

## On-going Progress Update and Disbursement Request

### GENERAL GRANT INFORMATION

Country:	West Bank & Gaza
District:	TH/AF/US
Grant Number:	P9E-708-001-H
Principal Recipient:	UNDP
Program Start Date:	1-Dec-2008
Currency:	USD

### PROGRESS UPDATE

Progress Update - Reporting Period:	Cycle:	Quarter:	Number:
Progress Update - Period Covered:	Beginning Date:	1-Jun-2011	11
Progress Update - Number:	11		#####

### DISBURSEMENT REQUEST

Disbursement Request - Disbursement Period:	Cycle:	Quarter:	Number:
Disbursement Request - Period Covered:	Beginning Date:	1-Sep-2011	11
Disbursement Request - Number:	11		#####

### 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						
Impact	Percentage of young women and men aged 15-24 who are HIV infected	<1%	2010	2013	<1%	-	-	Other (Type as appropriate)	Normally, this indicator would be measured through a national sentinel surveillance system, focusing on anti-retroviral care information. This system is not available on a 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 OPI context. There is no HIV+ case aged 15-24 years old currently alive in the OPI.
Impact	Percentage of adults and children with HIV still alive 12 months after initiation of antiretroviral therapy	100%	2010	2013	85%	-	-	Clinical cohort follow-up studies	From the ART register and patient records, all patients on treatment since 12 months are still alive. (Note: at the time of writing the present report (November 2011), there are currently 17 patients under ART (ten in the West Bank and seven in Gaza).)
Outcome	Percentage of injecting drug users who have adopted behaviours that reduce transmission of HIV	5%	2010	2013	25%	-	-	BSS (Behavioral and Surveillance Survey)	The BSS survey was conducted in Year 2. The final report with the results is available. The national dissemination workshop took place on 28th November 2010. This provided baseline data to be compared with another BSS survey in Phase 2 to measure the impact of the interventions, focusing on Injecting Drug Users - KAP/Plasnet group selected for the purpose of the BSS survey.
Outcome	Percentage of young women and men aged 15-24 expressing accepting attitudes towards people living with HIV	20%	2010	2013	40%	-	-	Other (KAPB Survey)	Planned to be reported in Year 5
Outcome	Percentage of young women and men aged 15-24 who exhibit "comprehensive knowledge" about HIV transmission	9%	2010	2013	18%	-	-	Other (KAPB Survey)	Planned to be reported in Year 5

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## PROGRESS UPDATE PERIOD

Grant number:	PSE-798-001-H	Quarter:	Number:
Progress Update - Reporting Period:	Cycle:	Beginning Date:	End Date:
Progress Update - Period Covered:	11	1-Jun-2011	#####
Progress Update - Number:	11		#####

