

<p>Grant</p>	<p>Note: Operational research is being carried targeting injecting Drug users (UNODC led), Sex Workers/women under sexual exploitation (UNFEM led), Youth and children-KAPB survey (UNICEF led). Additionally, a BSS+ (WHO led) is planned, a vulnerability assessment with illegal migrants (UNFPA led) as well as a formative research (UNODC led) in prisons. This will help in mapping risks and vulnerabilities as well as 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 SRs, SSRs and PR and were validated by the NAC. All SRs provided their proposals and funds were partially disbursed in Q5/Q6 to start all research activities. The operational research budget represents 15% 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.</p>				
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On-going Progress Update and Disbursement Request

Project Name:	PEPPER	Country:	Yemen	Year:	2007
Project Start:	14-05-2007	End Date:	30-06-2007		
Project Manager:					

Client/ID No.	Service Delivery Area	Indicator Description	Priority	Level	Baseline Value	Baseline Year	Threshold Targets to date	Actual Results to date	Remarks for programmatic deviation and any other comments
1	1.1. Prevention: BCC - Mass Media	1.1.1. No of HIV/AIDS information education and communication programs broadcasted (radio/television)	Yes	0	2	2007	96	80 (80 from Q4 + 20 Q5)	<p>A radio program was produced addressing the public in general. It focuses on HIV and AIDS prevention and information. The radio spot is broadcasted several times a day - a schedule is attached to the report. In Q5 the spot was broadcasted 20 times. The spot target a large audience and is broadcasted on Palestinian stations with high coverage and audience. Broadcasting is ongoing during Q7 as well.</p> <p>Furthermore, a TV spot was produced at the end of Q6 which focuses on the preventive measures that may be followed by Palestinian students who study abroad. The spot message is a form of recommendations provided by a former student who has been abroad.</p> <p>The PR is confident that the Q7/Q8 targets will be achieved, in the light of the radio/TV broadcasting plan which was submitted/discussed.</p> <p>With regard to additional BCC activities conducted during Q6, the following information is provided, which will serve the broadcasting strategy for the future:</p> <p>a. 27 media personnel were trained through coordination with Ministry of Media under their agreement with UNFPA. In the south, north and middle of the WB. Trainings in Gaza are planned for Q7. The trainings are based on the materials from HAFPAS "low life" as well as discussions on real HIV and AIDS cases.</p>
1	1.2. Prevention: BCC - Community Outreach	1.2.1. No of MRP peer educators trained - Sex Workers - Youth - Women Peer Counsellors	Yes	1	N/A	N/A	80	UNFPA Q4 + 70 UNICEF Q4 + 3 MASSA Q5 + 289 MASSA Q5 + 72 Q8 + 74 UNODC Q8)	<p>1. As SR in UNFPA, Mass trained during the course of three days a group of selected peer educators (72) young population on HIV and AIDS general issues with a special focus on the (potential) impact of HIV on youth in the aft.</p> <p>2. UNODC conducted a peer education training with 7 people with a special focus on DU related issues. The trained peer educators were current DU, former DU, social workers, and outreach workers from various NGOs. These 7 educators have been trained 67 other participants from different NGOs (documents provided by UNODC). These 7 peer educators were chosen from a list of NGOs provided by the Ministry of Interior. From the list, UNODC selected the 7 peer educators based on their experience in the field of drug use and their (vary) access to the different target drug users.</p> <p>The PR is confident that the Q7/Q8 targets will be achieved, in the light of the radio/TV broadcasting plan which was submitted/discussed.</p> <p>300,000 condoms were received in Q6 among which 200,670 were distributed to the MCH in the West Bank - a detailed list of delivery per district is enclosed. The distribution of condoms in the WB was based on the distribution plan (based on regular equity formula, 60% of the relative condoms were transferred by UNFPA to the MCH central drug store in Ramallah and 40% organized to be transferred to Gaza (DHA is the share of UNRWA and 70% is the share of MoH-Gaza).