

On-going Progress Update and Disbursement Request

GENERAL GRANT INFORMATION

Country	West Bank and Gaza Strip
Grant Number	PEER/06/0011
Principal Recipient	UNDP/PAAP
Program Start Date	1-Dec-2008
Currency	USD

PROGRESS UPDATE PERIOD

Progress Update - Reporting Period	Start	Quarter	Number
Progress Update - Period Covered	1-Dec-2010	End Date	28-Feb-2011
Progress Update - Number	9		

DISBURSEMENT REQUEST PERIOD

Disbursement Request - Reporting Period	Start	Quarter	Number
Disbursement Request - Period Covered	1-Dec-2011	End Date	31-May-2011
Disbursement Request - Number	9		

TERMS AND ACKNOWLEDGMENTS 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	Baseline Value	Baseline Year	Interim Targets	Actual Yearly Results	Reasons for deviation and any other comments
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					
Select	Select					
Select	Select					
Select	Select					
Select	Select					

B. Impact / Outcome Indicators

Impact / Outcome	Indicator Description	Baseline Value	Baseline Year	Interim Targets	Actual Yearly Results	Reasons for deviation and any other comments
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-natal 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 OP context. There is no HIV+ case below 24 years old currently alive in the OP.
Impact	% of adults and children with HIV still alive 12 months after initiation of antiretroviral therapy (x-axis to 2, 3, 5 years as program matures)	N/A	N/A	70%	100%	From the ART register and patient records, 9 patients have been on treatment since 12 months and are still alive. From the ART register, 10 patients were initiated on treatment in August 2010, in March 2011 and in April 2011, respectively and another new patient was put on treatment in December 2010 (patient from Jenico-West Bank). Therefore, the total number of ART patients in the OP up to April 2011 is 13 including 10 in the West Bank and 3 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 took place on 29th November 2010. This will provide baseline data that will be complemented with another BSS survey in phase 2 to measure the impact of intervention. Same as above indicator.
Outcome	% of adults and children who are still on treatment after 1 year from the initiation of treatment	N/A	N/A	80	100%	From the ART register and patient records, 9 patients have been on treatment since 12 months and are still alive. From the ART register, 10 patients were initiated on treatment in August 2010, in March 2011 and in April 2011, respectively and another new patient was put on treatment in December 2010 (patient from Jenico-West Bank). Therefore, the total number of ART patients in the OP up to April 2011 is 13 including 10 in the West Bank and 3 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 Q8 (assessment of attitudes and practices of youth of age 14-24 years). The first draft of the report was finalized and a dissemination workshop took place in March 2011. The report is being finalized and a dissemination workshop will be held in April 2011. The final draft is still under review. The KAPB survey will be repeated in year 5 by UNICEF and targets might be negotiated once the operational research results are available.

