

UN EBOLA RESPONSE MPTF ANNUAL PROJECT NARRATIVE REPORT Year: __2016____

| Project Number and Title: | PROJECT ST | ART | AMOUNT | RECIPIENT | | |
|--|---------------------|---|----------------------------------|------------------------|--|--|
| #9 –Payment Programme for Ebola | DATE ¹ : | | ALLOCATED by | ORGANIZATION | | |
| Response Workers(PPERW) | 1-November 2014 | | MPTF | | | |
| Project ID: | | | \$1,261,626 | United Nations | | |
| 00092905 | | | | Development | | |
| Project Focal Point: | EXTENSION I |)ATE. | FINANCIAL | Programme (UNDP) | | |
| Name: Ghulam Sherani | 31-July-202 | | COMMITMENTS | | | |
| E-mail: ghulam.sherani@undp.org | 51 July 20. | . / | | | | |
| | | | \$ | IMPLEMENTING | | |
| Strategic Objective (STEPP) | PROJECTED | FND | EXPENDITURES | PARTNER(S): | | |
| SO3 – Ensure Essential Services | DATE: | | as of [Dec 2016] | NERC, Ministry of | | |
| Recovery Strategic Objectives | | | \$1,045,670 | Health and Sanitation; | | |
| RSO# - Description | 31-July-202 | 17 | <i><i>q</i>1,010,070</i> | Ministry of Gender, | | |
| Mission Critical Action | | | | | | |
| MCA07 - Cash incentives for | | | | Children and Social | | |
| workers | | | | Protection | | |
| | | Ch NI | tional Courses Anosa | | | |
| Location: Sierra Leone | | Sub-National Coverage Areas: | | | | |
| | | Freetown, Ebola affected districts | | | | |
| Report Submitted by: | | | Report Cleared by: | | | |
| • Name: Tuzlyn Bayoh | | • Name: (Head of Agency) Samuel Doe | | | | |
| • Title: Project Officer | | • Date of Submission: 30 April 2017 | | | | |
| Date of Submission; 30 April 2017 Participating Organization (Lead): UNDP | | Participating Organization (Lead): UNDP Email address <u>samuel.doe@undp.org</u> | | | | |
| Participating Organization (Lead): UI Email address; Tuzlyn.bayoh@undp. | | o Em | an autress <u>samuer.uoe@unc</u> | <u>ip.org</u> | | |
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¹ The date project funds were first transferred.



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| OUTPUT INDICATORS | | | | | | | |
|--|---|--|---|--|---|--|--|
| Indicator | Geographic Area | Projected Target (as per results matrix) | Quantitative results for the reporting period | Cumulative results since project commencement (quantitative) | Delivery Rate (cumulative % of projected total) as of date | | |
| Des | Description of the quantifiable indicator as set out in the approved project proposal | | | | | | |
| % of Ebola response workers registered on the information management system | All Ebola affected districts | 100% | 534 | 35,534 | 100% | | |
| % paying organizations reporting to the information management system | All Ebola affected districts | 100% | 1 | 6 | 100% | | |
| # of Ebola response workers reported by media as striking | All Ebola affected districts | 0 | 0 | 1 | 1 | | |
| Diagnostic complete, recommendations made to government on financial sector to bolster resilience; Monitoring system fully functional to report incidents | All Ebola affected districts | Diagnostic complete, recommend ations adopted, monitoring system functional | N/A | N/A | N/A | | |
| # payments made through operational testing and proof of concept/stress | All Ebola affected districts | 1200 | 0 | 1200 | 100% | | |



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| | | I car. | 2010 | | | |
|---|------------------------------------|--------|------|------|------|--|
| testing (once through 3 months) | | | | | | |
| # people paid through UNDP contingency plan | All Ebola affected districts | 0 | N/A | N/A | N/A | |
| % local districts with adequate cash out points for forecasted volumes | All Ebola affected districts | 100% | 100% | 100% | 100% | |
| EFFECT INDICATORS (if available for the reporting period) | | | | | | |
| % of registered Ebola workers linked to a payment mechanism | All Ebola affected districts | 100% | 100% | 100% | 100% | |
| % of registered Ebola workers fully paid on-time | All Ebola affected districts | 100% | 100% | 100% | 100% | |

