

On-going Progress Update and Disbursement Request

GENERAL GRANT INFORMATION

Disbursement Period	West Bank and Gaza Strip
Grant Number	RF# 708
Principal Recipient	UNDP/PAAP
Program Start Date	1-Dec-2008
Currency	USD

PROGRESS UPDATE PERIOD

Progress Update - Reporting Period	Cycle	Quarter	Number
Progress Update - Period Covered	Beginning Date	1-Jul-2009	3
Progress Update - Number	End Date	30-Sep-2009	

DISBURSEMENT REQUEST PERIOD

Disbursement Request - Reporting Period	Cycle	Quarter	Number
Disbursement Request - Period Covered	Beginning Date	1-Oct-2009	3
Disbursement Request - Number	End Date	31-Dec-2009	

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

Section 1: Programmatic and Financial Progress Update

A. PROGRAM PROGRESS

I. Program Objectives		Objective Description
1	Strengthen community action to maintain low HIV prevalence particularly amongst populations most at risk and vulnerable	
2	Reduce morbidity and mortality through improved access to treatment, care and psycho-social support to those infected and affected	
3	Reinforce capacities, partnerships, coordination, monitoring and evaluation of the national response in line with the three ones	
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II. Impact / Outcome Indicators

Impact / Outcome	Indicator Description	Baseline (if applicable)		Intended Yearly Targets	Actual Yearly Results	Reasons for deviation and any other comments
		Value	Year			
Impact	% of young women and men aged 15-24 who are HIV infected	N/A	N/A	<1%	N/A for Y1	Intended targets refer to the 2nd year only. Evaluations to take place at the end of Y2 (this applies to all the impact and outcome indicators). BSS+ are conducted every three years. WHO will be organizing and conducting the survey in the 5th, 6th and 7th quarters. Training on BSS+ is to take place in Q4 for Gaza and West Bank, involving all SAs.
Impact	% of adults and children with HIV still alive 12 months after initiation of antiretroviral therapy (extend to 2, 3, 5 years as program matures)	N/A	N/A	70	N/A for Y1	Sentinel surveillance to be strengthened which will allow such tracking.
Outcome	% of injecting drug users who have adopted behaviors that reduce transmission of HIV	N/A	N/A	5	N/A for Y1	UNODC-led behavioral survey scheduled in year 2. Details were finalized in Q3 for a national level approach with the BSS exercise led by WHO. The BSS will include IDUs and a target group within UNODC will lead on informative research on IDUs as well as on prison settings.
Outcome	% of adults and children who are still on treatment after 1 year from the initiation of treatment	N/A	N/A	80	N/A for Y1	Current statistics show cumulative 4 cases among children below 18 years old. This indicator may not be very relevant to assess the performance of the grant.
Outcome	% of people expressing accepting attitudes towards PLWHA, or all people surveyed aged 15-49	N/A	N/A	20	N/A for Y1	On a related note, a KAPB survey is planned under activity 3.2 (led by UNICEF) to assess the attitudes and practices of youth from age 14-24 years.
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Note: Operational research will be carried targeting injecting drug users (UNODC led), Sex Workers/women under sexual exploitation (UNFEM led), Youth and children, KAPB survey (UNICEF led), Adolescent, BSS+ (WHO led) is planned, a vulnerability assessment (UNFPA led) as well as a behavioral survey in prisons. This will help in applying risk reduction strategies and improve national surveillance systems. An operational research working group was established to harmonize and align all the research and assessment related activities. Details of all proposed research activities were discussed among all SAs, SSBs and PR and were validated by the HCC. Final concept papers (including the proposals with the detailed budgets) were expected to be submitted to the PR in December 2009. No funds were disbursed by the PR until those details were known. The operational research budget represents 10% of the overall budget, hence the need in harmonizing all methodologies to avoid duplication and allow for efficiency gains. The minutes of the Operational Research working group meeting are available upon request.

On-going Progress Update and

PROGRESS UPDATE PERIOD

Grant number:	PSE-708-Q01-H
Progress Update - Reporting F Cycle:	#
Progress Update - Period Cov Beginning Date:	Quarter
Progress Update - Number:	3

