On-going Progress Update and Disbursement Request GENERAL GRANT INFORMATION

Country:	West Bank and Gaza Strip
Disease:	Tuberculosis
Grant Number:	PSE-809-G02-T
Principal Recipient:	UNDP/PAPP
Program Start Date:	12/1/2009 - Quarter 1 corresponds to December 2009 until March 2010 (4 months)
Currency:	EUR

	Covered:	ng Period:	
3	Beginning Date:	Cycle:	
	1-Jul-2010	Quarter	
	End Date:	Number:	
	30-56	3	

TERMS AND ACRONYMS USED IN THIS PROGRESS UPDATE AND DISBURSEMENT REQUEST HAVE THE MEANING QIVEN TO THEM IN THE GRANT AGREEMENT RELATING TO THE ABOVE GRANT BURSEMENT REQUEST PERIOD ursement Request - Disbursement Peri ursement Request - Period Covered: ursement Request - Number:

Section 1: Programmatic and Financial Progress Update A. PROGRAM PROGRESS

I. Program Objectives	
Objective No.	Objective Description
-	Strengthen programme management capacity in West Bank (WB) and Gaza Strip (GS)
2	Pursue High Quality DOTS Expansion and Enhancement
3	Address major challenges such as refugees, Bedouin populations and contact tracing
4	Enable and promote research
Select	

t / Outcome Indicator Description	Baseline (if applicable)	ne able)	Intended	Actual	Reasons for deviation and any other comments
	Value	Year	Targets	Results	
Treatment success rate: new smear positive TB cases	94%	2007	94%	Not available yet	Not available. Yearly reporting: Subject to an assessment by the the end of each year, yet.
Outcome Case detection rate: new smear positive TB cases	4,5%	2007	7%	Not available yet	Yearly reporting: Subject to an assessment by the end of the year, estimates for TB incidence to be revised - survey (extent of underreporting cases among non-TB heath care providers due in Y4 of grant).
Impact TB prevalence rate (all forms)	31 / 100.000	2007	N/A	Not available yet	Not The baseline information is likely to be overestimated, will be reviewed with a available survey pleaned to be conducted in '4 of grant (extent of underreporting cases yet among non-TB heath care providers due in '4 of grant).
Impact TB incidence rate (all forms)	20 / 100.000	2007	NA	Not available yet	The baseline information will be reviewed with a survey planned to be conducted in Y4 of grant (extent of underreporting cases among non-TB health care providers due in Y4 of grant).

On-going Progress Update and Disbursement Request PROGRESS UPDATE PERIOD FRENCH PROGRESS UPDATE PERIOD FRENCH UPDATE PERIOD FRENCH UPDATE PERIOD FROM UPDATE PERIOD CONTROL FROM UPDATE PERIOD CONTROL FROM UPDATE PROGRESS UPDATE PERIOD CONTROL FROM UPDATE

