

**On-going Progress Update and Disbursement Request**

**GENERAL GRANT INFORMATION**

Country:	West Bank and Gaza Strip
Grant Number:	HIV/AIDS
Grant Number:	PSE-7MR-26RT-H
Principal Recipient:	UNDP/PAFAP
Program Start Date:	1-Dec-2008
Currency:	USD

**PROGRESS UPDATE PERIOD**

Progress Update - Reporting Period:	Cycle:	10
Progress Update - Period Covered:	Beginning Date:	1-Mar-2011
	End Date:	31-May-2011
Progress Update - Number:	Number:	10

**DISBURSEMENT REQUEST PERIOD**

Disbursement Request - Disbursement Period:	Cycle:	10
Disbursement Request - Period Covered:	Beginning Date:	1-Jun-2011
Disbursement Request - Number:	Number:	10
	End Date:	31-Aug-2011

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**

I. Program Objectives		Objective Description	
Objective No.	1	Strengthen community action to maintain low HIV prevalence particularly amongst populations most at risk and vulnerable	
	2	Reduce morbidity and mortality through improved access to treatment, care and psycho-social support to those infected and affected	
	3	Reinforce capacities, partnerships, coordination, monitoring and evaluation of the national response in line with the Three Ones	

**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			
Impact	% of young women and men aged 15-24 who are HIV infected	N/A	N/A	<1%	<1%	Normally, this indicator would be measured through a national sentinel surveillance system. However, Israel is not currently able to conduct a national level of the key low HIV prevalence and incidence. Case reporting takes place as part of the monthly health reporting system. This indicator is perceived not to be suitable for the GH context. There is no HIV+ case aged 15-24 years old currently alive in the GH.
Impact	% of adults and children with HIV still alive 12 months after initiation of antiretroviral therapy (extend to 2, 3, 5 years as program matures)	N/A	N/A	70%	100%	From the ART register and patient records, all patients on treatment since 12 months are still alive.  (Note: at the time of writing the present report (July 2011) there are currently 15 patients under ART (ten in the West Bank and five in Gaza). Among them, a mother and her child were diagnosed as HIV positive in Israel in May 2011. They were treated in Israel and are now being followed by the treating doctors in Gaza.)
Outcome	% of injecting drug users who have adopted behaviors that reduce transmission of HIV	N/A	N/A	5	Not available yet	The BSS survey was conducted in Year 2. The final report with the results is available for review and dissemination in Phase 2. The baseline data for the BSS survey in Phase 2 to measure the impact of the interventions, focusing on injecting Drug Users – MARRPinged group selected for the purpose of the BSS survey.
Outcome	% of adults and children who are still on treatment after 1 year from the initiation of treatment	N/A	N/A	80	100%	Same as above indicator.  From the ART register and patient records, all patients have been on treatment since 12 months and are still alive.  (Note: there are currently 15 patients under ART (ten in the West Bank and five in Gaza). Among them, a mother and her child were diagnosed as HIV positive in Israel in May 2011. They were treated in Israel and are now being followed by the treating doctors in Gaza.)
Outcome	% of people expressing accepting attitudes towards PLWHA, of all people surveyed aged 15-49	N/A	N/A	20	Not available yet	This indicator is linked to the KAPB survey exercise which started in Q6 (assessment of attitudes and practices of youth of age 14-24 years and general assessment for age group 25-49 years). The first draft of the report was finalized and dissemination workshop took place in March 2011. Comments were provided at the workshop and UNICEF promised to review the report (draft) (as confirmed by UNICEF). However, the latest draft (June data) is available upon request. Trips might be rescheduled once the operational research results are available. The KAPB survey will be repeated in Year 5 by UNFPA/UNICEF.

On-going Progress Update and Disbursement Request

Project Number	PAE292001H	Country	10
Project Update Reporting Period	01/01/2011 - 31/03/2011	Project Update Month	03
Project Update Month	15/03/2011	ED Code	31049-2011