iii. Service Delivery Areas, Indicators, and Targets

Objective No.	Service Delivery Area	Indicator Description	Directly Targeted?	Baseline (if applicable)		Intended Targets to date	Actual Results to date	Reasons for programmatic deviation and any other comments
				Value	Year			
1	1.1. Prevention: BCC - Mass Media	1.1.1. No of HIV/AIDS information, education, and communication programs broadcasted (Radio/Television)	Yes	0	2007	48	0	<p>1. Implementation has started</p> <p>2. BCC and mass media activities have started through the NAC (National AIDS Committee) and its line members including ministries and NGOs.</p> <p>3. A prevention working group was established to ensure the harmonization of prevention activities, messages and strategies. The minutes of the prevention working group meetings are available upon request. UNFPA and the Department of Health Education of the MoH are chairing the working group, which involves all SRS, SRSs and the PR.</p> <p>4. Furthermore, two comprehensive NAC meetings were organized to define roles and timeline for implementation of each line ministry involved in prevention activities (UNFPA signed MoUs with the MoH, the NAC, and the Ministry of Social Affairs), defining the prevention activities to be undertaken.)</p> <p>5. Implementation of activities shall be accelerated in October -Q4</p> <p>6. The Health Education Promotion Committee has set roles for the communication strategy which will be linked to all IEC programs.</p> <p>7. MoH and the Ministry of information has prepared for the training of 2 groups of journalists on HIV and AIDS using UNODC's guide on HIV and drugs issues as a reference.</p> <p>8. UNFPA has been working with "Keel Ashra" Magazine (a magazine that is dedicated to raising awareness on health issues among the Palestinian people) for the occasion of World AIDS Day. Few articles were to be written by the PR and SRS. UNFPA has started along with the MoH the preparation of the WAD event where a poster funded through the Global Fund will be produced in addition to awareness raising sessions with the different line ministries. All SRS, SRSs and PR contributed to the design of the poster.</p> <p>1. Preparatory work for peer education programs targeting women (UNFPA/UNFEM), IDUs (UNODC), Youth (UNICEF).</p> <p>2. As mentioned above, UNFPA has signed agreements with the MoH, NAC and MOSA, UNFEM and UNRWA in which activities under this SDA have been clarified. Implementation has not yet started but is to be completed before the end of year 2009 (Quarter 4).</p> <p>3. Under the leadership of UNODC, awareness raising on HIV and drug use among vulnerable and refugee youth have started. Initially in Gaza through a NGO identified in the Gaza Strip and followed in the West Bank early Q4, through the Football Federation, as suggested by the Ministry of Interior, as a strategy to promote sports, healthy practices and therefore against risky behaviors potentially leading to STI/HIV transmission. The awareness raising campaign on HIV and drug use among vulnerable youth, families and drug users was completed in Gaza, where IEC materials were also distributed. 812 people were trained by peer educators, and the presence and support of religious leaders was remarkable.</p> <p>The campaign in the West Bank was prepared for implementation early Q4 by the Palestinian Football Association (Ramadan). The campaign feature will be a three days event (each event featuring a drug use and HIV session followed by a football match). The target group will include youth from vulnerable areas and refugee camps in Ramallah. The football teams will include: Jerusalem and Ramallah teams to play at Falas El Hassany stadium in Jerusalem; Gaza and Tulkarem teams in Nablus; Bethlehem and Hebron teams that will play in the West Bank. An expert on drug use will provide the drug sessions while a medical doctor from the National AIDS Committee will participate as HIV expert. IEC materials were distributed in the campaign.</p> <p>4. TORs for the assessment among drug users was prepared by UNODC and shared with the Ministry of Interior. It was agreed that Palestinian Central Bureau of Statistics shall conduct the assessment and UNODC to provide technical assistance. Also, a provision for training to the investigators of the Central Bureau on conducting trainings on HIV and drug use assessments takes part in this activity. Discussions were held among the Operational Research Group and particularly with WHO to fine tune the details of the proposed research which will come as a natural complement of the BSS survey to be led by WHO. The proposed research will help determine the characteristics, HIV vulnerabilities, available services, and needs and barriers to health care access of IDUs in GPT.</p> <p>5. Negotiations around a proposed tour in TAI AW's drop in centers and needle syringe exchange programmes took place. The Palestinian Authorities have agreed to this suggestion and UNODC has been negotiating with the Israeli counterparts. Negotiations were mainly centered for a proposed visit and October to involve 20 participants from the PAs different institutions and Palestinian NGOs. Details for the study tour in reduction in prisons for the Palestinian health care service providers scheduled for October-Q4, were fine tuned as well as the PAs participation (3 people) to the International Health in Prisons Conference taking place on 28-31 October in Madrid (the conference focuses on addressing what works in the prevention and control of major communicable diseases in prison and the health problems related to major communicable diseases in prison including HIV and TB).</p> <p>6. Participation of UNICEF, UNFPA and selected NAC members in 2 workshops: first on PMCT (Caro) and one on Youth and HIV prevention (Tunisia).</p>
1	1.3. Prevention: Condom Distribution	1.3.1. No of condoms distributed to general population for free	Yes	0	2007	60,000	0	<p>1. Condom stocks are available at the Ministry of Health (as part of reproductive health strategy) and will benefit indirectly the HIV programme. Furthermore, messaging around condoms use for HIV prevention is taking place within the MoH. The MoH is currently in the process of purchasing 300,000 condoms for the free distribution through GFATM funding.</p> <p>2. The PSM Plan was only approved by the GFATM Secretariat in October 2009 - following this approval, the PR gave green light to UNFPA to place an order to buy the necessary condoms based on quotation received.</p> <p>3. Furthermore, a consultant was recruited by the NAC to review available condom programs and develop the Condom Distribution National Strategy/locations, approaches, targets, messages... Such strategy is part of the NAC work plan and expected output monitored by UNFPA. Discussions to reach sustainable and institutionalized mechanisms for condom distribution are taking place with the MoH, facilitated by UNFPA.</p>
1	1.4. Prevention: Testing and	1.4.1. No of health and community workers trained for	Yes	1	N/A	0	0	<p>Under leadership of the MoH and WHO. The validation of Testing protocols is scheduled for Q3. A WHO international HIV expert was hired by WHO CO to lead that exercise.</p>