Number and spatients succeptions treatment) and treatment) and registered and registered and registered Number of ne	Number and percentage of new smear-positive TB patterns successfully treated (cured plus completed treatment) among the new amear positive TB patterns registered.	8 8	ω ω	94% (15 patients) 4.5% (16 patients)	2007 p	94% (4 patients)	100% (5 patients out of 5 registered 2 quarters ago)	determine success and outcome.) LINRYVA detected 2 ero case of 16 during this quarter, among the patients one case of a refugee from Nusirat camp (Gaza strip). Patients can access any clinic and will be diagnosed and treated according to national policy.
	of new amear-positive TB cases detected	8		5% (16 atents)	2006	6	ω	led Zero case of TB during this quarter. Ited 3 new cases during this quarter.
3.1 High-risk groups Screened for	Number of TB suspects amongst refugees who are screened for TB according to national policy	Yes	ω	500	2007	126	178 (121 UNRWA + 55 MoH)	95 TB suspects among refugees in Gaza strip and 26 in West Bank were examined by the UNRVAL All the cases were negative for TB 55 TB suspects among refugees were screened by the MoH.
3.3 High-risk groups Number of co	Number of confacts of emearpositive TB patients screened for TB according to national policy	No.	ω	52	2007	4	cumulative total of 86 (14 Q3 UNRWA + 23 MdH Q3 + 49 up to Q2)	14 contacts of smear positive TB patients were screened, by UNRWA, for TB and they were all negative. 23 contacts were screened in Q3 by MoH. Cumulatively a total of 88 were screened.
Number of su district with district with district planned visit of	Number of supervisory visits performed per functional district with documented feedback reports / out of planned visits during a specified period	Yes	0	0	2007	7	28 (27 UNRWA Q3+1 MoH Q3)	17 supervisory visits were conducted in What Bank and 10 supervisory visits in Gaza Stip by UNRVAN. As for the MoH, one supervisory visit was conducted to the central drug store in Gaza however no supervisory visits were conducted to the defects, lates and TB seatment and managament units which are planned to start during QS. Supervision forms and protocols are also being updated and harmonized a reporting starting day menology. B stakeholders from the MoH and UNRVAN will take place liter January 2011. A technical assistance mission from WHO, on M&E related issues will take place liter same time as the training event.
Number and quarterly report outcome according to the control of the control outcome according to th	Number and percentage of district submitting timely quarterly reports on notification and beatment outcome according to the national guidelines.	Yes	0		2007	5(33%)	16 (5 UNRWA + 11 MoH) (80%)	The three districts in the West Bank and the two districts in Gaza Strip (UNRWA) involved in the Global Fund programme reported timely on their TB activities. From the Ministry of Health, 11 central health facilities from 11 districts out of 15 submitted timely reports. Feedback is provided to the health facilities missing the deadlines.
1.3 M&E Number of health facility worker trained on TB	Number of health facilities with at least one health worker trained on TB	¥ 88	N	0	2007	5(33%)	4 (1 UNRWA+ 3 MoH)	One staff lab technician from UNRWA received training in lab and diagnosis related issues - organized by the Central Laboratory of the MoH, Ramallah. Three MoH physicians from Nabius and Ramallah districts received training on TB in Jordan. The training exposed the Palestinian doctors to the Jordanian National TB Programme and discussed ways to improve case detection in the oPt.
2.2 Procusement and supply Proportion of T8 line and: 18 drug fine and: 18 drug drugs)	Proportion of TB units reporting no stock-out of first- line enti-TB drugs for more than a week in the last reporting quarter	Y es	N	3/4	2007	54	0	Stock out of steptomycin at the central level has been observed since 1 August 2010. However, this has no nejor implication on the TB programming as none of the existing TB patients requires supplying and there is no stock out of any other essential anth-TB drugs in all TB units. Fixed-dose combination drugs(FDCS) for TB are still not procured due to problems of the delay in the approval of the providence of the combination in the essential drug list-validn is currently being updated (the Essential Drug List Committee met in December 2010 - such committee mets usually twice a year).
Number of Isl sense micros 2.1 improving diagnosis islandory wi specificity) by	Number of taboratories performing regular EQA for smear microscopy + corrective action planned for laboratory with conocidance rate (sensitivity x specificity) below 65%	Yes	N	0	2007	5(33%)	cumulative total of zero	The MoH is conducting sophisticated internal quality assurance in WB & GS Labs. There are two central reference laboratories in the MoH (one in WB and one in Gaza) in which confirmation of smear +ve samples is performed through multiple readings by suchnicians, including culture and PCR. The MoH is in the process of strengthening EQA through technical assistance by WHO which will take place in 2011.
Number of la smear micros smear micros laboratory with specificity be specificity in laboratories.	Number of laboratories performing regular EQA for smear microscopy + corrective action planned for laboratory with concordance rate (sensitivity x sensitivity) habitus 000000 sensors that INSPAN.	Yos	2	,				

Quarter Number: 3
Beginning Date: 1-Jul-2010 End Date: 30-Sep-201
Number: End Date:

