

On-going Progress Update and Disbursement Request

Instructions to the Principal Recipient for completing the On-going Progress Update and Disbursement Request

Progress Update

The *Progress Update* part of this form requires the Principal Recipient (PR) to provide:

- Past expenditure and programmatic performance information for the reporting period just ended
- An update on the progress made towards satisfaction of the conditions precedent (if any) set forth in Annex A to the Grant Agreement applicable to the period covered by the *Progress Update*
- A detailed Statement of Sources and Uses of Funds (Cash Flow Statement) for the reporting period just ended

For the Statement of Sources and Uses of Funds, the PR may use its own usual format and expenditure line items as derived from its budgeting and accounting records. The Global Fund does not prescribe specific expenditure line items, but prefers that the PR's reporting format is activity-based, in conformity with the proposal's objectives and service delivery areas. The PR is expected to clearly show actual expenditures as compared to budget for both its own expenditures as well as for disbursements to sub-recipients. The Statement of Sources and Uses of Funds should support the information disclosed in this form in Section 1.C (Program Expenditures) and Section 2.A (Cash Reconciliation for Period Covered by Progress Update).

Disbursement Request

The *Disbursement Request* part of this form requires the PR to state the cash requirement for meeting on-going program expenditures. The disbursement requested from the Global Fund normally covers the PR's cash requirements for one reporting period, plus one additional quarter as a cash buffer, to ensure the PR has adequate cash on hand for program expenses at all times. The period covered by the *Disbursement Request* is the period that immediately follows the Reporting Period covered by the *Progress Update* (as explained above).

Upon completion, this form should be submitted (with supporting documentation) to the Local Fund Agent and copied to the Global Fund.

On-going Progress Update and Disbursement Request

GENERAL GRANT INFORMATION

Country:	West Bank and Gaza Strip
Grant Number:	HIV/AIDS
Principal Recipient:	PRF/08-G01-H
Program Start Date:	UNDP/ARPP
Currency:	1-Oct-2008
	USD

PROGRESS UPDATE PERIOD

Progress Update - Reporting Period:	Cycle:	Quarter:	Number:
Progress Update - Period Covered:	Beginning Date:	1-Jan-2010	End Date:
Progress Update - Number:	5		31-Mar-2010

DISBURSEMENT REQUEST PERIOD

Disbursement Request - Disbursement Period:	Cycle:	Quarter:	Number:
Disbursement Request - Period Covered:	Beginning Date:	1-Apr-2010	End Date:
Disbursement Request - Number:	5		30-Jun-2010

TERMS AND ACRONYMS 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
Select		
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			
Impact	% of young women and men aged 15-24 who are HIV infected	N/A	N/A	<1%	N/A for Y1	Intended targets refer to the 2nd year only. Evaluations to take place at the end of Y2 (this applies to all the impact and outcome indicators). BSS+ are conducted every three years. WHO will be organizing and conducting the survey in the 5th, 6th and 7th quarters. Training on BSS took place in Q4 and Q5 for Gaza and West Bank, involving all SRs.
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%	The Global Fund sponsored programme provided treatment in 2009 for 11 patients only - which is the official number of HIV+ patients in need for treatment. All of them are alive at the year 2009.
Outcome	% of injecting drug users who have adopted behaviors that reduce transmission of HIV	N/A	N/A	5	N/A for Y1	UNODC-led behavioral survey scheduled in year 2. Details were finalized for a harmonized approach with the BSS exercise led by WHO. The BSS will include IDUs as target group while UNODC will lead on informative research on IDUs as well as in prison settings.
Outcome	% of adults and children who are still on treatment after 1 year from the initiation of treatment	N/A	N/A	80	N/A for Y1	All patients (11) which received treatment in 2008 are still on treatment at the end of Year 2009. Current statistics show cumulative 4 cases among children below 18 years old. This indicator may not be very relevant to assess the performance of the Grant. On a related note: a KAPB survey is planned under activity 3.2 (led by UNICEF) to assess the attitudes and practices of youth from ages 14-24 years. UNICEF agreed to undertake a light KAPB survey for age group 24-49 years. KAPB to start in Q6.
Outcome	% of people expressing accepting attitudes towards PLWHA, of all people surveyed aged 15-49	N/A	N/A	20	N/A for Y1	This indicator is linked to the KAPB survey exercise to start in Q6.
Select						
Select						

Note: Operational research will be carried targeting injecting drug users (UNODC led), Sex Workers/women under sexual exploitation (UNIFEM led), Youth and children-KAPB survey (UNICEF led). Additionally, a BSS+ (WHO led) is planned, a vulnerability assessment (UNFPA led) as well as a behavioral survey in prisons. This will help in mapping risks and vulnerabilities as well as improve national surveillance systems. An Operational Research working group was established to harmonize and align all the research and assessment related activities. Details of all proposed research activities were discussed among all SRs, SSRs and PR and were validated by the NAC. All SRs provided their proposals and funds were partially disbursed in Q5 to start undertaking the research activities. The operational research budget represents 10% of the overall budget, hence the need in harmonizing all methodologies to avoid duplication and allow for efficiency gains. The minutes of the Operational Research working group meeting are available upon request.