<p>2.1. Treatment Adherence Monitoring</p>	<p>2.1.2 No of people with advanced HIV currently receiving anti-retroviral combination therapy</p>	<p>No</p>	<p>3</p>	<p>15</p>	<p>2007</p>	<p>40</p>	<p>11</p>	<p>Old of the 14 HIV+ currently alive in the 11 patients are under ARV treatment (10 in the West Bank and 1 in Gaza). Another patient in Gaza is now on treatment (since March 2011). However, this information will be reported in PUDR 10. The CD4 machine is fully functional in Gaza. CD4 counts were run on all patients in Gaza which resulted in the initiation of treatment for one patient, following the new national treatment guidelines, WHO-validated.</p> <p>At the time of drafting the present report, 12 patients are on treatment.</p> <p>Chloral monitoring of all patients, both in the West Bank and in Gaza is functioning properly and information about the patients' immune systems is checked every two to three months.</p> <p>A patient follow up system is fully in place both in West Bank and Gaza. The supply of ARVs and tracking consumption is closely supervised by the PR.</p> <p>The WHO International HIV medical officer departed mid December 2010. The replacement is already identified by WHO country office. The new incumbent is expected to be on board beginning of May 2011. In the interim, clinical follow up of patients is being done by the PR through supervision visits. The PR is currently reviewing the health care services and December 2010. Patient care and treatment is being followed up closely by the PR through supervision visits. In addition, the PR is steering up energy with the Director General of Public Health department trying to establish a systemic review and follow up that covers all aspects including psychosocial support.</p> <p>However, the access to all service delivery sites requires systematically prior permission by the Director General of Public Health Department (Chair of MAC), which restrains the PR from conducting frequent supervision visits.</p>
<p>2.2. Care & Support: Home and Community Based Care</p>	<p>2.2.1 No of people living with HIV provided psychosocial support PLHIV supported</p>	<p>No</p>	<p>3</p>	<p>0</p>	<p>2007</p>	<p>60</p>	<p>11</p>	<p>According to the MoH, the 11 patients in WB and Gaza currently under ARV treatment are provided with psychological support through the monthly visits (excluding the new patient to be reported in Period 10). Signed and stamped supporting documentation does not exist except from verbal and email confirmation. The relative to the other sensitive context in Gaza, it is worth mentioning that evidence from practice suggests that HIV patients are socially not accepted and any disclosure may cause further stigma and social prohibition". Therefore the PLWHIV are treated with strict confidentiality.</p> <p>Follow up was made by the PR to access patient files (keeping confidentiality intact) or some form of tracked evidence. The MAC confirmed that only the treating doctor(s) is/are allowed to follow up their cases and who would provide psychological support and counseling as well as organize referrals should there be any need. In general, there is not a well structured psychological programme for PLHIV in the light of the very small number of patients - 14 - in the opt. Support is provided on an ad hoc basis based on the monthly assessment and visits performed by the treating doctors.</p>
<p>3.1. Supportive Environment, Coordination and Partnership Development</p>	<p>3.1.1 No of political, community, religious leaders and police armed services attending sensitization workshops on HIV/AIDS and Stigma Reduction</p>	<p>Yes</p>	<p>1</p>	<p>30</p>	<p>2007</p>	<p>750</p>	<p>2,493 599 O4 + 66 O5 UNRWA O4 + 27 UNRWA O5 UNRWA O6 + 40 CSO members UNRWA O8 + 38 MEBHE UNICEF + 21 UNODC O8 + 128 UNRWA O7 + 27 UNICEF O2 + 10 UNICEF O2 + 20 UNICEF O2 + 20 UNICEF + 60 UNDP)</p>	<p>1. During Quarter 8, UNICEF conducted sensitization and advocacy workshops for a 12 religious leaders, through the Al-Mizan Organization in Gaza, which provided the following recommendations:</p> <ul style="list-style-type: none"> - to change some of the local habits that stigmatize against PLHIV/A - to provide patients with their needs and full access to medical care - to advocate for more studies about the cohort in the opt <p>However, UNICEF informed the PR that no follow up system is in place to monitor the religious leaders' efforts in HIV prevention and stigma reduction. The delays in approving the Period 10 activities and Phase 2 Plan have affected the overall monitoring system.</p> <p>b. Childs of Health and Education departments from UNRWA in the West Bank. As a result of this advocacy workshop, the childs recommended further training and awareness raising workshops for students at UNRWA schools.</p> <p>c. Therefore, a workshop was conducted for 17 principals of schools (the workshop took place during the weekend, out of school hours).</p> <p>2. The PR organized three days leadership training in Gaza to enhance the capacities of civil society organizations, technical practitioners from ministries and public institutions in addressing HIV & AIDS. This training was facilitated by the UNDP HIV/AIDS Regional Programme in the Arab States (IARPAS). 80 participants attended from 27 organizations representing civil society organizations, UN agencies, Ministry of Health, Ministry of Education, Ministry of Youth and Sports, and religious and media leaders. The training included designing effective and innovative means to prevention, care, and reduction of vulnerability. Positive feedback was received from the participants – which is available upon request.</p>
<p>3.2. HSS: Information Systems Operational Research</p>	<p>3.2.1 No of program partners trained in monitoring and evaluation</p>	<p>Yes</p>	<p>1</p>	<p>0</p>	<p>2007</p>	<p>40</p>	<p>79 (50 O4 WHO + 29 O5 WHO)</p>	<p>No further formal training on M&E was undertaken in Period 9. An update with regard to Operational Research activities and M&E is provided as part of the M&E action plan update and is enclosed to the present O9 PUDR as part of the supporting document.</p>
<p>3.4. Strengthening of Civil Society Institutional Building</p>	<p>3.4.1 No of CSOs/NGOs providing HIV/AIDS prevention, treatment, care and support services according to national guidelines</p>	<p>No</p>	<p>2</p>	<p>N/A</p>	<p>N/A</p>	<p>40</p>	<p>20</p>	<p>No additional sponsored CSOs are reported under this reporting period.</p> <p>The 20 organizations reported previously are: PAFAS, Jucor, Family Planning (FPFA), Al-Sadat Al Tayeb and Al-Sadat Developmental Association, SAMWA, Aqabel Jabbar Women Center and 13 CSOs. It is worth mentioning that treatment services are only provided by the MoH (free of charge).</p> <p>Preparatory work to enhance NGOs' capacities and increase the number of service providers is taking place.</p> <p>1. As part of the Civil Society Enhancement Strategy on HIV, the mapping of Civil Society Organizations working on HIV and AIDS was conducted and revised twice based on the various comments received from the partners and the national authorities. By end of November 2010, Jucor had provided another final draft currently being reviewed by UNDP. Final endorsement is expected to take place in Q10.</p> <p>2. UNDP team launched the call for proposals to provide small grants to CSOs and is currently undergoing the evaluation process.</p>