1	1.4. Prevention: Testing and Counseling	1.4.2. No of general population who receive HIV testing and counselling (including provision of the results)	Yes	3	N/A	N/A	200	0	VCT services are not yet available in the GPT as depending on procurement and training related activities which are underway. All preparations and activities are planned for year 2. The PSM plan has not yet been approved by Q3, which does not allow for procurement activities to take place.
1	1.5. Prevention: STI Diagnosis	1.5.1. No of health service providers trained in STI	Yes	1	N/A	N/A	375	0	This activity is part of the MoH's workplan as SSR to UNFPA. A training for health professionals on STI management is foreseen for November. Along with it a mapping on STI services among PHC centers is to be conducted early November 2009.
1	1.5. Prevention: STI Diagnosis and Treatment	1.5.2. No of STI cases receiving diagnosis, treatment and counselling at health care facilities	No	3	N/A	N/A	2,000	26,906	STI syndromic management is already taking place through the MoH services. UNDP-PR has requested the GFATM secretariat if such indicator could be "united" with the reporting of treated cases through the MoH, which was approved. The MoH can ensure funding of such activity allowing such budget line (under UNFPA work plan) to be opened for the funding of ART treatment which budget has been severely under budgeted. A mapping of available STI services at the primary health care level is planned. Such mapping will inform on the gaps which should be addressed to scale up STI services. The cumulative total number of reported cases of STDs in Palestine from the first of January to the end of September 2009 is 26,906.
1	1.6. Prevention: Blood Safety and Universal	1.6.1. No of health workers trained in blood safety and universal	Yes	1	N/A	N/A	0	0	WHO is supposed to conduct the training in this quarter however the tasks for the TA are pending approval of the MoH. UNFPA through its agreement with MoSA, will conduct a training for 2 groups of social workers and probation officers on HIV prevention, care support, stigma reduction, psychological impact and counselling.
2	2.1. Treatment: Antiretroviral Treatment (ARV) and Monitoring	2.1.1. No of teams trained in advanced HIV care and treatment at ART sites	Yes	1	N/A	N/A	0	0	1. Under leadership of the MoH and WHO, WHO has been assisting the MoH with technical guidance in order to prepare for the UNDP led procurement plan for ART medications. WHO is planning on starting the review of ART guidelines in the next quarter. As a step forward, a doctor has participated in a course in Belgium on ART treatment but financed from WHO's resources. 2. It is worth mentioning that members from UNICEF and MoC participated in an inter-country consultation on PMCT in MENA Region, where the need for integrating PMCT services within the MoH care and support and to ensure the availability of services once the HIV and AIDS national strategy is developed. PMCT services are not available in the GPT yet and is not planned under the Phase 1 of GPTM funding, but it was still important to lay the ground for future PMCT services envisaged to be delivered under Phase 2.
2	2.1. Treatment: Antiretroviral Treatment (ARV) and Monitoring	2.1.2. No of people with advanced HIV currently receiving anti-retroviral combination therapy	No	3	15	2007	17	11	1. There are currently 11 HIV- under treatment and 9 on the waiting list (not eligible for treatment yet). The MoH, through GFATM funding, has now been taking care of those existing 11 patients. (14 HIV- treated in Israel (until end of 2008). Such patients are currently receiving ARV treatment based on private practice prescription as available in Israel, and the waiting list is expected very expensive). Each patient (he was screened by the MoH and WHO to understand whether any shift in treatment regimen could take place using WHO pre-qualified generic treatment guidelines), but no shift is possible as many of those patients have been developing many resistance strains. It has been recommended to keep those patients with their current treatment regimens. 2. However, a public health approach using standardized first and second line treatment regimens will be used for the anticipated increase in the recruitment of new patients (Targets: 11 new patients year 1 and 23 new patients year 2). 3. An extensive consultation process around the details of the forecasting and drug quantification which details needed to be included in PSM plan took place. The emerging ARV procurement exercise which took place late March 2009 revealed the need for extra assistance with regard to rational forecasting and procurement mechanisms in a complex Israeli/Palestinian environment (e.g. custom clearance). 4. Finally, because UNDP will be procuring health products and equipment on behalf of all SRs and the MoH, it was decided to request the TORs of the MoC to include expertise in the area of medical procurement, forecasting and related technical assistance (to be on board late Q3). UNDP prepared in Q3 the ARV order covering needs for the existing 11 patients for 6 months (November 2009-April 2010), through UNICEF and local purchases (for 2 drugs: Zidovudine and Zalcitabine) as well as through Glaxo for Truvada for which the PR and MoH benefited from a donation program for 6 months. 5. In the meantime, work towards the national treatment products and guidelines is on-going and the validation is expected late Q4 – thanks to technical assistance by WHO. WHO has also contributed financially to the stock out of 3 ARV drugs for one month bridging the September gap (3 drugs \$70,000). In coordination with the PR and the MoH.
2	2.2. Care & Support: Home and Community Based Care	2.2.1. No of people living with HIV provided psycho social support PLHIV supported	No	3	0	2007	15	0	A workplan was developed with Medical Relief Society (national NGO) and UNFPA with the overall aim of stigma reduction through providing home and community awareness activities, supporting sensitization workshops with community leaders, training health workers for the provision of community based services and provide social support to PLWHA and their families. This constitutes a part of the workplan agreed upon between UNFPA and UNRWPA in which UNRWPA has committed its support to PLWHIV. A pre- primary step towards this goal is conducting a TOT at 3 locations of UNRWPA in order to get staff familiarized with dealing with PLWHIV and to provide care and support to them and their families. The training trials include other topics on HIV overview, testing and counseling, gender & AIDS, etc.
3	3.1. Supportive Environment: Coordination and Partnership Development	3.1.1. No of political community, religious leaders and police/courts services attending workshops on HIV/AIDS and Stigma Reduction	Yes	1	30	2007	85	0	1. A total of 8 preparatory meetings took place between the MoC and UNFPA to plan the related activities. Negotiations with the MoC are underway and implementation is foreseen during Q4. Similarly between UNODC and the MoC/MoH to prepare for advocacy workshops among government bodies, police forces and policy decision makers. Internal advocacy through various line ministries, can be perceived as time consuming but remains a key strategy and build national ownership around HIV issues. UNODC is undergoing preparations for the advocacy workshop among policy makers from the law enforcement on human reduction and is perceived to take place in Q5. 2. UNICEF is negotiating an agreement with UNRWPA for possible support for training of religious leaders in village camps. 3. Through the workplan of PMSR (an NGO SR to UNFPA), major activities on stigma reduction are to be implemented including sensitization workshops for religious leaders. Also, the MoH through the Ministry of Religious Affairs will organize 3 workshops for religious leaders on HIV prevention.