- ly. Overall evaluation of performance The implementation of the TB Grant in Quarter 3 was still mainly focused on policy development and on the establishment of training plans and procurement plans. National guidelines on TB diagnosis, care and treatment were updated and validated through a participatory process. A restricted and high level validation process took place in advant-bead dea late September 2010 with, for the first time together, stakeholders (the NTP) from Gaza and West Bank (Idol), UNRIVA, (NFO and UNDP). The updated guidelines are in the process of being endocreded by the Notl at the time of present reporting, Subsequently, training modules will be developed (O4) and training to take place starting Q5. This explains the overall rather low financial delivery rate as all events to be organized need to follow the updated guidelines. Accelerated implementation is expected in 2011.
- Despite all se challenges incurred in mobilizing recursors, technical assistance, finding verys is transfer funds to Daza (equired for implementation), the establishment of a programme management unit at the Mich and the approval of the PSM and MiE. Johns, the 19 sportated programme managed to make significant activishments across even indicators. This indicators that are mostly effected in human of reaching the targets are indicators that relate to the debyed approval of the PSM plan therefore, no availability of drugs. It has two indicators that relate to ECA require architecture that relate to the debyed approval of the PSM plan therefore, no availability of drugs. It has two indicators that relate to ECA require architecture through WHO that will require long course of action and times.
- Access of funds to Gaza is still challenged by the political vacuum and by the split between Gaza and West Bank. The MoH is still working on identifying proper charinels that enable implementation of activities in Gaza. Among the solutions is using WHO to pay incentives to TB specialized practicioners and to find innovative practical solutions for implementation, etc.
- · There is a demonstrated (and verified) improvement in SRs reports as a result of prior and post review meetings and capacity building on programme planning. M&E and financial issues.
- The first deft of the MAE plan was shared with the LFA in mid August 2010, the first comments were received on November 21st 2010, followed by another set of derifications on 30 November. The PR provided the sevised version that considers all comments on December 3rd, up to the moment, the PR is still validing for the approval of the final version of the plan.

The first dark of the PSM shar was findled and submitted mid August 2010. The approval of the PSM plan was ground plan PSM plan by the process of the PSM plan was findled as the possess of submitted and district and findled and findled. Addition the manufacture of the possess of the PSM plan was processed by the possess of the possess

v. Planned changes in the program, if any.

- The work plans were slightly edited at the time of grant signing with SRs.

 1. Procurement related costs were removed from the MoH work plan and added to the PR work plan. This change shall be reflected in a revised budget to be submitted affect the approval of the PSM plan. UNDP revised work plan was updated in the light of recent medical procurement cost estimates and MES exchanges and with section plan, documents both available.

 2. The incentives budget time were reverted from the MoH work plan to WHO work plan and slight defications in activity names.

 3. The PMU related costs were reverted to the MoH work plan The WHO work plan and slight defications in activity names.

 4. As part of the MASE Plan request for approval, the PR submitted a request to under a few indicators.

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

- The national TB guidelines, national strategic plan, reporting and recording forms are now available in English as final drafts availing the approval of the director general of the public health directorate
- Training modules on the different guidelines are being developed by the MoH which will lead to improved diagnosis and management of TB patients and sisc TB MKE.
- The TB program manager participated in a ten day training workshop in Jordan activity organized by TB unit EMRO.
- The national TB guidelines are finalized and training activities are about to start.
- Medical and Non-medical equipment were not procured due to the delays in the approval by the GFATM of the PSM plan (to take place in Q5 since approval was received in December 2010)
- A planned mission by an EMRO WHO TB expert shall take in January 2011 to provide training on TB M&E issues.

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

The disbursement by the Global Fund or use by the Principal Recipient of Grant funds for the procurement of Health Products is conditional upon the approval by the Global Fund of the PSM Plan.	Second Distursement: the written approval of the Global Fund of the Updated MAE Plan and Revised Program Budget (the latter only being applicable if condition c. of this sub-section is applicable).	Second Disbursement: Delivery by the Principal Racipient to the Global Fund of a revised budget for the period beginning with the Program Starting Date and ending with the Program Ending Date (the "Revised Program Budget") if the amendments incorporated into the Updated M&E Plan necessitate amendments to the budget that was approved by the Global Fund as of the effective date of this Agreement	Second Disbursement: Delivery by the Principal Recipient to the Global Fund of an updated plan for monitoring and evaluating Program activities that incorporates the recommendations made by Program Steending and Evaluation Systems Steengthening Tool	Second Disbursement: Delivery by the Principal Recipient to the Global Fund of a completed version of the Monitoring and Evaluation Systems Strengthening Tool Yes	Conditions Precedent ancifor other special conditions (Yes/No) (Yes/No)
At the time of reporting, the PSM Plan had been approved by the GFATM (15 December 2010). Therefore, the PR will launch the procurement process of health equipment accordingly in Q5.	The MAE plan was submitted to the GFATM, the latest draft was sent on 3 December however no response was received till the moment of writing the present report.	At the time of present reporting, the PSM Plan has been approved by the GFATM on 15 December 2010. Therefore, the PR will start updating the budget accordingly.	The updated monitoring and evaluation plan has been finalized and shared with the GFATM - awaiting approval from the GFATM.	The MESST workshop took place in February 2010 including all relevant partners - workshop during which the MESS tool was finalized and endorsed by all partners. The completed MESS tool along with the final MAE plan and proposed action plan was shared mid August 2010.	PR Comments

