

## On-going Progress Update and Disbursement Request

### GENERAL GRANT INFORMATION

Country:	West Bank and Gaza Strip
Disease:	Tuberculosis
Grant Number:	PSE-2007-002-1
Principal Recipient:	UNDP/PAP
Program Start Date:	12/1/2009 - Quarter 1 corresponds to December 2009 until March 2010 (4 months)
Currency:	EUR

### PROGRESS UPDATE PERIOD

Progress Update - Reporting Period:	Cycle:	Quarter	Number:
Progress Update - Period Covered:	2	1-Apr-2010	2
Progress Update - Number:			30-Jun-2010

### DISBURSEMENT REQUEST PERIOD

Disbursement Request - Disbursement Period:	Cycle:	Quarter	Number:
Disbursement Request - Period Covered:	2	1-Jul-2010	2
Disbursement Request - Number:			30-Sep-2010

TERMS AND CONDITIONS USED IN THIS PROGRESS UPDATE AND DISBURSEMENT REQUEST HAVE THE MEANING GIVEN TO THEM IN THE GRANT AGREEMENT RELATING TO THE ABOVE GRANT

## Section 1: Programmatic and Financial Progress Update

### A. PROGRAM PROGRESS

1. Program Objectives	Objective Description
Objective No. 1	Strengthen programme management capacity in West Bank (WB) and Gaza Strip (GS)
2	Pursue High Quality DOTS Expansion and Enhancement
3	Address major challenges such as refugees, Bedouin populations and contact tracing
4	Enable and promote research
Select	
Select	
Select	
Select	
Select	
Select	
Select	

### II. Impact / Outcome Indicators

Impact / Outcome	Indicator Description	Baseline (if applicable)		Intended Yearly Targets	Actual Yearly Results	Reasons for deviation and any other comments
		Value	Year			
Outcome	Treatment success rate: new smear positive TB cases	94%	2007	94%	Not available yet	Yearly reporting. Subject to an assessment by the end of the year
Outcome	Cases detection rate: new smear positive TB cases	4.5%	2007	7%	Not available yet	Yearly reporting. Subject to an assessment by the end of the year (estimates for TB incidence to be revised - survey due in Y4 of grant)
Impact	TB prevalence rate (all forms)	31 / 100,000	2007	N/A	N/A	Due to incomplete DOTS coverage and TB data, the baseline information will be reviewed with a survey planned to be conducted in Y4 of grant, once DOTS coverage is expanded
Impact	TB incidence rate (all forms)	20 / 100,000	2007	N/A	N/A	Due to incomplete DOTS coverage and TB data, the baseline information will be reviewed with a survey planned to be conducted in Y4 of grant, once DOTS coverage is expanded

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD	PERIOD: 03/2007	Quarter	Number
Progress Update - Reporting Period	03/2007	1	3
Progress Update - Period Covered	1/4/2007	1	30/03/2007
Progress Update - Number	3		

