ERWs posted in the counties experience and average of 8 to 12 weeks delay due to the lack of identification and poor coordination with the central office and the county health teams.



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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*

The leadership of the inter-operability of the MOH HR management system and the financial management software at the MOFDP (IFMIS) and the Civil Service Agency (CMS) has been transferred to USAID Collaborative Support for Health (CSH). They will be instrumental in the creation of the steering Committee and the management team in order to drive the project. The various entities involved meet regularly, but it seems that the progress has been slow.

The E-Billboard has been repaired and is fully operational. But we need to ensure that MOH is pro-active in maintaining the functioning of the Billboard and in its utilization.

**II. Strengthen existing payment mechanism**

*# of Ebola response workers reported by media as striking*

For the month of October, no complaints have been recorded in so far as the national UNVs have finished their mission and have been pulled back from the counties and the call center has ceased its activities. Nonetheless the complaints that were elevated to the MOH for resolution and ultimately payment of hazard are being investigated.

*The consulting firm for the in-depth diagnostic feasibility study has been selected*

The Consulting firm for the diagnostic of the financial systems and the feasibility study for the introduction of a 3<sup>rd</sup> party cash management partner acting as an aggregator and manager of an agent network, has been selected and should commence the study in November.

*Recommendations made to Government and financial sector to bolster resilience*

To increase the ability of the MOH to pay its workers in remote areas, the MOH has decided to offer the possibility to be paid by mobile money. They actively considering a pilot with the help of USAID and the TA of UNDP/UNCDF. MOH has appointed a point



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person to drive the mobile money project.

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

The former ETU workers that have been protesting to obtain additional compensations have stop protesting following the GOL decision not to grant their request. There has been nothing to report in October.

**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.

*% 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))*

The MOH made the last round of hazard payments (April/May) to ERWs and RHWs on the 18 thru the 25 September 2015 in 13 counties. Due to the inclement weather and bad road conditions the MOH could not make payment to 35 unbanked RHWs in Grand Gedeh. The payment has still not been made because they have not yet made the decision on how they are going to process the payment.

The payment for the private health facilities totaling 2987 recipients (Health facilities and health workers) representing US\$ 1.750 million will be made is likely to be made in December. This payment comes after an initial payment made 10 September by direct deposit (US\$448,900) to 6 Health care facilities based in Montserado and Nimba County and to 739 healthcare workers, all banked among which 59% where men and 41% were women.

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

No. of Beneficiaries	
Women	
Girls	
Men	
Boys	
Total	

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.*

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 indiscriminately. However, UNDP is tracking the number of female ERWs and RHWs, as well as the number of female ERWs and



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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 (24.1%) and RHWs (34.5%) than men ERWs (75.9%) and RHW (65.5%).

**Additional Information** (*Optional*)

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E-Billboard supported by UNDP on Ebola