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD	1-15-2010 to 31-12-2010
Grant Number	FSR/05/2010/1
Reporting Period	1-15-2010 to 31-12-2010
Contract Number	5
Progress Update - Period Covered	1-15-2010 to 31-12-2010
Progress Update - Number	5

Objective No.	Service Delivery Area	Indicator Description	Directly Tracked?	Level	Baseline Value (if applicable)	Year	Intended Targets to date	Actual Results to date	Reasons for programmatic deviation and any other comments
1	1.1. Prevention: BCC - Mass Media	1.1.1. No of HIV/AIDS information, education, and communication programs broadcasted (Radio/Television)	Yes	0	2	2007	80	60 from Q4	UNFPA, as PR, took note of the decision by the LFAGFATM to remove from the Q4 achievements all broadcasted interviews as part of the "broadcasted program", as decided by the LFAGFATM was shared to UNDP and excludes interviews. However, UNDP, on behalf of all partners, called for the "informal recognition" of such large scale communication efforts (first time in the Q4), as considered key milestones for HIV advocacy and awareness raising throughout the communities in the oPt. After Global Fund mission in May 2010, the GFATM/LFA agreed to take into consideration some shows broadcasted in Q4 during a period of several days in December 2010. Supporting documents are available. With regard to additional planned broadcasted shows: UNFPA has launched, in Q4, the writing process in relation to the TV and radio spots that should have taken place in Q5. However, the quality of the scenarios received was not acceptable and needed to be all reviewed in Q5. UNFPA confirmed that the shows will be broadcasted in Q5. Contextual information - media related achievements in Q5 - which will serve the broadcasting strategy in Q6: a. TV programs trained through UNFPA's agreement with UNRWA b. UNFPA's agreement with UNRWA MCH on using HIV related messaging for the oPt c. Interviews conducted by the UNRWA Public and Social Affairs Department for a TV station on HIV and AIDS prevention d. Writing process launched by UNFPA with regard to the theatrical show on HIV/AIDS.
1	1.2. Prevention: BCC - Community Outreach	1.2.1. No of MARP peer educators trained - IDU - Sex Workers - Youth - Women Peer Counsellors	Yes	1	N/A	N/A	40	2,495 (2,123) UNFPA Q4	General Note from the SRs on peer education: The information has been shared by youth to youth despite the lack of formal outreach plans usually finalized in peer education programming. At any time, youth can disseminate their newly acquired knowledge to their peers in the community. The training sessions called out in Q4 has proved to be effective and encouraging for youth to disseminate HIV-related information to others. The classical form of peer education programming may not be relevant in the oPt context. The information collected in the field, through feedback mechanisms by the trainees themselves, demonstrates that the HIV related messages which emerged from the past training events (reported in Q4) were effective and that the trained target groups are disseminating HIV related messages. UNDP, on behalf of all SRs, called for a discussion with the LFAGFATM, on peer education programming in the oPt to reach a common understanding based on the oPt context. Such discussion took place during the Global Fund mission with the LFA - the M&E plan, approved by GFATM in May 2010, does have a "looser" definition of peer education programming - therefore, it was agreed that the M&E approved operational definition of the peer education indicator will be used. Given the country social context and operational challenges, M&E groups at this stage (until operational research is finally completed), the plan was to focus on Youth groups for non-formal peer education programming. The messages sent or provided were endorsed by the MOH/M&A, as well as by the Youth. With regard to actual achievements for Q5: -As SSR to UNFPA, 3 MOSA (Ministry of Social Affairs) social workers have conducted peer education sessions on HIV and STIs related topics (refer to the plan attached). Furthermore, MoSA awareness programs have reached 299 youth attending the rehabilitation and vocational training centers. It is confirmed that the trained youth peers are disseminating the newly acquired HIV information among their peers. Other MARPs (IDUs and sex workers) are more difficult to reach at this stage in the oPt as underground issues. The operational research on sex workers and IDUs has started in Q6 and will provide further information and evidence which will inform future programming targeting such most at risk populations. Preparatory work in Q5 for actual achievements for Q6: - UNFPA confirms that peer education training (targeting women's groups) will take place in as part of a larger scale women's empowerment programme. - UNFPA has started the preparations for a ToT to be carried out in Q6 on the management of community outreach teams working with drug users. 6 participants from various NGOs in the oPt (Al Saadiq Al Tash, Al Tahara wal Nour, Friends of Life, Caritas Jerusalem, and al Meqdey NGO) will be trained. Furthermore, UNODC has consulted a consultant to draft Peer education manuals and IEC materials to be used in the community outreach among drug users in the Palestinian territory this year.
