

## On-going Progress Update and Disbursement Request

### GENERAL GRANT INFORMATION

Country:	West Bank and Gaza Strip
Disease:	Tuberculosis
Grant Number:	PSE 409-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:
Progress Update - Period Covered:	3	1-Jul-2010	3
Progress Update - Number:			30-Sep-2010

### DISBURSEMENT REQUEST PERIOD

Disbursement Request - Disbursement Period:	Cycle:	Quarter:	Number:
Disbursement Request - Period Covered:	3	1-Oct-2010	3
Disbursement Request - Number:			31-Oct-2010

TERMS AND ACRONYMS 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 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	
Select	
Select	
Select	
Select	
Select	
Select	

### 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			
Outcome	Treatment success rate, new smear positive TB cases	94%	2007	94%	Not available yet	Yearly reporting. Subject to an assessment by the end of each year.
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 health care providers due in Y4 of grant).
Impact	TB prevalence rate (all forms)	31 / 100,000	2007	N/A	Not available yet	The baseline information is likely to be overestimated, 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).
Impact	TB incidence rate (all forms)	20 / 100,000	2007	N/A	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	HE-08-2007
Grant number	HE-08-2007
Progress Update - Reporting Period	Quarter
Progress Update - Period Covered	1 Jul 2010 End Date
Progress Update - Number	3

Objective # No.	Service Delivery Area	Indicator Description	Directly Thru?	Level	Number (of population)	Year	Planned to date	Actual Results to date	Reasons for programmatic deviation and any other comments
1	1.2 High Quality DOTS	Number and percentage of new smear-positive TB patients successfully treated ( cured plus completed treatment) among the new smear positive TB patients registered	No	3	94% (15 patients)	2007	94% (4 patients)	100% (5 patients out of quarter's ago)	This represents the treatment success rate of 5 smear positive cases registered 2 quarters ago ( Q1) of the grant from 1 December 2009 to 31 March 2010 (as 6 months treatment is required in order to determine success and duration)
2	2.1 High Quality DOTS	Number of new smear-positive TB cases detected	No	3	4.5% (16 patients)	2008	8	3	UNRWVA detected zero case of TB during this quarter. The MoH detected 3 new cases during this quarter, among the patients one case of a refugee from Nuzair camp (Gaza strip). Patients can access any clinic and will be diagnosed and treated according to national policy.
3	3.1 High-risk groups	Number of TB suspects amongst refugees who are screened for TB according to national policy	Yes	3	500	2007	125	176 (121 UNRWVA + 55 MoH)	95 TB suspects among refugees in Gaza strip and 26 in West Bank were examined by the UNRWVA. All the cases were negative for TB. 55 TB suspects among refugees were screened by the MoH.
3	3.3 High-risk groups	Number of contacts of smear-positive TB patients screened for TB according to national policy	No	3	52	2007	44	cumulative total of 86 (14 Q3 UNRWVA + 23 MoH Q3 + 49 up to Q2)	14 contacts of smear positive TB patients were screened by UNRWVA for TB and they were all negative. 23 contacts were screened in Q3 by MoH. Cumulatively a total of 86 were screened.
1	1.1 MAE	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 UNRWVA Q3+1 MoH Q3)	17 supervisory visits were conducted in West Bank and 10 supervisory visits in Gaza Strip by UNRWVA. As for the MoH, one supervisory visit was conducted to the central drug store in Gaza however no supervisory visits were conducted to the districts, labs and TB treatment and management units which are planned to start during Q3. Supervision forms and protocols are also being updated and harmonized - a reporting starting day involving TB stakeholders from the MoH and UNRWVA will take place late January 2011. A technical assistance mission from WHO, on MAE related issues will take place around the same time as the training event.
1	1.2 MAE	Number and percentage of district submitting timely supervisory reports to the national guidelines according to the national guidelines	Yes	0	1	2007	5(93%)	16 (6 UNRWVA + 9 MoH) (80%)	The three districts in the West Bank and the two districts in Gaza Strip (UNRWVA) 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	1.3 MAE	Number of health facilities with at least one health worker trained on TB	Yes	2	0	2007	5(93%)	4 (1 UNRWVA + 3 MoH)	One staff lab technician from UNRWVA received training in lab and diagnosis related issues - organized by the Central Laboratory of the MoH, Ramallah. Three MoH physicians from Heblis 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 GPC.
2	2.2 Procurement and supply management (First line drugs)	Proportion of TB units reporting no stock-out of first-line anti-TB drugs for more than a week in the last reporting quarter	Yes	2	3/4	2007	5/5	0	Stock out of streptomycin at the central level has been observed since 1 August 2010. However, this has no major implication on the TB programming as none of the existing TB patients requires streptomycin and there is no stock-out of any other essential anti-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 PSN Plan and the inclusion in the essential drug list-which is currently being updated (the Essential Drug List Committee met in December 2010 - such committee meets usually twice a year).
2	2.1 Improving diagnosis	Number of laboratories performing regular EQA for smear microscopy + corrective action planned for laboratory with concordance rate (sensitivity x specificity) below 95%	Yes	2	0	2007	5(93%)	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 technicians, including culture and PCR. The MoH is in the process of strengthening EQA through technical assistance by WHO which will take place in 2011.
3	3.1 Improving diagnosis	Number of laboratories performing regular EQA for smear microscopy + corrective action planned for laboratory with concordance rate (sensitivity x specificity) below 95% among the UNRWVA laboratories.	Yes	2	0	2007	2	0	Zero case was detected by UNRWVA this quarter. However, suspected cases will be confirmed at the ministry of health reference laboratories as per the national policy to ensure external quality assurance and validation of results.

