

On-going Progress Update and Disbursement Request

GENERAL GRANT INFORMATION

Country:	West Bank and Gaza Strip
Grant Number:	HIV/AIDS
Principal Recipient:	P8E708-001-H
Program Start Date:	UNDP/PAFP
Currency:	USD

PROGRESS UPDATE PERIOD

Progress Update - Reporting Period:	Cycle:	Quarter:	Number:
Progress Update - Period Covered:	Beginning Date:	1-Jul-2010	7
Progress Update - Number:	End Date:	30-Sep-2010	

DISBURSEMENT REQUEST PERIOD

Disbursement Request - Disbursement Period:	Cycle:	Quarter:	Number:
Disbursement Request - Period Covered:	Beginning Date:	1-Oct-2010	7
Disbursement Request - Number:	End Date:	31-Dec-2010	

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

Section 1: Programmatic and Financial Progress Update

A. PROGRAM PROGRESS

Objective No.	Objective Description
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	

B. 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, focusing on anti-retroviral care information. This system is not available on national level in the light of the very 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 OI context. There is no HIV+ case below 24 years old currently save in the OI.
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 ART register and patient records, 9 patients have been on treatment since 12 months and are still alive. A new patient was put on treatment in August 2010 - the total number of ART patients in the OI is 10 including 9 in the West Bank and 1 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 which results are available. The national dissemination workshop will be held in November 2010. This will provide baseline data that will be complemented with another BSS survey in phase 2 to measure the impact of intervention.
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 ART register and patient records, 9 patients have been on treatment since 12 months and are still alive. A new patient was put on treatment in August 2010 - the total number of ART patients in the OI is 10 including 9 in the West Bank and 1 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 started in OI (assessment of attitudes and practices of youth of 15-49 years). The results will be available in OI. The KAPB survey will be repeated by the OI. The targets will be readjusted once the operational research results are available.

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PROGRESS UPDATE PERIOD	PR/07/02/01-11	Quantity	7
Progress Update - Reporting Period Cycle	1-Jul-2010	End Date	30-Sep-2010
Progress Update - Period Covered Beginning Date	1-Jul-2010	End Date	30-Sep-2010
Progress Update - Number	7		