Indicator # No.	Service Delivery Area	Indicator Description	Directly Measured	Level	Baseline		Intended Targets to date	Actual Results to date	Reason for programmatic deviation and any other comments
					Value	Year			
1	1.2 High Quality DOTS	Number and percentage of new smear-positive TB patients successfully treated (total plus consolidated treatment) among the new smear positive TB patients registered	No	3	94% (15 patients)	2007	94% (4 patients)	100% (2 patients out of 2)	As reported by MoH, the two cases that were registered in the fourth quarter of the year 2006 were successfully treated in the second quarter of the grant. (Normally six months are needed to evaluate the success of treatment). All TB positive cases detected by UNRWVA are referred to the MoH clinics for treatment.
2	2.1 High Quality DOTS	Number of new smear-positive TB cases detected	No	3	4.5% (16 patients)	2006	5	2	Only two cases were registered by the MoH during this quarter. The MoH and WHO are working closely together to finalize the development of the TB National guidelines and the National strategic plan. A validation workshop is expected to take place in Q3 with all STs and key Ministry of Health partners. These guidelines are a pre-requisite for any advanced TB programming in the OTC Once validated/approved directly by the MoH, the guidelines will serve as basis for any TB related activity to be carried out. Acceleration of activities will then take place. UNRWVA identified one case of Pulmonary TB which was referred to and registered by the MoH (this included in the statistics provided by the MoH (UNDP checked with the NTP manager about the UNRWVA registered cases and decided not to include it to avoid duplication.)
3	3.1 High-risk groups	Number of TB suspects amongst refugees who are screened for TB according to national policy	Yes	3	500	2007	125	73	Amongst refugees, 73 suspects were screened for TB by the MoH. Through the GFATM/TB grant, WHO provided incentives to lab technicians working in TB laboratories, performing screening for TB suspects. As indicated by UNRWVA, their achievement of 432 suspects screened wasn't supported by the GF money as this activity is part of their routine screening. On behalf of UNRWVA, UNDP/PR will be submitting a request to update this indicator to the IFAC/GFATM.
3	3.3 High-risk groups	Number of contacts of smear-positive TB patients screened for TB according to national policy	No	3	52	2007	20	49	16 contacts of smear positive TB patients were screened for TB by the MoH in Q2. However, 33 contacts were also registered in Q1 (not reported previously) in the absence of a Q1 target in the performance framework. The cumulative achievement against that indicator is therefore 49 contacts.
1	1.1 MAE	Number of supervisory visits performed per functional district with documented feedback reports / out of planned visits during a specified period	Yes	0	0	2007	6	28	As reported by UNRWVA, 28 supervisory visits were conducted by the FOCCO to monitor the activities related to the provision of TB services by UNRWVA HCs. Under the Global fund activities, nothing was reported by MoH related to supervisory visits. Funds were disbursed by the PR to the MoH during the first few days of Q2 (transfer to the MoH required several confirmation documents). Then, the funds with the MoH needed to be assigned to the right project code and payment modules for implementation in Gaza worked out.
1	1.2 MAE	Number and percentage of district submitting timely quarterly reports on medication and treatment outcome according to the national guidelines	Yes	0	1	2007	3 (20%)	3 (20%)	Three MoH DOTS units at the district level (Gaza, Bath Lebanon and Hebron) have submitted adequately their quarterly reports to the TB central unit in Gaza responsible for the consolidation of the national TB notification and treatment report. The UNRWVA health services, as a part of the routine procedure, do submit their reports on TB notification to the UNRWVA FOCCOs (both from Gaza and West Bank) who will then liaise with the National TB programme Manager (NTP).
1	1.3 MAE	Number of health facilities with at least one health worker trained on TB	Yes	2	0	2007	3 (20%)	3 (20%)	The MoH has already four facilities with at least one health worker trained on TB. As reported by WHO, three physicians received training on TB in Jordan (clinical attachment in chest centre). All UNRWVA HCs have at least one trained laboratory technician on TB laboratory diagnosis.
2	2.2 Procurement and supply management (first line drugs)	Proportion of TB units reporting no stock-out of first-line anti-TB drugs for more than a week in the last reporting quarter	Yes	2	3/4	2007	0	0	This is a big indicator. Since UNDP/PR has not purchased any anti-TB drugs yet (FSM to be approved first submitted end August 2010), the achievement should be there "not applicable". However, the MoH with support to WHO and UNDP will submit a request to update the indicator as part of the present FUDR. The MoH is already buying some anti-TB drugs - in this light, it is thought that the MoH will submit a request to update the indicator to reflect the current situation in engineering one system to report stocks out overall (if relevant) without disturbing the source of funding of drugs. The reporting will be based on national reporting system. In fact, during Q2, the MoH unfortunately experienced a stock out of one drug (Rifampicin) for 38 days in Gaza (delivery to Gaza remains challenging). This issue means that 2 out of 3 TBDO's units reported no stock-outs of first-line anti-TB drugs during the reporting period.
2	2.1 Improving diagnosis	Number of laboratories performing regular EOA for smear microscopy + corrective action planned for laboratory with concordance rate (sensitivity x specificity) below 85%	Yes	2	0	2007	2 (13%)	2	There is two central reference laboratories in the MoH (one in WB and one in Gaza), in which confirmation of smear +ve samples is performed through multiple readings by technicians, including culture and PCR. As mentioned by WHO, incentives were provided to lab technicians working at the MoH laboratories to ensure quality laboratory diagnosis and to ensure quality consolidation of laboratory diagnostic activities at the Central Laboratories, in both GS and WB.
3	3.1 Improving diagnosis	Number of laboratories performing regular EOA for smear microscopy + corrective action planned for laboratory with concordance rate (sensitivity x specificity) below 85% among the UNRWVA laboratories	Yes	2	0	2007	0	1	For the time being, only one UNRWVA laboratory performs regular EOA for smear microscopy. However, according to the performance framework, no target was assigned to this indicator for the first two quarters. Two UNRWVA laboratories are planned to perform regular EOA, according to the Q3 target. No positive smears were reported by UNRWVA during Q2 - therefore no samples were referred to the public health laboratory for EOA.