3	3.2. HSS: Information System & Operational Research	3.2.1. No of program partners trained in monitoring and evaluation	Yes	1	0	2007	15	0	<p>1. All implementing sub-recipients and the MAC Secretariat (as SSR to UNFPA) have appointed project coordinators to follow up directly on GFATM supported activities.</p> <p>2. Two technical working groups were established: 1) Prevention, chaired by UNFPA and the MoH and 2) Operational Research, chaired by WHO and the MoH to align and harmonize strategies and activities. A situation analysis on (i) status of national policies and strategies, (ii) people living in the OR with HIV and AIDS, their origin, current treatment and other issues, (iii) current capacities for treatment and care of HIV and AIDS, (iv) availability of data and information on HIV and AIDS is in progress (coordinated by WHO).</p> <p>3. Short term assistance was provided by WHO to prepare the Behavioral Surveillance Survey (BSS). Such BSS exercise will be part of a wider interagency/ multi-research agenda coordinated by members of the OR working group described above. Regional technical assistance was also provided (including by WHO EMRO, UN-CDC and UNDP). WHO recruited an expert to advise on the feasibility of conducting behavioral studies among MAFPS in OR. The consultant proposed a framework for the proposed research activities that were found necessary to be conducted including the different at risk groups, the potential obstacles that may face this research and recommendations to overcome them. The report is available upon request.</p> <p>4. All operational research activities will start in January 2010. All final proposals were to be submitted by all SRs to PR in December following the extensive consultation and harmonization which took place during Q3.</p> <p>5. Negotiations with UNFEM (as SSR to UNFPA) are still underway to shape the action strategy regarding operational research on sex workers under sexual exploitation (MOU was not yet signed in Q3). Furthermore, a final MOU was recently signed between UNFPA and UNRWA for prevention/awareness raising related activities in refugee settings.</p> <p>6. Monitoring and Evaluation interventions have started through the preparations of the National Monitoring and Evaluation workshop (MEEST) scheduled for January 2010. The MEEST workshop was supposed to take place earlier but delays are due in the scaling up of the monitoring and evaluation of activities, various applications, homework preparations in terms of existing capacity assessments, etc. PR, SR, SRRs, NGOs, MAC members are all involved in the preparations for the workshop which will eventually validate the M&E strategy for the GFATM supported grants, which should be in line with the upcoming national HIV strategy to be validated in 2010.</p> <p>7. UNDP has trained all UN SRs and SRRs in the slightly edited reporting template. Requirements with regard to reporting were detailed. Follow up training or bilateral training may be envisaged with ideally support of LFA based on the identified needs.</p>
3	3.4. Strengthening Society and Institutional Building	3.4.1. No of CSO/NGOs providing HIV/AIDS treatment, care and support services according to national guidelines	No	2	N/A	N/A	5	3	<p>1. As part of the Civil Society Enhancement Strategy on HIV, a mapping of Civil Society Organizations working on HIV and AIDS related programs is to be conducted as a first step for the creation of national network of NGOs working on HIV for the scaling up of HIV community prevention and care services. UNDP has circulated TORs for the national civil society network to the 3 identified NGOs working on scaling up HIV in OR and to the SRS/SSRS.</p> <p>2. The already existing small network of NGOs together on HIV interventions with UNDP are envisaging the possibility of forming a committee including partners from each party and which will serve as a supervisor to the network formation process. All parties are joining efforts in identifying the best consultant to conduct the mapping in cooperation with the formed committee. UNDP has identified a potential NGO to conduct the mapping among the civil society. A consultant was recruited, a questionnaire was developed and the mapping results are expected to be presented early 2010.</p> <p>3. Once mapping completed, a national consultation involving all civil society stakeholders involved in HIV response will be organized as further steps towards the creation of a national network (regional technical assistance from UNDP HAPRAPS on civil society strengthening is also planned for January 2010) such technical assistance should have happened in October 2009 but had to be postponed for late January in the light of visa restrictions issues).</p> <p>4. Once the exercise completed, small grants will be provided to assist CSOs in their HIV prevention programs. Furthermore, women NGOs will be provided with grants to mainstream HIV prevention programs within their policies and strategies (UNFPA/UNFEM, ed). Negotiations with NGOs are progressing under the leadership of UNFPA to define the scope of work in areas of prevention and stigma reduction. UNFPA has conducted a mapping among women NGOs for the process of selection of women NGOs to implement the HIV prevention programs. Five NGOs were selected to mainstream HIV within their programs of reproductive health and STI.</p>
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On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number:	PSE-706-G01-H		
Progress Update - Reporting Period:	Cycle:	Quarter:	Number:
Progress Update - Period Covered:	Beginning Date:	1-Jul-2009	3
Progress Update - Number:	End Date:	30-Sep-2009	
		3	

