

On-going Progress Update and Disbursement Request

GENERAL GRANT INFORMATION

Country:	Mali Bank and Casa Strip
Disease:	Tuberculosis
Grant Number:	PSE-809-G02-T
Principal Recipient:	UNEP/PAAP
Program Start Date:	1-Dec-2009
Currency:	EUR

PROGRESS UPDATE

Progress Update - Reporting Period:	Cycle:	Quarter:	Number:
Progress Update - Period Covered:	Beginning Date:	1-Jul-2011	7
Progress Update - Number:	End Date:	30-Sep-2011	

DISBURSEMENT REQUEST

Disbursement Request - Disbursement Period:	Cycle:	Quarter:	Number:
Disbursement Request - Period Covered:	Beginning Date:	1-Oct-2011	7
Disbursement Request - Number:	End Date:	30-Nov-2011	

Section 1: Programmatic Progress

Note: The table below should contain those Impact/Outcome indicators that are (1) due for reporting during the current year of a grant and (2) those reporting on which is overdue from the previous periods.

Impact / Outcome	Indicator Description	Baseline (if applicable)		Year of Target	Intended Target	Report Due Date	Actual Result	Data Source of Results	Comments on results on Impact/Outcome indicators and data sources, and any other comments
		Value	Year						
Outcome	Treatment success rate: new smear positive TB cases	94%	2007	Y1 - Y5	94%	Quarterly MoH reports	100% (11 out of 11) For year 2010	Other (R&R TB system, quarterly report)	The treatment success rate, at the end of the first year of the programme, is estimated at 100%. The Ministry of Health was able to treat and cure all cases registered and detected during the year. Results of the second year are subject for update in Q8. The reported result is based on one year treatment and monitoring. Following WHO recommendations, all TB forms as a surrogate for smear positive were included to calculate the CDR.
Outcome	Case detection rate: new smear positive TB cases	4.5%	2007	Y1 - Y5	8.5%	Quarterly MoH reports	31/800, i.e. 4% for the whole 2010	Other (R&R TB system, quarterly report)	The calculation used the estimated number of cases by WHO in year 2009. WHO and the MoH expect that estimate to be overestimated and is likely to be revised in 2011/2012. To this effect, a study will be carried by WHO/MoH to revisit national estimates (as part of the Phase 2 plans). Results of the second year will be updated in Q8.
Impact	TB prevalence rate (all forms)	31 / 100,000	2007	Y4	N/A	Yearly	Not available yet	Other (Global TB Control Report / WHO EMRO)	The baseline information, as likely to be overestimated, will be reviewed with a survey planned to be conducted in Year 4 of the grant (extent of underreporting cases among non-TB health care providers due in Year 4 of the grant).
Impact	TB incidence rate (all forms)	20 / 100,000	2007	Y4	N/A	Yearly	Not available yet	Other (Global TB Control Report / WHO EMRO)	The baseline information will be reviewed with a survey planned to be conducted in Year 4 of the grant (extent of underreporting cases among non-TB health care providers due in Year 4 of the grant).

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant Number:	P8E-609-602-1	Quarter:	7
Progress Update - Reporting Period:	Cycle:	Beginning Date:	End Date:
Progress Update - Period Covered:	7	1-Jul-2011	#####
Progress Update - Number:			#####

Note: All programmatic indicators contained in the current Performance Framework should be listed, regardless of whether there are target results for the period covered by the Progress Update or whether the targets have been met in previous periods.

B. Programmatic Indicators

Objective No.	Indicator No.	Indicator Description	Tied To	Targets cumulative?	Top 10 Indicator?	Baseline (if applicable)		Intended Target to date	Actual Result to date	% achievement (based on baseline)	Reasons for programmatic deviation from intended target and deviations from the related workplan activities
						Value	Year				
1	1.2	Number and percentage of new smear-positive TB patients successfully treated (cured plus completed treatment) among the new smear-positive TB patients registered	National Program	Not cumulative	Yes - Top 10			94% (6 patients)	33% (1 patient out of 3 registered 12 months ago)	50%	This is the treatment success rate of the 3 smear-positive cases registered for treatment in Q3 2010. One case out of the three has completed treatment, one case was categorized as treatment failure and the last case as a default. The failed treatment patient was referred to Jordan for treatment as MDR case. The reported result is based on one year treatment and monitoring.
2	2.1	Number of new smear-positive TB cases detected	National Program	Not cumulative	Yes - Top 10	45% (16 patients)	2006	8	3	36%	UNRWA detected one case during this quarter in Gaza (Rafah Camp). The MoH detected two new cases during this quarter in Gaza.
3	3.1	Number of TB suspects amongst refugees who are screened for TB according to national policy	National Program	Not cumulative	Top 10 equivalent	500.00	2007	150	321 (190 UNRWA + 131 MoH)	297%	In total, 321 suspects among refugees were screened for TB during Q7. Two contacts of smear-positive TB patients were screened by UNRWA in Q7. 12 contacts of smear-positive TB patients were screened in Q7 by MoH in Gaza. A cumulative total of 14 contacts were screened in Q7. Thus, a total cumulative annual number of 211 (98 OE + 161 OE + 14 O7) (this indicator is cumulative).
3	3.3	Number of contacts of smear-positive TB patients screened for TB according to national policy	National Program	Y-cumulative annually	Top 10 equivalent	52.00	2007	60	cumulative (annually) total 211	704%	12 supervisory visits were conducted in West Bank and 7 supervisory visits in Gaza Strip by UNRWA (a total of 19 visits). 5 supervisory visits were conducted by the MoH in Gaza only. Supervision visits in the West Bank will start in Q8 as agreed upon between the partners following the development of unified and joint supervision checklists (WHO/MoH and UNDP As PR). Supervision check list templates are available upon request.
1	1.1	Number of supervisory visits performed per functional district with documented feedback reports / out of planned visits during a specified period	GF	Not cumulative	No	-	2007	12	24	200%	The three districts in the West Bank and the two districts in Gaza Strip (UNRWA) involved in the Global Fund programme reported timely on their TB activities. From the Ministry of Health, 15 districts out of 15 submitted timely reports in Q7.
1	1.2	Number and percentage of district submitting timely quarterly reports on notification and treatment outcomes according to the national guidelines	GF	Not cumulative	No	1.00	2007	11 (73%)	20 (100%) (5 UNRWA + 15 MoH)	100%	It is worth mentioning that the PR was able this quarter to verify the dates when the MoH conducted trainings to health workers in 45 MoH health facilities in Gaza (including 12 UNRWA and 19 health facilities in WB (including 8 UNRWA) have at least one health worker trained on TB management and patient care training, lab diagnosis training and IAC training. The target group included doctors, nurses, pharmacists and lab technicians. Improvements in reporting have been noticed through the pre and post training evaluations conducted by MoH.
1	1.3	Number of health facilities with at least one health worker trained on TB	GF	Not cumulative	No	-	2007	11 (73%)	74 (672%)	1000%	UNRWA has trained 95 lab technicians on sputum examination from 19 UNRWA health facilities in Gaza. None of the facilities are already included within the reporting on MoH trainings. This training has showed as well improved knowledge according to the pre and post evaluations conducted by UNRWA. Therefore, the total number of facilities with at least one health worker trained is 74 facilities.
2	2.2	Proportion of TB units reporting no stock-out of first-line anti-TB drugs for more than a week in the last reporting quarter	National Program	Not cumulative	No	3/4	2007	11/11	15/15	100%	The TB fixed-dose combination drugs (FDCs) were received in country on 25 May 2011 (OE) and samples were sent for quality assurance. The PR received the green light from the concerned QNDQ secretary in July allowing for the distribution of drugs to WB and Gaza. It is worth mentioning that no stock out of drugs was reported during the reporting period in any of the 15 MoH districts.