## On-going Progress Update and Disbursement Request

### PROGRESS UPDATE PERIOD

Grant Number:	PSE-408-G02.7		
Progress Update - Reporting Period:	Cycle:	Quarter:	Number:
Progress Update - Period Covered:	Beginning Date:	End Date:	3
Progress Update - Number:	1-Jul-2010		30-Sep-2010
	3		

### ix. 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 Jordan-Peas Sheh last September 2010 with, for the first time together, stakeholders (the NTP) from Gaza and West Bank (don, UNRWA, WHO and UNDP). The updated guidelines are in the process of being endorsed by the MoH at the time of present reporting. Subsequently, training modules will be developed (AQ) and training to take place starting Oct. 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 the challenges incurred in mobilizing resources, technical assistance, finding ways to transfer funds to Gaza (required for implementation), the establishment of a programme management unit at the MoH and the approval of the PSM and M&E plans, the TB sponsored programme managed to make significant achievements across seven indicators. The indicators that are mostly affected in terms of reaching the targets are indicators that relate to the delayed approval of the PSM plan - therefore, no availability of drugs. The two indicators that relate to EOA require technical assistance through WHO that will require long course of action and time.
- 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 channels that enable implementation of activities in Gaza. Among the solutions is using WHO to pay incentives to TB specialized practitioners and to find innovative practical solutions for implementation, etc.
- There is a demonstrated (and verified) improvement in STE reports as a result of prior and post-review meetings and capacity building on programme planning, M&E and financial issues.
- The first draft of the M&E Plan was shared with the LFA in mid August 2010. The first comments were received on November 21st 2010, followed by another set of clarifications on 30 November. The PR provided the revised version that considers all comments on December 30th up to the moment, the PR is still waiting for the approval of the final version of the plan.
- The first draft of the PSM plan was finalized and submitted mid August 2010. The approval of the PSM plan was granted just recently on December 15th, 2010, after a lengthy process of clarification and finalization. The main reasons for delay are (i) budget deficit through the deduction of a total of \$12,675,24 from the medical equipment and a total of \$59,460 from non medical equipment, (ii) The delay in reaching conclusions around the medical specifications - International expertise by UNDP/IFSO lab consultant was necessary in order to draft and finalize all specs (iii) The QA at destination requirement by the GF, as none of the country Labs (and Israel or neighboring Jordan) obtain the ISO 17025 certificate for drug QA. The equipment process of the TB management units including in Gaza is, undoubtedly affected.

### x. Planned changes to the program, if any.

- The work plans were slightly edited at the time of grant signing with STE.
- 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 after the approval of the PSM plan. UNDP revised work plan was updated in the light of recent medical procurement costs estimates and M&E section documents both available.
- The MoH budget lines were updated in order to reflect the slight diversions in activity items.
- The PMU budget lines were revised to the MoH work plan. PMU staff related costs were easier to monitor than the incentives budget lines initially under the MoH's work plan).
- As part of the M&E Plan request for approval, the PR submitted a request to unite a few indicators.

vi. 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 awaiting the approval of the sector 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 also TB M&E.
- The TB program manager participated in a two 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**