</p> <p>The distribution to Gaza was supposed to be significantly facilitated (in the light of the Gaza blockade and its associated restrictions) by UNRWA, Gaza which finally decided not to facilitate the receiving from Ramallah to Gaza as an official agreement was not in place. UNRWA has several dedicated transport vehicles (UNRWA trucks) which are used to transport goods from Ramallah to Gaza for the free being. This is a strategic position (and potentially cost-effective) which UNFPA is currently following up with UNRWA, Gaza about their overall engagement in the HIV programming.</p> <p>UNDP and UNFPA are trying to "clear" the condoms from the Ramallah to Gaza which has put in place a distribution plan. Updates will be provided in Q7.</p> <p>The training in the West Bank included all districts. The training in Gaza shall be conducted in Q7.</p> <p>The final validation of HIV testing protocols is scheduled in Q7, as the consultant could not come during Q6 because of visa issues. At the time of writing the present report, the PR confirms that the technical assistance on HIV testing guidelines took place (July 2010). Official recommendations and report are expected to be ready and of August 2010. The recommended testing algorithm will be based on two rapid tests (Determine and Uni-Gold - purchased by the UNDP) and on a saliva as the third confirmatory test for positive tests.</p> <p>UNDP confirms the delivery of the all HIV test kits (Determine and Uni-Gold) to the MoH central laboratory in Ramallah. UNDP and WHO have been discussing with the MoH on strategies to scale up VCT services in the West Bank as a start, and Gaza at a later stage. VCT services will be offered in STI clinics to STI patients as a matter of priority.</p> <p>UNDP - on behalf of WHO and the MoH, has requested the GFATM to consider on-lying this indicator. During the GFATM mission which took place at the time of drafting the Q5 report, the Fund Portfolio Manager committed to assist with the GFATM M&E department in order to advise on the basis of reporting for the indicator. UNDP has been working since for guidance from the GFATM.</p> <p>In the meantime, UNDP with WHO has been discussing with the MoH on scale up strategies for VCT services in the PR. The MoH is committed to accelerate the implementation of the VCT approach (based on WHO standards on VCT) in order to meet the target set in the performance framework. Training reporting forms were developed and discussed between WHO, UNDP and the MoH. Close follow up is being made.</p> <p>*The Ministry of Health has been carrying out VCT facilities for the MoH (single of bases). The MoH has reported 329 people newly tested in Q6 and a cumulative of 14,137 through their test kits. Thanks to the Global Fund supported activities and the technical assistance which conducted the MoH to undertake such services. However, these results are not reported officially in the present report to GFATM but do provide an idea of HIV testing activities in the aft.</p> <p>1. Through the MoH, one workshop was conducted for 150 health service providers (gynecologists, dermatologists and sexually transmitted disease specialists) from NGOs and the private sector.</p> <p>2. The MoH conducted workshops for 860 specialists (dermatologists, nephrologists, gynecologists, lab technicians, nurses, dentists and pharmacists) on STI/syphilitic case management and reporting in all districts. Such training also included participants from UNRWA and MOH.</p> <p>3. 60 UNRWA health service providers were trained on STI/syphilitic case management and reporting.</p> <p>Other achievements in Q6:</p> <ul style="list-style-type: none"> A workshop was organized for 28 journalists on HIV and AIDS through the Ministry of Media, as SR in UNFPA. The national condom distribution strategy was also discussed and validated by the National AIDS Committee (such national strategic documents including the National HIV and AIDS Strategy) were funded through the GFATM funds). <p>The MoH reported 10,667 newly diagnosed and treated cases in Q6 accounting for a cumulative total number of 53,307 cases. The medical report is attached to the Q6 PR/CR.</p> <p>WHO and UNFPA are working together on this activity. In this light, UNFPA supported WHO in preparing term EC materials to be used for the "universal precautions and basic knowledge on HIV and AIDS" training activities.