1	1.3. Prevention: Condom Distribution	1.3.1. No of condoms distributed to general population for free	Yes	3	0	2007	150,000	0	UNFPA has ordered 300,000 condoms that were received in April 2010 (to be reported in Q5 then). The broad outline of the distribution plan was discussed between the UNDP team and UNFPA team and validated by the MoH. As a result, a draft distribution plan is available outlining key roles and responsibilities, the flow of distribution, the target groups, the number and location of distribution outlets, resources needed...etc. This plan is currently being finalized (focusing further consultations with the MoH). Condom request form and tracking tools were drafted by UNDP in support to UNFPA and the MoH, which shall be disseminated to all SR, SSRs, MoH, NGOs and private service providers involved in GFATM programming, focusing as follows: - High risk target groups e.g. STIs, IDUs, Sex workers, VCT clients, etc. - All the above described efforts complement and are in line with the national condom strategy validated by the MAC in May 2010.
1	1.4. Prevention: Testing and Counseling	1.4.1. No of health and community workers trained for counseling and testing	Yes	1	N/A	N/A	70	125 WHO Q5	Under the leadership of WHO in close collaboration with UNFPA, the final validation of HIV testing protocols is scheduled for Q6. WHO was able to identify, finally, a consultant able to travel to Israel/oPt to undertake the training and to finalize the national protocols. Such work is scheduled for June 2010 and shall be reported in Q6. WHO conducted a training on HIV counseling for 125 health workers. The trained health workers will disseminate the newly acquired HIV counseling skills with their peers at the district level. Such training will continue during Q5 as well. Furthermore, all lab technicians who were trained on counseling are already trained on the use of the rapid test kits shall take place in Q6 and Q7. UNDP confirms the purchase of all HIV test kits - to be delivered in April/May 2010. At the time of drafting the present report, UNDP confirms the delivery of all rapid tests to the Central Laboratory in Ramallah - to be reported officially in Q6.
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	550	0 for field indicator or national result: 14,898*	UNDP, on behalf of WHO and the MoH, has requested the GFATM to consider un-tying this indicator, which request was positively received recently. However, during the GFATM mission that took place at the time of drafting the Q5 report, the Fund Portfolio Manager committed to liaise with the GFATM M&E department in order to advise on the basis of reporting for this indicator. Accordingly, the PR shall work with WHO and the MoH on setting national targets which will be part of the formal request to be sent to GFATM. In this light, future VCT reporting will include GFATM and non GFATM funded VCT activities. *The Ministry of Health has been carrying out VCT activities for the last couple of years. The MoH has reported 662 people newly tested in Q5 and a cumulative of 14,898 through their test kits. Thanks to the Global Fund supported activities and the technical assistance which enabled the MoH to undertake such services. However, this result is not reported officially in the present report to GFATM but will be considered as an informal result until the "united request" is officially approved by GFATM.
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	1087.5	516 (114 Q4 + 312 NAC, 20 MOH, 20 PMRS Q5)	UNDP confirms that several workshops took place in Q5 through UNFPA SSRs: a. Through the NAC, four workshops were conducted for 312 health service providers (gynecologists, dermatologists and Socially transmitted diseases specialists) from NGOs and the private sector and that took place in Nablus and Bethlehem. b. The MoH has conducted two workshops for 70 specialists (registered nurses, GPs, dentists and pharmacists) on STI management and reporting. c. PMRS conducted a ToT for 20 doctors at PMRS which included STI management and HIV and AIDS topics.
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	40,000	42,740	The MoH reported 10,244 newly diagnosed and treated cases in Q5 accounting for a cumulative total of 42,740 cases. The national report is attached to the Q5 PUDR.
1	1.6. Prevention: Blood Safety and Universal Precaution	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	750	405 (150 (DMD Ts) Q4 + 60 UNRWA Q4 + 23 MOSA, 46 UNRWA Q5 + 126 WHO Q5)	WHO and UNFPA have agreed to collaborate together in achieving this activity and therefore, UNFPA will support WHO in preparing the IEC materials to be used for the "universal precautions and basic knowledge on HIV and AIDS" training. 1. Blood safety and Universal Precautions training were split into two trainings in Gaza and Ramallah. WHO conducted training on Universal Precautions for 126 health care workers (clinicians, nurses and lab technicians). The training was partially done in Q5 at the central level as ToT and shall continue on the district level. A consultant was identified however his contract was terminated due to unsatisfactory performance. Therefore, WHO is currently looking for alternatives to conduct the blood safety related training. 2. In Q5, through UNFPA and MoSA agreement, 23 MoSA social workers and middle management employees received training on basic HIV knowledge. Furthermore, UNRWA as SSR to UNFPA has trained 46 dentists and nurses on basic HIV care and treatment.