Conditions Precedent and/or other special conditions	Fulfilled? (Yes/No)	PR Comments
<p><b>Second Disbursement:</b> Delivery by the Principal Recipient to the Global Fund of a completed version of the Monitoring and Evaluation Systems Strengthening Tool</p>	Yes	<p>The MESSST workshop took place in February 2010 including all relevant partners - workshop during which the MESSST tool was finalized and endorsed by all partners. The completed MESSST tool along with the final M&amp;E plan and proposed action plan was shared mid August 2010.</p>
<p><b>Second Disbursement:</b> Delivery by the Principal Recipient to the Global Fund of an updated plan for monitoring and evaluating Program activities that incorporates the recent modifications made by Program stakeholders upon completion of the Monitoring and Evaluation Systems Strengthening Tool</p>	Yes	<p>The updated monitoring and evaluation plan has been finalized and shared with the GFATM - awaiting approval from the GFATM</p>
<p><b>Second Disbursement:</b> Delivery by the Principal Recipient to the Global Fund of a revised budget for the period beginning with the Program Starting Date and ending with the Program Ending Date (the Revised Program Budget) if the amendments incorporated into the Updated M&amp;E Plan necessitate amendments to the budget that was approved by the Global Fund as of the effective date of this Agreement</p>	In Progress	<p>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.</p>
<p><b>Second Disbursement:</b> the written approval of the Global Fund of the Updated M&amp;E Plan and Revised Program Budget (the date only being applicable if condition c of the sub-section is applicable).</p>	No	<p>The M&amp;E 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.</p>
<p>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.</p>	In Progress	<p>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.</p>

<p>By no later than 15 February 2010, documentation demonstrating that the Principal Recipient has provided training to the Sub-recipients (National TB Program and WHO) on the programmatic and financial reporting requirements for Global Fund financing, including the development of tools for sub-recipient reporting.</p>	<p>Yes</p>	<p>The PR conducted a training session with all SRs on reporting templates and mechanisms. Feedback and guidance is also provided on a biweekly basis to each SR by the PR. Reporting templates were updated to include information from SRs as of Q2. It is worth to mention as well, that the capacity building for SRs is a continuous process that takes place every quarter.</p>
<p>By no later than 15 February 2010, documentation detailing the proposed plan for the incentive scheme for the Sub-recipient, National TB Program, which shall be in line with the incentives provided by other donor/international partners for similar programs.</p>	<p>In Progress</p>	<p>Shared to the WHO's work plan to ensure quality control mechanism with the incentive's breakdown - names and number of staff per quarter to WHO which is responsible for payment after verification. This follows the policy of incentives adopted by the Ministry of Health where no staff receives incentives that exceed 25% of their salary. During Q3 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.</p>
<p>The Principal Recipient shall ensure that appropriate systems for the management, monitoring and oversight of the health product supply chain are implemented for products procured with grant funds and corrective measures are taken to address any gaps identified during monitoring and oversight.</p>	<p>Yes</p>	<p>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 MoH.</p>
<p>Not later than 90 days after this Agreement enters into force, a plan for monitoring the Program, to be replaced with the condition for second disbursement in Section B.2 above.</p>	<p>In Progress</p>	<p>The M&amp;E plan was initially submitted in August 2010 and the latest draft was shared with the GFATM based on comments on 3 December 2010. Awaiting for GFATM's approval.</p>
<p>Prior to disbursement of grant funds to a Sub-Recipient, the Principal Recipient shall have executed an agreement with such Sub-recipient that is consistent with this Agreement, including the required representations regarding anti-terrorism and appropriate performance frameworks and budgets.</p>	<p>Yes</p>	<p>All Agreements were signed with all SRs and first disbursements (for two quarters) processed.</p>
<p>The Principal Recipient acknowledges and understands that the Global Fund has entered into the Agreement with the Principal Recipient in reliance on the representation by the West Bank and Gaza UN Theme Group that the funds provided under this Agreement do not constitute more than 65% of the funds for the national tuberculosis program in the West Bank-ASG and Gaza, if the Principal Recipient becomes aware that the funds provided under this agreement are in fact or are anticipated to be materially higher than this amount, the Principal Recipient shall promptly notify the Global Fund.</p>	<p>Yes</p>	<p>-</p>
<p>The Principal Recipient shall select Sub-recipients in accordance with the regulations and rules. Before disbursement of grant funds to a Sub-Recipient, the Principal Recipient shall make the Global Fund of the selection of the Sub-recipient. In the case of a Sub-recipient that is not a UN agency, the Global Fund may, at its election, conduct an assessment of the Sub-recipient. The Principal Recipient shall address the assessment recommendations by risk mitigation measures satisfactory to both the Principal Recipient and the Global Fund.</p>	<p>Yes</p>	<p>The Global Fund was notified about all selected SRs (same as original proposal and grant agreement). The LFA conducted an assessment with the main SR - MoH which conclusions were shared informally with the PR. With regard to such assessment, the PR would be happy to provide clarifications and corrections since some of the results are not totally correct, should the LFA/GFATM be interested.</p>