2	2.1	Number of laboratories performing regular EOA for smear microscopy + corrective action planned for laboratory with concordance rate (sensitivity x specificity) below 95%	GF	Year program term	No	-	2007	3	8 (53%)	Cumulative total of 5 MOI (62.5%)	25%	<p>This indicator relates to MOI laboratories only who are sending slides to the central laboratory in WB to be rechecked (as per the definition of EOA confirmed by WHO).</p> <p>The Central MOI Laboratory in the West Bank has double checked: a) 19 slides (positive and negative) received from 9 UNRWVA West Bank laboratories b) 38 slides (positive and negative) received from 4 district laboratories in the West Bank</p> <p>The Central MOI Laboratory in Gaza is not performing any EOA activities for the moment as the medical equipment (microscopes for all districts) has not yet been delivered. However, the Central Laboratory has an internal quality assurance mechanism in place allowing them to double check all slides</p> <p>UNRWVA Gaza does perform quality assurance but internally with UNRWVA, as all district slides are rechecked again at their UNRWVA Central Laboratory. Upon reception of the microscopes at the Central Laboratory, it is plan that all slides from all districts (the MOI or UNRWVA districts) will be sent to the Central Laboratory for EOA, which is being strengthened to perform the agreed upon EOA protocols. Five laboratory technologists from WB and Gaza will be sent in CB to Egypt to receive training on EOA, DST and TB culture.</p>
3	3.1	Number of laboratories performing regular EOA for smear microscopy + corrective action planned for laboratory with concordance rate (sensitivity x specificity) below 95% among the UNRWVA laboratories.	GF	Not cumulative	No	-	2007	3	-	27	287%	<p>Laboratory performing EOA is defined as the laboratory that is sending slides to be rechecked at another laboratory. This indicator relates to UNRWVA laboratories only.</p> <p>8 UNRWVA laboratories in WB sent positive and negative slides to the MOI Central Laboratory in Ramallah for EOA.</p> <p>19 UNRWVA laboratories in Gaza sent 481 positive and negative slides to the UNRWVA Central Laboratory in Gaza for EOA.</p> <p>Thus, 27 UNRWVA laboratories performed EOA this quarter.</p>

* Indicator No. should correspond to the indicator number listed in the approved Performance Framework of the grant (1, 1.2, etc.)

C. Analysis of data quality and reporting issues

(1) This section should contain: (1) a summary of issues related to data quality and reporting on programmatic indicators, and any relevant issues which are not covered in 'Reasons for programmatic deviation', and (2) remedial actions that are underway or planned to address these issues.

1. The PR confirms consistency of data reported within the same institution in district and central levels and also between the different institutions. This confirms the coordination, reporting and communication between the different partners.
2. The PR acknowledges the improvement in UNRWA reporting mechanisms this quarter. The PR was able to verify and validate the data reported between district and central levels. However, coordination and reporting between UNRWA Gaza and West Bank remain a challenge as both offices are considered separate and independent entities.
3. As a usual frustration, the progress reports filled in by the SRs do not always provide much detailed information. The PR continuously provides feedback to the SRs on this issue and requests amendments and clarifications to the reports. This clarification process is then extensive and time consuming. This relates to financial updates as well as in some cases, expenditures cannot be verified. Furthermore, delays in the submission of reports were remarkable due to the Eid holidays (during the week of 7 November) and which delayed the submission of the PUDR 7 as well.
4. The PR finds it difficult to enforce quality and training requirements. The PR does not have the mandate to ask for prior clearance of trainings to take place. Thus, reviews are limited most of the times to "post reviews" and informal feedback mechanisms in addition to feedback at the time of the events/supervision visit. However, the pre and post evaluation tests are serving as a tool for the PR to stand on the quality of trainings and their impact.
5. Data verification checklist was developed in cooperation with WHO to validate the accuracy of reported information.

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number:	PSE-809-G02-T		
Progress Update - Reporting Period:	Cycle:	Quarter	Number:
Progress Update - Period Covered:	Beginning Date:	1-Jul-2011	End Date:
Progress Update - Number:	7		

Section 2: Grant Management

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

Please include in this table the GP number as per Grant Agreement and full text of CPs and/or other special conditions due for fulfillment during this period or outstanding from previous periods. Some Special Conditions may apply to more than one period of grant implementation. Their fulfillment during one period does not automatically imply fulfillment in subsequent periods. The LFA should verify that the status of such conditions is reported by the PR during each period concerned.