2	2.1. Treatment: Antiretroviral Treatment (ARV) and Monitoring	2.1.1. No. of teams trained in advanced HIV care and treatment at ART sites	Yes	1	N/A	N/A	20	0	Under the leadership of WHO in close collaboration with MoH - WHO prepared and shared with the MoH for approval the updated national ART guidelines. The approval was received in May 2010 and shall be reported in Q6. ARV related training is scheduled for Q6.
2	2.1. Treatment: Antiretroviral Treatment (ARV) and Monitoring	2.1.2. No. of people with advanced HIV currently receiving anti-retroviral combination therapy	No	3	15	2007	25	11	This number refers to patients in the West Bank only since there are 5 reported HIV+ patients in Gaza who are not receiving ARV treatment for the time being. However, UNDP confirms that those patients are closely monitored by their treatment providers. Once the CD4 machine is sent to Gaza (expected late Q6), the CD4 counts of those reported patients will be performed to assess their treatment needs, similarly with other HIV+ patients on the waiting list living in the West Bank (CB HIV+ patients). UNDP also confirms the adjusted forecast for ARV drugs taking into consideration the latest figure provided by the MoH and the 5 reported cases in Gaza. UNDP confirms monthly monitoring of stock levels. An ARV order was placed with UNICEF Copenhagen late April to cover the period May – December 2010.
2	2.2. Care & Support: Home and Community Based Care	2.2.1. No. of people living with HIV provided psycho social support PLHIV supported	No	3	0	2007	50	30	All PLWHIV are provided with psychosocial support according to the MOH/NAC. The latest statistics show 30 people currently living with HIV and AIDS – source NAC. UNICEF evidence suggests that HIV patients are socially not accepted and any disclosure may cause further stigma and "social punishment". Therefore the PLWHIV are treated with strict confidentiality. Follow up was made by the PR to ensure the confidentiality of the information. The PR confirmed that only the treating doctor is allowed to follow up their cases and who would provide psychosocial support. No written documents are allowed to be shared or released. UNICEF calls for further discussion with GFATM and MoH. Further psychosocial support services are also planned through UNRWA and PMRS (largest health care Palestinian NGO in the oPt) and shall be reported in Q6.
3	3.1. Supportive Environment: Coordination and Partnership Development	3.1.1. No. of political, community, religious leaders and police/armed services attending sensitization workshops on HIV/AIDS and Stigma Reduction	Yes	1	30	2007	220	890 (550 Q4 + 86 Q5) UNRWA + 157 PMRS + 97 UNRWA)	1. UNRWA, through the agreement with UNICEF, conducted training for 66 religious leaders in refugee camps in the West Bank and Jerusalem. A follow up training plan was put in place for further training in 2010. 2. During Q6, PMRS – as SSR to UNFPA – conducted sensitization workshops for 157 community leaders in different districts. Similarly, UNRWA also conducted workshops for 97 CBO members mainly in Hebron, Nablus and Jericho districts. Preparatory work in Q6 for actual achievements in Q6: UNODC prepared for the advocacy workshop among policy makers from the law enforcement (such as MoH, Ministry of Justice, MoSA, NGOs, civil police, MoI, and others – please refer to the concept note enclosed) on universal access to HIV and AIDS prevention and care among drug users and in prison settings as well as the engagement of law enforcement in the AIDS response. The training will take place in June 2010.
3	3.2. HSS: Information System & Operational Research	3.2.1. No. of program partners trained in monitoring and evaluation	Yes	1	0	2007	30	50 Q4 WHO + 29 Q5 WHO = 79	1. Training and mentoring by the UNDP covered the following main issues: - Training on the operational definitions of the indicators; - Training on reporting mechanisms to the Global Fund; - Improved reporting, template and coding standards with a check list that shall enhance SRs capacity on proper reporting to the PR and how to address the Global Fund requirements; - Training in new events and reporting templates that ensures the cohesive thinking process and sequence in planning, monitoring and reporting. The reporting templates are supposed to complement the GF reporting templates, in a way that addresses: - UNDP conducted a MEST workshop for all counterparts in February 2010 and which was attended by 60 participants in Gaza and West Bank from SRs, SSRs, NGOs and MoH (not reported in the quantitative achievements though). A joint and consolidated M&E plan for the HIV Grant was prepared by the PR in consultation with all partners and shared with GFATM. At the time of drafting the present report, the M&E plan is approved by GFATM. - During the MEST workshop, UNDP confirms that further training on the Global Fund results-based management, data quality concepts, M&E outline and contents and reporting requirements & systems was provided to SRs, SSRs, NGOs, MoH and UNICEF. - MoH conducted training on the same issues for all counterparts. - MoH assessment and on formative research targeting IDU as part of the BSS survey starting in May 2010 but also with the aim of improving and HIV surveillance skills of health workers, MoH staff, IDUs, UNRWA and NGOs. The trainings included 29 participants. Preparatory work in Q6 for actual achievements in Q6: - UNODC and WHO are collaborating on the wide operational research on HIV among IDUs in the West Bank and Gaza Strip. The formative research will further assist, in addition to the BSS survey, in determining the characteristics, HIV vulnerabilities, available services and needs and barriers to health care access of drug users. UNODC was finalizing some contextual issues with the selected NGO in order to start in Q6. - Furthermore, UNODC has identified a local partner in the oPt to lead on the drug use and HIV assessment in the community (Gaza and West Bank) and in the prison settings for which contracts are likely to be signed in May 2010. - UNIFEM finalized all the preparatory work with regard to the operational research on sex workers under sexual exploitation. A lead senior research was contracted. At the end of Q5, UNIFEM was in the process of recruiting field researchers to implement the study and collect the required data and information. The operational research is scheduled to start in Q6. - At the time of drafting the present report, UNICEF was finalizing the TORs for MAPB survey which will serve as baseline data for a key outcome indicator, % of people expressing and adopting positive attitudes towards PLWHA, of all people surveyed aged 15-49. Various discussions took place between UNICEF and UNDP with regard to the proposed age group as UNICEF did not feel comfortable working on the age group above 25 years old and therefore excluded to their own mandate's UNICEF. An agreement was finalized reached between UNICEF and UNDP to cover the age group up to 49 years old, in the light of the limited time and funds and in spirit of joint partnership.
3	3.4. Strengthening of Civil Society and Institutional 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	5	7	Currently there are 7 NGOs delivering HIV related services, as well (PMRS, Juzzor, Family Planning, Al Sharq Al Taysi and Al Sadaq Developmental Association, SANVA and Abdel Jabbar Women Center) in the prevention and care areas since treatment services are exclusively performed by the MoH. It is worth mentioning that none of the CSOs are providing any treatment or psychosocial support services, this is only provided through the government. However, all CSOs are providing prevention and care services. Furthermore, there are no national guidelines for the Civil Society sector on issues related to HIV and AIDS. Preparatory works to enhance NGOs capacity and increase number of service providers: 1. As part of the Civil Society Enhancement Strategy on HIV, a mapping of Civil Society Organizations working on HIV and AIDS was conducted (expensive to be reflected in Q6 though) to further understand existing services provided by NGOs. Such mapping report is available upon request. The results were shared in Q6. Regional technical assistance from UNDP/HARPAS on civil society strengthening is planned for April 2010 - such technical assistance should have taken place since October 2009 and then re-scheduled for January but had to be postponed for April 2010 only in the light of visa restrictions issues. At the time of drafting the present report, the 2010 strategy plan for civil society enhancement was finalized – to be implemented late Q6/early 2010 with several HARPAS led leadership training on HIV and AIDS, both in Gaza and in the West Bank. Such strategy will be reported in details in Q6. 2. Furthermore, PFFPA through its agreement with UNFPA have finalized contracts with two NGOs: SANVA and Abdel Jabbar Women Center and shall strengthen their mainstreaming HIV and AIDS related activities within their reproductive health and STI existing programmes. The activities will be implemented in Gaza, East Jerusalem and South Hebron. Both NGOs are already delivering HIV and AIDS related services. UNICEF and PFFPA, as SSRs to UNFPA, shall conduct training for women NGOs staff in order to be able to provide prevention and support programs in HIV/AIDS in Q6. Finally, still under UNFPA's leadership, MoSA s identified a group of women NGOs to collaborate with in Q6. 3. UNODC developed and shared TORs to assist the Palestinian Authority in establishing drop in centres in Gaza and the West Bank to initiate community outreach and needle syringe exchange programmes.