Objectives # No.	Service Delivery Area	Indicator Description	Directly Targeted?	Level	Baseline (if applicable) Value	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	112	278 160 from Q4 + 20 Q6 + 18 Q7 + 180 Q7)	Radio and TV spots were produced in Q6 addressing the general public in coordination with the Health, Education and Promotion Department at the MoH. They focus on HIV and AIDS prevention and information. The radio spot broadcasting started in Q6 and the TV spot broadcasting in Q7. A total of 180 radio and TV spots were broadcasted in Q7 (021 July 2010) as well as a number of 18 radio spots in Q7 (1-7 July 2010). Thus, a cumulative number of 278 spots. Broadcasting will be ongoing in Q8 for the success of the TV and radio spots. All spots were broadcasted on several TV and radio stations all over the West Bank and Gaza. The TV spot is available upon request. Other achievements under the SDC BCC and Media... 1. 3 theater shows were produced in local theatres during September, addressing HIV and AIDS stigma reduction and which were targeting university students and youth. Due to their success, the shows will be repeated in Q8. 2. Two radio communication strategies will take place during Q8 and on which future communication materials will be based. 3. During Q7, a second issue of 'Keep Ready' was produced. It focused on youth health with special focus on HIV related issues. 12,000 copies were distributed. 4. 25 journalists were trained through UNRWA Public Information Office.
1	1.2. Prevention: BCC - Community Outreach	1.2.1. No of MARP peer educators trained - IDU Workers - Youth Workers - Women Peer Counselors	Yes	1	N/A	N/A	120	3,695 (2,123 UNRWA Q4 + 70 UNICEF Q4 + 3 MoSA Q5 + 299 MoSA Q5 + 72 Q6 + 55 MoSA Q6 + 45 MoSA Q7 + 728 PMRS Q7 + 73 UNRWA + 33 PFFPA + 22 MoSA + 145 UNICEF)	a. MoSA (SSR to the UNFPA) trained 55 juvenile young people in 4 sites in the West Bank on HIV and AIDS risks and modes of transmission. b. Youth who were previously trained as peer educators by PMRS conducted awareness raising sessions in their communities during summer camps. c. 48 university students and 25 youth from Amman refugee camp were trained by UNRWA addressing HIV and AIDS related issues. d. PFFPA conducted awareness sessions to 33 IDUs on HIV related issues. PFFPA plans to conduct 20 awareness-raising sessions through coordination with other organizations dealing with IDUs. e. UNICEF, through PFFPA, trained 106 life skills facilitators in West Bank and 39 in Gaza on HIV related issues. f. Through MoSA, 22 female prisoners were trained on HIV and stigma related issues in 3 geographical areas of the West Bank.
1	1.3. Prevention: Condom Distribution	1.3.1. No of condoms distributed to general population (or free)	Yes	3	0	2007	270,000	200,670 (WB results; 124,000 were reached in Gaza)	122,400 condoms reached Gaza (40% of total amount purchased) in Q7 for distribution to the public - documents are available to confirm reception in Gaza. The distribution will follow the same strategy of distribution in the West Bank (to targeted outlets and providers: STI clinics, gynecologists, etc.) Due to the logistic difficulties in clearing the condoms from the Kami crossing and due to the potential UNRWA disengagement from the programme, the distribution did not take place in Q7 but will rather take place in Q8. Due to UNRWA's disengagement, the condoms were supposed to be delivered at UNRWA sites was shifted under MoH's responsibility in Gaza. By the end of Q8, all condoms would have been distributed at the service delivery level - expected 100% achievement.
1	1.4. Prevention: Testing and Counselling	1.4.1. No of health and community workers trained for counselling and testing	Yes	1	N/A	N/A	220	452 (125 WHO Q5 + 288 WHO Q6 + 29 WHO Q7)	Training of 29 health care workers took place in Gaza on counselling and testing during Q7. AWHO recruited consultant technical support in July 2010 in the area of VCT including testing algorithms. Recommendations on HIV testing strategy and guidelines were discussed between WHO, the MoH and UNDP and the proposed recommendations/report are available upon request. WHO from the beginning is currently working on the enhancement of the revised/unrevised national testing policy/guidelines which will be ready in Q8. The recommended testing algorithm will be based on two rapid tests (Determine and Uni-Gold - purchased by the UNDP) and on Elisa as the third confirmatory test for positive tests.