Global VNs	Service Delivery Area	Indicator Description	Priority Target	Level	Baseline (if applicable)		Intended Targets to date	Actual Results to date	Reasons for performance deviation and any other comments
					Value	Year			
1	1.1. Prevention BCC - Mass Media	1.1.1. No of HIV/AIDS information, education, and (radio/television)	Yes	0	2	2007	168	294 (08 from Q4 + 20 Q6 + 18 Q7 + 180 Q7 + 19 Q9)	During Q10, one radio spot was produced in Gaza however the broadcasting was launched in June and will continue until the end of July 2011. The detailed achievements will be reported in Q11 progress report. The spot was designed to address HIV and AIDS stigma related issues, taking into consideration the Gaza context, and focuses on creating an environment free of stigma and discrimination while calling for informal and formal support mechanisms for people infected and affected by HIV. Furthermore, as confirmed by UNFPA, the funds for the broadcasting of spots were committed in Q10.
1	1.2. Prevention BCC - Community Outreach	1.2.1. No of MARR peer educators trained - IDU - Sex Workers - Youth - Women Peer Counselors	Yes	1	N/A	N/A	360	8 020 (1 233 UNFPA Q4 + 70 UNFPA Q4 + 31 MASA Q5 + 289 MASA Q5 + 72 Q6 + 74 UNFPA Q6 + 523 Q6 + 200 Q6 + 33 PRPPA + 22 MASA + 15 UNFPA + 08 844 UNFPA + 08 523 UNFPA + 370 PRPPA + 8 MEBHE UNFPA Q9 + 488 UNFPA Q10)	Through UNICEF's agreements with its SSRs, the following activities took place: 1. Through the agreement with PRPPA, 208 youth peer educators were trained in adolescents friendly spaces in the West Bank. The trainers were the peer educators trained in Q9. 2. Through the agreement with UNFPA, 288 youth peer educators were trained in the West Bank. UNFPA conducted no peer education trainings this quarter. Awareness raising sessions only took place and are reported under the action 'other achievements'.
1	1.3. Prevention Condom Distribution	1.3.1. No of condoms distributed to general population for free	Yes	3	0	2007	300 000	Out of the 300,000 condoms purchased with 2,400 extra condoms delivered as contingency, 80,000 were distributed in Gaza. In Q10, 222,400 condoms were delivered: 232,757 (~78% total distributed).	All condoms in the West Bank were distributed and details were reported previously.  In Gaza, a cumulative number of 52,757 condoms were distributed to beneficiaries up to Q10 and the number of beneficiaries who received condoms so far are 3,207 persons. About 15% of the received quantity remained at the MoH stores. Condom distribution for HIV/STI prevention is challenging as cultural barriers remain an obstacle. In order to improve condom distribution rate, it was agreed to start distributing the remaining quantities to the Gyne/Obs/Gyn at the private sector. Details about such distribution will be reported in the Q11 report.  However, despite the challenges described above, the UN/MOH/MHA Gaza succeeded to scale up in Q10, the distribution of condoms from NGOs and Governmental clinics to beneficiaries. The total number of condoms distributed to beneficiaries up to Q10 is 52,757 condoms. Thus, the percentage of distribution to beneficiaries reached 98% in comparison to 41% in Q9.  It is worth mentioning that data compilation is a very challenging and time consuming. Data reporting up to the distribution to beneficiaries has been requested by the PRQ and not only to service delivery facility. The present report includes such information.
1	1.4. Prevention Testing and Counseling	1.4.1. No of health and community workers trained for testing and counseling	Yes	1	N/A	N/A	250	488 (125 WHO Q5 + 284 WHO Q6 + 79 MHA Q7 + 25 MHA Q7 + 18 WHO Q10)	WHO conducted a training on advanced VCT for 18 health and community workers from MoH, NGOs working with MARRs, and the Ministry of Interior in Gaza. The final draft VCT policy is available and was shared with the Global Fund as part of the supporting documents for the previous quarter progress report (Q9).  However, an operational implementation strategy with regard to the distribution, management and utilization of services including the testing site is highly recommended. This issue was discussed with WHO and with the MoH/MHA, which agreed to finalize such operation plan by the end of Period 10, however no achievement was a visa this plan was reported at the end of May. Follow up is ongoing – progress will be reported in the Q11 report.  In June 2011, WHO and the MoH conducted a joint monitoring and evaluation workshop focusing on VCT services including the VCT reporting form to be used – details will be reported in Q11 – however, this training was considered an important milestone in the implementation of the newly adopted VCT strategy in the opt.  Finally, it is worth mentioning that until recently, the PR was still unable to access VCT data. The issue was raised officially with the MoH Chair/MH several times. At the time of writing the present report (July 2011), the PR had been able to conduct several on site spot inspection visits with the MoH looking specifically at the above mentioned challenges. Recommendations were made and a plan of action was developed. The PR will report on the progress of the implementation of any new strategy or programme is considered unpredictable. The MoH along with its partners is dedicated to the implementation and the monitoring of the VCT related activities.
1	1.4. Prevention Testing and Counseling	1.4.2. No of general population who receive HIV testing and counseling (including provision of the results)	Yes	3	N/A	N/A	2125	1 419 (809 Q7 + 211 Q8 + 999 Q10)	During the reporting period, 360 people were HIV tested in the West Bank according to MoH reports. The bridge to 1 419, the total number of people tested (using the VCT approach and the rapid tests) in less than a year of implementation, which achievement is a considerable step several implementation challenges and cultural barriers affecting the uptake of VCT services and the related demand.
1	1.5. Prevention STI Diagnosis and Treatment	1.5.1. No of health service providers trained in STI syndromic case management	Yes	1	N/A	N/A	1 940	2 077 (114 Q4 + 312 NAC, 70 UNFPA Q6 + 236 MoH Q7 + 209 MoH Q7 + 24 NAC Q10)	UNFPA conducted the following trainings on STI syndromic case management through its SSRs:  a) 80 health professionals from primary and secondary health care representing governmental facilities and NGOs (doctors, pharmacists and nurses) were trained through the MoH in Gaza. The training was the first of its kind in Gaza. The training was conducted in a workshop format with the MoH staff and involves an involved on site (b) 24 specialists (dermatologists and pediatricians) were trained in the West Bank through the MoH.
1	1.5. Prevention STI Diagnosis and Treatment	1.5.2. No of STI cases receiving diagnosis, treatment and counseling at health care facilities	No	3	N/A	N/A	84 000	102 286 (10 687 Q6 + 42 740 Q5 + 11 582 Q7 + 12 747 Q8 + 13 612 Q9 + 11 020 Q10)	A total number of 11 020 cases were diagnosed and treated in Q10, bringing a cumulative total of 102,286 cases diagnosed and treated.
1	1.6. Prevention BCC and Universal Precation	1.6.1. No of health workers trained in blood safety and universal precautions, basic training on HIV care and treatment	Yes	1	N/A	N/A	1 000	1 106 (150 UNFPA Q4 + 89 UNFPA Q4 + 23 MASA, 46 UNFPA Q5 + 124 WHO Q5 + 78 PRPPA Q5 + 33 WHO Q5 + 286 WHO Q6 + 50 WHO Q6 + 90 WHO Q6 + 75 NAC Q10 + 38 PRPPA Q10)	WHO did not conduct any training during the reporting period.  UNFPA conducted the following trainings on basic HIV information: 1. UNFPA trained 75 health workers from all districts in the West Bank. The training included a day on general information on HIV and AIDS, modes of transmission and prevention, and another day on general VCT. 2. PRPPA conducted two trainings on basic information on HIV and AIDS and stigma reduction for its medical staff in Gaza and in the West Bank. A total of 38 workers were trained.  Other achievements related to this indicator: Upon the endorsement of the national blood transfusion policy, a dissemination workshop took place in the West Bank. 43 participants from media, public figures, NGOs and MoH were present. A media campaign was conducted for this event.
2	2.1. Treatment (AVV) and Monitoring	2.1.1. No of teams trained in advanced HIV case and treatment at ART sites	Yes	1	N/A	N/A	100	108 (20 WHO Q6 + 2 WHO Q7 + 5 WHO Q9 + 81 WHO Q10)	WHO conducted a training on HIV care and treatment in Gaza for teams which included 19 doctors, nurses and pharmacists, as well as a training in the West Bank for teams of composed of 62 doctors, nurses, pharmacists, and lab technicians. The training was conducted by the doctors trained on advanced ART training in Belgium in 2010. Pre and post evaluations for the training were conducted and showed a significant increase in the participants' knowledge.