## On-going Progress Update and Disbursement Request

### PROGRESS UPDATE PERIOD

Grant number:	PSE-809-G02-T		
Progress Update - Reporting Period:	Cycle:	Quarter	Number:
Progress Update - Period Covered:	Beginning Date:	1-Apr-2010	End Date:
Progress Update - Number:	2		30-Jun-2010

### IV. Overall evaluation of performance

- Despite of all the challenges including around the finalization of all contractual arrangements including transfer of funds (UNDP requires a certain number of documents prior to any disbursement to any ministry), financial tracking system internally to the MoH and unfortunate on-going access issue to Gaza, it is fair to acknowledge an encouraging good start of activities and therefore achievement.
- There is a demonstrated (and verified) improvement in reporting against Performance indicators when compared to Q1.
- The submission of the supporting documents by SRS also improved in terms of quality and timing when compared to the previous quarter.
- Drafted copies of the (updated) National TB guidelines and the National TB strategic plan (basis for any TB programming in the oPt) are available and were shared for comments. The validation workshop for national endorsement is already scheduled to take place in Q3.
- The operational definitions for the TB-indicators are finalized, were shared and validated by all relevant SRS. The final and validated M&E plan was submitted mid August 2010 along with a proposed action plan
- Several coordination meetings were held in order to share information about progress and to discuss existing challenges affecting programme implementation. Concrete and practical suggestions for overcoming bottlenecks are always found in a collegial spirit. Such coordination meetings are called by the MoH.
- The PSM plan was finalized and submitted mid August 2010. The main reasons for delay are (i) budget deficit of \$130,000 total to cover the procurement of TB medical supplies (estimates in proposal/grant agreement were based on old prices and without the actual specifications which now provide actual prices). A decision was made to compensate for this deficit through the deduction of a total of \$12,575.24 from the medical equipment and a total of \$59,460 from non medical equipment. (ii) The delay in reaching conclusions around the medical specifications - International expertise by UNDP/PSO lab consultant was necessary in order to draft and finalize all specs (iii) The QA at destination requirement by the GF, as none of the country Labs (and Israel or neighboring Jordan) obtain the ISO 17025 certificate for drug QA. The equipment process of the TB management units including in Gaza is, undoubtedly affected.
- The staffing of the TB management units at the MoH is close to complete with one data entry clerk recruited in Gaza, closely supporting the TB National Manager, a project coordinator and a data entry clerk based in Ramallah. At the end of Q2, the recruitment of a finance associate was still underway – this position will be based in Nabulus as per the request by the MoH (all finance departments of ministries are based in Nabulus), although it was agreed between the PR and the MoH that this staff will be coming to Ramallah quite often in order to be in close touch with the PMU (located at the central laboratory). ToRs for all positions were provided by UNDP and are available. Recruitment was done by the MoH. At the time of drafting the present report, salaries to staff had not been paid by the MoH as still in process of "coding" the disbursed TB funds to the adequate TB programme. Payments will be all retroactive and processed in Q3. A dedicated PMU for the GFATM TB sponsored programme will surely help with coordination and implementation.
- The political context (internal and external) remains unstable and challenging in terms of access of goods but also in terms of implementation, especially in Gaza.
- Funds cannot flow easily from the PA-MoH to the MoH in Gaza and creative solutions are being discussed and implemented. Overall, the implementation in Gaza requires high flexibility, strong assistance by the UN agencies along with customized approaches/solutions.
- Finally, it is worth mentioning the pertaining issue vis a vis international technical assistance, affecting WHO and the MoH. Visa issues, refusal by consultants themselves to comework in such contexts, have led to cancellations or postponing of various technical assistance missions. WHO CO and WHO EMRO have been very active in overcoming such issues and finding solutions to move the programme forward (i.e. NTP manager writing the national TB guidelines himself with strong technical support by WHO and all SRS).
- Solid foundations have been laid down during Q2 and performance, despite all above mentioned challenges, is encouraging.

### V. Planned changes in the program, if any.

- The work plans were slightly edited at the time of grant signing with SRS:
  1. Procurement related costs were removed from the MoH work plan and added to the PR work plan. This change shall be reflected in a revised budget to be submitted after the approval of the PSM plan. UNDP revised work plan was updated in the light of recent medical procurement cost estimates and M&E action plan, documents both available.
  2. The incentives budget lines were reverted from the MoH work plan to WHO work plan and slight clarifications in activity names.
  3. The PMU related costs were reverted to the MoH work plan (PMU staff related costs were easier to monitor than the incentives budget lines initially under the MoH's work plan)
- Furthermore, UNRWVA recently requested a change in activity with no cost implication – request recommended to be approved by UNDP and validated by the LFA. UNRWVA-Gaza requested to replace the recruitment of one Lab technician-as mentioned in the original plan- with training of 300 lab technicians on sputum smear, testing and referral for the suspects. UNRWVA's overall budget is very minimal and creative solutions were found in order to increase impact of funding. Training will start in Q3.
- UNDP supported the MoH with planning and funding of the World TB Day. This budget component was removed from the MoH work plan and added to UNDP work plan, as contractual arrangements between UNDP and the MoH were still under negotiation.
- Unfolding some of the indicators based on the discussions with SRS and implementation reality. A request is submitted as part of the Q2 PUDR report.