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number:	PSE-708-G01-H		
Progress Update - Reporting Period:	Cycle:	Quarter	Number:
Progress Update - Period Covered:	Beginning Date:	1-Jan-2010	5
Progress Update - Number:	5	End Date:	31-Mar-2010

iv. Overall evaluation of performance

Overall, it is fair to acknowledge the remarkable and positive increase in the performance of the HIV Grant during the course of Quarter 4 and Q5, although it is worth mentioning that the first quarter of any year is always dedicated to annual work planning processes and budget set ups (into computer based financial systems). This is certainly true for all UN agencies.

All partners are dedicated and committed to speed up implementation following an accelerated plan agreed upon between UNDP and all SRs.

Furthermore, the below comments can bring some light about some of the achievements during Q5, and not reported in the performance framework:

1. Following the approval of the PSM plan early November 2010, UNDP/PAPP launched the purchasing process of all medical equipment and supplies in Q5. UNDP PSO through independent evaluations cleared the procurement process and selected offers. The procurement unit confirms deliveries to take place March and May 2010. At the time of drafting the present report, only one item (Elisa machines) had not been ordered - lengthy procurement process following procurement, technical and transparent regulations which led to re-tendering, special evaluations. To be ordered late May 2010.
2. All operational research activities started in Q5. All proposals were received and endorsed by the NAC and the PR. Funds are released by the PR upon reception of final budget breakdowns. It is also worth mentioning that in order to start research activities, SRs need to receive the full dedicated amounts for the finalization of contracts through the SRs' respective computer based financial systems. Such financial systems require the full amount to be "locked" or allocated in order to sign any new contract. UNDP has been discussing options with each SR, i.e. pre-financing, transfer of the whole amount but disbursements to contractors according to performance, etc.
3. Through the UNFPA (UN Theme Group Chair), the National AIDS committee (NAC) shared with the UN partners a first draft of the national response strategy as well as the condom strategy. Consolidated comments and feedback were provided to the UNFPA to consolidate and for feedback to the NAC during the next UN Theme Group Meeting (January 2010).
4. Action plans solely dedicated on Gaza Strip were finalized for the year 2010 with all the partners. Geographical equity is important and has been stressed by UNDP at all times despite the prevailing volatile and political environment.
5. The HIV MESST workshop took place in Q5 and allowed for a better understanding of M&E related issues and activities. This process also allowed for improved reporting mechanisms and templates, better understanding of data collection and flow of information as well as linkages between outputs and outcomes. New additional outputs currently not captured within the performance framework indicators were identified, drawing of results matrix and logical frameworks. The M&E plan and strengthening action plan resulting from this exercise was submitted to GFATM (and approved in Q6).
6. UNODC organized a study tour (involving participants from the Ministry of Health and the Ministry of Interior) to some well known Tel Aviv's Needle Syringe Exchange Programme and opioid substitution treatment centers. Furthermore, UNODC facilitated a study tour on Harm reduction in prisons for the Palestinian health care service providers

v. Planned changes in the program, if any.

At the time of finalizing the present progress report, the revised official budget was finally approved by the GFATM Secretariat. However, it is worth mentioning that:

1. The budget does not reflect the actual costs of medical equipment since the estimates included in the PSM Plan were lower than the actual offers received by the suppliers. This issue was communicated to the LFA and GFATM which advised to include in the revised budget the PSM estimates instead of actual - it is then foreseen that the PR will over-spend on some of the medical equipment lines but UNDP/PAPP was assured that this will not affect in anyway the evaluation of the grant.
2. Re-adjustments will be made on a quarterly basis between the PR and all SRs. Requests for reprogramming or use of savings identified in order to accelerate implementation were made to UNDP which will document all proposed changes. Two reprogramming requests were received, namely from UNFPA and WHO - requests shared to the LFA - and supported by UNDP. Official approval by LFA/GFATM will be nonetheless useful.

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

In the very special context in WBG there are several key lessons learned to be highlighted (or to be kept being highlighted), thus to draw special consideration in evaluation of the grant but also in the design of any future investment in the area of HIV:

1. Improvement with regard to coordination: WBG is a non CCM country experiencing the absence of an internationally recognized overall guiding body that promotes true partnership development and multi-sectoral programmatic approach. Thus in many occasions, the PR is also taking leading role in fulfilling the essential functions of the CCM and coordination of the HIV response overall (including UNGASS exercise, overall HIV technical assistance, the UN Cares implementation, etc.). Guidelines for non CCM countries are still very relevant.

In addition, the country is challenged by the absence of the overall guidance and coordination from the UNAIDS Secretariat. Indeed, there is no in-country presence of UNAIDS. UNFPA acts as the Chair of the UN Theme Group but cannot, and understandingly, carry the UN practical coordination functions of the overall national HIV response. Furthermore, there are issues of conflict of interest which should be looked at carefully, be at the SR, PR or NAC levels.