2	2.1. Treatment: Antiretroviral Treatment (ART) and Monitoring	2.1.2. No. of people with advanced HIV currently receiving anti-retroviral combination therapy	No	3	15	2007	40	15	<p>Up to Q10, a total of 15 PLWHA are currently stable in the cft and are all under ART (10 in WB and 5 in Gaza). Recently, a mother and her child were diagnosed as HIV positives in Israel (May 2011). They were treated in Israel and are now being followed by the treating doctors in Gaza.</p> <p>The PR is closely monitoring the ART stocks at the HIV and AIDS clinic on monthly basis. The needs for the new patients were factored in the latest ART forecast for the period of June-Dec 2011. Meanwhile, the new patients have received their treatment from the Israeli hospital.</p> <p>The PR is continuously following up closely with the director general of Public Health department trying to establish a systemic review and follow up that covers all aspects including psychosocial support. However, the access to all service delivery sites requires systematically prior permission by the Director General of Public Health Department (Chief of MAC), which restrains the PR from conducting frequent supervision visits.</p>
2	2.2. Care & Support: Home Based Care	2.2.1. No. of people living with HIV provided psycho social support PLUHV supported	No	3	0	2007	60	14	<p>According to the MoH, 14 patients out of the 15 PLWHA in WB and Gaza currently under ART treatment are provided with psychological support through the monthly visits. The child is excluded from receiving psychosocial support as she is still very young.</p> <p>Signed and stamped supporting documentation does not exist except from verbal and email confirmation. This relates to the rather sensitive context in Gaza and West Bank. It is worth mentioning that evidence from practice suggests that HIV patients are socially not accepted and any disclosure may cause further stigma and social punishment. Therefore the PLWHA are treated with strict confidentiality.</p> <p>Follow up was made by the PR to access patients' files (keeping confidentiality intact) or some form of tracked evidence: the MAC confirmed that only the treating doctor(s) is/are allowed to follow up their cases and who would provide psychological support and counseling as well as organize referrals should there be any need. In general, there is not a well structured psychosocial program for PLWHA in the light of the very small number of patients. - 14 - in the cft. Support is provided on an ad hoc basis based on the monthly assessment and visits performed by the treating doctors.</p>
3	3.1. Supportive Environment: Coordination and Partnership Development	3.1.1. No. of political community, religious leaders and police/men services attending sensitization workshops on HIV/AIDS and Stigma Reduction	Yes	1	30	2007	950	<p>2,507 (50 Q4 + 86 Q5 UNRWVA + 157 PARS Q5 + 97 UNRWVA Q5 + 27 MSH HEFD Q6 + 40 CBG members UNICEF - 21 UNDOC-Q6 + 128 UNFPA Q7 + 27 UNICEF Q7 + 78 UNDP Q7 + 1,045 UNICEF Q8 + 41 MAC Q8 + 20 UNICEF + 80 UNDP + 74 UNFPA Q10)</p>	<p>During Period 10, UNFPA in close collaboration with the MoH in Gaza, reached 74 religious leaders through sensitization workshops on HIV and AIDS stigma reduction.</p>
3	3.2. HSE: Information Systems Operational Research	3.2.1. No. of program partners trained in monitoring and evaluation	Yes	1	0	2007	60	79 (50 Q4 WHO + 29 Q5 WHO)	<p>No further formal training on MAE was undertaken in Period 10. An update with regard to Operational Research activities and MAE is provided as part of the MAE action plan updates and is enclosed to the present Q10 RUCR as part of the supporting document.</p>
3	3.4. Strengthening of Civil Society and Individual Building	3.4.1. No. of CSOs/NGOs providing HIV/AIDS prevention, treatment, care and support services according to national guidelines	No	2	N/A	N/A	40	20	<p>No additional sponsored CSOs are reported under this reporting period.</p> <p>The 20 organizations reported previously are: PARS, Juzor, Family Planning (FPFPA), Al Sadaq Al Tayeb and Al Isala Developmental Association, SMAA, Abdel Jabbar Women Center and 13 CBGs. It is worth mentioning that treatment services are only provided by the MoH (free of charge).</p> <p>Preparatory work to enhance NGOs' capacities and increase the number of service providers is taking place.</p> <p>1. As part of the Civil Society Enhancement Strategy on HIV, the mapping of Civil Society Organizations working on HIV and AIDS was conducted and revised twice based on the various comments received from the partners and the national authorities. The final draft is expected to be ready in August 2011 for national validation.</p> <p>2. Based on a call for proposals for capacity building of civil society organizations, UNDP awarded contracts to two NGOs: Al Madrasah Foundation in the West Bank and The Culture and Free Thought Forum in Gaza. The organizations will start implementation of activities in July/August 2011. Details will be reported in the next progress report (Q11). Finally, it is worth mentioning that UNDP advertised twice the call for proposals in the light of the small number of proposals received which met the eligibility criteria. A total number of 12 proposals was received, 11 were considered eligible (as per TORs and UNDP procedures and regulations), and 2 NGOs (as described above) were granted funding. The awarded contracts will be made available to the Global Fund in the next progress update.</p>