Conditions Precedent and/or other special conditions	Status	PR Comments on Progress of Implementation
Second Disbursement: Delivery by the Principal Recipient to the Global Fund of a completed version of the Monitoring and Evaluation Systems Strengthening Tool	Met	The MESS T workshop took place in February 2010 including all relevant partners - workshop during which the MESS tool was finalized and endorsed by all partners. The completed MESS tool along with the final M&E plan and proposed action plan was shared mid August 2010.
Second Disbursement: Delivery by the Principal Recipient to the Global Fund of an updated plan for monitoring and evaluating Program activities that incorporates the recommendations made by Program stakeholders upon completion of the Monitoring and Evaluation Systems Strengthening Tool	Met	The updated monitoring and evaluation plan was finally approved by GFATM in January 2011.
Second Disbursement: Delivery by the Principal Recipient to the Global Fund of a revised budget for the period beginning with the Program Starting Date and ending with the Program Ending Date (the "Revised Program Budget") if the amendments incorporated into the Updated M&E Plan necessitate amendments to the budget that was approved by the Global Fund as of the effective date of this Agreement	Met	The PSM Plan was approved by the GFATM on 15 December 2010. The revised budget including the updates following the approved PSM plan was approved by GFATM on 5 April 2011.
Second Disbursement: the written approval of the Global Fund of the Updated M&E Plan and Revised Program Budget (the latter only being applicable if condition c. of this sub-section is applicable).	Met	The M&E plan was approved by the GFATM in January 2011 (Q5) and the TB revised program budget was approved by GFATM in April 2011 (Q6).
The disbursement by the Global Fund or use by the Principal Recipient of Grant funds for the procurement of Health Products is conditional upon the approval by the Global Fund of the PSM Plan.	Met	The PSM Plan was approved by the GFATM on 15 December 2010. Accordingly, the PR has already placed the order for the purchase of equipment and pharmaceuticals. Delivery of medical equipment is expected during Q8. TB Drugs were delivered during the month of May 2011.
By no later than 15 February 2010, documentation demonstrating that the Principal Recipient has provided training to the Sub-recipients (National TB Program and WHO) on the programmatic and financial reporting requirements for Global Fund funding, including the development of tools for Sub-recipient reporting	Met	The PR conducted a training session with all SRs on reporting templates and mechanisms. Feedback and guidance is also provided on a bilateral basis to each SR by the PR. Reporting templates were updated to include more information from SRs as of Q3. It is worth to mention as well, that the capacity building for SRs is a continuous process that takes place every quarter.
By no later than 15 February 2010, documentation detailing the proposed levels for the incentive scheme for the Sub-recipient, National TB Program, which shall be in line with the incentives provided by other donors/international partners for similar programs.	Met	As per the Q3 Management letter from the GFATM received on 15 February 2011, this condition is now satisfactory to the GFATM.
The Principal Recipient shall ensure that appropriate systems for the management, monitoring and oversight of the health product supply chain are implemented for products procured with grant funds and corrective measures are taken to address any gaps identified during monitoring and oversight.	Met	This part was shifted to the WHO's work plan (to ensure quality control mechanism with the incentives' beneficiaries) - names and mechanisms are provided every quarter to WHO which is responsible for payment after verification. This follows the policy of incentives adopted by the Ministry of Health where no staff receives incentives that exceed 25% of their salary. During Q3 and Q4, no incentives were paid, however, Q5 & Q6 PLUDRs include all incentives for Q3 up to Q5 and provide the summary of all amounts paid per staff. No incentives were paid in Q7 as per WHO. The PR performs another level of verification every quarter as part of the progress report reviews.
Not later than 90 days after this Agreement enters into force, a plan for monitoring the Program, is replaced with the condition for second disbursement in Section B.2 above.	Met	The PR has appointed, through the HIV grant, a supply chain management officer also responsible for for monitoring supply chain systems in collaboration with the MoH
	Met	The M&E plan initially submitted in August 2010, was finally approved in January 2011 (Q5)

Section 2: Grant Management

<p>Prior to disbursement of grant funds to a Sub-Recipient, the Principal Recipient shall have executed an agreement with such Subrecipient that is consistent with this Agreement, including the required representations regarding anti-terrorism and appropriate performance frameworks and budgets.</p>	Met	All Agreements were signed with all SRs and first disbursements (for two quarters) were processed.
<p>The Principal Recipient acknowledges and understands that the Global Fund has entered into this Agreement with the Principal Recipient in reliance on the representation by the West Bank and Gaza UN Theme Group that the funds provided under this Agreement do not constitute more than 65% of the funds for the national tuberculosis program in the West Bank+AS8 and Gaza. If the Principal Recipient becomes aware that the funds provided under this agreement are in fact or are anticipated to be materially higher than this amount, the Principal Recipient shall promptly notify the Global Fund.</p>	Met	-
<p>The Principal Recipient shall select Sub-recipients in accordance with its regulations and rules. Before disbursing grant funds to any Sub-recipient, the Principal Recipient shall notify the Global Fund of the selection of the Sub-recipient. In the case of a Sub-recipient that is not a UN agency, the Global Fund may, at its election, conduct an assessment of the Sub-recipient. The Principal Recipient shall address the assessment recommendations by risk mitigation measures satisfactory to both the Principal Recipient and the Global Fund.</p>	Met	<p>The Global Fund was notified about all selected SRs (same as original proposal and grant agreement). The LFA conducted an assessment with the main SR - MoH which conclusions were shared informally with the PR. With regard to such assessment, the PR would be happy to provide clarifications and corrections since some of the results are not totally correct; should the LFA/GF/ATM be interested.</p>

Section 2: Grant Management

B. PR REVIEW OF PROGRESS ON IMPLEMENTATION OF OUTSTANDING MANAGEMENT ACTIONS FROM PREVIOUS DISBURSEMENTS

Please list all issues raised in the last Management Letter from the Global Fund or outstanding from previous Management Letters, and comment on the progress. Please include the date of the management letter and the item number.

Global Fund Management Actions	PR Comments on Progress of Implementation
<p>Case notification of new smear positive has low achievements.</p> <p>We take note of the plans to extend the screening of contacts to all forms of TB. Although, we note further that some under-detection may arise because of sub-optimal PHC and lab performance it appears that one problem of the under-reporting may be that many people with TB who reside in the oPt are diagnosed and treated in neighboring countries.</p>	<p>The low case detection rate is an issue discussed on a quarterly basis between WHO, the MoH, UNRWA and UNDP.</p> <p>All options have been/are explored:</p> <ol style="list-style-type: none"> 1. Low capacities of staff in diagnostics and case detection (unlikely as staff received major training in 2011) 2. The use of private sector by patients (unlikely as TB is very specialized and treatment is available at the MoH health facilities) 3. Cases are diagnosed and treated abroad such as in Jordan (unlikely as confirmed with the MoH-National TB programme in Jordan and by WHO) 4. There are simply no many TB cases in the oPt. <p>All the above mentioned options are discussed between technical partners. An inventory analysis was suggested by UNRWA HQ and WHO – which cost was not factored into the Phase 1 and Phase 2 budgets. Such exercise is suggested to be funded through generated savings if any. A tentative budget was pulled together by WHO-EI/RC: the exercise should cost 100,000 and would take a couple of months. Finally, it is worth mentioning that in order to fully assess all reasons behind a low case detection rate, it is important to leave at least one year of full implementation of the DOTS programme, which will only be fully operational and scaled up upon the reception of all medical equipment in districts. As communicated previously and in this progress update, the medical equipment will be delivered in December 2011 if tax exemptions from the Israeli authorities are received on time – necessary step prior any shipment. The international procurement and related tasks have taken one year, hence the ongoing plea from UNDP to consider flexible purchasing mechanisms in country.</p> <p>As communicated previously, ECA has started since June 2011 in the Ramallah Central Laboratory. Reference to the updates related to the ECA indicators.</p>
<p>Number of laboratories performing regular EGA for smear microscopy + corrective action planned for laboratory with concordance rate (sensitivity x specificity) below 95% among the UNRWA laboratories.</p>	<p>As communicated previously, ECA has started since June 2011 in the Ramallah Central Laboratory. Reference to the updates related to the EGA indicators.</p>
<p>We acknowledge the efforts already undertaken by the PR and stakeholders to perform regular External Quality Assurance (EQA).</p>	<p>A joint supervision checklist was validated by the MoH, WHO, and UNDP.</p> <p>UNDP has created an annex to such standard supervision checklist to capture information with regard to assets, EQA and other indicators for grant monitoring purposes. All grant indicators and management related indicators are covered through the newly approved joint supervision form which is attached to this report.</p>
<p>Supervisory activities</p> <p>We acknowledge the efforts undertaken to ensure timely supervisory visits. However, we note that supervision feedback reports do not outline specific findings, recommendations or improvements since the last supervision although this would be important to support SRs and staff at health facilities to improve data collection and reporting.</p>	<p>All health districts and each targeted health facility (UNRWA and MoH facilities) should be visited on a quarterly basis by a joint and multi-partner team.</p> <p>Strengths, issues and recommendations will emerge from such supervision forms and visits. An analysis per health center will be a joint analysis between the MoH, UNRWA and WHO with clear follow up action points.</p> <p>The exact calendar of the multi-stakeholders routine supervision visits is being discussed along with the mechanism/process in order to avoid any major disruption of services at the health facility level.</p>
<p>Salary Gaza Coordinator</p> <p>In line with the approved budget the approved upper ceiling for the salary of the Gaza Coordinator is €6,659 per quarter (€ 2,219 per month). However, we note that € 8,205 have been paid during the reporting period.</p>	<p>A reallocation request was submitted along with the PUDR in order to cover the difference.</p>
<p>Reallocation request WHO</p> <p>We note that the PR has received a re-allocation request from WHO in relation to the incentive payments and national capacity building.</p>	<p>All of the reallocation requests are shared with the GFATM for approval. However, new reallocation requests will be submitted along with the PUDR 7. Prompt feedback from the Global Fund will be appreciated.</p>