IV. Overall evaluation of performance

- As reported comprehensively in Quarter 1 and Q2, the start of implementation was severely affected by a number of factors including the war in Gaza (late December 2008-early January 2009) which diverted the PR and SRs' attention from GFATM programming to humanitarian assistance, budget and work plans correction and validation, signature of letters of understanding and establishment of working modalities between partners, etc.
- The UNDP PMU Team got strengthened with the appointment on a full time basis of a Programme Officer and the selection of an M&E officer who would also look at PSM issues (to start in Q4). The position for Finance and Administration officer had to be re-advertised as the selected candidate finally declined the offer and no other candidate was found suitable during the recruitment process to hold such position. The management unit at the SR level was also strengthened by an international HIV medical officer at WHO and a field coordinator at UNFPA.
- However, under Quarter 3 the overall performance of the program is "likely to be considered still inadequate. But all activities for implementation were fine turned during Q3. With the Ramadan and Eid vacation, there might have been a slower pace in achieving results and getting all partners on board but this was overcome through dedication of a small number of key implementers.
- All procurement activities were prepared (quotation, bidding, tendering and evaluation look place with a fast-track/awaiting for the official approval of the PSM) to allow immediate orders by UNDP to all suppliers.
- All operational research activities were discussed at length between PR, SRs, SRRs and the national partners to allow for harmonized approaches. The outlines of proposals were drafted by all SRs (UNFPA, UNICEF, WHO and UNODC and UNFEM) and endorsed by the NAC.
- The UNDP PMU Team got strengthened with the appointment on a full time basis of a Programme Officer and the selection of an M&E officer who would also look at PSM issues (to start in Q4). The position for Finance and Administration officer had to be re-advertised as the selected candidate finally declined the offer and no other candidate was found suitable during the recruitment process to hold such position.
- Through the national AIDS committee (NAC), the national response strategy is under development, in addition to needs assessment that will be conducted among NAC members to assess their knowledge of the HIV epidemics. Based on this light assessment, training will be conducted among NAC members and their line ministries to enhance knowledge of the basic HIV facts. Twelve district multidisciplinary teams were formed as combination for NAC strategies and activities. These teams will receive sensitization training on HIV prevention.
- An action plan for HIV activities in refugees' settings in the West Bank was finalized (draftable with regard to Gaza) will be available in Q4). This exercise led to the signature of a MOU between UNRWA and UNFPA and similarly between UNICEF and UNRWA. The UNICEF-UNRWA work plan includes trainings for youth facilitators and religious leaders as well as an awareness campaign for World AIDS Day.
- Preparations for World AIDS Day have started with as an example 7,000 red ribbons have been ordered by UNICEF and 1,500 by UNDP to be distributed to partners for awareness raising campaigns. As part of the support for Life Skills Based Education in 133 youth clubs and learning centers throughout the West Bank and the Gaza Strip, the Life Skills Based Education included communication and negotiation skills, conflict resolution, smoking and drug prevention and reproductive health, including HIV and AIDS information.
- Other achievements include the development of IEC materials, mainly focused on HIV and drug use.
 - HIV brochure developed with UNAIDS Regional Support Team and technical inputs from the Palestinian National AIDS Committee (2,000 copies in WB and 2,000 in Gaza).
 - Drug brochure developed by UNODC Vientiane in Arabic (2,000 copies in WB and 2,000 in Gaza).
 - Poster from the UNODC THINK CAMPAIGN in Arabic on the risks of injecting drug use (500 copies in WB and 500 copies in Gaza).
 - The 2007 drug use and HIV assessment undertaken by the Ministry of Interior and the Palestinian Central Bureau of Statistics with technical assistance of UNODC was printed in the West Bank (2000 copies in Arabic) for distribution during the High Level Advocacy Meeting on Harm Reduction for the Law Enforcement planned in February 2010.