vi. Other program results, success stories, issues or lessons learned

- Implementation modalities should be reviewed quarterly along with the informal assessment of programmatic and financial performance, especially when it comes to implementation in Gaza. A flexible approach is recommended.
- The workload is extremely high at the SR and PR levels. At the PR level: the same team is now managing two grants, namely HIV and AIDS and TB, and is seriously overstretched. The WHO led activities are managed by the HIV medical officer, coordinating all the HIV activities as well.
- Meeting deadlines on time remain close to humanly possible. Flexibility with regard to deadlines would be appreciated (furthermore, SRs tend to submit their progress reports later than the set deadlines – similarly to the HIV grant – sometimes understandingly, in the light of the very heavy implementation workload and various contextual challenges) or assistance in advocating/fundraising for an increase in staffing capacities/human resources both at the PR and SRs levels.

**B. PR COMMENTS ON THE FULFILLMENT OF CONDITIONS PRECEDENT AND/OR SPECIAL CONDITIONS UNDER GRANT AGREEMENT**

Conditions Precedent and/or other special conditions	Fulfilled? (Yes/No)	PR Comments
<p><b>Second Disbursement:</b> Delivery by the Principal Recipient to the Global Fund of a completed version of the Monitoring and Evaluation Systems Strengthening Tool</p>	In Progress	<p>The MESSST workshop took place in February 2010 including all relevant partners - workshop during which the MESSST tool was finalized and endorsed by all partners. The completed MESSST tool along with the final M&amp;E plan and proposed action plan was shared mid August 2010.</p>
<p><b>Second Disbursement:</b> Delivery by the Principal Recipient to the Global Fund of an updated plan for monitoring and evaluating Program activities that incorporates the recommendations made by Program stakeholders upon completion of the Monitoring and Evaluation Systems Strengthening Tool</p>	In Progress	<p>See above note</p>
<p><b>Second Disbursement:</b> Delivery by the Principal Recipient to the Global Fund of a revised budget for the period beginning with the Program Starting Date and ending with the Program Ending Date (the "Revised Program Budget") if the amendments incorporated into the Updated M&amp;E Plan necessitate amendments to the budget that was approved by the Global Fund as of the effective date of this Agreement</p>	In Progress	<p>The PR shall submit the revised budget upon approval of the M&amp;E plan and the PSM plan.</p>
<p><b>Second Disbursement:</b> the written approval of the Global Fund of the Updated M&amp;E Plan and Revised Program Budget (the latter only being applicable if condition c. of this sub-section is applicable).</p>	No	
<p>The disbursement by the Global Fund or use by the Principal Recipient of Grant funds for the procurement of Health Products is conditional upon the approval by the Global Fund of the PSM Plan.</p>	In Progress	<p>The PSM was submitted mid August 2010 - as part of the Q2 TB PUDR</p>

<p>By no later than <b>15 February 2010</b>: documentation demonstrating that the Principal Recipient has provided training to the Sub-recipients (National TB Program and WHO) on the programmatic and financial reporting requirements for Global Fund funding, including the development of tools for Sub-recipient reporting</p>	<p>Yes</p>	<p>The PR conducted a training session with all SRs on reporting templates and mechanisms. Feedback and guidance is also provided on a bilateral basis to each SR by the PR. Reporting templates are in the process of being updated to be used by SRs in Q3.</p>
<p>By no later than <b>15 February 2010</b>: documentation detailing the proposed levels for the incentive scheme for the Sub-recipient, National TB Program, which shall be in line with the incentives provided by other donors/international partners for similar programs.</p>	<p>In Progress</p>	<p>Shifted to the WHO's work plan (to ensure quality control mechanism with the incentives' beneficiaries) - names and mechanisms are provided every quarter to WHO which is responsible for payment after verification.</p>
<p>The Principal Recipient shall ensure that appropriate systems for the management, monitoring and oversight of the health product supply chain are implemented for products procured with grant funds and corrective measures are taken to address any gaps identified during monitoring and oversight.</p>	<p>Yes</p>	<p>The PR has appointed, through the HIV grant, a supply chain management officer also responsible for putting in place tracking systems in collaboration with the MoH</p>
<p>Not later than 90 days after this Agreement enters into force, a plan for monitoring the Program, is replaced with the condition for second disbursement in Section B.2 above.</p>	<p>In Progress</p>	<p>The M&amp;E plan was submitted in August 2010. Awaiting for GFATM's feedback.</p>
<p>Prior to disbursement of grant funds to a Sub-Recipient, the Principal Recipient shall have executed an agreement with such Subrecipient that is consistent with this Agreement, including the required representations regarding anti-terrorism and appropriate performance frameworks and budgets.</p>	<p>Yes</p>	<p>All Agreements were signed with all SRs and first disbursements (for two quarters) processed.</p>
<p>The Principal Recipient acknowledges and understands that the Global Fund has entered into this Agreement with the Principal Recipient in reliance on the representation by the West Bank and Gaza UN Theme Group that the funds provided under this Agreement do not constitute more than 65% of the funds for the national tuberculosis program in the West Bank+ASG and Gaza. If the Principal Recipient becomes aware that the funds provided under this agreement are in fact or are anticipated to be materially higher than this amount, the Principal Recipient shall promptly notify the Global Fund.</p>	<p>Yes</p>	<p>-</p>
<p>The Principal Recipient shall select Sub-recipients in accordance with its regulations and rules. Before disbursing grant funds to any Sub-recipient, the Principal Recipient shall notify the Global Fund of the selection of the Sub-recipient. In the case of a Sub-recipient that is not a UN agency, the Global Fund may, at its election, conduct an assessment of the Sub-recipient. The Principal Recipient shall address the assessment recommendations by risk mitigation measures satisfactory to both the Principal Recipient and the Global Fund.</p>	<p>Yes</p>	<p>The Global Fund was notified about all selected SRs (same as original proposal and grant agreement). The LFA conducted an assessment with the main SR - MoH which conclusions were shared informally with the PR. With regard to such assessment, the PR would be happy to provide clarifications and corrections since some of the results are not totally correct, should the LFA/GFATM be interested.</p>