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

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 (Please calculate as applicable)	Reasons for programmatic deviation from intended target and deviations from the related workplan activities (Please describe as well)
						Value	Year				
1	1.2.1	Number of IDU, youth and women peer educators trained	Current grant	Y-over program term	Yes - Top 10	N/A	N/A	714 IDUs 88 YPE 011 YFE Total 800	160 (74 UNDCG CA + 86 YFE UNDCG/UNFPN)	100%	No new peer education activities took place during Q11 as all activities were completed in Q10. The Phase 2 agreement is not yet in place which hindered the launching of Phase 2 activities as well.
1	1.2.2	Number of people reached through targeted HIV awareness raising and sensitization sessions	Current grant	Y-over program term	Yes - Top 10	N/A	N/A	4,792	4,792 (latest achievements up to Q10)	100%	The NAC multi-district teams continued awareness raising activities in the prisons on HIV and AIDS as well as VCT services available.  Not many awareness raising activities took place during Q11 as all new activities planned under P-11 were put on hold since May 2011 - the end of Phase 1 agreement. Furthermore, the Phase 2 agreement is not yet in place which hindered the launching of Phase 2 activities as well.  All condoms in the West Bank were distributed and details were reported previously.  In Gaza, up to Q11 a complete number of 98,671 condoms were distributed to beneficiaries and the number of beneficiaries who received condoms so far is 7,063 persons (81% of the received amount was distributed so far out of the received amount of 122,400 Pieces). The percentage improved from 78% in Q10 to 81% in Q11. It is worth mentioning that this quarter, distribution at the private sector was introduced.  Condom distribution for HIV/STI prevention is challenging as cultural barriers remain an obstacle. In order to improve condom distribution rates, it was agreed to start including the remaining quantities to the Gynecologists at the private sector which started this quarter.  It is worth mentioning that data consolidation via via this indicator is challenging and time consuming. Data reporting up to the distribution is beneficiaries has been requested by the FIR (and not only to service delivery facility). The present report includes such information.
1	1.3.1	Number of condoms distributed to non-at-risk populations for free	Current grant	Y-over program term	Yes - Top 10	204,220	2009-2010	232,757	Out of the 500,000 condoms purchased (with 24,000 extra condoms), 180,000 were distributed in WB and 98,671 in Gaza (out of the 122,400 delivered). 278,671 - 93% total distributed out of purchased	120%	No new training was conducted during Q11 as all activities were put on hold since May 2011 - the end of Phase 1 agreement. Furthermore, the Phase 2 agreement is not yet in place which hindered the launching of Phase 2 activities as well.  WHO conducted training for district-level health workers on the monitoring and evaluation part for counseling and testing  The final draft VCT policy is available and was shared with the Global Health Policy Group. The policy is currently under review and will be finalized by the end of the reporting period. The policy will include all the forms that need to be filled and M&E component).
1	1.4.1	Number of health and community workers trained in counseling and testing	Current grant	Y-over program term	Yes - Top 10	N/A	N/A	496	496 (125 MHO OS + 298 MHO OS + 29 WHO QZ + 29 WHO QZ + 19 WHO Q10)	100%	WHO conducted training for district-level health workers on the monitoring and evaluation part for counseling and testing  The final draft VCT policy is available and was shared with the Global Health Policy Group. The policy is currently under review and will be finalized by the end of the reporting period. The policy will include all the forms that need to be filled and M&E component).
1	1.4.2	Number of people who receive HIV testing and counseling (including provision of the results)	Current grant	Y-over program term	Yes - Top 10	N/A	N/A	1,419	1,892 (889 Q7 + 211 Q8 + 389 Q10 + 473 Q11)	133%	During the reporting period, 473 people were HIV tested in the West Bank according to MoH reports. This brings the total number of people tested (using the VCT approach and the rapid tests) to 1,892.
1	1.5.1	Number of health service providers trained in STI syndromic case management	Current grant	Y-over program term	Yes - Top 10	N/A	N/A	2,013	2,013 (114 Q4 + 312 YAC, 70 MCH, 278 MS Q2 + 1,079 UNFPN, Q8 + 200 MCH Q9)	100%	No new training activities took place during Q11 as all activities were completed in Q10. The Phase 2 agreement is not yet in place which hindered the launching of Phase 2 activities as well.
1	1.6.1	Number of health care workers trained in blood safety and universal precautions	Current grant	Y-over program term	Yes - Top 10	N/A	N/A	N/A	N/A	N/A	This is a new indicator that was introduced in Phase 2 PF and no activities have started since the Phase 2 agreement was not signed yet.
2	2.1.1	Number of health care providers trained in advanced HIV care and treatment	Current grant	Y-over program term	Yes - Top 10	N/A	N/A	108	108 (20 WHO Q6 + 2 WHO Q7 + 5 WHO Q9 + 81 WHO Q10)	100%	No new training activities took place during Q11 as all activities were put on hold since May 2011 - the end of Phase 1 agreement. Furthermore, the Phase 2 agreement is not yet in place which hindered the launching of Phase 2 activities as well.