</p> <p>WHO and UNFPA are working together on this activity. In this light, UNFPA supported WHO in preparing term EC materials to be used for the "universal precautions and basic knowledge on HIV and AIDS" training activities.</p> <p>Few quantitative achievements:</p> <ul style="list-style-type: none"> 1. The Blood Safety (BS) and Universal Precautions (UP) training was split into two trainings. The training took place both in Gaza and in Ramallah. Building on the Q5 training on UP, an additional number of 226 health workers were trained in UP. The curriculum of such training also included HIV counseling and testing elements. Furthermore, WHO conducted a comprehensive training on BS in Q6 targeting 32 health workers. The training was carried out in cooperation with the national blood bank and hospitals in Ramallah. 2. In Q6, 78 community health workers were trained on basic HIV care and treatment, provision of support to PLWHA and stigma reduction through UNFPA agreements with PHAS. <p>The ART national guidelines were validated by the Ministry of Health and by the MoH in May 2010. WHO provided extensive technical support and technical guidance.</p> <p>Furthermore, WHO conducted training on ART treatment guidelines for 20 health care workers (medical doctors, nurses, pharmacists) including 4 participants from Gaza.</p> <p>It was agreed that this indicator should be based on the operational definition approved by the GFATM (included in the approved M&E plan) such as follows:</p> <p>"Indicated operational definition: Number of health service providers (gynecologist, STD specialists) trained on HIV combination treatment and patient monitoring and follow-up, including providing and monitoring antiretroviral combination therapy."</p> <p>This number refers to patients treated in the West Bank only (4 HIV+ people are treated in Gaza and will receive treatment in Q8). However, UNDP confirms that these patients are closely monitored by the Gaza AIDS Manager. Once the CD4 methods is sent to Gaza (expected late Q7), the CD4 counts will be performed as agreed with WHO and the MoH that WHO, through its HIV medical officer, will have access to patients' files and to the patients themselves. Specialized medical support, guidance and supervision with regard to HIV treatment & care will be provided to the MoH. The reported HIV patients will be tracked on a monthly basis to the Ramallah hospital (where computer currency will be used) and the results will be reported to the MoH and to UNDP. WHO supports the MoH with its ART training and the WHO HIV medical officer. The adequacy of treatment and associated needs will be assessed. Drugs requirements will be communicated to the MoH and to UNDP which supports the MoH with its ART training.</p>
1	1.3. Prevention: Condom Distribution	1.3.1. No of condoms distributed to general population for free	Yes	3	0	2007	210000	200,670	
1	1.4. Prevention: Testing and Counseling	1.4.1. No of health and community workers trained for counseling and testing	Yes	1	N/A	N/A	150	423 (128 WHO Q5 + 289 WHO Q8)	
1	1.4. Prevention: Testing and Counseling	1.4.2. No of general population who receive HIV testing and counseling (including provision of the results)	Yes	3	N/A	N/A	700	0 for test indicator or 18,137 for national numbers	
1	1.5. Prevention: STI Diagnosis and Treatment	1.5.1. No of health service providers trained in STI syndromic case management	Yes	1	N/A	N/A	1275	1,566 (114 Q4 + 312 MoH, 70 MoH, 20 PHAS Q5 + 1,079 UNFPA Q6)	
1	1.5. Prevention: STI Diagnosis and Treatment	1.5.2. No of STI cases receiving diagnosis, treatment and counseling at health care facilities	No	3	N/A	N/A	52000	53,307 (10,667 Q5 + 42,740 Q6)	
1	1.6. Prevention: Blood Safety and Universal Precaution	1.6.1. No of health workers trained in blood safety and universal precautions, basic training on HIV care and treatment	Yes	1	N/A	N/A	800	UNRWA Q4 + 23 UNRWA Q5 + 178 PHAS Q6 + 32 WHO Q6 + 288 Q8 (WHO)	
2	2.1. Treatment: Antiretroviral Treatment (ART) and Monitoring	2.1.1. No of teams trained in advanced HIV care and treatment at ART sites	Yes	1	N/A	N/A	20	20 WHO Q6	
2	2.1. Treatment: Antiretroviral Treatment (ART) and Monitoring	2.1.2. No of people with advanced HIV currently receiving antiretroviral combination therapy	No	3	15	2007	30	9	