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number:	PSE-709-G01-H		
Progress Update - Reporting Period:	Cycle:	Quarter:	Number:
Progress Update - Period Covered:	Beginning Date:	1-Dec-2010	End Date:
Progress Update - Number:	9		28-Feb-2011

IV. Overall evaluation of performance

Over the last quarters, and confirmed in Q9, remarkable achievements were reached, demonstrating the high commitment to the HIV and AIDS response in the cPI by all stakeholders. Most of the planned activities were finalized and fully implemented according to plan and results exceeded the set targets for several indicators.

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

* As reported under the indicator section, 11 patients were under treatment in Period 9. However, an additional patient was put under treatment in Period 10, March 2011, but will be reported in PUQR10. The CD4 machines are now fully functional both in West Bank and Gaza and clinical follow of all HIV+ in the cPI (reported cases=14) is being performed. The remaining two patients in Gaza do not require to start an anti-retroviral treatment yet, in the light of their high CD4 counts. The Mohf follows the latest WHO/national treatment guidelines which stipulate that no treatment is recommended for any patient with CD4 counts superior at 250. The four PLWHA in Gaza arclinically followed up by the Gaza AIDS manager.

It is worth mentioning that the laboratory technicians never received a proper training by the supplier as they never received their permission to exist Gaza.

Therefore, in order to meet the urgent need to assess the PLWHA immune status and determine the patients' eligibility to treatment, the laboratory technician in Gaza assumed self-orientation by using the "operational manual CDP" attached with the counter machine. He also, communicated with his counterpart at the Central Laboratory in Ramallah to get more information about running control samples and operating the machine. Nevertheless, the director of laboratories in Gaza believes that, there is still a need for an official training to be performed. Having said that, UNDP is trying its best to find out if training can be done in Jordan or Egypt during Q10 in spite of the turmoil in the Middle East region.

* Number of PLWHA receiving psychosocial support: same as above comment - the target was set too high at the time of proposal writing in 2007 (target: 60) – there are only 14 HIV+ currently living in the cPI as per latest HIV statistics provided by the MOH in December 2010.

The last indicator for which target was not fully met relates to condom distribution – especially in Gaza. This is due to, first, the delays in the clearance and transportation to Gaza and, second, challenges in ensuring a large distribution to delivery points and to client - Gaza remaining a rather culturally and politically a sensitive context. Furthermore, UNDP discussed the possibility to involve the private sector in the distribution of the remaining quantities of condoms. As we are consolidating the PUQR 9 (Period Q9), the PR noticed some improvements in comparison with previous Quarters. Yet, the PR notes the need for a closer supervision from the SRS on the activities conducted by their respective SSRs for which we have lesser control or access. We note SRS limited efforts made to improve the quality of SSRs Pre- and post-training evaluation or ask for training materials.

The PR, encounter at times challenges in performing its monitoring functions as per the Global Fund requirements as activities perceived by SRS as "micromanagement". In addition, the PR finds it extremely difficult to enforce quality and training requirements in light of the current contracting arrangements between the SRS and SSRs following the National Execution Modality).

The PR does not have the mandate to ask for prior clearance of the internal planning taking place between the SRS and SSRs. Thus, reviews are limited most of the times to "post reviews" and informal feedback mechanisms.

V. Planned changes in the program, if any.

A second three months no cost extension was granted to the GFATM HIV and AIDS sponsored grant. The no cost extension covers the Period 10 of the programme (March-May 2011). At the time of drafting the present report, the PR had received the legal addendum to the Phase 1 legal grant agreement with the approved period 10 Performance Framework and revised budget. Subsequently, amendment letters to all SRS' grant agreements were drafted and signed (they will be attached to PUQR 10). It is worth mentioning that the 3 month no cost extension came later than what it was hoped for as it was received 6 weeks after the start of Period 10. This means that all partners will only have 6 weeks to perform all their Period 10 activities.