2	2.1.2	Number of people with advanced HIV currently receiving anti-retroviral combination therapy	Current grant	Not cumulative	Yes - Top 10	15	2007	15	15	100%	<p>Up to Q11, a total of 15 PLWHA were alive in the PR and are all under ART (10 in WB and 7 in Gaza). The 2 new patients were put on treatment in Period 12, bringing the total number of patients to 17 at the time of writing this report (November 2011).</p> <p>The PR is closely monitoring the ARV stocks at the HIV and AIDS clinic on a monthly basis. The needs for the 15 patients were factored in the latest ARV forecast for the period of June-Dec 2011. Emergency procurement during the time of absence of an active grant agreement (June-December 2011) was undertaken using savings and UNDP Core funds as well as health funds for existing and new patients are reviewed every month.</p> <p>The PR is continuously following up closely with the director general of Public Health department trying to establish a systemic review and follow up that covers all aspects including psychosocial support. However, the access to all service delivery sites requires systematically prior permission by the Director General of Public Health Department (Chair of NACQ), which restricts the PR from conducting frequent supervision visits.</p> <p>According to the MoH, 14 patients out of the 15 PLWHA in WB and Gaza under ARV treatment at the time of Period 11 (the 2 new patients were put on treatment in Period 12) were provided with psychological support through the monthly visits. The 15th patient is a young child who is not receiving formal psychosocial support but receives full attention by the well trained treating doctor in Gaza.</p> <p>A signed order from the MoH confirming provision of psychosocial support to all patients was provided. A psychiatrist will be trained to follow patients during Phase 2 and will be available at the "AIDS clinic" in Ramallah. The psychiatrist will be liaising with the treating doctor in Gaza upon completion of the specialized training in Marburg (Sudan) on care and psychosocial support. However, as the PR and all SRs have not received any additional funds from the Global Fund, it is unlikely that this training take place before first quarter of 2012. A complete review or assessment of patients' needs will be undertaken in close collaboration with the MoH and WHO - with potential support from UNAIDS.</p> <p>Two additional sponsored CSOs are reported under this reporting period: "Al Magdase Development Organization" in East-Jerusalem and WB; and "The Culture and Free Thought Forum" in Gaza.</p> <p>The 20 other organizations reported previously are: PHRS, Jucon, Family Planning (PFP), Al Saqia Al Tayeb and Al Salaa Developmental Association, SAMW, Adapt Labor Women Center and 13 CSOs.</p> <p>It is worth mentioning that treatment services are only provided by the MoH (free of charge).</p> <p>The 2 new organizations are implementing projects on HIV and AIDS targeting IDUs and youth. They were supported through a transparent call for proposals conducted by the PR.</p> <p>Furthermore, as part of the Civil Society Enhancement Strategy on HIV, the tripping of Civil Society organizations working on HIV and AIDS is ongoing and several field visits and national level comments received from the partners and the national authorities. The final draft accepted by the PR was ready end of October 2011 and is pending national validation.</p>
2	2.2.1	No of people living with HIV provided with psychological or social support	GF and other donors	Not cumulative	Yes - Top 10	0	2007	14	14	100%	<p>Two additional sponsored CSOs are reported under this reporting period: "Al Magdase Development Organization" in East-Jerusalem and WB; and "The Culture and Free Thought Forum" in Gaza.</p> <p>The 20 other organizations reported previously are: PHRS, Jucon, Family Planning (PFP), Al Saqia Al Tayeb and Al Salaa Developmental Association, SAMW, Adapt Labor Women Center and 13 CSOs.</p> <p>It is worth mentioning that treatment services are only provided by the MoH (free of charge).</p> <p>The 2 new organizations are implementing projects on HIV and AIDS targeting IDUs and youth. They were supported through a transparent call for proposals conducted by the PR.</p> <p>Furthermore, as part of the Civil Society Enhancement Strategy on HIV, the tripping of Civil Society organizations working on HIV and AIDS is ongoing and several field visits and national level comments received from the partners and the national authorities. The final draft accepted by the PR was ready end of October 2011 and is pending national validation.</p>
3	3.4.1	Number of CSOs/NGOs receiving small grants for the implementation of HIV prevention and support services	GF and other donors	Year-over program term	No	N/A	N/A	20	22	110%	<p>Two additional sponsored CSOs are reported under this reporting period: "Al Magdase Development Organization" in East-Jerusalem and WB; and "The Culture and Free Thought Forum" in Gaza.</p> <p>The 20 other organizations reported previously are: PHRS, Jucon, Family Planning (PFP), Al Saqia Al Tayeb and Al Salaa Developmental Association, SAMW, Adapt Labor Women Center and 13 CSOs.</p> <p>It is worth mentioning that treatment services are only provided by the MoH (free of charge).</p> <p>The 2 new organizations are implementing projects on HIV and AIDS targeting IDUs and youth. They were supported through a transparent call for proposals conducted by the PR.</p> <p>Furthermore, as part of the Civil Society Enhancement Strategy on HIV, the tripping of Civil Society organizations working on HIV and AIDS is ongoing and several field visits and national level comments received from the partners and the national authorities. The final draft accepted by the PR was ready end of October 2011 and is pending national validation.</p>

\* Indicator No. should correspond to the indicator number listed in the approved Performance Framework of the grant (1.1, 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 progress reports filed 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. The clarification process is then extensive and time consuming. This relates to financial updates as well and provision of financial supporting documents which is challenging at times to verify all expenditures.

2. 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 event/supervision visit.