The Principal Recipiens shall saked Sub-recipients in accordance with its regulations and rules. Before disbusing grant funds to any Sub-recipient, the Principal Recipient shall notify the Global Fund of the sub-recipient in the case of a Sub-recipient that is not a UN agency, the Global Fund dray, as its election, conduct an assessment of the Sub-recipient. The Principal Recipient shall address the assessment recommendations by risk mitigation measures satisfactory to both the Principal Recipient and the Global Fund.	The Principal Recipient acknowledges and understands that the Olobal Fund has entered into this Agreement with the Principal Recipient in reliance on the representation by the West Bank and Gazza UN Teams Group that the funds provided under the Agreement do not constitute more than 65% of the Murbs for the national futercolosis program in the West Bank-AyiSa and Casaz. If the Principal Recipient bocomes aware that the funds provided under this agreement see in fact or are anticipated to be materially higher; than this amount, the Principal Recipient shall promptly notly the Global Fund.	Prior to disbursement of grant funds to a Sub-Recipient, the Principal Recipient shall have executed an agreement with auch Subecipient that is consistent with this Agreement, including the required Yes representations regarding anti-terrorism and appropriate performance frameworks and budgets.	Not later than 50 days after this Agreement enters into force, a plan for monitoring the Program, is replaced with the condition for second distursement in Section B 2 above.	The Principal Recipient shall ensure that appropriate systems for the management, monitoring and oversight of the health product supply chain as implemented for products procured with great funds and yes corrective measures are taken to address any gaps identified during monitoring and oversight.	By no later than 15 February 2010: documentation defailing the proposed levels for the incentive scheme for the Sub-recipient, flational 15 Program, which shall be in line with the incentives provided by other in Progress documentational partners for similar programs.	By no later than 15 February 2010: documentation demonstrating that the Principal Recipient has provided training to the Sub-recipients (Indicant 18 Program and VM-D) on the programments and financial reporting requirements for Global Fund funding, including the development of books for Sub-recipient vas reporting.
The Global Fund was notified about all selected SRs (same as original proposal and grant agreement). The LFA conducted an assessment with the main SR - MoH which conclusions were shared informally with the PR. With regard to such assessment, the PR would be happy to provide clarifications and connections since some of the results are not ballly correct about the LFA/GFA/TM be interested.		All Agreements were signed with all SRs and first disbursements (for two quarters) processed.	The M&E plan was initially submitted in August 2010 and the latest disit was shared with the GFATM based on comments on 3 December 2010, Awating for GFATM's approval.	The PR has appointed, through the HIV grant, a supply chain management officer also responsible for putting in place tracking systems in collaboration with the World	Shifted to the WHO's work plan (to ensure quality control mechanism with the incentives' beneficials) - names and mechanisms are provided every qualitar to WHO which is responsible for payment after writeriation. This felder the policy of incentives adopted by the Ministry of Health where no self receives incentives the access 25% of their statery. During Q3, no incentives were paid, however, Q4 PUDR will include the incentives for Q3 and Q4 and will provide the summary of all amounts paid per staff.	The PR conducted a taining easelon with all SRs on reporting emplates and mechanisms, Feedback and guidance is also provided on a bifureal basis to each SR by the PR. Reporting templates were updated to include more information from the as of 03. It is worth to mention as well, that the capacity building for SRs is a continuous process that takes place every quarter.