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-Apr-2010	End Date:
Progress Update - Number:	6		30-Jun-2010

IV. Overall evaluation of performance

Overall, it is fair to acknowledge the remarkable and positive increase in the performance of the HIV and AIDS Grant since Quarter 4 and especially in Q6. Acceleration on activities and achievements has been outstanding during this quarter.

The below is highlights about some other Q6 achievements which are not linked to the performance framework:

1. All medical equipment was delivered to the MoH.
2. Activities are starting to take place in Gaza after lengthy negotiations with all partners. Geographical equity is important and has been stressed by UNDP at all times despite the prevailing volatile and political environment and limitations on access of goods and expertise. A formalized and accepted NAC office in Gaza will be useful.
3. Additional training will take place on reporting tools and on all the templates as the verification process remains to be improved
4. Capacities of social workers are being enhanced with on-going training (3 MoSA social workers) about counseling skills, allowing them to perform quality HIV awareness raising programs with youth at the MoSA vocational and rehabilitation centers.
5. Awareness sessions were conducted through agreements between UNFPA and Ministry of Youth and Sport, Ministry of Labor, Ministry of Interior for youth, laborers in Israel, prisoners and others, contributing to the large scale HIV and community awareness efforts and stigma reduction in the oPt.

General comments on areas for improvement and performance observations:

- The overall performance in Gaza remains unfortunately slow due to the complicated political situation and the sensitivity of the HIV and AIDS related issues. Transport of goods to Gaza remains challenging. Those elements are beyond the PR and SR's control.
- Coordination between MoH WB and GS could be strengthened
- Delay with regard to transfer of funds to Gaza which impacts implementation in Gaza and coordination between various field offices is recommended to be strengthened
- However, overall, a very strong acceleration in Q6. The PR remains confident about the expected achievements towards Q7 targets – cutting date for the Phase 2 evaluation.

V. Planned changes in the program, if any.

1. The revised budget does not reflect the actual costs of medical equipment since the estimates included in the PSM Plan were lower than the actual offers received by the suppliers. It was agreed with the LFA and Global that this deficit in the budget will be covered from both savings and other budget lines. The LFA and GFATM confirmed that this will not affect grant performance evaluations.
 2. UNDP is in the process of recruiting an international project officer through the UN volunteers programme to strengthen the UNDP/GFATM Team especially in the area of supervision and monitoring of activities, including in Gaza (as the staff, being international, will have access to Gaza unlike all other PMU staff members. The Programme Manager is for the time being, the only staff authorized to go to Gaza which does challenge the supervision of activities in Gaza. The quality of services should be looked at.
 3. UNRWA Gaza's engagement in the overall HIV programme is at question. No HIV related activity nor the transportation of condoms were approved by the senior management at UNRWA Gaza.
 4. Visa and access restrictions of external technical assistance remains an important bottleneck in the implementation. Access and restrictions are affecting Gaza severely.
 5. Few reallocations of budget lines were requested by several SRs (and received positively by the PR) either to accelerate implementation, improve financial absorption or because in some cases, the activity is no longer needed (i.e. The MOEHE conducted a curriculum review in 2003 where reproductive health, STI, and HIV topics were all addressed. It was agreed with UNICEF to shift that amount of money for another activity).
- The above mentioned elements are not changes but rather challenges or deviations which may impact overall performance. The PR wishes to continue advocating for a flexible approach to the evaluation of the grant. The oPt context is a very complex context with (political) variables which are beyond the stakeholders' control.

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

1. Despite the absence of UNAIDS (UN coordinating body on HIV and AIDS) and of a CCM, it is worth mentioning that the governance and the coordination of the HIV response are improving. The NAC is getting strengthened through training and exposure visits (exposure visit in Egypt took place in July 2010 – to be reported in Q7), the UNTG on HIV and AIDS is meeting more regularly with strong commitment to achieve all targets by the end of Phase 1.
2. The oPt reported for the first time against the UNGASS indicators in June 2010.
3. Efforts are being made in order to mainstream the HIV programming into the MDG support strategy (MDG 6) – the year 2010 celebrates the 10 year anniversary of the MDG launch – to be reported in 5 years.
4. Issues of conflict of interest at all levels remain to be looked at carefully.
5. HIV and AIDS are not prevailing issues in the WBG context inviting the PR to continue striving 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.
6. UNDP wishes to highlight the exceptional partnership spirit prevailing within the Global Fund HIV Grantees' group – partnership built during the course of the last 16 months – which was saluted by various technical advisors who visited the oPt during the reporting period.
7. The principles of performance based funding: reporting tight schedules as well as level of screening, clarification and verification processes remain challenging for all implementing partners, implying the need for on-going training and explanations which should be supported by the GFATM and the LFA.
8. The importance of a flexible approach for the oPt (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.
9. Operational issues in the context of Israel, West Bank and Gaza also need to be highlighted again: all items to be purchased for the PA authorities require the compliance with the Israeli regulations and laws; customs clearances, tax exemptions and registrations are under the Israeli mandate (for example, all cars were finally delivered in July 2010 – Q7 after an 8 month process), the access of goods to Gaza, etc... Furthermore, access of people is a serious issue, not only in Gaza but also in the West Bank where hours and hours are wasted at checkpoints (it is worth mentioning that one hour appointment in Ramallah can take one full day for a staff based in JRS and vice versa. Security considerations are also taken very seriously by the UN system. All are operational challenges for delivery in the WBG context which should be, hopefully, taken into consideration in the overall evaluation of the grant.
10. The absence of an UNODC representative in Gaza and a full time HIV project manager staff in JRS/West Bank are challenges for the implementation of their activities despite the very solid technical back up from the UNODC regional office. Such staffing issue should be looked at during the phase 2 preparations.
11. The workload at the PR and SR levels is extremely heavy and additional staff is needed as expressed by all stakeholders. Meeting all targets and deadlines in such challenging context remain challenging. The Global Fund/UNDP Team remains small vis a vis the coordination, reporting, supervision, facilitation related tasks of both the HIV and TB grants. All coordination meeting minutes are available upon request. The reporting timelines for both grants are identical similarly to reporting deadlines which make an adherence to deadlines almost humanly impossible.
12. UNDP provides ongoing feedback and guidance to SRs with regard to reporting including quality assurance and data collection. UNDP will be planning for training on reporting and tracking systems and tools including operational reporting manual tools to all SRs and SSRs.
13. Pictures, media articles, etc. are available upon request and are contributing in increasing the visibility of the HIV programme in the oPt.