Section 2: Grant Management

<p>Linkages between MoH and UNRWRA The NTP (MoH) reports do not include all figures from UNRWRA, i.e. quarterly summary reports for new patients detected and contacts of TB patients screened.</p>	<p>As treatment is only available through the MoH facilities, all treatment related information are captured through the MoH reports. As for the case detection, contact tracing and EQA, the MoH as agreed to consolidate all information from UNRWRA for the Global Fund progress updates. This will likely start taking place in Phase 2, if not before.</p>
<p>Cohort analyses of treatment outcomes We note that UNRWRA looks back one quarter only when analyzing the cohorts for treatment outcomes.</p>	<p>As communicated previously, the MoH is the only entity responsible for treatment. Treatment outcome analysis should be undertaken by the MoH in consultation with UNRWRA.</p>
<p>Pharmaceutical and Health Product Management We note that there have been lengthy discussion during the process of procurement of medical supplies and understand that this has been clarified by UNDP Procurement Support Office (PSO).</p>	<p>The TB medical equipment is still not delivered in country yet. The delivery is expected to take place in Q9 (December 2011). The delay in receipt of equipment is related to the lengthy international procurement process and to the delay in the clearance provided by the Israeli authorities. Such issue was communicated to UNDP/PSO at various occasions, which provided support when possible.</p>

C. PR COMMENTS ON ANNUAL GRANT REPORTING REQUIREMENTS

! Please indicate a date for the report due for submission. If a report is overdue, indicate the original due date and explain the reason for delay.

Required Documentation	Due date (dd-mm-yy)	Status	Comments
PR Audit Report		Select	According to UNDP corporate policy on audits, UNDP/PAPP confirms that internal audits are conducted every year (July 2011 for 2010 activities) - however, the report is not shared to the Global Fund. Major conclusions only are shared by UNDP HQ.
Enhanced Financial Reporting (EFR)	15-Jan-12	Select	The latest EFR was submitted along with PUDR 6 as part of the Phase 2 application and the new one will be submitted at the end of Phase 1.

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number:	PSE-609-G02-T		
Progress Update - Reporting Period:	Cycle:	Quarter:	Number:
Progress Update - Period Covered:	Beginning Date:	1-Jul-2011	7
Progress Update - Number:	7	End Date:	30-Sep-2011
Currency:	EUR		

Section 3A: Total PR Cash Outflow

1 For RCC grants the cumulative section of the table below should contain cumulative amount from the start of the RCC and not from the start of Phase 1 of the program.

	Budget for Reporting Period	Actual Cash Outflow for Reporting Period	Variance	Reason for Variance	Cumulative Budget through period of Progress Update	Cumulative Actual Cash Outflow through period of Progress Update	Variance	Reason for Variance
1. Total PR cash outflow vs. budget	363,021	27,414	325,607		774,175	320,256	453,919	
1a. PR's total expenditures	324,886	27,414	297,472	The difference relates to the health equipment which was supposed to be paid in Q7. POs were already raised in the system, and the money is blocked. Delivery of goods will take place in Q8, and payment will be made only after delivery.	476,094	139,524	336,570	Please refer to the previous comment on the PR total expenditures.
1b. Disbursements to sub-recipients	28,135	0	28,135	No disbursements were done in Q7 due to the high cash balance at the SRS level.	298,081	180,732	117,349	In the light of the relative low delivery rate at the SRS level during the past 3 quarters, the PR had not transferred any further funds to SRS.
2. Total pharmaceutical & health product expenditures vs. budget	310,444	530	309,915		313,523	2,721	310,802	
2a. Medicines and pharmaceutical products	0	530	-530	Payment for the QA/QC which was originally budgeted in Q6 but was only paid in Q7.	3,079	2,721	357	The difference relates to the QA/QC which costed less than forecasted.
2b. Health products and health equipment	310,444	0	310,444	POs were already raised in the system, and the money is blocked. Delivery of goods will take place in Q8, and payment will be made only after delivery.	310,444	0	310,444	Please refer to the previous comment on the health products.

SECTION 3B: TB FINANCIAL REPORTING FORM

Country	West Bank and Gaza Strip
Grant No.	PSE-909-G02-1
PR	UNDP/PAP
Currency	Please Select ...

Current Reporting Period	Start Date:	dd-mm-yyy
	End Date:	dd-mm-yyy
		1-Apr-2011
		30-Jun-2011

Cumulative Reporting Period	Start Date:	dd-mm-yyy
	End Date:	dd-mm-yyy
		1-Dec-2009
		30-Jun-2011

PLEASE REFER TO THE "GUIDANCE FOR COMPLETION OF THE ENHANCED FINANCIAL REPORTING TEMPLATE" DOCUMENT TO ASSIST YOU IN COMPLETING THE TEMPLATE TO BE COMPLETED ONCE A YEAR EXCEPT AT MONTH 18 FOR PURPOSES OF PHASE 2 REVIEW

The "TOTAL" rows in Table A, B and C will have a RED background if the amounts in each table do not agree. If the Totals for each Table agrees, these rows will have a YELLOW background.