PROGRESS UPDATE PERIOD
Grant number:
Grant number:
Progress Update - Reporting Period:
Progress Update - Period Covered:
Progress Update - Number: PSE-809-002-T
Oyarier Number:
Beginning Date: 11-Jul-2010 End Date:
3 3 30-Sep-2010

2b. Health products, commodities and equipment	Za, Pharmaceuticals	2. Health product expenditures vs. budget (airead) included in "Tolal actual" figures above)	1b. Disbursements to sub-recipients	1a. PR's total expenditures	1. Total actual expenditures vs. budget	All amounts are in: EUR
41,923.20	0.00	41,923.20	98,086.93	19,983.43	118,070.36	Budget for Reporting Period
0.00	0.00	0.00	0.00	8,357.76	8,357.76	Actual for Reporting Period
41,923.20	0.00	41,923.20	98,086.93	11,625.67	109,712.60	Variance
Same as above	The PSM plan was recently approved by the GFATM (mid December 2010-Q4) Procurement will take place in Q5. However, PR has already started the medical procurement process with cost estimates obtained which will speed the procurement cycle.		Low delivery at the SRs level during the first 3 quarters. However, disbursements will be processed for UNRWA and WHO in Q4.	The PR wishes to highlight few issues which had financial implications: - The planned TA missions of WHO will be covered through the WHO core resources. - The actual salary of the UNDP project coordinator (based in Gaza, covering bith the HIV and the TB grants) is lower than the budgeted amounts due to the difference in exchange rates. - Moreover, these expenditures don't include the overheads for the PR which will be collected in Q4 or Q5.	大田本の大田本の大田田田大田本の大田田田田田田田田田田田田田田田田田田田田田田	Reason for Variance
105,512.00	3,012,00	108,524.00	331,018.45	63,605.55	394,624.00	Cumulative Budget through period of Progress Update
0.00	0.00	0.00	96,557.59	41,401.48	137,959.07	Actual through period of Progress Update
105,512.00	3,012.00	108,524.00	234,460.86	22,204.07	256,664.93	Variance
Refer to the previous note on Health products and equipment	Refer to the previous note on Pharmaceuticals		The total expenditures include the budget for the SRs for the first two quarters only and exclude all the medical and non medical equipment that will be transferred to the PR's workplan after revising the workplans and budgets.	The overheads have not been collected yet. Please refer to previous note for details.	The state of the s	Reason for Variance

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:

No No

DISBURSEMENT REQUEST PERIOD

Grant number:	PSE-809-G02-T			
Disbursement Request - Disbursement Period:	Cycle:	Quarter	Number:	3
Disbursement Request - Period Covered:	Beginning Date:	1-Oct-2010	End Date:	31-Dec-2010
Disbursement Request - Number:	3		-	The second secon

Section 2: Cash Reconciliation and Disbursement Request

Cash disbursed to the PR by the Global Fund during the period covered by this 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); 	A: CASH RECONCILIATION FOR PERIOD COVERED BY PROGRESS UPDATE
0.00	134,957.38	一種の一世紀の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の

Less: 4. 7	Add: 3. I
 Total program expenditures during period covered by Progress Update (value entered in Section 1C, "Total actual expenditures"); Other expenditures incurred (bank fees, other transaction costs, net exchange rate gains/losses); 	3. Interest received on bank account and other income received:
8,357.78 0.00	0.00
8,357.7	0.0

Blance: End of nation two Promess I Indate:	 Total program expenditures during period covered by Progress Update (value entered in Section 1C. "Total actual expenditures"); Other expenditures incurred (bank fees, other transaction costs, net exchange rate gains/losses); 	3. Interest received on bank account and other income received:
	8,357.76 0.00	0.00
126.599.62	8,357.76	the amount received shall be indicated in the 0.00 next PU/DRs upon receipt on our accounts.