3. The PR, jointly with WHO and the MoH, have developed supervision checklists to ensure quality reporting as well as adherence to protocols. The joint visits have started at the time of writing this report (November 2011) both in Gaza and the West Bank.



# On-going Progress Update and Disbursement Request

## PROGRESS UPDATE PERIOD

Grant number:	PSE/708/G01-H		
Progress Update - Reporting Period:	Cycle:	Quarter:	Number:
Progress Update - Period Covered:	Beginning Date:	1-Jun-2011	11
Progress Update - Number:	End Date:	31-Aug-2011	11

## Section 2: Grant Management

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

1 Please include in this table the CP 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.  
 1 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
First Disbursement: PR to deliver a statement confirming bank account	Met	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	Met	Submitted to the GFATM during Phase 1 grant negotiation.
Second Disbursement: PR to provide evidence of conducting the M&E workshop including all stakeholders	Met	UNDP/PAPP conducted the MESSST 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	Met	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	Met	The GFATM Secretariat approved the revised budget in January 2010 following the approval of the PSM Plan.
Procurement of Health Products: Disbursement to be requested upon submission of PSM Plan by the PR and the receipt of GF's written approval on the PSM Plan	Met	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	Met	UNDP, in its quality of Principal Recipient and overall responsible for coordination and management of the GFATM funded activities, set up a programme management unit which comprises of: a Programme Manager (recruited in December 2008), a Programme Associate (confirmed on full time basis in October 2009), a Monitoring and Evaluation officer (who resigned in July 2011. The position was re-advertised and the candidate was selected in October 2011 – to be starting for 1st December 2011), a Gaza Project Coordinator (on board in Q4), the financial and administration officer (on board in Q5) and the supply chain and liaison officer (on board in Q6). The updated management structure is attached to the present report.

**Section 2: Grant Management**

<p>Grants Disbursement to NGOs: Only upon assessment of the NGO by PR and/or SR, and selection process is transparent and documented</p>	<p>Met</p>	<p>UNDP finalized the evaluation of the proposals received as part of the call for proposals to provide capacity building grants to CSOs adn thus through a transparent process. Two organizations were selected among 12 proposals – one in the West Bank and one in Gaza. The agreement terms were negotiated significantly with the NGOs in order to ensure quality activities and a system of monitoring in place. The first disbursement was released and the organizations started the implementation of their projects as both agreements were signed. The targeted groups are IDUs and youth.</p>
<p>PR and NAC should prepare a plan to define the modalities of their working relationship (including periodic communication and minuted meetings)</p>	<p>Met</p>	<p>A letter of Exchange was signed between UNDP, UNFPA acting as the UN Theme Group Chair and the NAC and UNDP (shared in previous progress update). The MoU describing further the partnership modalities between the PR and the NAC/MoH was finalized as planned.</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><b>Issue:</b> No of condoms distributed to general population for free Reporting system for condom distribution is not yet fully implemented and embedded in the MoH M&amp;E system.</p> <p><b>Recommendation:</b> Please ensure that the reported against this indicator is harmonized and consistent in the monitoring system to represent the results for numbers of condoms distributed. Furthermore, the monitoring system should be embedded in the MoH M&amp;E system.</p>	<p>The PR raised this issue with the MoH and will follow up to ensure consistent reporting that represents the number of beneficiaries receiving condoms (not only outlets).</p>
<p><b>Issue:</b> No of general population who receive HIV testing and counseling (including provision of the results) We note that rapid tests for VCT have not been on stock at all health service delivery points throughout the reporting period.</p> <p><b>Recommendation:</b> It is important to strengthen the Management Information System to improve stock monitoring at all levels (central, district and service delivery points). As an immediate action supportive supervision for VCT services should be carried out quarterly for each health service delivery point to improve the stock monitoring. Furthermore, we recommend that possibilities to increase the number of rapid tests procured is explored.</p>	<p>Currently, stock records of rapid tests are available at central and district levels. However, stocks out in several districts are being reported as no further rapid test procurement was undertaken since the suspension of the Phase 1 HIV grant by the Global Fund late May 2011 (end of Period 10). Rapid tests can only be procured when there is an active grant agreement in place which was not the case in Period 11. Rapid tests are not considered by the Global Fund as 'live saving' operations like ARV treatment. The MoH used their existing stocks and dispatched their stocks to districts according to stocks levels in order not to interrupt significantly all VCT activities during the reporting period. Rapid tests are bought internationally – through UNICEF using existing LTA between UNDP/PSCO and UNICEF which guarantee quality and prices. However, all international procurement activities do lead to extensive delays and delayed delivery (based on 3 years experience) as international shipping is linked to international suppliers, Israeli tax exemptions and custom clearances which remain beyond the PR's control. Finally, strengthening data reporting and VCT monitoring is planned under Phase 2. The joint WHO/MoH/UNDP supervision visits at service delivery points will aim at achieving such objective.</p>
<p><b>Issue:</b> No of people living with HIV provided psycho social support PLHIV supported We note that the psycho social support which is provided for clients under ART is not documented.</p> <p><b>Recommendation:</b> Please consult with stakeholders to establish a documentation system regarding psycho social support provided.</p>	<p>Psychosocial support provided to patients is documented in the ART registers as part of the treatment follow up. However, a fine tuned and detailed documentation process focusing on psychosocial support was discussed with the MoH, which system will be put in place in Phase 2 as part of the overall strengthening of psychosocial support and care to patients in collaboration with WHO and the MoH. Health staff will be provided specialized training. However, such activities will likely to take place early 2012 only (Period 13) in the light of the delays in Phase 2 grant signing (end of Period 12) and unavailability of cash/funds. At the time of writing this report, no additional funds had been received from the Global Fund, hindering any significant new activities, including in the area of psychosocial support.</p>