# On-going Progress Update and Disbursement Request

## PROGRESS UPDATE PERIOD

Grant number:	PSF-09-002-T	Quarter:	2
Progress Update - Reporting Period:	Cycle:	Beginning Date:	End Date:
Progress Update - Period Covered:	1-Apr-2010	30-Jun-2010	
Progress Update - Number:	2		

## C. PROGRAM EXPENDITURES

All amounts are in: EUR		Budget for Reporting Period	Actual for Reporting Period	Variance	Reason for Variance	Cumulative Budget through period of Progress Update	Actual through period of Progress Update	Variance	Reason for Variance
<b>1. Total actual expenditures vs. budget</b>		63,035.00	70,488.55	(7,454.55)		276,583.00	129,601.31	146,981.70	
1a. PR's total expenditures		16,383.00	19,912.60	(3,529.60)	This refers to the 2009 salary of the Gaza coordinator that was recruited in Nov. 2009	43,621.00	33,043.72	10,577.28	Agreements with SRs were all signed in Q1. Disbursements were processed late Q1/early Q2. Implementation was initiated in Q2, although implementation will accelerate in Q3/Q4.
1b. Disbursements to sub-recipients		46,652.00	50,575.95	(3,924.95)	The MoH's first disbursement was only done in early Q2 (delays with the signature of the agreement and access to full and verified bank details).	232,932.00	96,557.59	136,374.41	The variance is explained by the fact that all non medical equipment will only be purchased in Q3 and the medical equipment related invoices are likely to only take place in Q4 (purchase orders will be organized as soon as the PSM plan is approved). Upon submission of the PSM and M&S plans to the GFATM, the budgets and workplans will be revised. Also as mentioned in section 1.A.1B, equipment <del>budgeted in section 1.A.1B, equipment</del>
<b>2. Health product expenditures vs. budget</b> <i>(already included in "Total actual" figures above)</i>		3,011.90	0.00	3,011.90		66,600.90	0.00	66,600.90	
2a. Pharmaceuticals		3,011.90	0.00	3,011.90	The PSM plan is not yet approved by the GFATM. The plan was submitted in August 2010. Awaiting for GFATM comments.	3,011.90	0.00	3,011.90	Refer to the previous note on Pharmaceuticals
2b. Health products, commodities and equipment		0.00	0.00	0.00	The PSM plan is not yet approved by the GFATM. The plan was submitted in August 2010. Awaiting for GFATM comments.	63,589.00	0.00	63,589.00	Refer to the previous note on Health products and equipment

Program expenditures were used for the procurement of health products:

If yes, information about procurements have been included in the Global Fund's Price Reporting Mechanism:

No
No

# On-going Progress Update and Disbursement Request

## DISBURSEMENT REQUEST PERIOD

Grant number:	PSE-409-602-T		
Disbursement Request - Disbursement Period:	Cycle:	Quarter	Number:
Disbursement Request - Period Covered:	Beginning Date:	1-Jul-2010	End Date:
Disbursement Request - Number:	2		30-Sep-2010

## Section 2: Cash Reconciliation and Disbursement Request

### A: CASH RECONCILIATION FOR PERIOD COVERED BY PROGRESS UPDATE

1. Cash Balance: Beginning of period covered by Progress Update (line 6 from Cash Reconciliation section of the period covered by the previous Progress Update):

205,283.52

2. Cash disbursed to the PR by the Global Fund during the period covered by this progress update: <sup>(1)</sup>

0.00

Add: 3. Interest received on bank account and other income received:

0.00

Interest is reported on annually basis and the amount received shall be indicated in the next PU/DRs upon receipt on our accounts.