## On-going Progress Update and Disbursement Request

### PROGRESS UPDATE PERIOD

Grant number:	PSE-708-001-H		
Progress Update - Reporting Period:	Cycle:	Quarter:	Number:
Progress Update - Period Covered:	Beginning Date:	1-Mar-2011	End Date:
Progress Update - Number:	10		31-May-2011

### IV. Overall evaluation of performance

Over the last quarters, and confirmed in Q10, remarkable achievements were reached, demonstrating the high commitment to the HIV and AIDS response in the oPr by all stakeholders. Most of the planned activities were finalized and fully implemented according to plan and results exceeded the set targets for several indicators.

This comes despite the delay, by the Global Fund, in approving the no cost extension for Period 10 (as the decision with regard to Phase 2 funding had not been granted at the time) and despite the interruption of cash transfer from the Global Fund to the PR. In fact, some SRS could not complete all their planned activities and thus the programme was interrupted mid May 2011.

The delays that have occurred in approving the country's various requests to move forward with the implementation of the project have been a cause of frustration and concern in the oPr. Concerns were shared officially to the Global Fund through correspondences sent early June 2011. The correspondences were signed by all members of the UN Theme Group.

Delays have impeded progress, undermined commitment and stifled a level of financial risk onto the implementing agencies. Two recent examples are the delay in the approval of phase 2 of the grant, and in approving and funding the no cost extension.

1. The Phase 2 application was submitted, on time, on 15th November 2010 following a comprehensive review by all stakeholders. It incorporated adjustments of targets and costs which had been discussed during the joint UNDP HO/GFATM/LFA mission in May 2010, and which were fully explained and justified. It took the TRP six months to respond to the application. The response gave no indication that an in depth review had taken place that might have justified such a long delay. Some of the queries could have been answered by a more careful reading of the application. Delays of this order impact on implementation. Staff are in place and have to continue to be paid; decisions have to be made about replacement and recruitment; activities which had been planned may have to be postponed.

2. Another example of unreasonable delay relates to approval of the period 10 no cost extension. The country first enquired about the need for a (second) no cost extension covering the remaining Phase 1 activities for March-May 2011 in late January, to bridge the gap between Phase 1 and 2 while waiting for the TRP decision on our Phase 2 Request. The no cost extension was only formally approved in early April 2011, one month after the beginning of Period 10, leaving all implementers just six weeks to complete all remaining activities. The PR immediately alerted the GFATM to its cash needs for the approved period 10 activities and assumed that funds would be transferred within days. The PR made financial arrangements proceeding with partial disbursements to SRS while maintaining an amount at the PR level in order to operate and fund its approved Period 10 activities. There were numerous subsequent exchanges between the PR and GFATM to provide all the further information and justification required for the cash disbursement. However, on 24th May 2011, the GFATM stated that no further funds could be disbursed because the no cost extension agreement was about to expire (31st May 20). All new activities were requested to be suspended until the Phase 2 grant signature. This effectively amounted to a breach of contract on the part of the GFATM. If this had known that no further cash would be disbursed, different arrangements would have been made.