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

Other programme achievements:

- A) As part of UNICEF's agreements with its SSRs, the following activities took place in Q8:
 - 1. PFPFA conducted several workshops for 65 people from NGOs, university students and parents in Hebron and Ramallah on HIV awareness and stigma reduction.
 - 2. UNRWA conducted a workshop for 28 psychosocial workers and health tutors at schools on HIV and AIDS and healthy lifestyles.

N.B.: UNICEF reported the above mentioned achievements under indicator 3.1. (No of political, community, religious leaders and police/armed services attending sensitization workshops on HIV/AIDS and Stigma Reduction). However, the PR did not consider these achievements as advocacy workshops as the SR failed to demonstrate that the contents of the workshop curriculum included advocacy messaging. The workshops appeared to be a rather general type of HIV training.

B) Through the UNFPA's agreements with its SSRs, the following activities took place in Q8:

- 1. MAC conducted various events on the occasion of WAD which took place in different districts of the West Bank. A total of 0,100 persons attended the events.
- 2. PMRS also organized several HIV awareness raising events on the occasion of WAD including in Gaza.
- 3. Training/awareness sessions on peer education for youth at juvenile MoSA centers and female prisoners in rehabilitation centers took place in the West Bank.

N.B.: UNFPA reported this achievement under indicator 1.2. (No. of MARPS peer educators) however the PR did not consider it as a peer education training for the following reasons: the profile of the trainer does not qualify to be the one necessary for a peer educator; the content of the training is not comprehensible and did not cover peer education on HIV and AIDS; and no

C) WHO organized a lecture on HIV and AIDS for its staff in WB and Gaza on the occasion of WAD where 5 radio interviews on HIV and AIDS were conducted.

D) UNDP organized an event on the occasion of UN Cares and WAD inviting all UN staff. It took place at Saint George secondary school in East Jerusalem where many students and teachers participated and joined UN staff in the planned activities. (pictures are attached to the PUDR 9)

E) During Period 9, UNODC conducted the following activities:

1. Finalization of the response analysis and National Strategy on HIV prevention and care among drug users and in prison settings. The Strategy was shared with the UN Theme Group on HIV and inputs were received from UNDP. To ensure national endorsement by the Palestinian Authority, the National Strategy will be translated into Arabic and presented to national counterparts.

2. Training of 3 participants in Alexandria from 10 to 21 December 2010, on Community Outreach. In view of the establishment of the drop-in center by Al Madaseh NGO in the West Bank, training was delivered to three outreach workers to support them in the initiation of this programme which includes reaching street drug users and distributing needles and condoms. The training was conducted in Alexandria, Egypt by Dr. Sany Kozman in the Youth Association for Development and Population during the period 11 to 15 December 2010. This activity was cost shared among another UNODC project in which outreach workers from Egypt benefited from this training as well. With Global Fund and Money, the travel ticket and DSA of the Palestinian participants were covered.

3. Training of 10 healthcare practitioners from the Palestinian Authority to learn more about the drug treatment and harm reduction response in Jordan, during the period 18 to 23 December 2010. In sequence to a letter from His Excellency the Palestinian Minister of Health, requesting UNODC technical assistance for the development of a residential drug treatment center in the oPt and support trainings for Palestinian Healthcare service providers, UNODC liaised with the Jordanian Minister of Health to organize a study visit of 4 days to ten members of the High National Committee for the Prevention of Drugs and Psychotropic Substances to visit harm reduction and drug treatment centers in Jordan which took place from 19 to 22 December 2010.

4. Development of peer education package and IEC materials in Arabic. A workshop took place from 19 to 20 December 2010 in Cairo for the development of IDUs peer education guidelines and manuals. The workshop provided the opportunity for technical experts in in the oPt to be involved in peer education in prisons and among IDUs in the community. They have been able to brainstorm on the possible contents of the peer education materials related to the oPt and to share their experiences as peer educators.

Based on this regional event, the UNODC recruited International Consultant is currently developing the following publications:

- Guidelines on how to develop a Peer Education programme among drug users and in prison settings to be used in the region including the oPt.
- A manual for Peer Educators to be used in the region including the oPt.
- A set of IEC materials to be developed only for IDUs in the occupied Palestinian Territory.

The PR is finalizing a training module on Results-Based Management "From Theory to Practice" taking the HIV and AIDS and TB Global Fund programme as a case study. The presentations cover all operational aspects that shed lights on local and global lessons learned. The topics covered under the training include governance system, management, implementation arrangements and structure, performance framework, Monitoring and evaluation, finance, procurement and supply.