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

Conditions Precedent and/or other special conditions	Fulfilled? (Yes/No)	PR Comments
First Disbursement: PR to deliver a statement confirming bank account	Yes	Submitted to the GFATM within the initial face sheet of Grant Agreement
First Disbursement: PR to submit a letter confirming the authorized representative of the PR	Yes	Submitted to the GFATM during grant negotiation
Second Disbursement: PR to provide evidence of conducting the M&E workshop including all stakeholders	Yes	UNDP/PAPP had already conducted the MESST workshop (8-11 February in the West Bank and Gaza and was attended by 60 people).
Second Disbursement: PR to provide a revised plan for the M&E of the program including results and recommendations	Yes	M&E plan was submitted and approved by the GFATM.
Second Disbursement: PR to submit a revised program budget, if applicable after finalizing M&E and PSM Plans	Yes	The GFATM Secretariat have approved the revised budget in January 2010 upon approval of the PSM Plan
Procurement of Health Products: Disbursement to be requested upon submission of PSM Plan by the PR and the receipt of GF's written approval on the PSM Plan	Yes	PSM Plan has been approved by the GFATM Secretariat in November 2009
The PR should have, by 31 Dec 08, recruited a Program Manager, a Finance Analyst and an M&E Officer	Yes	UNDP, in its quality of Principal Recipient and overall responsible for coordination and management of the GFATM funded activities, has set up a programme management unit which comprises of a Programme Manager (recruited in December 2008), a Programme Associate (confirmed on full time basis in October 2009), a Procurement/Monitoring and Evaluation officer (on board in Q4), a Gaza Project Coordinator (on board in Q4), the financial and admin officer (on board in Q5) and the supply chain and liaison officer (on board in Q6). The revised proposed management structure is attached to the present report. Furthermore, the PR is in the process of recruiting another international staff to support with the monitoring, quality control and supervision of activities especially in Gaza. International UNV - funded by the Belgium GVT.
Grants Disbursement to NGOs: Only upon assessment of the NGO by PR and/or SR, and selection process is transparent and documented	No	UNDP conducted a comprehensive mapping study of NGOs working in the field of HIV and AIDS both in Gaza and in the West Bank. Results were disseminated. Strengthening of civil society actors are planned through: 1. The constitution of informal NGOs network working on HIV in the oPt 2. Leadership training on HIV and AIDS (with support by UNDP HARPAS) 3. With small grants to 5-6 NGOs. Assessments will be done as part of the contracting process following UNDP solid contracting regulations in the oPt.
PR and NAC should prepare a plan to define the modalities of their working relationship (including periodic communication and minuted meetings)	Yes	A letter of Exchange was signed between UNDP, UNFPA acting as the UN Theme Group Chair and the NAC and UNDP (shared in previous progress update). The MoU describing further the partnership modalities between the PR and the NAC/MoH has been finalized as planned.
	Select	
	Select	
	Select	

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant Number:	PSE/08-001H
Progress Update - Reporting Period:	Cycle: 6
Progress Update - Period Covered:	Quarter: 1-Apr-2010
Progress Update - Number:	6
	Beginning Date: 1-Apr-2010
	End Date: 30-Jun-2010