1	1.4. Prevention: Testing and Counselling	1.4.2. No of general population who receive HIV testing and counselling (including provision of the results)	Yes	3	N/A	N/A	850	1,813 (114 Q4 + 312 NAC 70 MoH, 20 PMRS Q5 + 1,079 UNFPA Q6 + 218 MoH Q7)	According to information provided by the MoH and verified to date, 809 HIV tests were conducted in Q7 targeting as a start, STI clinics, perceived as part of "most at risk populations" in the light of the relatively high prevalence/incidence of STI in the oPt. The provider initiated approach was largely used. This strategy helped in reaching around 800 HIV and AIDS but also on the importance of HIV testing. One district (Hebron) offered tests to other target groups such as pregnant women and others. Testing activities will continue in period 8 using the remaining stockpiles purchased under the GFATM HIV grant. The uptake of this new service using the latest technology available is remarkable and very promising.
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	1,613	1,813 (114 Q4 + 312 NAC 70 MoH, 20 PMRS Q5 + 1,079 UNFPA Q6 + 218 MoH Q7)	No trainings on STI were conducted during Q7 however 218 health care workers were trained in Q8 but were not reported at that time - since no supporting documents were provided - but are reported in Q7. The training was conducted through the MoH. The workshops included health specialists (dermatologists, nephrologists, gynecologists, lab technicians, nurses, dentists and pharmacists) and addressed STI syndromic case management and reporting in all districts.
1	1.5. Prevention: STI Diagnosis and Treatment	1.5.2. No of STI cases receiving diagnosis, treatment and counselling at health care facilities	No	3	N/A	N/A	56,000	64,889 (10,567 Q6 + 42,740 Q5 + 11,582 Q7)	The MoH reported 11,582 newly diagnosed and treated cases in Q7 accounting for a cumulative total number of 64,889 cases. The national report is attached to the Q7 PUDR. WHO and UNFPA are working together on this activity. In this light, UNFPA supported WHO in preparing some IEC materials to be used for the "universal precautions and basic knowledge on HIV and AIDS" training activities. Quantitative achievements: 1. The Blood Safety (BS) and Universal Precautions (UP) training was conducted in Q7 for 50 health workers through WHO. 2. Through UNFPA SSBs, trainings on basic HIV care and treatment, provision of support to PLWHA were conducted to the following: a. 20 community health workers (as staff of PMRS) b. 32 health workers through UNRWA c. 47 social workers through MoSA UNFPA Q7)
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	900	900	The ART national guidelines were validated by the Ministry of Health and by the NAC in May 2010 WHO supervised the attendance of 2 doctors from WB and Gaza to attend an extensive SCART course in Jordan during Q7. The recently trained doctors will become direct ART prescribers. In the meantime, the WHO clinical HIV officer has started seeing patients in Q7 and ensure quality clinical follow up. This is an excellent contribution to the HIV programme in terms of better understanding the exact needs of HIV patients in the oPt, readjust when relevant, some of treatment regimens, set up a good follow-up monitoring system as well as providing mentoring to the two newly trained doctors. The UNDP supply chain officer is working hand in hand with WHO and the MoH to ensure that the integral drug supply chain management is in order.
2	2.1. Treatment: Antiretroviral Treatment Monitoring	2.1.1. No of teams trained in advanced HIV care and treatment at ART sites	Yes	1	N/A	N/A	20	22 (20 WHO Q6 + 2 WHO Q7)	Out of the 14 HIV currently alive in the oPt, 10 patients are under ARV treatment (8 in the West Bank and 2 in Gaza). As mentioned above, a patient follow-up system is now fully in place thanks to technical support and information provided by the clinical follow up to all patients undertaken by the WHO medical officer and information received from the UNDP supply chain officer in charge of ARV stocking and distribution and forecasting/purchasing. Those collaborative efforts in support to the MoH are positive and contribute to sustainable practices to be slowly taken over fully by the MoH. Training in CD4 cell count expansion measurement was conducted to the staff in the PHL (Public Health Lab) in the West Bank and CD4 cell count was done for all the patients. Training of Gaza staff is planned for Q8 in Ramallah (WB) once permits are obtained.
2	2.1. Treatment: Antiretroviral Treatment Monitoring	2.1.2. No of people with advanced HIV currently receiving anti-retroviral combination therapy	No	3	15	2007	35	10	