The PR prepared a training concept note on HIV and AIDS programme M&E issues and submitted to the chair of NAC during Q8, for review and endorsement. The training specific objectives can be summarized with the following:

- I. Reach a common understanding of what an M&E plan is, understand the elements of a good M&E system;
- II. Presentation of the reporting and recording tools revised or developed through the WHO;
- III. Develop skills and knowledge in knowing the operational procedures for a good implementation of these reporting tools; data management and analysis and linkage with national indicators. In addition, the PR is now finalizing a concept note with the UNAIDS regional office with the overall goal of enhancing the MoH monitoring and planning capacity. The possible specific objectives will be covered:
 - I. Revise the national HIV and AIDS strategy in light of the operational research results and a detailed costed action plan, National M&E plan (mapping the next steps to achieve such goal)
 - II. Present the results of the data synthesis exercises from the different operational researches
 - III. Pilot testing of the newly developed training modules on HIV and AIDS monitoring and evaluation
 - IV. Provide training and discussion on the UNGASS indicators in relation to the National set of indicators identified as suitable for the country and in line with the national strategy requirements
- A proposed support mission by UNAIDS covering the aspects above is scheduled for June 2011.

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

Conditions Precedent and/or special conditions	Fulfilled? (Yes/No)	PR Comments
First Disbursement: PR to deliver a statement confirming bank account	Yes	Submitted to the GFATM within the initial face sheet of Grant Agreement.
First Disbursement: PR to submit a letter confirming the authorized representative of the PR	Yes	Submitted to the GFATM during Phase 1 grant negotiation.
Second Disbursement: PR to provide evidence of conducting the M&E workshop including all stakeholders	Yes	UNDP/PAPP conducted the MESST workshop on 8-11 February 2010 both in the West Bank and Gaza. 60 people attended the workshops.
Second Disbursement: PR to provide a revised plan for the M&E of the program including results and recommendations	Yes	The M&E plan was submitted and approved by the GFATM in 2010.
Second Disbursement: PR to submit a revised program budget, if applicable after finalizing M&E and PSM Plans	Yes	The GFATM Secretariat approved the revised budget in January 2010 following the approval of the PSM Plan. A second revised budget was approved in December 2010 including the period 9 budget and targets corresponding to the no cost extension. Finally, a third revised budget including the second no cost extension was approved in April 2011 covering Period 10 (March - May 2011).
Procurement of Health Products: Disbursement to be requested upon submission of PSM Plan by the PR and the receipt of GF's written approval on the PSM Plan	Yes	The PSM Plan was approved by the GFATM Secretariat in November 2009.
The PR should have, by 31 Dec 08, recruited a Program Manager, a Finance Analyst and an M&E Officer	Yes	UNDP, in its quality of Principal Recipient and overall responsible for coordination and management of the GFATM funded activities, set up a programme management unit which comprises of: a Programme Manager (recruited in December 2008), a Programme Associate (confirmed on full time basis in October 2009), a Monitoring and Evaluation officer (on board in Q4), a Gaza Project Coordinator (on board in Q4), the financial and administration officer (on board in Q5) and the supply chain and liaison officer (on board in Q6). The management structure is attached to the present report.
Grants Disbursement to NGOs: Only upon assessment of the NGO by PR and/or SR, and selection process is transparent and documented	In Progress	UNDP launched the call for proposals to provide capacity building grants to CSOs. The evaluation of proposals received is currently taking place by the PR. (Further details will be included in the PUDR 10). It is worth mentioning that the call for proposals was advertised twice to allow a broader number of NGOs/CSOs to submit their capacity building projects.
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 MAC/MoH was finalized as planned.

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant Number:	PE52708-001-H	Quarter:	1-2010	Number:	9
Progress Update - Reporting Period:	1-Dec-2010	Start Date:	26-Feb-2011	End Date:	
Progress Update - Period Covered:		Beginning Date:		End Date:	
Progress Update - Number:	9				