The end date for the current reporting period and cumulative reporting period must be the same

#	Category	Budget	Expenditures	Variance	Reason for Variance	Current Reporting Period			Cumulative Reporting Period			Reason for Variance
						Budget	Expenditures	Variance	Cumulative Budget	Cumulative Expenditure	Variance	
1	Human Resources	22,713.55	14,834.57	7,878.98	The difference relates to rate of exchange differences	128,059.96	112,639.75	15,420.20	The difference relates to delay in some activities at the SR level			
2	Technical Assistance	8,320.00	0.00	8,320.00	The difference relates to delay in some activities at the SR level	78,161.00	38,757.90	39,403.10	The difference relates to delay in some activities at the SR level			
3	Training	3,664.00	2,386.58	1,277.42	The difference relates to delay in some activities at the SR level	81,481.00	30,991.15	50,489.85	The difference relates to delay in some activities at the SR level			
4	Health Products and Health Equipment	310,444.43	0.00	310,444.43	will be made only after delivery.	310,444.43	0.00	310,444.43	take place in Q8, and			
5	Medicines and Pharmaceutical Products	0.00	529.76	-529.76	Budgeted in Q8 but was only paid in Q7.	3,078.70	2,721.31	357.39	The OACQ costs that			
6	Procurement and Supply Management Costs	0.00	7,693.38	-7,693.38	placed in Q7 and Q8	26,752.27	11,300.49	15,451.78	medical equipment will			
7	Infrastructure and Other Equipment	0.00	0.00	0.00	from previous quarters that only tick placed in Q6	36,626.27	28,441.54	8,184.73	delay in some activities			
8	Communication Materials	0.00	0.00	0.00		11,232.00	7,908.88	3,323.12	The difference relates to delay in some activities at the SR level			
9	Monitoring & Evaluation	3,407.03	861.00	2,546.03	The difference relates to delay in some activities at the SR level	27,077.60	8,158.75	18,918.85	The difference relates to delay in some activities at the SR level			
10	Living Support to Clients/Target Populations	0.00	0.00	0.00		11,321.00	0.00	11,321.00	The difference relates to delay in some activities at the SR level			
11	Planning and Administration	0.00	0.00	0.00		59,941.00	26,983.30	32,957.70	The difference relates to delay in some activities at the SR level			
12	Overheads	4,472.14	3,991.03	481.11	The difference relates to delay in some activities at the SR level	0.00	0.00	0.00				
13	Other	0.00	0.00	0.00		774,175.22	267,903.08	506,272.14				
	TOTAL	353,021.15	30,296.33	322,724.82								

#	Macro-category	Objectives	Service Delivery Area	Budget	Expenditures	Variance	Reason for Variance	Current Reporting Period			Cumulative Reporting Period			Reason for Variance
								Budget	Expenditures	Variance	Cumulative Budget	Cumulative Expenditure	Variance	
1		Objective 1: Strengthen programme management capacity, coordination and supervision	SDA 1.1: Establish programme management capacity, coordination and supervision	3,232.00	861.00	2,371.00	The difference relates to delay in some activities at the SR level	63,325.67	35,496.74	27,828.93	The difference relates to delay in some activities at the SR level			
2	TB- Supportive Environment (V09) and Gaza Strip (CS)	Objective 1: Strengthen programme management capacity in West Bank (V09) and Gaza Strip (CS)	SDA 1.2: Monitoring and evaluation	0.00	0.00	0.00		1,920.00	0.00	1,920.00	The difference relates to delay in some activities at the SR level			
3		Objective 2: Pursue High Quality DOTS	SDA 1.3: Human resources	34,697.55	17,221.16	17,476.39	The difference relates to delay in some activities at the SR level	291,036.96	182,290.72	108,746.24	The procurement of the medical equipment will take place in Q7 and Q8.			
4	TB Treatment	Objective 2: Pursue High Quality DOTS	SDA 2.1: Improve diagnosis capacity especially laboratory capacity	310,444.43	0.00	310,444.43	The difference relates to the OACQ costs that will be paid only in Q7 instead of Q8.	313,334.43	0.00	313,334.43	The difference relates to delay in some activities at the SR level			
5		Objective 2: Pursue High Quality DOTS	SDA 2.2: Procure and manage TB drugs	0.00	8,223.14	-8,223.14	The procurement of the medical equipment will take place in Q7 and Q8.	29,160.97	14,021.80	15,139.17	The procurement of the medical equipment will take place in Q7 and Q8.			
6		Objective 2: Pursue High Quality DOTS	SDA 2.3: Organize world TB day	0.00	0.00	0.00		8,000.00	7,908.88	91.12	The difference relates to savings on this line			
7	TB Health System Strengthening (HSS)	Objective 3: Address major challenges such as refugees, Bedouin population and contact tracing	SDA 3.1: Pursue High Quality DOTS among refugees	175.03	0.00	175.03	The difference relates to rate of exchange differences	1,225.20	1,176.84	48.36	The difference relates to rate of exchange differences			
8		Objective 3: Address major challenges such as refugees, Bedouin population and contact tracing	SDA 3.2: Pursue High Quality DOTS among Bedouin population	0.00	0.00	0.00		3,232.00	0.00	3,232.00	The difference relates to delay in some activities at the SR level			
9		Objective 3: Address major challenges such as refugees, Bedouin population and contact tracing	SDA 3.3: Conduct contact tracing	0.00	0.00	0.00		3,000.00	0.00	3,000.00	The difference relates to delay in some activities at the SR level			
10	TB Detection	Objective 4: Enable and promote research	SDA 4.1: Conduct Operational Research on Epidemiology	0.00	0.00	0.00		0.00	0.00	0.00				

11	Overheads	TOTAL	4,472.14	3,991.03	481.11	The difference relates delay in some activities at the SR level	59,941.00	27,008.10	32,932.90	The difference relates delay in some activities at the SR level
		TOTAL	353,021.15	30,296.33	322,724.82		774,175.22	287,903.08	506,272.14	

To add additional rows, right click the row number (Row 39 in a blank template) to the left of the row above the row for TOTAL and select copy, then over the same number, right click again and select Insert Copied Cells/WARNING Inserting Rows without copying a row as described above will cause the formula in the variance column to become invalid and will

#	PR/RSR	Name	Type of Implementing Entity	Current Reporting Period			Reason for Variance	Cumulative Reporting Period			Reason for Variance
				Budget	Expenditures	Variance		Cumulative Budget	Cumulative Expenditure	Variance	
1	PR	UNDP	UNDP	324,896.26	27,414.19	297,472.07	The difference relates to the PSM related costs were not paid, since all the procurement of the medical equipment will take place in Q7 and Q8.	476,093.83	139,524.25	336,569.58	Please refer to the previous comment on the PR total expenditures.
2	SR	Moh	Ministry of Health (Moh)	13,196.00	6,133.15	7,062.85	The difference relates to rate of exchange differences	166,892.00	61,251.84	105,640.16	The difference relates to rate of exchange differences.
3	SR	WHO	Other Multilateral Organisation	12,222.08	0.00	12,222.08	The difference relates delay in some activities.	112,171.71	51,089.30	61,083.41	The difference relates delay in some activities.
4	SR	UNRWA	Other Multilateral Organisation	2,716.81	-3,251.02	5,967.83	The difference relates to rate of exchange differences	19,017.68	16,038.68	2,979.00	The difference relates to rate of exchange differences
			TOTAL	353,021.15	30,296.33	322,724.82		774,175.22	287,903.08	506,272.14	

To add additional rows, right click the row number (Row 51 in a blank template) to the left of the row above the row for TOTAL and select copy, then over the same number, right click again and select Insert Copied Cells/WARNING Inserting Rows without copying a row as described above will cause the formula in the variance column to become invalid and will

** The sum of all three breakdowns should be equal # - Budget Line-Item, B - Program Activity, C - Implementing Entity).

** For the purposes of this report, the SDA Program management and administration should be included in the Supportive Environment Macro Category.