The PR confirms that all HIV-related activities (except for treatment) have been interrupted.

At the time of drafting this progress update, a revised Phase 2 budget had been finalized for Global Fund's consideration. Two major UN sub-recipients decided to pull out from the HIV programming in the oPr. Eight months after the submission of the Phase 2 request, the Phase 2 grant for HIV is still not available in the oPr. It is hoped that a final decision on ways forwards (phase 2 grant signing taking into consideration the oPr's context or final opt out) be reached as soon as possible.

### Other programmatic comments:

As communicated various times, the targets related to two indicators (PLWHA under ARV treatment and PLWHA receiving psychosocial support) were largely inflated in the initial Proposal submitted to the Global Fund in 2007 (the phase 1 targets for patients under treatment was 40 while the target for PLWHA receiving psychosocial support was 60 – meaning that it will simply be impossible to reach the Proposal targets. The Phase 2 proposed targets were therefore readjusted to better reflect latest data available from operational research studies and the national sentinel surveillance.

\* Number of PLWHA receiving psychosocial support: same as above comment - the target was set too high at the time of proposal writing in 2007 (target: 60) – there are only 15 HIV+ currently living in the oPr as per latest HIV statistics provided by the MoH in May 2011.

\* As reported under the indicator section, 15 patients were under treatment up to Period 10. The CD4 machines are now fully functional both in West Bank and Gaza and clinical follow of all HIV+ in the oPr (reported cases=15) is being performed every 3 months.

Concerning the indicator on condom distribution, although not fully met, there is a significant increase in the achievements (76% rate). Various reasons have influenced the distribution of condoms in Gaza – as stated previously – however the partners are accelerating the efforts. It is worth considering that Gaza remains a rather culturally and politically a sensitive context. UNDP conducted several supervision visits to the clinics and monitored closely the distribution and stocks available at each center.

At the time of the consolidation of the Q10 PUDR 10, the PR still notices a lot of resistance from a couple of SRS/SSRs regarding reporting requirements. The PR recognizes the efforts invested by some SRS and their compliance with requirements. However, the PR highlights as well the continued challenges encountered with others even after ten quarters of implementation. There remains no improvement in the quality of reporting, closer supervision on SRS activities is needed, and neither evaluations nor materials are provided for certain trainings. The PR has sometimes less or no control over many of the activities and supervision remains a subject to the invitations received from SRS for the events taking place. This can also be attributed to the design of the current contracting arrangements between the SRS and SSRs (following the National Execution Modality). The PR does not have the mandate to ask for prior clearance of the internal planning taking place between the SRS and SSRs. Thus, reviews are limited most of the times to post-reviews and informal feedback mechanisms.

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

1. The PR was granted a no cost extension that covers the Period 10 of the programme (March-May 2011). All amendments to SRS agreements are attached to this PUDR. It is worth mentioning that the main consequence in delaying the approval of the Period 10 NCE, the PR did not receive any further funds during Period 10 to implement the approved P10 activities. This decision by the Global Fund, affected the implementation of all SRS activities. All activities were interrupted on the 20th May 2011, upon request by the Global Fund.

2. As part of the NCE for period 10, WHO was granted the approval of a 50% project coordinator in Gaza. This ensures implementation in Gaza, and therefore geographical equity.

3. At the time of drafting this report, the PR was notified by UNODC that supporting financial documents will no longer be provided, except for those provided by UNODC HQ on an annual basis. This is the second SR (with UNFPA) applying strict census the UN sister agreement on verification of financial accounts. The level of verification by the PR remains limited (financially at least).

4. The monitoring and evaluation officer within the PR team resigned in July 2011. The PR re-advertised this position. The post is expected to be filled around Sept/Oct 2011. In the meantime, UNDP is requesting the Global Fund to consider the funding of a national UN volunteer to help support the PR team for a duration of 6 months. The associated costs are marginal (800 dollars maximum per month).

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

Other programme achievements:

- A) Through the UNFPA's agreements with its SSRs, the following activities took place in Q10:
1. The Communication strategy, developed by the end of last year, was presented and discussed again with the participation of all UN sister agencies and national partners. Comments were provided to the HEPD which is now in its finalization stage. The document will be printed and disseminated to agencies and institutions working in the field of HIV/AIDS. This strategy will serve as the essence for developing action plans on communication and awareness around HIV and AIDS.
  2. Awareness raising sessions for labourers and prisoners took place in Q10. 18 workers were reached in Nablus district by DMJIT Nablus, and 250 detainees at Nablus males prison were educated and reached by the MoH/Nablus district.
  3. Through UNRWA, 280 youth attended sensitization workshops on stigma reduction. One of the workshops included a role play with a person living with HIV and AIDS, which was attended by the PR and the LRA, and proved to have had a strong impact on the youth attending the session.
  4. PMRS reached 100 youth through sensitization workshops on stigma reduction.
  5. A strategy on stigma reduction was prepared during Phase 1 and comments were provided by all partners. However, UNFPA through PMRS, was not able to finalize this strategy due to lack of funds during Period 10.
- B) Under WHO work plan, the following other achievements were conducted:
1. A workshop took place on monitoring and evaluation for counseling and testing in the West Bank. The main aim of the workshop was to develop and train medical doctors on VCT monitoring forms. 14 medical doctors attended.
  2. Two doctors from West Bank and Gaza attended a clinical training on HIV management for 2 weeks in Morocco.
  3. The international WHO medical officer arrived early May 2011 for a duration of 6 to 8 months.