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	354,994.79	195,573.90	159,420.89	The variance between expenditures and the budget can be explained by the following reasons: - At the time of drafting the Period 10 no cost extension, the PR following guidance from the LPA, reallocated the cumulative budget up to Q8 using the actual expenditures up to Q8 and estimated for Period 9 what would be the actual expenditures. - However, the Period 9 'budget' (in fact actual expenditures) were slightly underestimated. The actual expenditures were known two weeks after the submission of the Period 10 no cost extension which included the Period 9 reallocated budget. - Some costs including HR and the exchange rate related fluctuations were underestimated. - The PR sees this issue as a very marginal issue as Period 9 budget was just a budget based on information available at the time (two weeks prior Period 9 end date); the variance will be fully absorbed in Period 10 which has a budget higher than the foreseen expenditures. - The PR notes that the overheard amounts for January and February 2011 were not processed yet for the financial system at the time of this report, and will be reported within the Q10 PUDR. - The overall grant amount remains the same.	4,102,524.41	4,211,090.20	(108,565.79)	
1a. PR's total expenditures	112,279.00	150,559.09	38,280.09		1,529,759.19	1,657,028.89	(127,269.70)	Please refer to the previous note on the variance in PR expenditures.
1b. Disbursements to sub-recipients	242,715.79	46,014.81	196,700.98	One disbursement only was processed (UNICEF) in Q9. Cash balances of other SRs were sufficient to cover for Q9 activities as well as Q10 activities for some SRs. However, further disbursements will be reported in Q10 to cover for the additional Q10 activities approved through the second no cost extension (in April 2011).	2,472,770.22	2,613,961.31	(141,191.09)	The reason for the variance refers to several reasons: - The Period 9 'budget' inserted as part of the Period 10 no cost extension was based on estimates of what the actual expenditures would be. - Some SRs reported lower expenditures amounts to what was actually reported two weeks later at the time of consolidating all expenditures reports by SRs to the PR. - The PR does not see this issue as an important issue as the variance will be fully absorbed in the Period 10 report since the 'budget' is expected to be higher than the actual expenditures in Period 10. - The overall grant amounts at the SR level remain within the approved legal framework. - It is also worth mentioning that at the end of Q9, most SRs had enough cash to implement their Q9 activities which would be rolled over for implementation in Period 10. In fact, the PR disbursed the Q9 forecasted cash needs to the SRs when the first no cost extension (period 9) was approved and when further cash was received by the GFATM. - The major part of the variance relates to the cash available at UNICEF and UNODC levels. In Q10, a very small amount will be disbursed to these two SRs to enable them to cover for the rest of their planned activities for Period 10; however, larger amounts will be disbursed to WHO and UNFPA according to their approved budget and cash balances.
2. Health product expenditures vs. budget (energy included in "Total actual" figure above)	8,931.00	8,380.33	550.67		516,167.03	509,360.75	6,806.28	
2a. Pharmaceuticals	6,931.00	6,146.17	790.83	Procurement of ARV drugs for the period December 2010 to February 2011.	69,567.02	62,520.63	7,046.39	Another purchase of ARVs will take place in Q10.
2b. Health products, commodities and equipment	0.00	246.16	(246.16)	The amount paid refers to the purchase of the vortex machine as part of the medical equipment needs to the MOH. Most of the products and equipment were paid, except for the UNODC commodities and the test kits which are expected to be paid in Q10.	446,500.01	446,830.12	(330.11)	As explained previously, the variance relates to the purchase of the vortex machine that is considered an essential machine to operate the CD4 machine.

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

On-going Progress Update and Disbursement Request

DISBURSEMENT REQUEST PERIOD

Grant number:	PSE-208-G01-H		
Disbursement Request - Disbursement Period:	Cycle:	Quarter	Number:
Disbursement Request - Period Covered:	Beginning Date:	1-Mar-2011	End Date:
Disbursement Request - Number:	9		

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):

269,509.74

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

262,439.00

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

4,294.13

266,703.13

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

196,573.90

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

1.85

196,575.75

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

339,637.12

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):

7. Period beginning date:

1-Mar-2011

end date: 31-May-2011

amount as originally budgeted: 911,800.59

forecasted amount: 628,371.38

628,371.38

8. Additional quarter

(cash "buffer") beginning date ⁽⁴⁾: 1-Jun-2011

end date: 31-Aug-2011

amount as originally budgeted: 0.00

forecasted amount: 0.00

0.00

628,371.38

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

The forecasted expenditures refer to the P-10 activities that were recently approved by GFATM.

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

339,637.12

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

0.00

339,637.12

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):

288,734.26

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 = 3.60 and Avg Euro/USD = 0.753

Footnote:

- Gross amount debursed 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"
- Expenditures listed must be covered by current budget forecasts
- 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
- Additional period (cash "buffer") - disbursement of funds for C9 is contingent upon the signing of Phase 2 or as otherwise stipulated per implementation letter
- "Cash in transit" includes amounts disbursed but not yet received by the PIR 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-Dec-2010	End Date:
Progress Update - Number:	9		28-Feb-2011

DISBURSEMENT REQUEST PERIOD

Progress Update - Reporting Period:	Cycle:	Quarter:	Number:
Progress Update - Period Covered:	Beginning Date:	1-Mar-2011	End Date:
Progress Update - Number:	9		31-May-2011