Less: 4. Total program expenditures during period covered by Progress Update (value entered in Section 1C, "Total actual expenditures");

70,489.55

(163.41)

70,326.14

5. Other expenditures incurred (bank fees, other transaction costs, net exchange rate gains/losses):

134,957.38

### B: DISBURSEMENT REQUEST

Total forecasted net cash expenditures by the Principal Recipient for the period immediately following the period covered by the Progress Update <sup>(2)</sup>:

18,546.43

7. Period beginning date: 1-Jul-2010 end date: 30-Sep-2010 amount as originally budgeted: 118,070.00 forecasted amount: 18,546.43

123,804.89

8. Additional quarter (cash "buffer") beginning date <sup>(4)</sup>: 1-Oct-2010 end date: 31-Dec-2010 amount as originally budgeted: 90,436.15 forecasted amount: 142,361.31

This refers to delay in the approval of the PSM plan, and the late start of implementation on the SRS level, due to the delay in signing the agreements.

Less: 9. Cash received from the Global Fund after the period covered by Progress Update or cash "in transit" <sup>(5)</sup> (if any):

134,957.38

0.00

134,957.38

10. PR's Disbursement Request from the Global Fund for the period immediately following the period covered by the Progress Update, plus additional period (cash buffer):

7,393.93

Automatic calculations, the PR is NOT requesting any additional funds for this quarter.

11. Does the PR's Disbursement Request include funds for health product procurement?  No

12. Exchange Rate (used to translate local currency into EUR): Avg NIS/USD = 3.76 and Avg Euro/USD = 0.77

#### Footnotes:

- 1 - Goes amount disbursed by the Global Fund (i.e., any associated bank fees or transaction costs should not be deducted in this line, but included in line 5 "Other expenditures incurred")
- 2 - Expenditures listed must be covered by current budget forecasts
- 3 - Total forecasted net cash expenditures should include any commitments made in the period covered by the Progress Update that are forecasted to be spent during the period covered by the Disbursement Request
- 4 - Additional period (cash "buffer") - disbursement of funds for Q3 is contingent upon the signing of Phase 2 or as otherwise stipulated per implementation letter
- 5 - "Cash in transit" includes amounts disbursed but not yet received by the PR and disbursement requests not yet approved by the Global Fund

# On-going Progress Update and Disbursement Request

## GENERAL GRANT INFORMATION

Country:	West Bank and Gaza Strip
Disease:	Tuberculosis
Grant number:	PSE-809-G02-T
Principal Recipient:	UNDP/PPAPP
Program Start Date:	12/1/2009 - Quarter 1 corresponds to December 2009 until March 2010 (4 months)
Currency:	EUR

## PROGRESS UPDATE PERIOD

Progress Update - Reporting Period:	Cycle:	Quarter	Number:
Progress Update - Period Covered:	Beginning Date:	1-Apr-2010	End Date:
Progress Update - Number:		2	30-Jun-2010

## DISBURSEMENT REQUEST PERIOD

Progress Update - Reporting Period:	Cycle:	Quarter	Number:
Progress Update - Period Covered:	Beginning Date:	1-Jul-2010	End Date:
Progress Update - Number:		2	30-Sep-2010

## Section 3: Cash Request and Authorization

### A: CASH REQUEST

On behalf of the PR, the undersigned hereby requests the Global Fund to disburse funds under the above-referenced Grant Agreement as follows:

1. Cash amount requested from the Global Fund (from Section 2.B line 10, in: EUR): 7,393.93
2. Amount requested in words (in: EUR): The PR is not requesting for additional funds (automatic calculation above)

### B: AUTHORIZATION

The undersigned acknowledges that: (i) all the information (programmatic, financial, or otherwise) provided in this Progress Update and Disbursement Request is complete and accurate; (ii) funds disbursed in accordance with this request shall be deposited in the bank account specified in block 9 of the face sheet of the Grant Agreement unless otherwise specified herein; and (iii) funds disbursed under the Grant Agreement shall be used in accordance with the Grant Agreement.