C) Through UNODC:

1. A dissemination meeting was held to share the main results of the drug use and HIV assessment undertaken by Al Quds University in prison settings and the Arab World for Research and Development among drug users on 3 March 2011. Participants included members from the National AIDS Committee, the Anti Narcotics General Administration, the Military Medical Services, NSCS, the Palestinian Central Bureau of Statistics, the National High Committee for the Prevention of Drugs and Psychotropic Substances and the UN Theme Group. Comments provided allowed for the finalization of the two research reports, which final drafts were made available to the PR in June 2011.
  2. UNODC health consumables were delivered on 1st of June 2011. UNODC already distributed the needed quantities to their partners in the West Bank and Gaza.
  3. UNODC finalized the response analysis and the National Strategy on HIV prevention and care among drug users and in prison settings. The Strategy was shared with the UN Theme Group on HIV and inputs were received including from UNDP. To ensure national endorsement by the Palestinian Authority, the National Strategy was translated to Arabic from non-GFATM funding.
  4. Through the community outreach undertaken by Sarc AMAN in Gaza the following indicators were reached:
    - 209 drug users were reached with harm reduction services. This figure includes: 32 current injecting drug users, 56 former drug injectors, the rest (121) are heavy addicts to non-injection drugs.
    - Number of family members directly outreached: 390 of related family members (mainly spouses, brothers, parents) was also included in the counseling. They were educated about the drugs and about HIV/AIDS.
    - The awareness activities and IEC distributed about 720 HIV brochures (developed by UNODC/ROMENA).
    - Distributed condoms 2,800 condoms were distributed (usually 15 condoms for each drug user that requested or agreed to use it).
    - Distributed syringes and needles 250 syringes and needles for 27 injecting drug users. Proper instruction on safe injection was always provided.
    - Cases referred for laboratory screening (HIV, Hepatitis) have arranged for a 22 persons (10 injectors and 12 non-injectors) to be referred for HIV/HCV/HBV testing after counseling. Among the 22 cases only 2 cases (current injectors) were positive for Hepatitis C, and no HIV cases.
    - 5. Through the community outreach undertaken by Al Maqdesse NGO, 255 drug users were reached with harm reduction services of which 175 were injecting drug users, 1,500 sterile needles and 1,100 condoms were distributed to drug users.
  - D) UNDP finalized a training module on Results-Based Management "From Theory to Practice" taking the HIV and AIDS and TB Global Fund programme as a case study to increase visibility of the GFATM practices at UNDP. The presentations cover all operational aspects that shed lights on local and global lessons learned. The topics covered under the training include governance system, management, implementation arrangements and structure, performance framework, Monitoring and evaluation, finance, procurement and supply.
- The PR has drafted a standard operating procedures manual for the PMU. The manual details all operational and managerial tasks undertaken by all team members. This will ensure institutional memory and best practices in the overall of the management of the Global Fund programming in the oPt.
- UNDP managed to mobilize additional resources for further work on the "Legal Framework on HIV and AIDS and Other Sexually Transmitted Diseases in the occupied Palestinian territory (Gaza)" for amount of \$75,000. The proposal is funded through BDP and is to be implemented by the end of 2012.
- The PR prepared a training concept note on HIV and AIDS programme M&E issues and submitted to the chair of NAC during Q8 for review and endorsement. Preparations for this training was interrupted in the light of the uncertainty around Phase 2 funding. Should a Phase 2 grant agreement be signed, the training specific objectives will cover the following:
- I. Reach a common understanding of what an M&E plan & understand the elements of a good M&E system;
  - II. Presentation of the reporting and recording tools revised or developed through the WHO;
  - III. Develop skills and knowledge in knowing the operational procedures for a good implementation of these reporting tools, data management and analysis and linkage with national indicators.
- In addition, the PR finalized a concept note and ToRs with the UNADS regional office with the overall goal of enhancing the MoH monitoring and planning capacity. The possible specific objectives will be covered:
- I. Revise the national HIV and AIDS strategy in light of the operational research results and a detailed costed action plan, National M&E plan (mapping the next steps to achieve such goal)
  - II. Present the results of the data synthesis exercises from the different operational researches
  - III. Pilot testing of the newly developed training modules on HIV and AIDS monitoring and evaluation
- IV. Provide training and discussion on the UNGASS indicators in relation to the National set of indicators identified as suitable for the country and in line with the national strategy requirements
- A proposed support mission by UNAIDS covering the aspects above is scheduled for 2011, initially scheduled for June 2011, the mission was postponed for September 2011.
- Finally, UNP, through Global Fund funding, contributed to the First National Conference on Youth which took place in December 2011 (but expenditure reported again Period 10) covering a broad range of issues including risk behaviors, affecting Youth in Palestine.