2. Another challenge to be mentioned is the leverage of respective organizational mandates and resources to work collectively to deliver results. HIV and AIDS are not prevailing issues in the WBG context and the UNAIDS division of labor is not applied. The PR continues to strive for increased efficiency and effectiveness in the response to AIDS, and to demonstrate the added value of coherence in the UN system and its collective impact at the country level. However, UNDP wishes to highlight the exceptional partnership spirit prevailing within the Global Fund HIV Grantees' group – partnership built during the course of the last 16 months – which was saluted by various technical advisors who visited the oPt during the reporting period.

3. The principles of performance based funding, reporting tight schedules as well as level of screening, clarification and verification processes remain challenging to all implementing partners, implying the need for on-going training and explanations which should be supported by the GFATM and the LFA.

4. The importance of a flexible approach for the oPt (very volatile and political context; as well as in phase of starting brand new HIV programming requiring to put first and as a priority all systems and the relevant policies). Overall, in fragile areas experiencing policy vacuum and possibility of sudden eruptions, the design flexibility in planning and budgeting is critical, as is the ability to monitor progress and results. This flexible approach should also be considered for procurement strategy approaches.

5. Operational issues in the context of Israel, West Bank and Gaza also need to be highlighted: all items to be purchased for the PA authorities require the compliance with the Israeli regulations and laws; customs clearances, tax exemptions and registrations are under the Israeli mandate (for example, UNDP has been waiting for several months for the registration of 2 UN cars and 4 cars for the MoH), the access of goods to Gaza, etc....All are operational challenges for delivery in the WBG context which should be, hopefully, taken into consideration in the overall evaluation of the grant.

UNDP wishes to highlight few non target-related achievements & issues:

- Implementation has started in Gaza, mainly through WHO and UNFPA (although implementation will scale up during in the subsequent quarters).
- Medical equipment was purchased following a robust and transparent procurement, tendering and evaluation process. It is worth mentioning the lengthy custom clearance process as well. Few medical equipment were already delivered in Q5 but the main bulk will be delivered in Q6 and invoices paid in Q6
- The absence of an UNODC representative in Gaza.
- The Global Fund/UNDP Team complete with the two additional staff on board, i.e. an Administration and Finance Officer as well as a Supply Chain officer who will also act as the Liaison officer in Ramallah – although the team remains small, the team is better equipped to implement and monitor the GFATM sponsored grants in the oPt. Two grants are now in place with the same team structure in place (no additional recruitment seems possible) – the workload remains extremely heavy at the PR and SRs levels. On behalf of several SRs, UNDP confirms that peer educators are regarded as leaders by their peers and their communities and will serve as role models for any health issue affecting their communities despite the lack of formal outreach plans. These activities are already enhancing the knowledge and the skills base of the trained peer educators on prevention messages based on agreed upon IEC materials. Prevention strategies include mass media, special events, drama, and group discussions.
- UNDP confirms its commitments and its efforts in strengthening reporting skills of all partners including quality assurance and data collection – those efforts are surely helping in identifying progress to date as well as potential gaps allowing the development of new consensus based methods and messages for better reporting and performance.
- A Performance Monitoring Plan has been implemented with a set of mechanisms to monitor performance including:
 - o Systematic and Regular Monthly meetings (joint coordination meetings, all minutes; bilateral meetings, etc.)
 - o Site visits

• The implementation of the M&E action plan has started. This also includes a stronger formal collaboration and reporting by the Ministry of Health as well as on-going assessment of the quality of services delivered and thus identification of potential technical assistance needs.

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
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 grant negotiation
Second Disbursement: PR to provide evidence of conducting the M&E workshop including all stakeholders	Yes	UNDP/PAPP had already conducted the MESST workshop (8-11 February in the West Bank and Gaza and was attended by 60 people).
Second Disbursement: PR to provide a revised plan for the M&E of the program including results and recommendations	Yes	At the time of drafting the Q5 report, UNDP/PAPP has already received the approval on the M&E plan.
Second Disbursement: PR to submit a revised program budget, if applicable after finalizing M&E and PSM Plans	Yes	The GFATM Secretariat have approved the revised budget in January 2010 upon approval of the PSM Plan
Procurement of Health Products: Disbursement to be requested upon submission of PSM Plan by the PR and the receipt of GF's written approval on the PSM Plan	Yes	PSM Plan has been 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, has 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 Procurement/Monitoring and Evaluation officer (on board in Q4), a Gaza Project Coordinator (on board in Q4), the financa and admin officer (on board in Q5) and the supply chain and liaison officer (on board in Q6). The revised proposed 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	No	As described in section 1A (2), grants will be provided to NGOs/CSOs for HIV community prevention and care upon completion of mapping of NGOs involved in the HIV response in the oPT and national civil society consultation expected to take place in Q6. Civil society strategy will be reported in Q6 (mission from UNDP HARPAS was useful to UNDP CO to finalize all the plans).
PR and NAC 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 NAC and UNDP (shared in previous progress update). The MoU describing further the partnership modalities between the PR and the NAC/MoH has been finalized as planned.
	Select	
	Select	
	Select	

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number:	PSE-708-G01-H	
Progress Update - Reporting Period:	Quarter:	Number:
Progress Update - Period Covered:	1-Jan-2010	5
Progress Update - Number:	Beginning Date:	End Date:
9	31-Mar-2010	