V. Planned changes in the program, if any.

The budget will be re-allocated in Q4 following the approval of the PSM plan.

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

In the very special context in WBG there are several key lessons learned that we would like to highlight, thus to draw special consideration in the design of any future investment in the area of HIV. Improvement with regard to coordination:

WBG is a non CCM country, experiencing the absence of the overall guiding body that promotes true partnership development and multi-sectoral programmatic approach. Thus the PR is also taking leading role in fulfilling the essential functions of the CCM, leaving additional burden on progress making. PR led coordination meetings take place every 3 weeks (SRs only + UNIFEM and UNRWA), prevention and operational research working groups have been initiated to ensure alignment of related activities. The UN thematic group responsible for the oversight of the grant (in close collaboration with the NAC) meets on a quarterly basis (although there might be a need for more frequent meetings since this is a time of accelerated implementation). Guidelines for non CCM countries may still be relevant.

The principles of performance based funding are still relatively new to all implementing partners, implying the need for on-going training and explanations which should be supported by the GFATM and the LFA.

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

In addition, the country is challenged by the absence of the overall guidance and management from the UNAIDS Secretariat. A great challenge that facing leverage of respective organizational mandates and resources to work collectively to deliver results. Thus, such complex situation is leaving its impact on the performance. The PR continues to strive for increased efficiency and effectiveness in the response to AIDS, and to demonstrate the added value of coherence in the UN system and its collective impact at the country level.

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

Conditions Precedent and/or other special conditions	Fulfilled? (Yes/No)	PR Comments
First Disbursement: PR to deliver a statement confirming bank account	Yes	Submitted to the GFATM within the initial face sheet of Grant Agreement
First Disbursement: PR to submit a letter confirming the authorized representative of the PR	Yes	Submitted to the GFATM during grant negotiation
Second Disbursement: PR to provide evidence of conducting the M&E workshop including all stakeholders	In Progress	At the time of submitting the Q3 report, UNDP/PAPP has set the dates for the workshop to be January 2010 after agreement with the GFATM Secretariat. The workshop was originally planned for November 2009 but due to visa challenges for one facilitator and the last minute drop out of the second one, the workshop preparations themselves, it was decided in close collaboration with the GFATM to postpone the workshop for January 2010.
Second Disbursement: PR to provide a revised plan for the M&E of the program including results and recommendations	In Progress	UNDP/PAPP will be finalizing the plan in February in 2010, after completion of the M&E national workshop
Second Disbursement: PR to submit a revised program budget, if applicable after finalizing M&E and PSM Plans	In Progress	PSM plan has been revised after the GFATM Secretariat Mission to oPt (August 2009). Forecasting for the ARV Drug needs has been rather complicated, but recently eased with the arrival of an international HIV expert (WHO). The budgets are expected to change in relation to drug procurement budget lines, severely under estimated.
Procurement of Health Products: Disbursement to be requested upon submission of PSM Plan by the PR and the receipt of GF's written approval on the PSM Plan	Yes	PSM Plan has been approved by the GFATM Secretariat in November (at the time of preparing this progress update).
The PR should have, by 31 Dec 08, recruited a Program Manager, a Finance Analyst and an M&E Officer	Partially	UNDP, in its quality of Principal Recipient and overall responsible for coordination and management of the GFATM funded activities, has set up a programme management unit which comprises of a Programme Manager (recruited in December 2008), a Programme Associate (confirmed on full time basis), a Procurement/Monitoring and Evaluation officer (on board in Q4), a Gaza Project Coordinator (on board in Q4). The revised proposed management structure is attached to the present report. At the time of writing the consolidated Q3 report (November 2009), UNDP is reviewing the CVs for the Finance/Admin Officer (re-advertised position). The contracts are to be issued in December 2009. Furthermore, UNDP/PAPP is in process of recruiting Supply Chain and Medical Procurement Officer position to be financed from UNDP resources. Term of reference is ready for advertisement after it has been reviewed by the UNDP PSO and UNDP local procurement department.
Grants Disbursement to NGOs: Only upon assessment of the NGO by PR and/or SR, and selection process is transparent and documented	No	As described in section 1A (2), grants will be provided to NGOs/CSOs for HIV community prevention and care upon completion of mapping of NGOs involved in the HIV response in the oPt and national civil society consultation expected to take place in Q4.
PR and NAC should prepare a plan to define the modalities of their working relationship (including periodic communication and minuted meetings)	In Progress	A letter of Exchange was signed between UNDP, UNFPA acting as the UN Theme Group Chair and the NAC and UNDP (shared in previous progress update). The MoU describing further the partnership modalities between the PR and the NAC/MoH has been finalized as planned.