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

Conditions Precedent and/or special conditions	Fulfilled? (Yes/No)	PR Comments
First Disbursement: PR to deliver a statement confirming bank account	Yes	Submitted to the GFATM within the initial face sheet of Grant Agreement.
First Disbursement: PR to submit a letter confirming the authorized representative of the PR	Yes	Submitted to the GFATM during Phase 1 grant negotiation.
Second Disbursement: PR to provide evidence of conducting the M&E workshop including all stakeholders	Yes	UNDP/PAPP conducted the MESS1 workshop on 8-11 February 2010 both in the West Bank and Gaza. 60 people attended the workshops.
Second Disbursement: PR to provide a revised plan for the M&E of the program including results and recommendations	Yes	The M&E plan was submitted and approved by the GFATM in 2010.
Second Disbursement: PR to submit a revised program budget, if applicable after finalizing M&E and PSM Plans	Yes	The GFATM Secretariat approved the revised budget in January 2010 following the approval of the PSM Plan. A second revised budget was approved in December 2010 including the period 9 budget and targets corresponding to the no cost extension. Finally, a third revised budget including the second no cost extension was approved in April 2011 covering Period 10 (March - May 2011).
Procurement of Health Products: Disbursement to be requested upon submission of PSM Plan by the PR and the receipt of GFs written approval on the PSM Plan	Yes	The PSM Plan was approved by the GFATM Secretariat in November 2009.
The PR should have, by 31 Dec 08, recruited a Program Manager, a Finance Analyst and an M&E Officer	Yes	UNDP, in its quality of Principal Recipient and overall responsible for coordination and management of the GFATM funded activities, set up a programme management unit which comprises of: a Programme Manager (recruited in December 2008), a Programme Associate (confirmed on full time basis in October 2009), a Monitoring and Evaluation officer (who resigned in July 2011 and its position was re-advertised), a Gaza Project Coordinator (on board in Q4), the financial and administration officer (on board in Q5) and the supply chain and liaison officer (on board in Q6). The updated management structure is attached to the present report.
Grants Disbursement to NGOs: Only upon assessment of the NGO by PR and/or SR, and selection process is transparent and documented	In Progress	UNDP finalized the evaluation of the proposals received as part of the call for proposals to provide capacity building grants to CSOs. Two organizations were selected among 12 proposals – one in the West Bank and one in Gaza. The agreement terms were negotiated significantly with the NGOs in order to ensure quality activities and a system of monitoring in place. Thus, the first disbursement will be transferred in July/August 2011.
PR and MAC should prepare a plan to define the modalities of their working relationship (including periodic communication and minuted meetings)	Yes	A letter of Exchange was signed between UNDP, UNFPA acting as the UN Theme Group Chair and the MAC and UNDP (shared in previous progress update). The MoU describing further the partnership modalities between the PR and the MAC/MoH was finalized as planned.

## On-going Progress Update and Disbursement Request

### PROGRESS UPDATE PERIOD

Grant Number:	PSF-708-2011-4	Quarter:	10
Progress Update - Reporting Period:	Cycle: 1-Mar-2011	Number:	31-May-2011
Progress Update - Period Covered:	Beginning Date: 10	End Date:	
Progress Update - Number:	10		

### C. PROGRAM EXPENDITURES

All amounts are in: USD	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>	<b>911,600.89</b>	<b>366,363.61</b>	<b>555,436.98</b>		<b>5,014,330.00</b>	<b>4,637,363.81</b>	<b>376,966.19</b>	
1a. PRs total expenditures	500,993.13	156,374.11	344,609.02	The difference relates to the CSO's grants which funds were not transferred yet as well as the mapping study's last payment, PSM workshop, car related costs, savings on the health consumables, and generated overheads savings.	2,129,742.32	1,823,413.00	306,329.32	Please refer to the previous comment on the PR total expenditures.
1b. Disbursements to sub-recipients	410,817.46	199,989.50	210,827.96	Partial disbursements only to SRs were transferred due to the late approval of the second NCE and due to the lack of available cash at the PR level. The Global Fund did not proceed with any further disbursement which would have allowed to cover for the budget approved for the Period 10. No cost extension. The PR was instructed on the 20th May 2011 to interrupt all activities and that no further transfer from the Global Fund would be processed.	2,884,587.68	2,813,950.81	70,636.87	The reason for the variance can be explained by the delays with the implementation due to the lack of cash, especially during the two NCE periods.
<b>2. Health product expenditures vs. budget (already included in Total actual figures above)</b>	<b>47,434.00</b>	<b>28,627.90</b>	<b>18,806.10</b>		<b>663,991.03</b>	<b>645,234.68</b>	<b>18,356.38</b>	
2a. Pharmaceuticals	17,434.00	13,666.61	3,567.39	Emergency procurement of Darunavir. The expenditure includes the PSM costs for all the procurement lines.	87,001.02	83,643.27	3,357.75	Savings were generated on the ARVs budget lines for this quarter. However, another payment shall take place in Q11, knowing that the order took place in Q10.
2b. Health products, commodities and equipment	30,000.00	14,761.29	15,238.71	The difference relates to the savings generated in the health consumables line.	476,990.01	461,591.41	14,998.60	The difference relates to the difference in the health equipment which was less than the originally budgeted. However the PSM costs were high which is not included here.