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	693,612.80	541,791.90	152,020.90		4,101,975.67	2,933,319.01	1,168,656.67	
1a. PR's total expenditures	268,222.95	381,791.90	(113,568.95)	Does not include Q6 overheads, but includes overheads of Q5 since it was taken only this quarter in the financial system.	1,462,437.01	965,372.51	497,064.51	The variance relates to the commitments of medical equipment, cars (will be delivered and paid in Q7), civil society costs, overheads, and PSM costs.
1b. Disbursements to sub-recipients	425,589.85	160,000.00	265,589.85	Partial disbursements were done in Q6 due to the shortage in cash. The disbursements will be completed in Q6, however, the PR will still be in shortage of cash.	2,639,438.66	1,667,946.50	971,492.16	Delays in the implementation of SRS activities that delay and put disbursements on hold. Also partial disbursements were done in Q6 due to the shortage in cash, but the disbursements will be completed in Q7.
2. Health product expenditures vs. budget (already included in "Total actual" figures above)	24,000.00	266,796.29	(242,796.29)		445,732.10	396,893.66	48,848.44	
2a. Pharmaceuticals	0.00	0.00	0.00		85,660.40	55,427.62	30,232.78	The difference relates to the PSM costs and the costs for the UNICEF drugs (they were received in Q5 however invoices were not sent to UNDP and follow up on the issue is taking place - expected to be paid in Q7).
2b. Health products, commodities and equipment	24,000.00	266,796.29	(242,796.29)	Most of the equipment was paid, except for the UNODC consumable that are expected to be paid in Q7.	360,071.70	341,466.04	18,615.66	Payments of medical equipment from previous quarters

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-Jul-2010	End Date:
Disbursement Request - Number:	6		30-Sep-2010

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):

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

331,000.00

208,709.78

Add:

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

Interest is reported on annually basis and the first amount received was indicated in the Q1 report. This year's amount was provided by HQ in the total of \$30,570.25. It shall be reported upon receipt on our accounts. The amount received for Q1 was reported and thus is included within the balance of Q1 and carried on within the following quarterly reports (Q2-Q4) which explains why we do not include it in this report and the previous ones.

331,000.00

Less:

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

541,791.80

(8.42)

541,783.48

(2,073.50)

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

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⁾:

7. Period beginning date:

1-Jul-2010

end date:

30-Sep-2010

amount as originally budgeted:

514,432.88

forecasted amount:

790,598.86

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

1-Oct-2010

end date:

31-Dec-2010

amount as originally budgeted:

398,021.45

forecasted amount:

914,088.30

1,704,686.16

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

This refers to late implementation by the SRs so the disbursements to SRs were delayed. Also the delay in the payment of the medical equipment increased the difference as well.

Less:

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

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

747,301.00

745,227.30

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):

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 = 3.76 and Avg Euro/USD = 0.773

Footnote:
 1 - 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"
 2 - Expenditures listed must be covered by current budget forecasts
 3 - 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
 4 - Additional period (cash "buffer") - disbursement of funds for CB is contingent upon the signing of Phase 2 or as otherwise stipulated per implementation letter
 5 - "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-708-G01-H
Principal Recipient:	UNDP/PAPP
Program Start Date:	1-Dec-2008
Currency:	USD

PROGRESS UPDATE PERIOD

Progress Update - Reporting Period:	Cycle:	Quarter	Number:	6
Progress Update - Period Covered:	Beginning Date:	1-Apr-2010	End Date:	30-Jun-2010
Progress Update - Number:	6			

DISBURSEMENT REQUEST PERIOD

Progress Update - Reporting Period:	Cycle:	Quarter	Number:	6
Progress Update - Period Covered:	Beginning Date:	1-Jul-2010	End Date:	30-Sep-2010
Progress Update - Number:	6			

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): **959,437.86**
2. Amount requested in words (in: USD): **Nine hundred fifty nine thousands, four hundred thirty seven dollars and 86/100**

B: AUTHORIZATION

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

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


Jens Toyberg-Frandzen

Name: _____
Special Representative of the Administrator - UNDP/PAPP

Title: _____
Jerusalem, on Monday 23 August 2010

Date and Place: _____

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

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

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

Expenditure Report

Etat de dépenses

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

A - MANAGEMENT RATIOS		Current Reporting Period		Cumulative Reporting Period	
		01.04.10	01.12.08		
		30.06.10	30.06.10		
Cash received from the Global Fund	331,000		2,355,254		
Budget	693,813		4,027,875		
Expenditures	845,638		2,151,609		
BUDGET EXECUTION RATIO (expenditures vs. budget)	122%		53%		
EXPENDITURE RATIO (expenditures vs. cash received)	255%		91%		