## Section 2: Grant Management

<p><b>Indicator/Issue:</b> No of political, community, religious leaders and police/army services attending sensitization workshops on HIV/AIDS and Stigma Reduction</p> <p><b>Recommendation:</b> Following the on-site verification the results for this indicator have been adjusted. Kindly ensure that you use the revised figure for future reporting. Results reported by the Principal Recipient: 243</p> <p>Results accepted by the Global Fund: 74 This does not affect the overall performance; the achievement ratio for this indicator obtains 120%.</p>	<p>This number was adjusted following a discussion with the LFA. In fact the differences relate to Q8 results reported by UNICEF. The cumulative total reported in Q10 was 2,507 and it was adjusted to 1,612 as per the LFA recommendations.</p>
<p><b>Issue:</b> Sub recipients management: Clinical expert advice for ART Previous WHO capacity strengthening for doctors providing ART and psycho social support has come to an end</p> <p><b>Recommendation:</b> We recommend that an institutional link to an ART treatment center in the region is facilitated to establish an environment that doctors can receive advice on clinical and psycho social related matters when need arises. We further recommend that you, in collaboration with WHO, facilitate an annual Regional AIDS Conference to provide a forum for experience sharing in HIV/AIDS care prevention and treatment in this specific cultural context.</p>	<p>In phase 2, training for treating doctors will continue and training for a psychiatrist will take place. As for the recommendation about a regional AIDS conference, the PR welcomes the idea and also encourages the Global Fund to liaise with UNAIDS and WHO to organize such regional event.</p>
<p><b>Issue:</b> Training at sub-recipient and sub-sub-recipient level We note that there continue to be challenges in receiving complete and timely supporting documents for trainings, training materials and pre/post evaluation reports for trainings.</p> <p><b>Recommendation:</b> As indicated in previous management letters it is important that that complete supporting documents for trainings is provided for LFA verification. We request that this is matter is emphasized with sub-recipients and sub-sub-recipients. As a matter of principle the PR should consequently deduct training costs from future reimbursements or advances to sub-recipients if the supporting documentation of training events is incomplete. The sub-recipients should be requested to apply the same procedures for sub-sub-recipients.</p>	<p>As planned in Phase 2, trainings will be conducted for all partners to enhance reporting and implementation capacities covering M&amp;E, finance and supply chain management. Deducting money from training costs could be an advanced policy when specific SR is not complying with the requirements in Phase 2.</p>
<p><b>Issue:</b> Cash balance and CDR report The total amount disbursed by the PR during the current period according to the CDR report is USD 354,858.28, whereas it is in this PUDR listed with USD 356,363.61. This variance does affect the cash balance (PR section 2), which is listed with -16,752.54.</p> <p><b>Recommendation:</b> Please review and clarify the variance (refer to the section on Financial Reporting in the Management Letter).</p>	<p>The difference of USD 1505.33 relates to the following: USD 1531.38 (difference from Q9 that was not reported in Q9) – USD 26.05(gains and losses not reported in expenditures on the PUDR 10). Kindly note that this issue was fully explained in the PUDR 10 file that was sent to the LFA/GFATM. You can find the explanation written on the hard copy of the CDRs of the updated Q9 and Q10. Please note that neither the beginning balances nor the end balances in the tables provided above are correct. Also, the table does not consider the gains/losses occurring in each quarter.</p>