Signed on behalf of the Principal Recipient:  
(signature of Authorized Designated Representative)

  
Mr. Jenz Toyberg - Frandærn

Name: \_\_\_\_\_  
Title: Special Representative - UNDP/PPAPP

Date and Place: \_\_\_\_\_  
Jerusalem, on Tuesday 24 August 2010

Bank Account Details (if different than the account details specified on block 9 of the face sheet of the Grant Agreement)

Owner of Bank Account:	
Account Title:	
Account number:	
Bank name:	
Bank address:	
Bank SWIFT Code:	
Bank Code:	
Routing instructions:	

Comments (e.g. changes to PR's bank account details, "split disbursements" to the PR and third parties etc.):



# Etat de dépenses

Country / Pays:	West Bank and Gaza Strip
Grant number / Numéro du Grant	PSE-809-G02-T
Principal Recipient / Réceptacle Principal:	UNDP/PAPP
Currency / Monnaie:	EUR

A - MANAGEMENT RATIOS	Current Reporting Period		Cumulative Reporting Period	
	Start date:	End date:	01.12.2009	30.04.2010
Cash received from the Global Fund	0		264,395	
Budget	63,035		276,554	
Expenditures	41,882		56,387	
<b>BUDGET EXECUTION RATIO (expenditures vs. budget)</b>	<b>66%</b>		<b>20%</b>	
<b>EXPENDITURE RATIO (expenditures vs. cash received)</b>	<b>#DIV/0!</b>		<b>21%</b>	

B - BREAKDOWN by EXPENDITURE CATEGORY	Current Reporting Period			CUMULATIVE REPORTING PERIOD				
	Start date:	End date:	Budget	Expenditures	Variance	Budget	Expenditures	Variance
	01.04.2010	30.04.2010				01.12.2009		
						30.04.2010		
1 Human resources (PR)	6,659	12,004	2,993	16,259	19,202	15,983		
Human resources (SRs)	14,813	6,476		26,685	7,759			
2 Technical Assistance (PR)	0	0	702	0	0	16,040		
Technical Assistance (SRs)	13,254	12,553		28,593	12,553			
3 Training (PR)	0	0	6,400	0	0	9,920		
Training (SRs)	6,400			9,920	0			
4 Health Products and Health Equipment (PR)	0	0	0	0	0	63,589		
Health Products and Health Equipment (SRs)	0			63,589	0			
5 Medicines and Pharmaceutical Products (PR)	3,012	0	3,012	0	0	3,012		
Medicines and Pharmaceutical Products (SRs)	0			0	0			
6 Procurement and Supply Management Costs (PR)	602	0	602	0	0	602		
Procurement and Supply Management Costs (SRs)	0			602	3,156	10,165		
7 Infrastructure and Other Equipment (PR)	8,320	0	8,320	0	0	12,718		
Infrastructure and Other Equipment (SRs)	0			0	2,777	27,674		
8 Communication Material (PR)	0	7,909	-7,909	0	7,909	6,465		
Communication Material (SRs)	0			14,374	0			
9 Monitoring and Evaluation (PR)	3,950	0	3,547	0	0	6,609		
Monitoring and Evaluation (SRs)	0	403		29,742	403	35,948		
10 Living Support to Clients' Target Population (PR)	0	0	0	0	0	0		
Living Support to Clients' Target Population (SRs)	0			0	0	0		
11 Planning and Administration (PR)	0	0	0	0	0	0		
Planning and Administration (SRs)	0			8,442	0	8,442		
12 Overheads (PR)	4,124	0	3,486	0	0	18,092		
Overheads (SRs)	1,901	2,539		7,466	2,629	22,929		
13 Other (PR)	0	0	0	0	0	0		
Other (SRs)	0			0	0	0		
<b>Sub-TOTAL PR</b>	<b>26,667</b>	<b>19,913</b>	<b>21,153</b>	<b>53,905</b>	<b>33,044</b>	<b>220,167</b>		
<b>Sub-TOTAL SRs</b>	<b>36,368</b>	<b>21,970</b>	<b>21,153</b>	<b>222,649</b>	<b>23,344</b>	<b>220,167</b>		
<b>TOTAL PR + SRs</b>	<b>63,035</b>	<b>41,882</b>	<b>21,153</b>	<b>276,554</b>	<b>56,387</b>	<b>220,167</b>		

- OPTIONAL -

C - BREAKDOWN by PROGRAM ACTIVITY			Current Reporting Period			CUMULATIVE REPORTING PERIOD		
Macro-Category	Objectives	Service Delivery Level	01.04.2010		01.12.2009	30.04.2010		
			Budget	Expenditures		Budget	Expenditures	
				Variance			Variance	
Please select			0	0	0	0	0	
Please select			0	0	0	0	0	
Please select			0	0	0	0	0	
Please select			0	0	0	0	0	
Please select			0	0	0	0	0	
Please select			0	0	0	0	0	
Please select			0	0	0	0	0	
Please select			0	0	0	0	0	
Please select			0	0	0	0	0	
Please select			0	0	0	0	0	
Please select			0	0	0	0	0	
Please select			0	0	0	0	0	
Please select			0	0	0	0	0	
Please select			0	0	0	0	0	
Please select			0	0	0	0	0	
Please select			0	0	0	0	0	
Please select			0	0	0	0	0	
Please select			0	0	0	0	0	
			0	0	0	0	0	
<b>TOTAL PR + SRS</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	