D- ADDITIONAL INFORMATION
Please disclose any relevant information concerning the information in the above tables. Refer to the Guidelines for Completing the Template if required.

E- DISBURSEMENTS BREAKDOWN BY IMPLEMENTING ENTITY			Cumulative Reporting Period			
#	Name	Type of Implementing Entity	Cumulative Disbursements	Comments		
1	Moh	Ministry of Health (Moh)	105,012.74			
2	WHO	Other Multilateral Organisation	57,903.86			
3	UNRWA	Other Multilateral Organisation	17,815.58			
		TOTAL	180,732.17			

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number:	PSE-809-G02-T		
Progress Update - Reporting Period:	Cycle:	Quarter	Number:
Progress Update - Period Covered:	Beginning Date:	1-Jul-2011	7
Progress Update - Number:	End Date:	30-Sep-2011	

Section 4: Procurement and Supply Management

			Comments
1a. Have you updated the Price Quality Reporting (PQR) with the required information on the pharmaceuticals and health products received during the period covered by this PU/DR (if applicable)? If health products procurement information has not been entered into the PQR, please explain why.	Yes	The PQR is updated on quarterly basis.	
1. For further guidance on PQR data entry, please refer to the guidelines.			
2. Based on the most up-to-date stock situation, are there any risks of stockouts of key pharmaceuticals & health products at the central level in the next period of implementation? If yes, please comment.	No	There is no risk of stockouts at the central and peripheral levels. Progressive shift from multi-dose therapy to FDC therapy is being organized (the MoH does not want to waste all their existing multi dose stocks) – Full shift is planned for 2012 (Phase 2).	TB TB medicines were received at the end of May 2011. Samples were sent for QA/QC (as per the Global Fund requirements) to a WHO prequalified laboratory in India. The PR received mid July the green light from the lab that all samples were good and subsequently distribution started both in West Bank and Gaza. The FDC drugs were received in Gaza early November 2011, following the access coordination from the MoH with the Israeli authorities.

3. Comment on additional issues related to the procurement and supply management of pharmaceuticals and health products

1. The MoH, in West Bank, started the distribution of TB medicines to health centers. Medicines were received in Gaza in November 2011.
2. The TB medical equipment is still not delivered in country yet. The delivery is expected to take place in Q9 (December 2011). The delay in receipt of equipment is related to the lengthy international procurement process and to the delay in the clearance provided by the Israeli authorities.
3. The MoH in Gaza requested, on emergency basis, some TB reagents for AFB and the reallocation request was strongly recommended by the PR and informally approved by the Global Fund. The lengthy process required by the international procurement despite the very small amount (inferior \$1,000) – requested by the Global Fund - discouraged the MoH which urgently needed such reagents. As an alternative, WHO purchased these reagents using their own core funds. UNRWA/Gaza will also provide the Gaza MoH labs with AFB stain to accelerate the provision of the lab services.

On-going Progress Update and Disbursement Request

DISBURSEMENT REQUEST PERIOD

Grant number:	PSE-809-G02-T		
Progress Update - Reporting Period:	Cycle:	Quarter	Number:
Progress Update - Period Covered:	Beginning Date:	1-Jul-2011	7
Progress Update - Number:	7	End Date:	30-Sep-2011
Currency:	EUR		

A Statement of Sources and Uses of Funds (SSUF) is to be provided by PR along with the PUDR form

Section 5: 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 10 from Cash Reconciliation section of the period covered by the previous Progress Update):

108,965

Add:

2. Cash received by the PR from the Global Fund during the period covered by this progress update:	243,354
3. Cash disbursed to third parties by the Global Fund on behalf of the PR during the period covered by this progress update:	0
4. Interest received on bank account	0
5. Revenue from income-generating activities (if applicable)	0
6. Other income, if applicable (e.g. income from disposal of fixed assets, tax refunds)	0
	243,354

Less:

7. Total cash outflow during period covered by Progress Update (value entered in Section 3A "Total cash outflow"):	27,414
8. Net exchange rate gains/losses (gains should be shown with a minus sign; losses should be shown with a plus sign)	0
9. Reconciliation adjustments (gains should be shown with a minus sign; losses should be shown with a plus sign)	62,910
	90,324

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

261,995

Explanation of reconciliation adjustments (line 9)

An explanation must be provided if there have been any adjustments.

90000 \$ were borrowed to the HIV grant as per the approval by the GFATM dated from 22nd of July 2011. Funds will be reverted back to the TB round 8 project code upon reception of additional cash from the GFATM on the HIV ground 7 grant.

On-going Progress Update and Disbursement Request

DISBURSEMENT REQUEST PERIOD

Grant number:	PSE-809-G02-T	Cycle:	7
Progress Update - Reporting Period:		Quarter:	1-Jul-2011
Progress Update - Period Covered:		Number:	30-Sep-2011
Progress Update - Number:	7	Beginning Date:	1-Jul-2011
Currency:	EUR	End Date:	30-Sep-2011

Section 5: Cash Reconciliation and Disbursement Request

B: DISBURSEMENT REQUEST

Total forecasted net cash expenditures by the Principal Recipient for the period immediately following the period covered by the Progress Update

1. Period beginning date:	end date:	approved budget amount:	forecasted amount:
1-Oct-2011	30-Nov-2011	100,967	549,579
2a. Cash buffer period (by default) (cash "buffer") beginning date	end date:	approved budget amount:	forecasted amount:
1-Dec-2011	29-Feb-2012	0	14,092
PR Total Forecast			
2b. Additional "buffer" (discretionary, select only if there is a prior agreement with the FPM)		approved budget amount:	forecasted amount:
cash "buffer" agreed with FPM(2)	Select	0	0
(cash "buffer") beginning date	end date:	approved budget amount:	forecasted amount:
1-Mar-2012		0	0

(1) Additional Cash buffer can be requested if the next PU/DJR report will contain a completed EFR report or a completed Annex on SR financials, requested by the Secretariat, or if there are any additional GF-specific requirements that cannot be delivered within 45 days. An agreement from the FPM should be obtained prior to requesting an additional cash buffer.

(2) When the additional (cash "buffer") period is 1 or 2 months, the approved budget and forecasted amounts should be calculated as prorated values for the period following the regular buffer period.

Please explain any significant variance (based on your judgment) between the forecasted amounts and the amounts as per approved budgets. Please specify the main factors and related amounts that are the major drivers of the variance.

The difference in the Q8 and Q9 budgets relates to the delay in the implementation of some activities which will be done in Q8 and in the first NCE (Q9).