## Section 2: Grant Management

<p><b>Issue:</b> Procurement Costs for medicines and pharmaceutical products have been included in "procurement and supply management costs".</p> <p><b>Recommendation:</b> Please ensure that the costs for medicines and pharmaceutical products are separated from the "procurement and supply management costs".</p>	<p>The costs for medicines and pharmaceutical products are separated from the "procurement and supply management costs" as per the PSM plan for phase 2.</p>
<p><b>Issue:</b> M&amp;E; data quality Inaccurate data reported by Sub-Recipients.</p> <p><b>Recommendation:</b> Please ensure that regular joint verification exercises of data reported by sub-recipients are undertaken to improve data quality. Furthermore, it is important to highlight that only results that meet the operational definitions should be reported by the PR and will be accepted by the GF.</p>	<p>Kindly note that this strategy is being followed as the PR conducts pre and post reporting meetings with each SR in order to ensure quality reporting and supporting documents. The joint WHO/MoH/UNDP supervision visits at service delivery points will also aim at strengthening data reporting.</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/PAPPP 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-Feb-11	Select	The EFR will be submitted along with Q12 report at the end of the year 2011.



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Grant Number:	PSE-708-001-H	Quarter:	11
Progress Update - Reporting Period:	Cycle:	Beginning Date:	31-Aug-2011
Progress Update - Period Covered:	1-2-Jun-2011	End Date:	31-Aug-2011
Progress Update - Number:	11		
Currency:	USD		

### 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
<b>1. Total PR cash outflow vs. budget</b>	654,007	106,274	547,733		6,320,236	4,743,038	1,576,598	
<b>1a. PR's total expenditures</b>	298,529	106,274	192,255		2,632,166	1,929,687	702,479	No further disbursement from the GFATM was processed to the PR as of Q3. No activity took place in Q11 due to the delay in signing the phase 2 grant agreement.
1a. Disbursements to sub-recipients	355,478	0	355,478	Phase 2 agreements were not yet signed with the SRS since the PR had not signed the phase 2 grant agreement with the GFATM yet. Furthermore, the PR had not received any additional funds to process any further disbursement to SRS as in complete financial deficit.	3,088,070	2,913,951	874,119	Phase 2 agreement was not signed with the SRS since the PR had not signed the phase 2 grant agreement with the GFATM yet. The cumulative disbursements to the SRS which matches the Q10 figures.
<b>2. Total pharmaceutical &amp; health product expenditures vs. budget</b>	100,298	0	100,298		697,789	545,235	122,554	
2a. Medicines and pharmaceutical products	0	0	0		87,001	83,643	3,358	The PR did not sign the phase 2 grant agreement with the GFATM at the time of the P-11. The cumulative expenditures reflect the phase 1 actual expenditures which match the Q10 figures.
2b. Health products and health equipment	100,298	0	100,298	The PR at the time of period 11 didn't have the signed phase 2 grant agreement with the GFATM in order to allow the PR to perform any procurement activity.	580,788	461,591	119,197	The PR did not sign the phase 2 grant agreement with the GFATM at the time of the P-11. The cumulative expenditures reflect the phase 1 actual expenditures which match the Q10 figures.

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## 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.    For further guidance on PQR data entry, please refer to the guidelines.	Yes	It is updated on quarterly basis.
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	Currently, the stocks of ARVs are deemed to be sufficient until the end of year 2011 as per the latest stock take. All of the requested ARVs except for KALETRA were delivered recently. KALETRA was expected to be delivered early December (received at the time of signing of PU/DR 11). In the light of such delivery delays, the GFATM granted UNDP/PAP a waiver to purchase 2 packs of KALETRA locally until the arrival of the international UNICEF shipment.
3. Comment on additional issues related to the procurement and supply management of pharmaceuticals and health products		
1. The GF approved the PSM Plan for Phase 2 under the HIV programme and according to which the country office has recently placed the ARVs orders for 2012.		
2. WHO will purchase small quantities of CD4 reagents from their own resources to cover MoH needs in Gaza.		