126,599.6		alance; End of period covered by Progress Update;
8,35	0.00	Other expenditures incurred (bank fees, other transaction costs, net exchange rate gains/losses):
	8,357.78	 Total program expenditures during period covered by Progress Update (value entered in Section 1C, "Total actual expenditures"):
0	0.00	

6. Cash Balar

 Additional quarter (cash "buffer") beginning date ^(g): 1-Jan-2011 	7. Period beginning date: 1-0x	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) :
in-2011	1-Oct-2010	he Principal Recipier
end date:	end date:	nt for the period imm
31-Mar-2011	31-Dec-2010	ediately following the period cove
amount as originally budgeted:	amount as originally budgeted:	
77,995.82	90,436.15	
forecasted amount:	forecasted amount:	
163,046.07	9,265.25	
172,311.31		

explain any variance between the forecasted amounts and the The PSM plan was only approved in late Q4 so the procurement will take place only in Q5, in addition	ition to the late implementation at the SRs level.
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11 Does the F	10. PR's Disbu	Less:	
11 Does the PR's Distursement Request include funds for health product procurement?	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):	Cash Balance: End of period covered by Progress Update (number 6 above): 9. Cash received from the Global Fund after the period covered by Progress Update or cash "in transs" (ff any):	
		126,599.62 0.00	

45,711.69 126,599.62

12. Exchange Rate (used to translate local currency into EUR):

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"

Avg NIS/USD = 3.82 and Avg Euro/USD = 0.787

- 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 Q9 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.

GENERAL GRANT INFORMATION

Country:	West Bank and Gaza Strip
Disease:	Tuberculosis
Grant number:	PSE-809-G02-T
Principal Recipient:	UNDP/PAPP
Program Start Date:	12/1/2009 - Quarter 1 corresponds to December 2009 until March 2010 (4 months)
Currency:	EUR

PROGRESS UPDATE PERIOD

Progress Update - Reporting Period:	Cycle:	Quarter	Number	3
Progress Update - Period Covered:	Beginning Date:	1-Jul-2010	End Date:	30-Sep-2010
Progress Update - Number:	3			

DISBURSEMENT REQUEST PERIOD

ogress Update - Reporting Period: Cycle:	Quarter	Number:	3
ogress Update - Period Covered: Beginni	ng Date: 1-Oct-2010	End Date:	31-Dec-2010
ogress Update - Number:			

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: EUR):

Amount requested in words (in: EUR):

	-
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	1
н	-
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ш	33
	9

Fourty five thousands seven hundred eleven EUROs and 69/100

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 of herwise specified herein; and (iii) funds disbursed under the Grant Agreement shall be used in accordance with the Grant Agreement.

Name: Date and Place: Signed on behalf of the Principal Recipient: (signature of Authorized Designated Representative) Jerusalem, on Tuesday 2 Officer in Charge UNDP/ Khaled Shahwan

1 December 2010		111

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

ountry / Pays:	West Bank and Gaza Strip
Grant number / Numéro du Grant	PSE-809-G02-T
rincipal Recipient / Récipiendaire Principal:	UNDP/PAPP
Currency / Monnaie:	EUR

A - MANAGEMENT RATIOS	Current Reporting Period	Cumulative Reporting Period
Start date:	Start date: 01.04.2010	01.12.2009
End date:	30.04.2010	30.04.2010
Cash received from the Global Fund	0	264,395
Budget	118,070	394,624
Expenditures	19,423	75,811
BUDGET EXECUTION RATIO (expenditures vs. budget)	16%	19%
EXPENDITURE RATIO (expenditures vs. cash received)	#DIV/0!	29%