Section 3: Cash Request and Authorization

A: CASH REQUEST

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

1. Cash amount requested from the Global Fund (from Section 2.B line 10, in: USD): **288,734.26**
2. Amount requested in words (in: USD): **Two hundred and eighty-eight thousand, seven hundred and thirty-four Dollars and 26/100**

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: Frode Mauring

Title: Special Representative of the Administrator - UNDP/PAPP

Date and Place: Jerusalem, on Monday 2 May 2011

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

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

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

Expenditure Report

Etat de dépenses

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

A - MANAGEMENT RATIOS		Current Reporting Period	Cumulative Reporting Period
		1-Dec-10 28-Feb-11	1-Dec-08 28-Feb-11
Cash received from the Global Fund		262,439	4,634,852
Budget		354,995	4,102,529
Expenditures		428,360	4,175,896
BUDGET EXECUTION RATIO (expenditures vs. budget)		121%	102%
EXPENDITURE RATIO (expenditures vs. cash received)		163%	90%

B - BREAKDOWN by EXPENDITURE CATEGORY		Current Reporting Period			CUMULATIVE REPORTING PERIOD		
		1-Dec-10 28-Feb-11	1-Dec-08 28-Feb-11	1-Dec-08 28-Feb-11	1-Dec-08 28-Feb-11	1-Dec-08 28-Feb-11	1-Dec-08 28-Feb-11
Category	Budget	Expenditures	Variance	Budget	Expenditures	Variance	
1 Human resources (PR)	74,000	104,547	-67,482	443,575	584,333	-67,484	
Human resources (SRs)	66,596	103,532		574,327	501,054		
2 Technical Assistance (PR)	14,000	0	-6,875	46,186	15,286	-6,874	
Technical Assistance (SRs)	13,851	34,726		223,489	261,263		
3 Training (PR)	0	10,654	-116,410	44,000	36,167	-116,410	
Training (SRs)	-47,559	58,197		412,022	536,266		
4 Health Products and Health Equipment (PR)	400	437	160	354,072	436,430	-240	
Health Products and Health Equipment (SRs)	0	-196		92,518	10,400		
5 Medicines and Pharmaceutical Products (PR)	7,931	7,931	0	62,520	62,521	-1	
Medicines and Pharmaceutical Products (SRs)	0	0		0	0		
6 Procurement and Supply Management Costs (PR)	1,000	209	791	7,047	7,256	-209	
Procurement and Supply Management Costs (SRs)	0	0		0	0		
7 Infrastructure and Other Equipment (PR)	7,069	7,240	17,609	200,394	191,197	17,610	
Infrastructure and Other Equipment (SRs)	23,931	6,151		34,736	26,323		
8 Communication Material (PR)	4,000	5,627	-5,170	25,000	10,160	-3,770	
Communication Material (SRs)	15,333	18,876		199,761	218,371		
9 Monitoring and Evaluation (PR)	0	0	5,016	0	0	5,016	
Monitoring and Evaluation (SRs)	19,000	13,984		334,607	329,591		
10 Living Support to Clients Target Population (PR)	0	0	0	0	0	0	
Living Support to Clients Target Population (SRs)	0	0		19,628	19,628		
11 Planning and Administration (PR)	0	5,355	11,036	44,962	53,230	11,037	
Planning and Administration (SRs)	27,412	11,021		218,756	199,451		
12 Overheads (PR)	3,879	8,561	75,592	341,003	270,460	75,592	
Overheads (SRs)	104,151	23,877		200,777	195,728		
13 Other (PR)	0	0	12,366	60,000	0	12,365	
Other (SRs)	20,000	7,634		163,147	210,782		
	Sub-TOTAL PR	112,279	180,559	1,628,759	1,667,039	-73,366	
	Sub-TOTAL SRs¹	242,716	277,801	2,473,770	2,508,857	-73,366	
	TOTAL PR + SRs	354,995	428,360	4,102,529	4,175,896	-73,366	