# On-going Progress Update and Disbursement Request

## DISBURSEMENT REQUEST PERIOD

Grant number:	PSE-708-G01-H		
Progress Update - Reporting Period:	Cycle:	Quarter	Number:
Progress Update - Period Covered:	Beginning Date:	1-Jun-2011	End Date:
Progress Update - Number:	11		31-Aug-2011
Currency:	USD		

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):

**-16,753**

Add:		
2. Cash received by the PR from the Global Fund during the period covered by this progress update:		0
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
		<b>0</b>

Less:		
7. Total cash outflow during period covered by Progress Update (value entered in Section 3A "Total cash outflow"):		106,274
8. Net exchange rate gains/losses (gains should be shown with a minus sign; losses should be shown with a plus sign)		-6,51
9. Reconciliation adjustments (gains should be shown with a minus sign; losses should be shown with a plus sign)		106,268
10. Cash Balance: End of period covered by Progress Update:		<b>-123,020</b>

### Explanation of reconciliation adjustments (line 9)

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

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# On-going Progress Update and Disbursement Request

## DISBURSEMENT REQUEST PERIOD

Grant number:	PSE-708-G014-H
Progress Update - Reporting Period:	Cycle: 11
Progress Update - Period Covered:	Quarter: 1-Jun-2011
Progress Update - Number:	Beginning Date: 11
End Date: 31-Aug-2011	Number: 11
Currency:	USD

## 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-Sep-2011	31-Dec-2011	558,114	1,218,517
2a. Cash buffer period (by default)			
(cash "buffer") beginning date	1-Jan-2012	end date: 31-Mar-2012	approved budget amount: 386,343
			forecasted amount: _____
2b. Additional "buffer" (discretionary; select only if there is a prior agreement with the FPM)			PR Total Forecast
cash "buffer" agreed with FPM(2)	Select	end date: _____	1,218,517
(cash "buffer") beginning date	1-Apr-2012	approved budget amount: _____	
		forecasted amount: _____	

(1) Additional Cash buffer can be requested if the next PU/D/R 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 in principal 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. The forecasts include the budget for the PR & SRs for the period Q9-Q12 of phase 2, in addition to the pending phase 1 small payments at the PR level.

- NS. 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
  - 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):	-123,020
Less:	
4. Cash "in transit" disbursed to the PR:	0
5. Cash "in transit" disbursed to third parties by the Global Fund on behalf of the PR	-123,020
	1,341,537

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):

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

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	3.4300	Avg (Jun. - Aug. 2011) NIS/USD = 3.43
- used to convert Total Cash Outflow for the Progress Update Period	3.4300	Avg (Jun. - Aug. 2011) NIS/USD = 3.43



## On-going Progress Update and Disbursement Request

### PROGRESS UPDATE PERIOD

Grant Number:	PSE-708-G01-H		
Progress Update - Reporting Period:	Cycle:	Quarter	Number:
Progress Update - Period Covered:	Beginning Date:	1-Jun-2011	11
Progress Update - Number:	End Date:	31-Aug-2011	11

### 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)

<sup>1</sup> 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.

Very limited achievements are reported under this quarter due to the absence of a signed agreement between the Global Fund and the PR and consequently between the PR and SRS. Furthermore, the Phase 2 agreement was not yet in place until the time of preparing this report (November 2011) due to lengthy negotiations process. The Phase 2 application was submitted, on time, on 15th November 2010 following a comprehensive review by all stakeholders. It incorporated adjustments of targets and costs which had been discussed during the joint UNDP HQ/GFATM/LFA mission in May 2010, and which were fully explained and justified. It took the TRP six months to respond to the application. Staff is in place and has to continue to be paid; decisions have to be made about replacement and recruitment; activities which had been planned had to be postponed.

Furthermore, the PR is in financial deficit and has not received any additional funds from the GFATM for the last several months leading to the suspension of all activities. At the time of signing this PU DR 11, no further cash had been received. It is expected that activities will only be able to start again in Phase 2 early 2012 only, corresponding to Period 13.

Despite all the above mentioned challenges, the partners have continued their HIV work either using their own funding or undertaking activities which did not require any financial implications. Treatment costs were covered at all time. All programmatic indicators were met with at least 100% achievement. The indicators that reported achievements refer to the ongoing work undertaken by the Ministry of Health (condom distribution, VCT, treatment and psychosocial support).