B - BREAKKDOWN by EXPENDITURE CATEGORY Start date: County-Period Count	318,81	75,811	394,624	98,647	19,423	118,070	TOTAL PR + SRs		
Catagory Parish Catagory	0		331,018			98,087	Sub-TOTAL SRs'	111111111111111111111111111111111111111	
Communication Material (SRs) Management Costs (SRs) Material (SRs)	318.81		63,606			19,983	Sub-TOTAL PR		
B - BREAKDOWN by EXPENDITURE CATEGORY Stant claims Cournet Reporting Period			0			0		Other (SRs)	
B - BREAKDOWN by EXPENDITURE CATEGORY Cumult Exporting Period Cumult Attroporting Period Cumul			0	0		0		13 Other (PR)	
B - BREAKDOWN by EXPENDITURE CATEGORY Commut Report of the Commut Report of the Commut Arrive Report of the Report of Rep	0.00					1,901		Overheads (SRs)	
B - BREAKDOWNN by EXPENDITURE CATEGORY Current Reporting Period Curr	31.919					7,724		12 Overheads (PR)	
B - BREAKDOWN by EXPENDITURE CATEGORY Courte Report R	1 7 7		8,442			0	nistration (SRs)	Planning and Adm	
B - BREAKDOWN by EXPENDITURE CATEGORY Start date Curront Reporting Period Curront Reporting Pe	8.44	0	0	0	0	0	nistration (PR)	11 Planning and Adm	
B - BREAKDOWN by EXPENDITURE CATEGORY Start date: 0.10.4.2010 CUMULATIVE REPORTING PERIOD COMULATIVE REPORTING PERIO		0	0			0	lients' Target Population (SRs)	Living Support to	
Current Reporting Period Current Reporting Period Cumulcative Reporting Period Color Called Co		0	0	0	0	0	lients' Target Population (PR)	10 Living Support to	
TURE CATEGORY Current Reporting Period Current Reporting Period Current Reporting Period Current Reporting Period Cumulative Reporting Period Current Report Reporting Period Current Report Reporting Period Current Report R				.,		2,827	luation (SRs)	Monitoring and Ev	
Current Reporting Period Current Reporting P	40.840			4 892		2,659	luation (PR)	9 Monitoring and Ev	
Current Reporting Period Current Reporting Period Cumulative Reporting Period Cumulative Reporting Period Cumulative Reporting Period Cumulative Reporting Period Color Color	1		14,374	(0	terial (SRs)	Communication M	
Cumulative Cum	6.46	7,909	0	0	0	0	terial (PR)	8 Communication M	
ENDITURE GATEGORY Current Reporting Period CUMULATIVE REPORTING PERIOD Start date: 01.04.2010 CUMULATIVE REPORTING PERIOD End date: 01.04.2010 O1.12.2009 End date: 30.04.2010 Expenditures Variance Budget Expenditures <th colspa<="" td=""><td>7 7 7 7</td><td></td><td>32,000</td><td>1</td><td></td><td>2,560</td><td>Other Equipment (SRs)</td><td>Infrastructure and</td></th>	<td>7 7 7 7</td> <td></td> <td>32,000</td> <td>1</td> <td></td> <td>2,560</td> <td>Other Equipment (SRs)</td> <td>Infrastructure and</td>	7 7 7 7		32,000	1		2,560	Other Equipment (SRs)	Infrastructure and
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Management of Sub-Recipients Gestion de Récipiendaires Sécondaires

Country / Pays:	West Bank and Gaza Strip
Grant number / Numéro du Grant	PSE-809-G02-T
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 amuets alloués à chaque RS. Les budgets amues devraient correspondre aux budgets fixées dans les conventions entre le RP et les RS.

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

SR Disbur sements: Please insert the amount that had been disbursed by the PR to the SR in the reporting period. Décaissements au R8. Veuillez indiquer le montant total qui est décaissé par le RP au nom de RS dans le trimestre / semestre actuel.

SR expenditures: Please Insert the total amount of expenditures that had been justified by the SB (i.e. original invoices, vouchers, mission reports, list of participants, etc.) and accounted for in the accounting system of the PR. Advanced payments and committed amounts do not represent SRs' expenditures. Advanced payments and committed amounts need to be accounted for as' accounts payable?

and not as expenditures in the accounting system of the PR.

Depenses de RS'. Valuation indiquer is entitlant total des depenses effectives of justifieds pair to RS (i.e. facture originate, pieces justificatives, rapport de missiojn, list de participants, etc.) de la période actual or Les avances ne represent pas de dépenses effectives. Tous les avances cont à compitabliser comme créances dans la comptabilité du RP.

Variance: The "Variance" is calculated automatically and shows how much the SR has spent out of the amount provided by the PR, Ideally, the "Variance" should be "0" which means that the funds provided by the PR, Indepthen fully peet and all relevant vocations have been presented by the SR, verified and accepted by the SR. A negative "Variance" of SR means that the SR has spent more funds than the PR had provided. A positive "Variance" masses that the SR and don't spent all the funds that was provided by the PR. A negative "Variance" and season that the SR and don't spent all the funds that was provided by the PR.
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