C - BREAKDOWN by PROGRAM ACTIVITY

Macro-Category	Objectives	Service Delivery Level	Current Reporting Period			CUMULATIVE REPORTING PERIOD		
			Budget	Expenditures	Variance	Budget	Expenditures	Variance
			1-Dec-10 28-Feb-11	1-Dec-08 28-Feb-11				
HIV: Prevention	Objective 1: Strengthen Community action to maintain low HIV prevalence particularly among populations most at risk and vulnerable in partnership with NGOs Objective 2: Reduced morbidity and mortality through improved access to treatment, care and psycho-social support to those infected and affected Objective 3: Reinforce capacities, partnerships, coordination, monitoring and evaluation of the national response in line with the three ones	SDA 1.1: BCC - Mass Media	46,100	21,116	24,984	327,481	302,497	24,984
		SDA 1.2: BCC - Community Outreach	79,786	164,612	-84,826	884,050	968,876	-84,826
		SDA 1.3: Prevention: Condom Distribution	0	-196	196	23,670	23,474	196
		SDA 1.4: Prevention: Counseling and Testing	8,838	5,290	3,548	24,007	20,459	3,548
		SDA 1.5: Prevention: STI Diagnosis and Treatment	10,000	0	10,000	273,868	263,868	10,000
		SDA 1.6: Prevention: Blood Safety and Universal Precautions	5,000	3,000	2,000	43,576	41,576	2,000
HIV: Treatment		SDA 2.1: Treatment: ART Treatment and Monitoring	7,931	11,020	-3,089	346,163	349,252	-3,089
		SDA 2.2: Care and Support: Home and Community Based Care	0	781	-781	75,038	75,819	-781
		SDA 3.1: Supportive Environment: Coordination & Partnership	6,500	8,992	-2,492	259,156	261,647	-2,492
		SDA 3.2:HSS: Information Systems and Operational Research	0	46,747	-46,747	470,699	517,446	-46,747
		SDA 3.3: Supportive Environment: Stigma Reduction in all Settings	0	1,140	-1,140	168,050	169,189	-1,140
		SDA 3.4: Strengthening of Civil Society and Institutional Building	10,000	16,009	-6,009	64,094	70,103	-6,009
		PMU PR	72,810	117,413	-44,603	600,897	645,501	-44,603
	Overheads		108,030	32,438	75,592	541,780	466,188	75,592
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
					0			0
TOTAL PR + SR\$			354,995	428,360	-73,366	4,102,529	4,175,896	-73,366

Management of Sub-Recipients
Gestion de Réciplendaires Sécoudaires

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

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 fixés 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 de rapport annuel. En général, le rapport est dû par trimestre ou par semestre.

SR Disbursements: Please insert the amount that had been disbursed by the PR to the SR in the reporting period.
Détachements 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 SRs' expenditures. Advanced payments and committed amounts need to be accounted for as 'accounts payable' and not as expenses in the accounting system of the PR.
Dépenses au RS: Veuillez indiquer le montant total des dépenses effectuées et justifiées par le RS (i.e. facture originale, pièces justificatives, rapport de mission, list de participants, etc.) de la période d'activité. Les avances ne représentent pas de dépenses effectives. Tous les avances sont à comptabiliser comme créances dans la comptabilité du RP.

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

Name of Sub-Recipient Nom de Réciplendaire Sécoudaire	BUDGET of Sub-recipients BUDGET de Réciplendaires Sécoudaires							
	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
1 UNODC	146,162	329,981	476,150					476,150
2 UNFPA	843,661	592,276	1,436,137					1,436,137
3 WHO	400,303	343,091	743,393					743,393
4 UNICEF	331,400	258,298	589,698					589,698
5	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0
8	0	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0	0
10	0	0	0	0	0	0	0	0
11	0	0	0	0	0	0	0	0
12	0	0	0	0	0	0	0	0
13	0	0	0	0	0	0	0	0
14	0	0	0	0	0	0	0	0
15	0	0	0	0	0	0	0	0
16	0	0	0	0	0	0	0	0
17	0	0	0	0	0	0	0	0
18	0	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0	0
20	0	0	0	0	0	0	0	0
21	0	0	0	0	0	0	0	0
22	0	0	0	0	0	0	0	0
23	0	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0	0
26	0	0	0	0	0	0	0	0
27	0	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0	0
30	0	0	0	0	0	0	0	0
31	0	0	0	0	0	0	0	0
32	0	0	0	0	0	0	0	0
33	0	0	0	0	0	0	0	0
34	0	0	0	0	0	0	0	0
35	0	0	0	0	0	0	0	0
36	0	0	0	0	0	0	0	0
37	0	0	0	0	0	0	0	0
38	0	0	0	0	0	0	0	0
39	0	0	0	0	0	0	0	0
40	0	0	0	0	0	0	0	0
41	0	0	0	0	0	0	0	0
42	0	0	0	0	0	0	0	0
43	0	0	0	0	0	0	0	0
44	0	0	0	0	0	0	0	0
45	0	0	0	0	0	0	0	0
46	0	0	0	0	0	0	0	0
47	0	0	0	0	0	0	0	0
48	0	0	0	0	0	0	0	0
49	0	0	0	0	0	0	0	0
50	0	0	0	0	0	0	0	0
Total	1,721,726	1,923,653	3,245,379	0	0	0	0	3,245,379