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Grant number:	PSE-708-G01-H		
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Progress Update - Period Covered:	Beginning Date:	1-Jul-2010	7
Progress Update - Number:	7	End Date:	30-Sep-2010

iv. Overall evaluation of performance

Overall, grant performance over the last quarters, including period 7, has improved tremendously. Given the very unusual political and socio-economical but also epidemiological context prevailing in the oPt, it is fair to acknowledge all efforts invested in the framework of this programme, which led to an outstanding acceleration in implementation.

All targets are now achieved.

1. However, three indicators/targets remain "not fully met".
2. Condoms distributed – the challenge resides with the difficulty of sending condoms to Gaza - distribution will take place to the selected service delivery points in period 8.
3. Number of patients under ARV treatment: the target was set too high at the time of proposal writing in 2007 (target: 40) – there are only 14 HIV+ currently living in the oPt as per latest HIV statistics provided by the MoH in September 2010. Out of 14 HIV+, 10 receiving ARV treatment... 1 patient in the West Bank will be on treatment soon = 11 patients. The remaining 3 HIV+ live in Gaza and are likely to be in need of ARV treatment – however their CD4 counts are necessary to adjust their treatment needs. As communicated to the GFATM late October 2010, the PR has been facing tremendous challenges in "clearing" the list of equipment to be sent to Gaza with the Israeli authorities which control Gaza crossings on the Israeli side. At the time of drafting the present report, the CD4 machine was denied access to Gaza. UNDP is working hard including with WHO to negotiate another "clearing process". The 3 patients in Gaza are, for the time being, clinically followed up by the Gaza AIDS manager in contact with the WHO HIV medical officer.
3. Number of PLWHA receiving psychosocial support: the target was set too high at the time of proposal writing in 2007 (target: 60)– there are only 14 HIV+ currently living in the oPt as per latest HIV statistics provided by the MoH in September 2010.

v. Planned changes in the program, if any.

- A three month no cost extension was granted to the GFATM HIV sponsored grant. The no cost extension will cover period 9 (December 2010-February 2011). Detailed documentation supporting the no cost extension (including period 9 budget and targets) was submitted to the GFATM for approval and final endorsement in order to formalize legally the extension of the phase 1 legal agreement.

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

- UNDP finalized the recruitment process of an international project officer through the UN volunteers programme to strengthen the UNDP/GFATM Team especially in the area of supervision and monitoring of activities, including in Gaza (the selected staff, being international, will have access to Gaza). It is expected that the person will be on board in January 2010. This position is supported by the Belgium Government.
 - Implementation in Gaza has now fully started. Geographical equity is important and has been always stressed by UNDP at all times despite the prevailing volatile and political environment and limitations on access of goods and expertise.
 - A UNODC recruited consultant is currently finalizing the response analysis and the National Strategy on HIV prevention and care among drug users and in prison settings. To ensure national endorsement by the Palestinian Authority, the National Strategy will be translated in Arabic and presented to the UN Theme Group on HIV and national counter parts during phase 2.
 - UNDP finalized the specifications process for the consumables for UNODC which will be used in drop in centers – those specs were approved by the national authorities. The purchase will take place in Q8 through UNDP Procurement Support Office in Copenhagen. UNODC is organizing a study tour for the Palestinian Authority for harm reduction services among IDUs and in prisons in Bucharest, Romania. Eleven participants from the Palestinian Ministry of Health, Ministry of Interior, Anti Narcotics General Administration, National AIDS Committee and NGOs working on harm reduction will participate in the study tour that will take place during the period 17-21 October 2010. This result will be reported in Q8.
 - Despite the absence of UNAIDS and of a COM, it is worth mentioning that the governance and the coordination of the HIV response are improving. The NAC is getting strengthened through training and exposure visits (exposure visit in Egypt reported below), the UNTG on HIV and AIDS is meeting more regularly with strong commitment to achieve all targets by the end of Phase 1.
 - WHO team specifically as well as other SRs face challenges in conducting training and workshops to the ministries staff. The numerous training and high targets to achieve are perceived at times, as depleting the health system overall. It has become hard to release people from their work for several days. Some of the issues and lessons learnt will be addressed through the Phase 2 application and performance framework targets.
- Operational issues in the context of Israel, West Bank and Gaza also need to be highlighted again: 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, all cars were finally delivered in July 2010 – Q7 after an 8 month process), the access of goods to Gaza, etc. Furthermore, access of people is a serious issue, not only in Gaza but also in the West Bank where hours and hours are wasted at checkpoints (it is worth mentioning that one hour appointment in Ramallah can take one full day for a staff based in JRS and vice versa). Security considerations are also taken very seriously by the UN system.
- During Q7, a NAC exposure visit was conducted to Egypt, organized by UNDP-HARPAS. For all participants (NAC members) regardless of specialty and years of experience, this visit was a life experience and a unique opportunity to learn new things. It is expected that this visit will enrich the work on capacity development of NAC and further strengthen national response to HIV and AIDS in the country. At the time of drafting the present report, a similar exposure visit to Egypt (organized by UNDP HARPAS) was taking place with the UNRWA HIV and AIDS Team.
 - Efforts are being made in order to mainstream the HIV programming into the MDG support strategy (MDG 6) – the year 2010 celebrates the 10 year anniversary of the MDG launch – to be reported in 5 years. A copy of the magazine This Week in Palestine about MDGs in the oPt is enclosed to the present report – the article on MDG6 is very much focused on support provided by the GFATM.
 - UNDP wishes to highlight the exceptional partnership spirit prevailing within the Global Fund HIV Grantees' group – partnership built during the course of the last 20 months – which was saluted by various technical advisors who visited the oPt during the reporting period. However, the workload at the PR and SR levels is extremely heavy and additional staff is needed as expressed by all stakeholders. Meeting all targets and deadlines in such challenging context remain challenging. The Global Fund/UNDP Team remains small vis a vis the coordination, reporting, supervision, facilitation related tasks of both the HIV and TB grants. The reporting timelines for both TB and HIV grants are identical similarly to reporting deadlines which make an adherence to deadlines almost humanly impossible.
 - UNDP provides ongoing feedback and guidance to SRs with regard to reporting including quality assurance and data collection. UNDP will be planning for training on reporting and tracking systems and tools including operational reporting manual tools to all SRs and SSRs.
 - Pictures, media articles, etc. are available upon request and are contributing in increasing the visibility of the HIV programme in the oPt.