- Consider the following items when providing the analysis:
- Expected timing of payments for any significant budgetary items,
- Impact of existing cash balance at SR levels
- Current confirmed commitments to be paid during disbursement request period
- Current/expected unit prices compared to those in the budget
- Change in quantities compared to budget
- Exchange rates and inflation
- Linkage between budget absorption and programmatic performance to-date.

1 The forecast should include any existing commitments (eligible under this grant) as of the end of the reporting period and which are likely to be paid during the disbursement period

3. Cash Balance: End of period covered by Progress Update (number 10 from PR Cash Reconciliation sheet):

281,995

Less:

4. Cash "in transit" disbursed to the PR:

97,679

5. Cash "in transit" disbursed to third parties by the Global Fund on behalf of the PR

359,674

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

203,997

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

No

8. Exchange Rate (used to translate local currency into grant currency)

- used to convert Opening Cash Balance	N/A	Name of local currency, date and source of the exchange rate, and other comments (if appropriate)
- used to convert Closing Cash Balance	0.6960	Avg (Jul. - Sep. 2011) NIS/USD = 3.47 and Avg (Jul. - Sep. 2011) Euro/USD = 0.696
- used to convert Total Cash Outflow for the Progress Update Period	0.6960	Avg (Jul. - Sep. 2011) NIS/USD = 3.47 and Avg (Jul. - Sep. 2011) Euro/USD = 0.696

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number:	PSE-809-G02-1		
Progress Update - Reporting Period:	Cycle:	Quarter	Number:
Progress Update - Period Covered:	Beginning Date:	1-Jul-2011	End Date:
Progress Update - Number:	7		30-Sep-2011

Section 6: Overall Performance

A. PR's Overall Self-Evaluation of Grant Performance (including a summary of how financial performance is linked to programmatic achievements)

1 The self-evaluation should be undertaken by taking into account programmatic achievements, financial performance and program issues in various functional areas (M&E, Finance, Procurement, and Program Management, including management of sub-recipients). See Guidelines for more detailed guidance.

General assessment:

The implementation of Global Fund sponsored TB programme was consolidated during the last quarter(s). Taking into consideration the reported achievements on the indicators, the Global Fund sponsored programme is overachieving on seven out of ten indicators during this quarter with three indicators of B1 and B2 ratings.

In terms of EQA implementation, the programme is following the WHO recommendations and EQA has started at the MoH and the UNRWA laboratories as indicated in the comments on achievements. WHO conducted an assessment of Direct smear microscopy (DSM) and EQA in West Bank and Gaza (MoH and UNRWA) in June, 2011. The main recommendations were to: 1) increase TB suspect identification and begin DSM at peripheral laboratories immediately, 2) increase laboratory supervision and slide double checking as initial external quality assurance (EQA) activities, 3) introduce panel testing and other EQA activities in second phase. Following the assessment, MoH and UNRWA agreed to action points for enhanced case detection, DSM at peripheral laboratories, and EQA by the central TB laboratories in West Bank and Gaza. Moreover, five laboratory technicians will start training on EQA in Egypt in Q8.

With regards to case detection, the programme partners have strengthened their diagnosis capacities which will be further enhanced in all districts upon reception of all microscopes and lab reagents – to be received in December 2011 (order placed internationally in January 2011 following approval of PSM plan). It is worth mentioning that UNRWA detected new cases in Gaza this year – which had not happened for a long time. There is a general sense that thanks to the extensive training carried out in 2011, health staff throughout all districts have acquired all the sufficient knowledge to detect cases. Emphasis on primary health care staff remains the priority for the MoH as part of the implementation of the DOTS strategy. In fact, the low detection rate may also be explained by the really low TB prevalence despite the large numbers of people screened. Case detection remains a priority agenda for the MoH and its partners and is discussed on a quarterly basis during the coordination meetings. The rehabilitation of the MoH Central Laboratory in Gaza was finalized.

Assessments per functional areas:

- M&E

- The PR has strengthened its monitoring system which is now being performed regularly and will be continuous in the West Bank and Gaza. High cooperation is taking place between the PR and the SRs in order to enhance national systems as well as reporting to the Global Fund. A joint checklist was developed by WHO and UNDP, validated nationally by the MoH. The use of this checklist started in Q8.
- The PMU M&E officer post is vacant and the recruitment process was finalized. The PR expects the person to be on board for 1st December 2011.

- Procurement

- The PR requested several times the GFATM to consider flexible purchasing mechanisms allowing UNDP to locally procure, when relevant and appropriate in order to speed delivery. UNDP confirms that such local procurement takes place/would take place following strict UNDP procurement rules and regulations. UNDP/PAPP has a procurement delegated authority from its HQ of \$ 1 million given the unusual context of Palestine and its access restrictions by the Israeli authorities.
- The QA/QC system is functioning well and the TB medicines are quality assured at final destination.
- The PR realized that the consumption rate of FDCs is low. The shift from multi dose therapy to single dose therapy is progressive - as the MoH is trying to rationalize its current stocks of multi dose drugs. The issue was raised to the MoH's attention.

- Finance

- In the previous quarter, UNDP reported that the exchange rate had significantly affected the overall reporting at UNRWA's level since their grant agreement is expressed in USD currency. However, UNRWA reported savings generated from the Gaza Field and corrected the figure previously reported in Q6 - which amendment is included in this report.
- Purchase Orders for medical equipment were already raised in the amount of EUR 309,000 and which are captured in the UNDP financial system. Delivery of medical equipment will take place in December 2011 and payment will be processed accordingly, most likely during the first quarter of 2012 – Q9.
- The PR received approval from the Global Fund to borrow USD 90,000 (EUR 62,910) from the TB grant to cover the temporary deficit (for payment of salaries of PMU staff) in the HIV grant until further disbursements are received for the HIV grant.

- Programme Management and management of sub-recipients

Ongoing management and coordination with SRs. As mentioned previously and in various sections of the PU/DR, monitoring and coordination is being performed by the PR. Activities are being implemented according to plan. M&E systems are being strengthened through a joint approach between the MoH, WHO and UNRWA. The Global Fund programming in the OPT is strengthening an existing and well run TB national programme.

B. Planned Changes in the Program, if any

* As per discussions with the GFATM Secretariat, a no cost extension will be put in place for the period of Dec 2011-Feb 2012 in order to ensure no interruption in activities implementation. This was due to the fact that the GFATM board meeting will only take place in November 2011 which will delay the approval and grant amendment signature for Phase 2.

* The MoH, WHO and UNRWVA have requested reallocations within their work plans as they have identified savings and they will be submitted along with this PUDR 7 and the Q9 budgets.

C. External factors beyond the control of the Principal Recipient that have impacted or may impact the Program

- The PMU M&E officer resigned during Q6 of the grant implementation for personal reasons. The M&E functions are being assumed by the team members in addition to their current work load. Is the new M&E officer will be on board for the 1st December 2011.