Select

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number:	PSE/208-0014	Quarter:	3
Progress Update - Reporting Period:	Cycle:	Beginning Date:	1-Jul-2009
Progress Update - Period Covered:	Number:	End Date:	30-Sep-2009
Progress Update - Number:	3		

C. PROGRAM EXPENDITURES

All amounts are in: USD		Budget for Reporting Period	Actual for Reporting Period	Variance	Reason for Variance	Cumulative Budget through period of Progress Update	Actual through period of Progress Update	Variance	Reason for Variance
1. Total actual expenditures vs. budget									
1a. PR's total expenditures		708,581.69	475,038.77	233,542.91		1,640,608.73	1,353,188.70	287,420.03	
		84,018.33	127,682.27	(43,663.95)		475,438.25	326,171.20	149,267.05	
1b. Disbursements to sub-recipients		624,563.36	347,356.50	277,206.86	The disbursements during this quarter refer to the amounts of Q3 + Q4. They exclude any operational research costs for all SRs, in addition to the fact that UNFPA did not get a disbursement this quarter.	1,165,170.48	1,027,017.50	138,152.98	this excludes a small disbursement of USD 6,000 to UNODC which took place in Q4 but was part of UNODC second disbursement request.
2. Health product expenditures vs. budget (already included in "Total actual" figures above)		0.00	25,882.10	(25,882.10)		41,036.83	41,337.80	(300.97)	
2a. Pharmaceuticals		0.00	25,882.10	(25,882.10)	These costs refer to the due payments to MSF Supply Belgium which provided the first emergency ARV Drugs procurement in May.	41,036.83	41,337.80	(300.97)	These differences relate to the currency exchange rates between Euros and Dollars.
2b. Health products, commodities and equipment		0.00	0.00	0.00		0.00	0.00	0.00	

Program expenditures were used for the procurement of health products:

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

Yes

Yes

On-going Progress Update and Disbursement Request

DISBURSEMENT REQUEST PERIOD

Grant number:	PSE-708-G01-H		
Disbursement Request - Disbursement Period:	Cycle:	Quarter	Number:
Disbursement Request - Period Covered:	Beginning Date:	1-Oct-2009	3
Disbursement Request - Number:	End Date:	31-Dec-2009	3

Section 2: Cash Reconciliation and Disbursement Request

A: CASH RECONCILIATION FOR PERIOD COVERED BY PROGRESS UPDATE

1. Cash Balance: Beginning of period covered by Progress Update (line 6 from Cash Reconciliation section of the period covered by the previous Progress Update):

1,422,497.21

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

0.00

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

0.00

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

475,038.77

(585.64)

474,453.13

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

948,044.08

B: DISBURSEMENT REQUEST

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

7. Period beginning date:

1-Oct-2009

end date:

31-Dec-2009

amount as originally budgeted:

831,196.08

forecasted amount:

263,176.49

8. Additional quarter (cash "buffer") beginning date⁽⁴⁾:

1-Jan-2010

end date:

31-Mar-2010

amount as originally budgeted:

954,962.20

forecasted amount:

628,555.72

891,732.21

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

The amounts forecasted include the acceleration of procurement and activities in the coming quarters. Kindly refer to the attached Q4 & Q5 forecasts sheet which details these categories.

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

948,044.08

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

0.00

948,044.08

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

0.00

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

Yes

12. Exchange Rate (used to translate local currency into USD): Avg NIS/USD = 3.82 and Avg Euro/USD = 0.706

Footnotes:

- Gross amount disbursed by the Global Fund (i.e., any associated bank fees or transaction costs should not be deducted in this line, but included in line 5, "Other expenditures incurred"
- Expenditures listed must be covered by current budget forecasts
- Total forecasted net cash expenditures should include any commitments made in the period covered by the Progress Update that are forecasted to be spent during the period covered by the Disbursement Request
- Additional period (cash "buffer") - disbursement of funds for Q9 is contingent upon the signing of Phase 2 or as otherwise stipulated per implementation letter
- "Cash in transit" includes amounts disbursed but not yet received by the PR and disbursement requests not yet approved by the Global Fund

On-going Progress Update and Disbursement Request

GENERAL GRANT INFORMATION

Country:	West Bank and Gaza Strip
Disease:	HIV/AIDS
Grant number:	PSE-709-G014H
Principal Recipient:	UNDP/RAPP
Program Start Date:	1-Dec-2008
Currency:	USD

PROGRESS UPDATE PERIOD

Progress Update - Reporting Period:	Cycle:	Quarter	Number:	
Progress Update - Period Covered:	Beginning Date:	1-Jul-2009	End Date:	30-Sep-2009
Progress Update - Number:	3			

DISBURSEMENT REQUEST PERIOD

Progress Update - Reporting Period:	Cycle:	Quarter	Number:	
Progress Update - Period Covered:	Beginning Date:	1-Oct-2009	End Date:	31-Dec-2009
Progress Update - Number:	3			

Section 3: Cash Request and Authorization

A: CASH REQUEST

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

1. Cash amount requested from the Global Fund (from Section 2.B line 10, in: USD):
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: Jens Toyberg-Frandzen
 Title: Special Representative of the Administrator - UNDP/RAPP
 Date and Place: Jerusaleim, on Tuesday 15 December 2009



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

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

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

Etat de dépenses

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

A - MANAGEMENT RATIOS		Current Reporting Period	Cumulative Reporting Period
Cash received from the Global Fund	Start date: 01.07.09 End date: 30.09.09	0	30,09.09
Budget		708,582	2,355,254
Expenditures		237,457	1,640,609
BUDGET EXECUTION RATIO (expenditures vs. budget)		34%	31%
EXPENDITURE RATIO (expenditures vs. cash received)		#DIV/0!	22%