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	M&E plan was submitted and approved by the GFATM.
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	<p>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 financial 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.</p> <p>Furthermore, the PR has finalized the recruitment process of another international staff to support with the monitoring, quality control and supervision of activities especially in Gaza. International UNV - funded by the Belgium GVT and is expected to be on board in January 2011.</p>
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 conducted a comprehensive mapping study of NGOs working in the field of HIV and AIDS both in Gaza and in the West Bank. Results were disseminated to all stakeholders of the grant and recommendations for revision were provided. Juzoor (the NGO responsible for conducting the mapping) has provided the updated version of the study at the time of drafting this report. And since UNDP is building the CSO grants upon the results of the mapping, this activity will be implemented in Q8. Furthermore, as there were grant savings generated, UNDP is requesting the GFATM to approve an increase of the total amount of grants provided (additional 40,000 USD is requested).
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.

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number: PSE-708-001-H	Quarter: 7	Number: 7
Progress Update - Reporting Period: 1-Jul-2010	Beginning Date: 1-Jul-2010	End Date: 30-Sep-2010
Progress Update - Period Covered: 7	Progress Update - Number: 7	

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	514,432.88	784,164.94	(269,732.06)		4,616,308.65	3,417,483.95	1,198,824.60	
1a. PR's total expenditures	153,655.72	384,164.94	(230,509.22)	Does not include Q7 overheads, but includes overheads of Q6 since it was taken only this quarter in the financial system. The over spending occurred here because of the payments for the vehicles and medical equipment that were supposed to be paid originally in Q4.	1,616,052.73	1,349,537.45	266,555.28	The variance relates to the civil society activities, overheads, PSM costs, and ARV drugs.
1b. Disbursements to sub-recipients	360,777.16	400,000.00	(39,222.84)	Partial disbursements were done in Q7 due to the shortage in cash.	3,000,215.82	2,067,946.50	932,269.32	Delays in the implementation of SRs activities that delay and put disbursements on hold in addition to the shortage in cash.
2. Health product expenditures vs. budget <i>(already included in "Total actual" figures above)</i>	2,400.00	106,467.80	(106,067.80)		499,299.33	505,351.46	(6,052.13)	
2a. Pharmaceuticals	0.00	4,885.16	(4,885.16)	The ARV purchase was planned in Q6 but the payment took place only in Q7. The expenditures include PSM costs.	134,427.63	60,312.76	74,114.85	The difference relates to the PSM costs that were not used and part of them are identified as savings.
2b. Health products, commodities and equipment	2,400.00	103,582.64	(101,182.64)	Most of the products and equipment were paid, except for the UNODC consumable that are expected to be paid in Q8. The total expenditures include the equipment purchased by UNDP as well as the condoms purchased by UNFPA.	364,871.70	445,038.68	(60,166.98)	The shortage in budget was due to the underestimated costs of the medical equipment.