Situation Update

The National Ebola Response Centre (NERC) mandate ended on 31st December 2015, and its functions were handed over to the Emergency Operations Centre supervised by the Offices of the National Security and the Ministry of Health and Sanitation. Due to new threats of EVD spikes in January the Government in consultation with relevant stakeholders and donors adopted the EVD Heightened Surveillance Policy that spanned from January to February 5, 2016. This payment policy was further revised and extended to expire June 30, 2016 with the provision of allowances to a decreasing number of ERWs for 0+42+90 days.

Post June all payment of incentives to Ebola Response Workers ceased and EVD related activities were absorbed to form part of the regular responsibilities of health care staff.



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Achievements and Results

- From January to June 2016, the UNDP project team continued providing technical and advisory support to the Ministry of Health and Sanitation, six additional cycles (6 monthly) payments were made to ERWs. Over this period up to \$973,037 amounting to 3,707 transactions has been channeled through the regular banking system using the automated clearing house.

| MONTH | CYCLE | Composition MALE | Composition FEMALE | NUMBER OF ERWS PAID |
|----------|----------|---------------------|-----------------------|------------------------|
| January | CYCLE 17 | 826 | 278 | 1104 |
| February | CYCLE 18 | 341 | 275 | 616 |
| March | CYCLE 19 | 385 | 63 | 448 |
| April | CYCLE 20 | 389 | 52 | 441 |
| May | CYCLE 21 | 509 | 40 | 549 |
| June | CYCLE 22 | 509 | 40 | 549 |

- Successfully maintained a centralized micro grievance resolution team to respond to and resolve payment complaints logged in by district Ministry officials. This approach led to the, consistent decline in payment complaints reported.
- The project continued coordination of the technical group Cash Transfer Steering Committee/ Board - comprising the Government of Sierra Leone, MoHS, World Bank, DFID, AfdB, WHO and other UN agencies and maintained oversight on the management of hazard pay/ risk allowance policy.

• Best Practice and Summary Evaluation – (*Please indicate what are the best practice guidelines adopted and the impact on the implementation process*)

Digital payment has proven to be an effective to conduct cash allocations even during emergencies such as the EVD health emergency that emerged in Sierra Leone. The following were fundamental pillars that gradually culminated to the successful implementation of this project:

- Development of a comprehensive database of beneficiaries: The project team conducted two nationwide biometric validation exercises that formed the foundation for the development of the comprehensive and flexible ERW database.
- Develop simple payment policies: Within the lifespan of the project the EVD Hazard Allowance Policy has been revised up to 5 times guided by influencing factors and prevailing circumstances. This document has been a very strong tool of communicating and management of public expectations, harmonization of payment rates and improve understanding of payment related



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processes.

- Establishment of a simple grievance resolution mechanism: During the peak of the crisis twelve payment enquiry help lines were activated nationwide operating daily and was reduced based on the dwindling number of enquiry calls. Alongside the project also opened 12 payment help desk offices with officers nationwide to receive, investigate and respond to payment complaints.
- National Ownership: Because the service was provided when the Government of Sierra Leone needed it the most, after understanding the proposed processes and procedures through which the project team can ensure transparency, Government officials took the lead in ensuring that payment related decisions agreed upon by stakeholders were enforced by all.
- Lessons learned (*Please, share a couple of lessons learned that can be beneficial for future projects*)
- One key function of the payment team was the compilation of the national monthly pay list after submission to the approved fiduciary agent the team has little or no influence on the timeframe under which the lists are reviewed and approved
- Changes in the scope of the project;

The project has successfully delivered the intended objectives. However, the robust and highly efficient system developed during the implementation of the project was considered a strong asset to be institutionalized and maintained for immediate activation in case of any future outbreaks. Therefore, the project has been extended until 30 July 2017 with new outputs of capacity building and linkages of the ERW database with the Human Resource System of Ministry of Health.