Other achievements could be highlighted such as follows:

- The PR, WHO and MoH finalized a unified checklist to be used for supervision and field visits. These checklists follow the application of practices following the guidelines as well as verification on data reported. The checklists are being piloted (November 2011) and feedback is taking place to enhance reporting.
- Six operational researches were undertaken among populations at higher risk of HIV transmission including: people who use drugs, prison populations, sex workers and Palestinian workers in Israel. An international consultant was recruited by UNADS to develop a consolidated report of the 6 operational studies in Q11. The consolidated report was presented in October 2011. Available upon request.
- The National Strategy on Drug use and HIV among drug users and in prison settings was translated and shared with national counterparts.
- NAC regular meetings continued to take place during Q11 with a focus on the HIV programme implementation. Phase 2 grant approval, discussion of the national HIV response and provision of input to the consolidated operational research report. In addition to that, DMDTs pursued their meetings during Q11 which entailed planning for Phase 2 activities and following up on the progress of current activities.
- Treatment and VCT services as well as condom distribution (mainly in Gaza) continued during the reporting period.

#### B. Planned Changes in the Program, if any

The monitoring and evaluation officer within the PR team resigned in July 2011. The recruitment process was finalized and the candidate is expected on board in December 2011.

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

1. Until the time of writing this report (November 2011), the programme had no active agreement in place. The PR was still under negotiations with the Global Fund to finalize the signature of the Phase 2 agreement.
  - a) delays from the supplier's end
  - b) Israeli customs and strict regulations
  - c) lack of cash at the PR level which prevents the PR from placing an order

## On-going Progress Update and Disbursement Request

### GENERAL GRANT INFORMATION

Country:	West Bank & Gaza
Disease:	HIV/AIDS
Grant number:	PSE-708-G01-H
Principal Recipient:	UNDP
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-Jun-2011	End Date:
Progress Update - Number:	11		31-Aug-2011

### DISBURSEMENT REQUEST PERIOD

Disbursement Request - Disbursement Period:	Cycle:	Quarter	Number:
Disbursement Request - Period Covered:	Beginning Date:	1-Sep-2011	End Date:
Disbursement Request - Number:	11		31-Dec-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  **One million, three hundred and forty-one thousand, five hundred and thirty-seven USD**
2. Amount requested in words (in USD): \_\_\_\_\_

### B: AUTHORIZATION

The undersigned acknowledges that: (i) all the information (programmatic, financial, or otherwise) provided in this Progress Update and Disbursement Request is complete and accurate; (ii) funds disbursed in accordance with this request shall be deposited in the bank account specified in block 9 of the face sheet of the Grant Agreement unless otherwise specified herein; and (iii) funds disbursed under the Grant Agreement shall be used in accordance with the Grant Agreement.

Signed on behalf of the Principal Recipient:  
(signature of Authorized Designated Representative)



Name: Frode Mauring

Title: Special Representative of the Administrator

Date and Place: Jerusalem, on 07 December 2011

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

### 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?

No

Grant number:	PSE-708-G01-H	Quarter:	11
Progress Update - Reporting Period:	Cycle:	Number:	11
Progress Update - Period Covered:	Beginning Date:	End Date:	31-Aug-2011
Progress Update - Number:	11		
Currency:	USD		

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 Cumulative Expenditure 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	N/A	39,550.00	-	94,850.00	-	-	-	94,850.00	The MOH will only start implementation upon signature of phase 2 agreement, as they were not a SR in phase 1
UNFPA	18/04/2011	140,528.45	-	1,471,946.30	1,115,872.50	1,109,270.55	6,601.95	362,675.75	The amount matches with the figures of Q10 since no implementation look place in Q11 as the phase 2 agreement is not signed yet.
UNODC	18/04/2011	68,667.25	-	680,677.49	472,910.00	476,131.39	(3,221.39)	204,546.10	The amount matches with the figures of Q10 since no implementation look place in Q11 as the phase 2 agreement is not signed yet.
WHO	18/04/2011	106,732.50	-	899,309.66	680,802.50	780,198.96	(99,396.36)	119,110.80	The amount will be reported accurately when WHO submits the Q12 report. The cash balance was provided by email along with the P11 updates.
UNICEF	18/04/2011	N/A	-	541,286.34	544,366.81	524,666.35	19,699.46	16,619.99	The amount matches with the figures of Q10 since no implementation look place in Q11 as phase 2 agreement was not signed yet. UNICEF will not continue with the implementation since they are not going to be a SR in phase 2. Available cash will be returned to the PR.
<b>TOTAL</b>		<b>355,478</b>	<b>0</b>	<b>3,688,070</b>	<b>2,813,951</b>	<b>2,880,287</b>		<b>797,893</b>	

\*TOTAL amount for these columns should reconcile with relevant amounts under "1b 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"