Program expenditures were used for the procurement of health products:

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

Yes	Yes
Yes	Yes

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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-Jul-2010	7
Progress Update - Number:		End Date:	30-Sep-2010

DISBURSEMENT REQUEST PERIOD

Progress Update - Reporting Period:	Cycle:	Quarter	Number:
Progress Update - Period Covered:	Beginning Date:	1-Oct-2010	7
Progress Update - Number:		End Date:	31-Dec-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): **689,165.91**

2. Amount requested in words (in: USD): **Six hundred eighty-nine thousand and one hundred sixty-five USD and 91/100**

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: Mr. Roberto Valent
 Title: Deputy Special Representative - UNDP/PAPP
 Date and Place: Jerusalem, on Monday, 15 November 2010

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

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

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

Expenditure Report

Etat de dépenses

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

A - MANAGEMENT RATIOS	Current Reporting Period		Cumulative Reporting Period	
	Start date: End date:	1-Jul-10 30-Sep-10	1-Dec-08 30-Sep-10	
Cash received from the Global Fund		0		
Budget		514,433	3,433,555	
Expenditures		939,464	4,616,309	
BUDGET EXECUTION RATIO (expenditures vs. budget)		183%	68%	
EXPENDITURE RATIO (expenditures vs. cash received)		#DIV/0!	92%	

B - BREAKDOWN by EXPENDITURE CATEGORY	Current Reporting Period				CUMULATIVE REPORTING PERIOD			
	Start date: End date:	1-Jul-10 30-Sep-10	Budget	Expenditures	Variance	Budget	Expenditures	Variance
1 Human resources (PR)		78,780	77,815	16,361	432,936	426,269	213,922	
2 Human resources (SRs)		84,308	68,912	0	526,456	319,201	164,561	
3 Technical Assistance (PR)		0	0	-24,271	46,186	9,294	48,720	
4 Technical Assistance (SRs)		21,000	45,271	-46,217	345,250	217,581	-81,380	
5 Training (PR)		31,000	25,513	-101,183	43,000	25,513	25,665	
6 Training (SRs)		71,070	122,774	-1,942	435,370	404,137	48,926	
7 Health Products and Health Equipment (PR)		0	101,964	-2,943	354,072	435,993	71,437	
8 Health Products and Health Equipment (SRs)		2,400	1,619	-15,262	10,800	10,259	166,022	
9 Medicines and Pharmaceutical Products (PR)		0	1,942	-7,219	80,254	54,589	350,287	
10 Medicines and Pharmaceutical Products (SRs)		0	0	1,000	0	0	3,590	
11 Procurement and Supply Management Costs (PR)		0	2,943	1,000	54,173	7,047	124,197	
12 Procurement and Supply Management Costs (SRs)		0	0	-75,738	1,800	0	164,561	
13 Infrastructure and Other Equipment (PR)		0	130,757	-122,178	200,394	181,035	166,022	
Infrastructure and Other Equipment (SRs)		21,750	13,172	-15,262	65,250	13,172	71,437	
Communication Material (PR)		0	191	-15,262	14,000	4,324	166,022	
Communication Material (SRs)		35,900	50,972	-7,219	321,800	165,454	350,287	
Monitoring and Evaluation (PR)		0	0	1,000	0	0	3,590	
Monitoring and Evaluation (SRs)		50,000	57,219	1,000	565,080	214,793	3,590	
Living Support to Clients' Target Population (PR)		0	0	0	0	0	0	
Living Support to Clients' Target Population (SRs)		1,000	0	0	22,960	19,370	3,590	
Planning and Administration (PR)		0	9,400	-75,738	23,950	34,354	124,197	
Planning and Administration (SRs)		14,800	81,139	-4,159	253,800	119,199	230,833	
Overheads (PR)		43,875	33,641	-4,159	307,128	171,117	230,833	
Overheads (SRs)		28,549	42,943	-41,278	231,450	136,627	105,485	
Other (PR)		0	0	0	60,000	0	105,485	
Other (SRs)		30,000	71,278	-41,278	220,200	174,715	105,485	
Sub-TOTAL PR		153,656	384,165	-425,031	1,616,093	1,349,537	1,472,264	
Sub-TOTAL SRs'		360,777	555,299	-425,031	3,000,216	1,794,507	1,472,264	
TOTAL PR + SRs		514,433	939,464	-425,031	4,616,309	3,144,045	1,472,264	