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
1. Total actual expenditures vs. budget	1,007,688.07	492,321.65	515,346.42		3,408,062.88	2,091,527.11	1,316,535.77	
1a. PR's total expenditures	515,545.01	161,371.65	354,173.36	The majority amount of the variance relates to the cost of the medical equipment that were committed in the system in forms of purchase orders. Nevertheless, part of the equipment was delivered in Q5 but the invoices will be paid in Q6. Hence, a lower expenditure delivery rate for this quarter. This amount is considered as blocked and not as cash available. The rest of the variance amount relates to some civil society cost that will be used in Q6/Q7 according to the outputs of the HARPAS mission. In addition, overheads were not received due to shortage in cash in the system.	1,194,214.07	583,580.61	610,633.46	The variance relates to the commitments of medical equipment, cars (will be delivered in Q6), civil society costs, overheads, and PSM costs.
1b. Disbursements to sub-recipients	492,123.06	330,950.00	161,173.06	Some of the disbursements were not made due to the slow implementation and high cash balances with some SRs such as UNICEF, and some of the SRs were given partial disbursements such as UNODC since the PR got a negative balance by the end of Q5 due to the committed amounts (POs)	2,213,848.81	1,507,946.50	705,902.31	Delays in the implementation of SRs activities that delays and put disbursements on hold.
2. Health product expenditures vs. budget <i>(already included in "Total actual" figures above)</i>	344,246.70	73,542.44	270,704.26		421,732.10	130,087.37	291,644.73	
2a. Pharmaceuticals	11,775.00	6,309.44	5,465.56	The amount paid relates to the UNICEF drugs for the period of Oct. 09 - Apr. 10, that took place in Q4 but the invoices were only received in Q5. (All amounts - budget and expenditures - include PSM costs)	85,660.40	55,427.62	30,232.78	The difference relates to the PSM costs. All ARV drugs were bought as planned.
2b. Health products, commodities and equipment	332,471.70	67,233.00	265,238.70	Some of the medical equipment was delivered to the MoH in Q5 but invoices were only received in Q6. Furthermore, some of the medical equipment have been delayed in delivery due to some Israeli customs clearance issues which delayed payment of invoices as well. Delivery of all equipment is confirmed by the suppliers to take place in Q6. Delays in purchase happened due to the late approval of the PSM plan (in Nov. 09) and a very robust, transparent, and solid evaluation process of all medical equipment to be purchased (involving UNDP/PAPP, UNDP PSO and WHO) to ensure high level quality and adequate pricing. Furthermore, condoms were ordered and paid by UNFPA in Q4, delivery is expected in Q6.	336,071.70	74,659.75	261,411.95	Refer to the previous note on Health products and equipment

Program expenditures were used for the procurement of health products:

Yes

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

Yes

On-going Progress Update and Disbursement Request

DISBURSEMENT REQUEST PERIOD

Grant number:	PSE-708-G01-H		
Disbursement Request - Disbursement Period:	Cycle:	Quarter	Number:
Disbursement Request - Period Covered:	Beginning Date:	1-Apr-2010	End Date:
Disbursement Request - Number:	5		30-Jun-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):

700,985.27

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

0.00

Add:

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

0.00

Interest is reported on annually basis and the first amount received was indicated in the Q1 report. This year's amount was provided by HQ in the total of \$30,570.25, it shall be reported upon receipt on our accounts. The amount received for Q1 was reported and thus is included within the balance of Q1 and carried on within the following quarterly reports (Q2-Q4) which explains why we do not include it in this report and the previous ones.

Less:

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

492,321.65

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

(46.16)

492,275.49

6. Cash Balance: End of period covered by Progress Update:

208,709.78

B: DISBURSEMENT REQUEST

Total forecasted net cash expenditures by the Principal Recipient for the period immediately following the period covered by the Progress Update ^(2,3):

1-Apr-2010

30-Jun-2010

end date:

693,812.80

amount as originally budgeted:

368,867.45

forecasted amount:

1-Jul-2010

30-Sep-2010

end date:

514,432.88

amount as originally budgeted:

960,460.21

1,329,327.66

Please explain any variance between the forecasted amounts and the amounts as originally budgeted

Less:

Cash Balance: End of period covered by Progress Update (number 6 above):

208,709.78

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

0.00

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):

208,709.78

1,120,617.88

Although there is a balance of about 200 k, but this amount of money is committed in the system for the medical equipment costs

11. Does the PR's Disbursement Request include funds for health product procurement? Yes

12. Exchange Rate (used to translate local currency into USD): Avg NIS/USD = 3.74 and Avg Euro/USD = 0.71

Footnotes:

1 - Gross 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:	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-Jan-2010	5
Progress Update - Number:	5		31-Mar-2010

DISBURSEMENT REQUEST PERIOD

Progress Update - Reporting Period:	Cycle:	Quarter	Number:
Progress Update - Period Covered:	Beginning Date:	1-Apr-2010	5
Progress Update - Number:	5		30-Jun-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: USD): 1,120,617.88

2. Amount requested in words (in: USD): One Million, one hundred twenty thousands, six hundred seventeen Dollars, and 88/100

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: Jens Toyberg-Frandzen

Title: Special Representative of the Administrator - UNDP/PAPP

Date and Place: Jerusalem, on Monday 31 May 2010

A

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 / Réciplendaire Principal:	UNDP/PAPP
Currency / Monnaie:	USD

A - MANAGEMENT RATIOS	Current Reporting Period		Cumulative Reporting Period	
	Start date:	End date:	01.12.08	31.03.10
Cash received from the Global Fund	01.01.10	31.03.10	0	
Budget			2,355,254	
Expenditures			3,408,062	
BUDGET EXECUTION RATIO (expenditures vs. budget)			38%	
EXPENDITURE RATIO (expenditures vs. cash received)			55%	
			#DIV/0!	