**Management of Sub-Recipients**  
**Gestion de Réciplendaires Sécondaires**

Country / Pays:	West Bank and Gaza Strip
Grant number / Numéro du Grant:	PSE-809-G02-T
Principal Recipient / Réciplendaire Principal:	UNDP/PAPP
Currency / Monnaie:	USD

**Explanatory notes /Notes explicatives**

Budget: Please insert the amount of the yearly budgets that had been allocated to single SRs. The yearly budgets should be in accordance with the PR-SR agreement.  
 Budget: Veuillez indiquer les budgets annuels alloués à chaque RS. Les budgets annuels devraient correspondre aux budgets fixes dans les conventions entre le PR et les RS.

Period: Please indicate the actual reporting period. In general, reporting is by quarter or semi-annually.  
 Période: Veuillez indiquer la période du rapport annuel. En général, le rapport est dû par trimestre ou par semestre.

SR Disbursements: Please insert the amount that had been disbursed by the PR to the SR in the reporting period.  
 Déboursments au RS: Veuillez indiquer le montant total qui est décaissé par le PR au nom de RS dans le trimestre / semestre actuel.

SR expenditures: Please insert the total amount of expenditures that had been justified by the SR (i.e. original invoices, vouchers, mission reports, list of participants, etc.) and accounted for in the accounting system of the PR. Advanced payments and committed amounts do not represent SR expenditures. Advanced payments and committed amounts need to be accounted for as 'amounts payable' and not as expenditures in the accounting system of the PR.  
 Dépenses de RS: Veuillez indiquer le montant total des dépenses effectives et justifiées par le RS (i.e. facture originale, pièces justificatives, rapport de mission, list de participants, etc.) de la période actuelle. Les avances ne représentent pas de dépenses effectives. Tous les avances sont à comptabiliser comme créances dans la comptabilité du RP.

Variance: The 'Variance' is calculated automatically and shows how much the SR has spent out of the amount provided by the PR. Ideally, the 'Variance' should be '0' which means that the funds provided by the PR had been fully spent and all relevant vouchers have been presented by the SR, verified and accepted by the PR. A negative 'Variance' of SR means that the SR has spent more funds than the PR had provided. A positive 'Variance' means that the SR did not spend all the funds that were provided by the PR.  
 Variance: La 'Variance' est calculé automatiquement et montre le montant qui est décaissé par le RS du fonds mis à la disposition. Idéalement la 'Variance' devrait être '0' c-à-d que le fonds qui était mis à la disposition du RS était complètement consommé comme prévu. Une 'Variance' négative montre que le RS a dépensé plus que le total des fonds prévus. Une 'Variance' positive montre que le RS n'a pas dépensé le total des fonds prévus.

Name of Sub-Recipient Nom de Réciplendaire Sécondaire	BUDGET of Sub-recipients BUDGET de Réciplendaires Sécondaires										
	Phase 1					Phase 2					Phase 1 + 2
	BUDGET YEAR 1 AN 1	BUDGET YEAR 2 AN 2	BUDGET YEAR 1+2 AN 1+2	BUDGET YEAR 3 AN 3	BUDGET YEAR 4 AN 4	BUDGET YEAR 5 AN 5	BUDGET YEAR 3+4+5 AN 3+4+5	BUDGET YEAR 1+2+3+4+5 AN 1+2+3+4+5			
1 MGH	272,690	250,724	523,414				0	523,414			
2 WHO	67,840	48,758	116,598				0	116,598			
3 UNRWVA	62,751	16,043	78,794				0	78,794			
4			0				0	0			
5			0				0	0			
6			0				0	0			
7			0				0	0			
8			0				0	0			
9			0				0	0			
10			0				0	0			
11			0				0	0			
12			0				0	0			
13			0				0	0			
14			0				0	0			
15			0				0	0			
16			0				0	0			
17			0				0	0			
18			0				0	0			
19			0				0	0			
20			0				0	0			
21			0				0	0			
22			0				0	0			
23			0				0	0			
24			0				0	0			
25			0				0	0			
26			0				0	0			
27			0				0	0			
28			0				0	0			
29			0				0	0			
30			0				0	0			
31			0				0	0			
32			0				0	0			
33			0				0	0			
34			0				0	0			
35			0				0	0			
36			0				0	0			
37			0				0	0			
38			0				0	0			
39			0				0	0			
40			0				0	0			
41			0				0	0			
42			0				0	0			
43			0				0	0			
44			0				0	0			
45			0				0	0			
46			0				0	0			
47			0				0	0			
48			0				0	0			
49			0				0	0			
50			0				0	0			
<b>Total</b>	<b>403,230</b>	<b>315,525</b>	<b>718,805</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>718,805</b>	<b>0</b>	<b>0</b>	