B - BREAKDOWN by EXPENDITURE CATEGORY		Current Reporting Period			CUMULATIVE REPORTING PERIOD		
		01.04.10	01.12.08				
		30.06.10	30.06.10				
Category	Budget	Expenditures	Variance	Budget	Expenditures	Variance	
1 Human resources (PR)	78,773	71,113	34,876	354,148	348,455	197,560	
Human resources (SRS)	84,315	57,099		442,155	250,288		
2 Technical Assistance (PR)	0	4,494	14,998	46,186	9,294	188,969	
Technical Assistance (SRS)	58,500	39,008		324,250	172,173		
3 Training (PR)	1,000	0	-12,927	12,000	0	94,937	
Training (SRS)	110,030	123,957		364,300	281,363		
4 Health Products and Health Equipment (PR)	24,000	266,796	-240,909	354,072	334,029	19,803	
Health Products and Health Equipment (SRS)	2,400	513		8,400	8,640		
5 Medicines and Pharmaceutical Products (PR)	27,718	0	27,718	80,254	52,647	27,607	
Medicines and Pharmaceutical Products (SRS)	0	0		0	0		
6 Procurement and Supply Management Costs (PR)	22,849	1,323	21,526	54,173	4,104	51,869	
Procurement and Supply Management Costs (SRS)	0	0		1,800	0		
7 Infrastructure and Other Equipment (PR)	0	0	21,750	200,394	50,279	193,615	
Infrastructure and Other Equipment (SRS)	21,750	0		43,500	0		
8 Communication Material (PR)	10,000	210	-3,984	4,000	4,134	170,611	
Communication Material (SRS)	17,900	31,673		285,900	115,156		
9 Monitoring and Evaluation (PR)	4,000	0	-39,274	0	0	407,006	
Monitoring and Evaluation (SRS)	50,000	93,274		511,080	104,074		
10 Living Support to Clients' Target Population (PR)	0	0	-15,043	0	0	2,590	
Living Support to Clients' Target Population (SRS)	4,327	19,370		21,960	19,370		
11 Planning and Administration (PR)	0	5,000	-4,520	23,950	24,954	199,935	
Planning and Administration (SRS)	9,700	9,220		239,000	38,060		
12 Overheads (PR)	44,155	32,855	12,712	263,532	137,476	235,002	
Overheads (SRS)	32,395	30,982		202,620	93,674		
13 Other (PR)	60,000	0	31,252	0	0	86,763	
Other (SRS)	30,000	58,748		190,200	103,437		
Sub-TOTAL PR	272,495	381,792	-151,826	1,392,709	965,372	1,876,266	
Sub-TOTAL SRS'	421,317	463,846	-151,826	2,635,165	1,186,237	1,876,266	
TOTAL PR + SRS	693,813	845,638	-151,826	4,027,875	2,151,609	1,876,266	

- OPTIONAL -

C - BREAKDOWN by PROGRAM ACTIVITY		Current Reporting Period			CUMULATIVE REPORTING PERIOD						
Macro-Category	Objectives	Service Delivery Level	Budget	Expenditures	Variance	Budget	Expenditures	Variance			
			01.04.10 30.06.10	01.12.08 30.06.10							
			Start date	End date							
HIV: Prevention	Objective 1: Strengthen Community action to maintain low HIV prevalence particularly among populations most at risk and vulnerable in partnership with NGOs	SDA 1.1: BCC - Mass Media	41,228	43,542	-2,314	340,768	166,863	173,905			
		SDA 1.2: BCC - Community Outreach	176,630	194,272	-17,642	893,360	355,730	537,630			
		SDA 1.3: Prevention: Condom Distribution	2,400	1,965	435	32,200	19,367	12,833			
		SDA 1.4: Prevention: Counselling and Testing	11,880	1,904	9,976	43,662	9,904	33,757			
		SDA 1.5: Prevention: STI Diagnosis and Treatment	21,250	142,867	-121,617	218,875	213,019	5,856			
		SDA 1.6: Prevention: Blood Safety and Universal Precautions	2,000	16,590	-14,590	68,250	30,836	37,414			
		HIV: Treatment	Objective 2: Reduced morbidity and mortality through improved access to treatment, care and psycho-social support to those infected and affected	SDA 2.1: Treatment: ART Treatment and Monitoring	52,967	150,720	-97,753	406,531	259,229	147,301	
				SDA 2.2: Care and Support: Home and Community Based Care	25,727	11,318	14,409	57,360	66,340	-8,980	
				SDA 3.1: Supportive Environment: Coordination & Partnership	27,900	23,088	4,812	263,998	117,172	146,826	
				SDA 3.2:HSS: Information Systems and Operational Research	71,500	74,283	-2,783	616,500	208,625	407,875	
				SDA 3.3: Supportive Environment: Stigma Reduction in all Settings	34,000	47,257	-13,257	174,000	105,626	68,374	
				SDA 3.4: Strengthening of Civil Society and Institutional Building	71,000	2,670	68,330	113,468	9,353	104,115	
				PMU PR	78,780	71,323	7,457	406,751	358,392	48,359	
				Overheads	76,550	63,838	12,712	466,153	231,151	235,002	
				Please select...							
				Please select...							
Please select...											
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TOTAL BR + SBA			693,811	845,638	-151,826	4,101,875	2,151,609	1,950,267			

Management of Sub-Recipients
Gestion de Récipiendaires Secondaires

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 (vix) dans les conventions entre le RP et les RS.