B - BREAKDOWN by EXPENDITURE CATEGORY	Current Reporting Period				CUMULATIVE REPORTING PERIOD			
	Start date:	End date:	Budget	Expenditures	Variance	Budget	Expenditures	Variance
	01.01.10	31.03.10				01.12.08		
						31.03.10		
1 Human resources (PR)			80,180	66,816	30,879	275,375	277,342	162,684
Human resources (SRs)			89,308	71,793		357,840	193,189	
2 Technical Assistance (PR)			15,593	0	51,534	46,186	4,800	173,971
Technical Assistance (SRs)			73,000	37,059		265,750	133,165	
3 Training (PR)			11,000	0	4,506	11,000	0	107,864
Training (SRs)			66,870	73,364		254,270	157,406	
4 Health Products and Health Equipment (PR)			330,072	67,233	264,539	330,072	67,233	260,712
Health Products and Health Equipment (SRs)			2,400	700		6,000	8,127	
5 Medicines and Pharmaceutical Products (PR)			0	4,111	-4,111	52,536	52,647	-111
Medicines and Pharmaceutical Products (SRs)			0	0		0	0	
6 Procurement and Supply Management Costs (PR)			10,875	2,199	9,576	31,324	2,781	30,343
Procurement and Supply Management Costs (SRs)			900	0		1,800	0	
7 Infrastructure and Other Equipment (PR)			0	998	10,752	200,394	50,279	171,865
Infrastructure and Other Equipment (SRs)			11,750	0		21,750	0	
8 Communication Material (PR)			0	61	42,027	4,000	3,923	184,594
Communication Material (SRs)			73,400	31,313		268,000	83,483	
9 Monitoring and Evaluation (PR)			0	0	66,280	0	0	450,280
Monitoring and Evaluation (SRs)			77,080	10,800		461,080	10,800	
10 Living Support to Clients' Target Population (PR)			0	0	5,990	0	0	17,633
Living Support to Clients' Target Population (SRs)			5,990	0		17,633	0	
11 Planning and Administration (PR)			23,950	19,954	41,035	23,950	19,954	204,455
Planning and Administration (SRs)			43,700	6,660		229,300	28,840	
12 Overheads (PR)			43,875	0	66,707	219,377	104,621	222,290
Overheads (SRs)			37,725	14,893		170,225	62,692	
13 Other (PR)			0	0	8,372	0	0	115,511
Other (SRs)			10,000	1,628		160,200	44,689	
			Sub-TOTAL PR	161,372	598,087	1,194,214	583,580	2,102,092
			Sub-TOTAL SRs	248,209	598,087	2,213,848	722,390	
			TOTAL PR + SRs	409,581	598,087	3,408,062	1,305,970	2,102,092

-OPTIONAL-

C - BREAKDOWN by PROGRAM ACTIVITY			Current Reporting Period				CUMULATIVE REPORTING PERIOD			
Macro-Category	Objectives	Service Delivery Level	Start date:		End date:		01.12.08		31.03.10	
			01.01.10	31.03.10	Budget	Expenditures	Variance	Budget	Expenditures	Variance
HIV: Prevention	Objective 1: Strengthen Community action to maintain low HIV prevalence particularly among populations most at risk and vulnerable in partnership with NGOs	SDA 1.1: BCC - Mass Media	38,728	63,686	-24,958	299,540	123,321	176,219		
		SDA 1.2: BCC - Community Outreach	217,110	33,266	183,844	716,730	161,458	555,272		
		SDA 1.3: Prevention: Condom Distribution	3,300	5,975	-2,675	29,800	17,402	12,398		
		SDA 1.4: Prevention: Counselling and Testing	11,782	8,000	3,782	31,782	8,000	23,782		
		SDA 1.5: Prevention: STI Diagnosis and Treatment	177,625	42,348	135,277	197,625	70,152	127,473		
		SDA 1.6: Prevention: Blood Safety and Universal Precautions	15,000	14,246	754	66,250	14,246	52,004		
HIV: Treatment	Objective 2: Reduced morbidity and mortality through improved access to treatment, care and psycho-social support to those infected and affected	SDA 2.1: Treatment: ART Treatment and Monitoring	205,003	35,109	169,894	353,563	108,509	245,054		
		SDA 2.2: Care and Support: Home and Community Based Care	19,990	27,771	-7,781	31,633	55,022	-23,389		
		SDA 3.1: Supportive Environment: Coordination & Partnership	46,850	26,446	20,404	236,098	94,084	142,014		
		SDA 3.2:HSS: Information Systems and Operational Research	73,500	49,600	23,900	545,000	134,342	410,658		
HIV: Supportive Environment	Objective 3: Reinforce capacities, partnerships, coordination, monitoring and evaluation of the national response in line with the three ones	SDA 3.3: Supportive Environment: Stigma Reduction in all Settings	18,000	20,365	-2,365	140,000	58,369	81,631		
		SDA 3.4: Strengthening of Civil Society and Institutional Building	19,000	0	19,000	42,468	6,683	35,785		
	Overheads	PMU PR	80,180	67,875	12,305	327,971	287,069	40,901		
			81,600	14,893	66,707	389,603	167,313	222,290		
Please select		Please select...			0			0		
Please select		Please select...			0			0		
Please select		Please select...			0			0		
Please select		Please select...			0			0		
Please select		Please select...			0			0		
Please select		Please select...			0			0		
Please select		Please select...			0			0		
Please select		Please select...			0			0		
Please select		Please select...			0			0		
TOTAL PR + SRS			1,007,668	409,581	598,088	3,408,062	1,305,970	2,102,092		