C - BREAKDOWN by PROGRAM ACTIVITY			Current Reporting Period			CUMULATIVE REPORTING PERIOD		
Macro-Category	Objectives	Service Delivery Level	1-Jul-10		1-Dec-08		Variance	
			Budget	Expenditures	Budget	Expenditures		
			30-Sep-10		30-Sep-10			
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	36,228	68,505	376,996	235,369	141,627	
		SDA 1.2: BCC - Community Outreach	144,830	239,993	1,038,190	648,548	389,642	
		SDA 1.3: Prevention: Condom Distribution	2,400	2,769	34,600	22,136	12,464	
		SDA 1.4: Prevention: Counselling and Testing	15,520	5,265	59,182	15,169	44,012	
		SDA 1.5: Prevention: STI Diagnosis and Treatment	15,250	51,235	234,125	264,254	-30,129	
		SDA 1.6: Prevention: Blood Safety and Universal Precautions	4,000	5,403	72,250	36,239	36,011	
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	1,200	68,318	407,731	327,548	80,183	
		SDA 2.2: Care and Support: Home and Community Based Care	13,000	0	70,360	66,340	4,020	
		SDA 3.1: Supportive Environment: Coordination & Partnership	22,300	123,442	286,298	240,614	45,684	
HIV: Supportive Environment	Objective 3: Reinforce capacities, partnerships, coordination, monitoring and evaluation of the national response in line with the three ones	SDA 3.2:HSS: Information Systems and Operational Research	67,500	148,293	684,000	357,054	326,946	
		SDA 3.3: Supportive Environment: Stigma Reduction in all Settings	10,000	11,381	184,000	117,008	66,992	
		SDA 3.4: Strengthening of Civil Society and Institutional Building	31,000	25,228	144,468	34,581	109,887	
		PMU PR	78,780	113,047	485,532	471,439	14,093	
	Overheads	72,425	76,584	538,577	307,745	230,833		
Please select								
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TOTAL PR + SR\$			514,433	939,464	4,616,309	3,144,045	1,472,264	

Management of Sub-Recipients
Gestion de Réceptaires Secondaires

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

Explanatory notes / Notes explicatives

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

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

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

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

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

Name of Sub-Recipient Nom de Réceptaire Secondaire	BUDGET of Sub-recipients BUDGET de Réceptaires Secondaires										
	Phase 1					Phase 2					Phase 1 + 2
	BUDGET YEAR 1 AN 1	BUDGET YEAR 2 AN 2	BUDGET YEAR 1+2 AN 1+2	BUDGET YEAR 3 AN 3	BUDGET YEAR 4 AN 4	BUDGET YEAR 5 AN 5	BUDGET YEAR 3+4+5 AN 3+4+5	BUDGET YEAR 1+2+3+4+5 AN 1+2+3+4+5			
1 UNODC	146,162	329,988	476,150				0	476,150			
2 UNFPA	843,661	592,276	1,435,937				0	1,435,937			
3 WHO	400,303	343,091	743,393				0	743,393			
4 UNICEF	331,400	258,298	589,698				0	589,698			
5							0				
6							0				
7							0				
8							0				
9							0				
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42							0				
43							0				
44							0				
45							0				
46							0				
47							0				
48							0				
49							0				
50							0				
Total	1,721,726	1,523,653	3,245,378	0	0	0	0	3,245,378	0	3,245,378	