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

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

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

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

Name of Sub-Recipient Nom de Récipiendaire Secondaire	BUDGET of Sub-recipients BUDGET de Récipiendaires Secondaires										
	Phase 1					Phase 2					Phase 1 + 2
	BUDGET YEAR 1 AN 1	BUDGET YEAR 2 AN 2	BUDGET YEAR 1+2 AN 1+2	BUDGET YEAR 3 AN 3	BUDGET YEAR 4 AN 4	BUDGET YEAR 5 AN 5	BUDGET YEAR 3+4+5 AN 3+4+5	BUDGET YEAR 1+2+3+4+5 AN 1+2+3+4+5			
1 UNODC	146,162	329,988	476,150	0	0	0	0	476,150	0	476,150	
2 UN/PA	843,861	592,776	1,436,137	0	0	0	0	1,436,137	0	1,436,137	
3 WHO	400,303	343,591	743,393	0	0	0	0	743,393	0	743,393	
4 UNICEF	337,400	259,298	596,698	0	0	0	0	596,698	0	596,698	
5	0	0	0	0	0	0	0	0	0	0	
6	0	0	0	0	0	0	0	0	0	0	
7	0	0	0	0	0	0	0	0	0	0	
8	0	0	0	0	0	0	0	0	0	0	
9	0	0	0	0	0	0	0	0	0	0	
10	0	0	0	0	0	0	0	0	0	0	
11	0	0	0	0	0	0	0	0	0	0	
12	0	0	0	0	0	0	0	0	0	0	
13	0	0	0	0	0	0	0	0	0	0	
14	0	0	0	0	0	0	0	0	0	0	
15	0	0	0	0	0	0	0	0	0	0	
16	0	0	0	0	0	0	0	0	0	0	
17	0	0	0	0	0	0	0	0	0	0	
18	0	0	0	0	0	0	0	0	0	0	
19	0	0	0	0	0	0	0	0	0	0	
20	0	0	0	0	0	0	0	0	0	0	
21	0	0	0	0	0	0	0	0	0	0	
22	0	0	0	0	0	0	0	0	0	0	
23	0	0	0	0	0	0	0	0	0	0	
24	0	0	0	0	0	0	0	0	0	0	
25	0	0	0	0	0	0	0	0	0	0	
26	0	0	0	0	0	0	0	0	0	0	
27	0	0	0	0	0	0	0	0	0	0	
28	0	0	0	0	0	0	0	0	0	0	
29	0	0	0	0	0	0	0	0	0	0	
30	0	0	0	0	0	0	0	0	0	0	
31	0	0	0	0	0	0	0	0	0	0	
32	0	0	0	0	0	0	0	0	0	0	
33	0	0	0	0	0	0	0	0	0	0	
34	0	0	0	0	0	0	0	0	0	0	
35	0	0	0	0	0	0	0	0	0	0	
36	0	0	0	0	0	0	0	0	0	0	
37	0	0	0	0	0	0	0	0	0	0	
38	0	0	0	0	0	0	0	0	0	0	
39	0	0	0	0	0	0	0	0	0	0	
40	0	0	0	0	0	0	0	0	0	0	
41	0	0	0	0	0	0	0	0	0	0	
42	0	0	0	0	0	0	0	0	0	0	
43	0	0	0	0	0	0	0	0	0	0	
44	0	0	0	0	0	0	0	0	0	0	
45	0	0	0	0	0	0	0	0	0	0	
46	0	0	0	0	0	0	0	0	0	0	
47	0	0	0	0	0	0	0	0	0	0	
48	0	0	0	0	0	0	0	0	0	0	
49	0	0	0	0	0	0	0	0	0	0	
50	0	0	0	0	0	0	0	0	0	0	
Total	1,721,726	1,523,653	3,245,378	0	0	0	0	3,245,378	0	3,245,378	