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:

Yes
Yes

# On-going Progress Update and Disbursement Request

## GENERAL GRANT INFORMATION

Country:	West Bank and Gaza Strip
Disease:	HIV/AIDS
Grant number:	PSE-708-G01-H
Principal Recipient:	UNDP/PAPP
Program Start Date:	1-Dec-2008
Currency:	USD

## PROGRESS UPDATE PERIOD

Progress Update - Reporting Period:	Cycle:	Quarter	Number:
Progress Update - Period Covered:	Beginning Date:	1-Mar-2011	End Date:
Progress Update - Number:	10		31-May-2011

## DISBURSEMENT REQUEST PERIOD

Progress Update - Reporting Period:	Cycle:	Quarter	Number:
Progress Update - Period Covered:	Beginning Date:	1-Jun-2011	End Date:
Progress Update - Number:	10		31-Aug-2011

## 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: USD): 0.00
2. Amount requested in words (in: USD): \_\_\_\_\_

### 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)



Name: Frode Mauring

Title: Special Representative of the Administrator - UNDP/PAPP

Date and Place: Jerusalem, on Monday 18 July 2011

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.):



# Expenditure Report

## Etat de dépenses

Country / Pays:	West Bank and Gaza Strip
Grant number / Numéro du Grant	PSE-708-G01-H
Principal Recipient / Récipiendaire Principal:	UNDP/PAPP
Currency / Monnaie:	USD

A - MANAGEMENT RATIOS		Current Reporting Period	Cumulative Reporting Period
		1-Mar-11 31-May-11	1-Dec-08 31-May-11
Cash received from the Global Fund		0	4,634,852
Budget		911,801	5,014,330
Expenditures		422,785	4,598,680
<b>BUDGET EXECUTION RATIO (expenditures vs. budget)</b>		<b>46%</b>	<b>92%</b>
<b>EXPENDITURE RATIO (expenditures vs. cash received)</b>		<b>#DIV/0!</b>	<b>99%</b>

B - BREAKDOWN by EXPENDITURE CATEGORY		Current Reporting Period			CUMULATIVE REPORTING PERIOD		
Category		Budget	Expenditures	Variance	Budget	Expenditures	Variance
		1-Mar-11 31-May-11	1-Dec-08 31-May-11		1-Dec-08 31-May-11		
1	Human resources (PR)	112,000	92,249	52,395	511,716	676,582	-15,089
	Human resources (SRS)	128,919	96,275		747,106	597,329	
2	Technical Assistance (PR)	83,861	0	96,523	46,186	15,286	89,649
	Technical Assistance (SRS)	22,400	9,738		329,750	271,001	
3	Training (PR)	21,000	11,254	25,795	54,000	47,421	-90,615
	Training (SRS)	39,898	23,848		462,920	560,114	
4	Health Products and Health Equipment (PR)	30,000	14,761	15,239	464,090	451,191	14,999
	Health Products and Health Equipment (SRS)	0	0		12,500	10,400	
5	Medecines and Pharmaceutical Products (PR)	8,000	5,734	2,266	70,520	68,254	2,266
	Medecines and Pharmaceutical Products (SRS)	0	0		0	0	
6	Procurement and Supply Management Costs (PR)	9,434	8,133	1,301	16,481	15,389	1,092
	Procurement and Supply Management Costs (SRS)	0	0		0	0	
7	Infrastructure and Other Equipment (PR)	35,300	1,668	23,363	200,394	192,865	40,974
	Infrastructure and Other Equipment (SRS)	0	10,269		70,036	36,592	
8	Communication Material (PR)	37,800	1,205	22,992	125,000	11,365	19,222
	Communication Material (SRS)	0	13,603		137,561	231,974	
9	Monitoring and Evaluation (PR)		0	28,503	0	0	33,519
	Monitoring and Evaluation (SRS)	37,606	9,103		372,213	338,693	
10	Living Support to Clients' Target Population (PR)	0	0	-38,100	0	0	-38,100
	Living Support to Clients' Target Population (SRS)	0	38,100		19,628	57,728	
11	Planning and Administration (PR)	24,732	6,920	-2,974	190,352	60,150	8,063
	Planning and Administration (SRS)	0	20,786		98,098	220,237	
12	Overheads (PR)	38,857	14,450	23,865	351,003	284,910	99,457
	Overheads (SRS)	20,202	20,743		249,836	216,471	
13	Other (PR)	100,000	0	237,848	100,000	0	250,213
	Other (SRS)	161,793	23,946		384,941	234,728	
	<b>Sub-TOTAL PR</b>	<b>500,983</b>	<b>156,374</b>	<b>489,016</b>	<b>2,129,742</b>	<b>1,823,413</b>	<b>415,650</b>
	<b>Sub-TOTAL SRS'</b>	<b>410,817</b>	<b>266,411</b>	<b>489,016</b>	<b>2,884,588</b>	<b>2,775,267</b>	<b>415,650</b>
	<b>TOTAL PR + SRS</b>	<b>911,801</b>	<b>422,785</b>	<b>489,016</b>	<b>5,014,330</b>	<b>4,598,680</b>	<b>415,650</b>