B - BREAKDOWN BY EXPENDITURE CATEGORY		Current Reporting Period	CUMULATIVE REPORTING PERIOD				
Category	Start date: 01.07.09 End date: 30.09.09	Budget	Expenditures	Variance	Budget	Expenditures	Variance
1 Human resources (PR)		40,143	40,819	12,667	133,929	148,148	105,323
2 Technical Assistance (PR)		63,908	50,365	-25,882	204,624	85,081	-301
3 Training (PR)		85,000	8,635	71,565	151,500	8,635	153,658
4 Health Products and Health Equipment (PR)		72,400	5,519	66,881	95,900	5,519	90,381
5 Medicines and Pharmaceutical Products (PR)		2,400	0	2,400	2,400	0	2,400
6 Procurement and Supply Management Costs (PR)		0	0	0	41,037	41,338	0
7 Infrastructure and Other Equipment (PR)		900	0	900	900	0	21,349
8 Communication Material (PR)		0	0	0	132,804	43,316	99,489
9 Monitoring and Evaluation (PR)		23,400	20,446	2,954	72,700	20,446	52,254
10 Living Support to Clients' Target Population (PR)		179,000	0	179,000	314,000	0	314,000
11 Planning and Administration (PR)		4,990	0	4,990	4,990	0	4,990
12 Overheads (PR)		65,650	3,214	62,436	87,450	15,278	72,172
13 Other (SRs)		43,875	31,077	50,317	131,626	88,569	107,858
		46,915	9,396	68,000	85,506	20,706	108,409
		0	0	0	0	0	0
		80,000	12,000	68,000	135,200	26,791	108,409
		84,018	127,682	471,125	475,438	326,171	1,131,981
		624,563	109,775	471,125	1,165,170	182,457	1,131,981
		708,582	237,457	471,125	1,640,609	508,628	1,131,981

Gestion de Récipiendaires Sécondaires

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

Explanatory notes /Notes explicatives

Budget: Please insert the amount of the yearly budgets that had been allocated to single SRs. The yearly budgets should be in accordance with the PR-SR agreement.
Budget: Veuillez indiquer les budgets annuels alloués à chaque RS. Les budgets annuels devraient correspondre aux budgets fixés dans les conventions entre le PR et les RS.
Period: Please indicate the actual reporting period. In general, reporting is by quarter or semi-annually.
Période: Veuillez indiquer la période ou rapporte actual. En général, le rapport est du par trimestre ou par semestre.
SR Disbursements: Please insert the amount that had been disbursed by the PR to the SR in the reporting period.
Décaissements au RS: Veuillez indiquer le montant qui a été décaissé par le PR au profit de RS dans le trimestre / semestre actual.
SR expenditures: Please insert the total amount of expenditures that had been justified by the SR (i.e. original invoices, vouchers, mission reports, list of participants, etc.) and accounted for in the accounting system of the PR. Advanced payments and committed amounts do not represent SR's expenditures. Advanced payments and committed amounts need to be accounted for as accounts payable and not as expenditures. In the accounting system of the PR.
Depenses de RS: Veuillez indiquer le montant total des dépenses effectives et justifiées par le RS (i.e. factures originales, pièces justificatives, rapport de mission, liste de participants, etc.) de la période actualisée. Les avances ne représentent pas de dépenses effectives. Tous les avances sont à comptabiliser comme créances dans la comptabilité du PR.
Variance: The "Variance" is calculated automatically and shows how much the SR has spent out of the amount provided by the PR. Ideally, the "Variance" should be "0" which means that the funds provided by the PR had been fully spent and all relevant vouchers have been presented by the SR, verified and accepted by the PR. A negative "Variance" of SR means that the SR has spent more than the PR had provided. A positive "Variance" means that the SR did not spend all the funds that were provided by the PR. Idéalement, la "Variance" devrait être "0". C'est à dire le fonds qui a été mis à la disposition du RS est complètement consommé comme prévu. Une "Variance" négative signifie que le RS a dépensé plus que le total de fonds prévu. Une "Variance" positive signifie que le RS n'a pas dépensé le total de fonds prévu.

Name of Sub-Recipient Nom de Récipiendaire Secondaire	BUDGET of Sub-recipients BUDGET de Récipiendaires Sécondaires										
	Phase 1					Phase 2					Phase 1 + 2
	BUDGET YEAR 1 AN 1	BUDGET YEAR 2 AN 2	BUDGET YEAR 1+2 AN 1+2	BUDGET YEAR 3 AN 3	BUDGET YEAR 4 AN 4	BUDGET YEAR 5 AN 5	BUDGET YEAR 3+4+5 AN 3+4+5	BUDGET YEAR 1+2+3+4+5 AN 1+2+3+4+5			
1 UNODC											
2 UNRPA	146,162	329,988	476,150					476,150			
3 UNDP	843,861	592,276	1,436,137					1,436,137			
4 UNICEF	400,303	343,091	743,393					743,393			
5	331,400	258,298	589,698					589,698			
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Total	1,721,726	1,523,653	3,245,378	0	0	0	0	3,245,378	0	0	