- The delivery of medical equipment took longer time than estimated. International procurement has proven to be extremely cumbersome and lengthy. Following the lengthy process of specifications' validation, budget revisions (as the final specifications led to a much higher cost than budgeted for), cost estimating by UNDP/GPU, final review of proposed equipment from suppliers, tax exemption by the Israeli authorities prior shipment, etc. has led to a one year process and extensive delays in the reception of the equipment – which should be delivered in country late December. That equipment is utmost important to fully scale up the DOTs programme in all districts including the performance of EQA.

- The Eid vacation (6-11 November 2011) has affected the reporting process and timely submission of the PUDR to the GFATM.

On-going Progress Update and Disbursement Request

GENERAL GRANT INFORMATION

Country:	West Bank and Gaza Strip
Disease:	Tuberculosis
Grant number:	PSE-809-G02-T
Principal Recipient:	UNDP/PAPP
Program Start Date:	1-Dec-2009
Currency:	EUR

PROGRESS UPDATE PERIOD

Progress Update - Reporting Period:	Cycle:	Quarter	Number:
Progress Update - Period Covered:	Beginning Date:	1-Jul-2011	7
Progress Update - Number:			30-Sep-2011

DISBURSEMENT REQUEST PERIOD

Disbursement Request - Disbursement Period:	Cycle:	Quarter	Number:
Disbursement Request - Period Covered:	Beginning Date:	1-Oct-2011	7
Disbursement Request - Number:			30-Nov-2011

Section 7: 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 line 14 - "PR's Disbursement Request" in the tab "PR_Disbursement Request_4B"), in grant currency
2. Amount requested in words (in: EUR):

Two hundred and three thousands, nine hundred ninety seven Euros

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
 Date and Place: Nov. 25, 2011 Jerusalem

NB: Please ensure that section 7C Bank Details on the following page is completed, if (1) this is a split disbursement (i.e. disbursement going to more than one recipient) or (2) if there have been changes to the bank details since the previous disbursement.

On-going Progress Update and Disbursement Request

Note: This page should be completed if (1) this is a split disbursement (i.e. disbursement going to more than one recipient) or (2) if there have been changes to the bank details since the previous disbursement.

7C: Bank Account Details

Disbursement Request Period	
-----------------------------	--

Summary

	Beneficiary Name	Amount in grant currency
Payee 1 - Principal Recipient:		-
Payee 2:		-
Payee 3:		-
Payee 4:		-
Total		-

The total does not match requested amount on PR signature page

Payee 1:

Beneficiary Name:	
Currency <small>in which beneficiary should receive the funds</small>	
Amount in currency in which beneficiary should receive the funds:	
Amount in Words:	
Exchange rate, date and source <small>(Complete only if currency in which beneficiary should receive the funds is different from the grant currency)</small>	
Equivalent in grant currency <small>(Calculated based on the indicated exchange rate)</small>	

Owner of Bank Account:	
Owner of Bank Account:	
Bank Account Number:	
Bank Address	
Bank SWIFT Code:	
Bank Code (Other):	
Routing Instructions:	

Payee 2:

Beneficiary Name:	
Currency <small>in which beneficiary should receive the funds</small>	
Amount in currency in which beneficiary should receive the funds:	
Amount in Words:	
Exchange rate, date and source <small>(Complete only if currency in which beneficiary should receive the funds is different from the grant currency)</small>	
Equivalent in grant currency <small>(Calculated based on the indicated exchange rate)</small>	

Owner of Bank Account:	
Owner of Bank Account:	
Bank Account Number:	
Bank Address	
Bank SWIFT Code:	
Bank Code (Other):	
Routing Instructions:	

Payee 3:

Beneficiary Name:	
Currency <small>in which beneficiary should receive the funds</small>	
Amount in currency in which beneficiary should receive the funds:	
Amount in Words:	
Exchange rate, date and source <small>(Complete only if currency in which beneficiary should receive the funds is different from the grant currency)</small>	
Equivalent in grant currency <small>(Calculated based on the indicated exchange rate)</small>	

Owner of Bank Account:	
Owner of Bank Account:	
Bank Account Number:	
Bank Address	
Bank SWIFT Code:	
Bank Code (Other):	
Routing Instructions:	

Payee 4:

Beneficiary Name:	
Currency <small>in which beneficiary should receive the funds</small>	
Amount in currency in which beneficiary should receive the funds:	
Amount in Words:	

Owner of Bank Account:	
Owner of Bank Account:	
Bank Account Number:	
Bank Address	

Exchange rate, date and source (Complete only if currency in which beneficiary should receive the funds is different from the grant currency)	
---------------------------------------------------------------------------------------------------------------------------------------------------------	--

Equivalent in grant currency (Calculated based on the indicated exchange rate)	
------------------------------------------------------------------------------------------	--

Bank SWIFT Code:	
------------------	--

Bank Code (Other):	
--------------------	--

Routing Instructions:	
-----------------------	--

On-going Progress Update and Disbursement Request

Annex to PU/DR - Sub-recipient financial information - FOR DISCRETIONARY COMPLETION, UPON THE SECRETARIAT'S REQUEST

Has the Secretariat requested the PR to complete this Annex for this reporting period?

Grant number:	PSE-809-G02-T
Progress Update - Reporting Period:	Cycle: 7
Progress Update - Period Covered:	Beginning Date: 1-Jul-2011
Progress Update - Number:	7
Currency:	EUR
	Number: 7
	End Date: 30-Sep-2011

Name of Entity	Date of Most Recent Disbursement to SR	Budget for Reporting Period*	Disbursed during Reporting Period*	Cumulative Budget through period of this Progress Update*	Cumulative Disbursed through period of this Progress Update*	Cumulative Actual Expenditure through period covered by this Progress Update	Cash balance at the end of the period covered by this Progress Update	Variance between Latest Reported and Cumulative Budget	PR's explanation of variance (1) between cumulative budget and cumulative expenditure and (2) between cumulative disbursement and cumulative expenditure (mandatory for amounts above \$50,000 or equivalent and with more than 10% variance)
MoH	29/06/2011	13,196.00	-	166,892.00	105,012.74	61,251.84	43760.89	105,640.16	No disbursements were done in Q7 due to the high cash balance at the SR level.
WHO	31/03/2011	12,222.08	-	112,171.71	57,903.86	51,089.30	6815.56	61,083.41	No disbursements were done in Q7 due to the high cash balance at the SR level.
UNRWVA	04/03/2011	2,716.81	-	19,017.89	17,815.58	16,038.68	1776.89	2,979.00	No disbursements were done in Q7 due to the high cash balance at the SR level. Furthermore, the deficit is justified by the difference in the exchange rate from Euros to USD, knowing that UNRWVA had completely achieved the planned activities up to this quarter.
TOTAL		28,135	0	299,081	180,732	128,379		169,703	

TOTAL amount for these columns should reconcile with relevant amounts under "To Disbursed to Sub Recipients" in Section 3A

**Where the number of SRs is significant (over 10), SRs with small budgets (less than \$50,000 cumulative each) do not need to be reported separately and the figures can be aggregated in a group called "Other Minor SRs"