# On-going Progress Update and Disbursement Request

## PROGRESS UPDATE PERIOD

Grant number:	PSE-809-602-1
Progress Update - Reporting Period:	Cycle: 3
Progress Update - Period Covered:	Beginning Date: 1-Jul-2010
Progress Update - Number:	End Date: 30-Sep-2010

## C. PROGRAM EXPENDITURES

All amounts are in: EUR	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
<b>1. Total actual expenditures vs. budget</b>	118,070.36	8,357.76	109,712.60		394,624.00	137,959.07	256,664.93	
1a. PR's total expenditures	19,983.43	8,357.76	11,625.67	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 both 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 Q3.	63,605.55	41,401.48	22,204.07	The overheads have not been collected yet. Please refer to previous note for details.
1b. Disbursements to sub-recipients	98,086.93	0.00	98,086.93	Low delivery at the SRs level during the first 3 quarters. However, disbursements will be processed for UNRWA and WHO in Q4.	331,018.45	96,557.59	234,460.86	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.
<b>2. Health product expenditures vs. budget</b> <i>(already included in Total actual figures above)</i>	<b>41,923.20</b>	<b>0.00</b>	<b>41,923.20</b>		<b>108,524.00</b>	<b>0.00</b>	<b>108,524.00</b>	
2a. Pharmaceuticals	0.00	0.00	0.00	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.	3,012.00	0.00	3,012.00	Refer to the previous note on Pharmaceuticals
2b. Health products, commodities and equipment	41,923.20	0.00	41,923.20	Same as above	105,512.00	0.00	105,512.00	Refer to the previous note on Health products and equipment

Program expenditures were used for the procurement of health products:

No  
 No

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

# On-going Progress Update and Disbursement Request

## DISBURSEMENT REQUEST PERIOD

Grant number:	P9 E-609-602-T		
Disbursement Request - Disbursement Period:	Cycle:	Quarter:	Number:
Disbursement Request - Period Covered:	Beginning Date:	1-Oct-2010	3
Disbursement Request - Number:	End Date:	31-Dec-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):

134,957.38

2. Cash disbursed to the PR by the Global Fund during the period covered by this progress update: <sup>18</sup>

0.00

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

0.00

Interest is reported on annually basis and the amount received shall be indicated in the next PUDRs upon receipt on our accounts.

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

8,357.76

5. Other expenditures incurred (bank fees, other transaction costs, net exchange rate gains/losses):

0.00

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

126,599.62

### B: DISBURSEMENT REQUEST

Total forecasted net cash expenditures by the Principal Recipient for the period immediately following the period covered by the Progress Update <sup>19, 20</sup>:

7. Period beginning date:

1-Oct-2010

end date: 31-Dec-2010

amount as originally budgeted: 9,265.25

9,265.25

8. Additional quarter

(cash "buffer") beginning date <sup>16</sup>:

1-Jan-2011

end date: 31-Mar-2011

amount as originally budgeted: 77,995.82

77,995.82

172,311.31

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

The PSM plan was only approved in late Q4 so the procurement will take place only in Q5. In addition to the late implementation at the SRs level.

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

126,599.62

9. Cash received from the Global Fund after the period covered by Progress Update or cash "in transit" <sup>19</sup> (if any):

0.00

126,599.62

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):

45,711.69

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

12. Exchange Rate (used to translate local currency into EUR): Avg NIS/USD = 3.82 and Avg Euro/USD = 0.787

#### 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 Q5 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:	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:
Progress Update - Period Covered:	Beginning Date:	1-Jul-2010	End Date:
Progress Update - Number:			30-Sep-2010
		3	

## DISBURSEMENT REQUEST PERIOD

Progress Update - Reporting Period:	Cycle:	Quarter	Number:
Progress Update - Period Covered:	Beginning Date:	1-Oct-2010	End Date:
Progress Update - Number:			31-Dec-2010
		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: EUR): 45,711.69
2. Amount requested in words (in: EUR): Forty five thousands seven hundred eleven EURs 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 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)

  
\_\_\_\_\_

Khaled Shahwan

Officer in Charge UNDP/PAPP

\_\_\_\_\_

Date and Place: Jerusalem, on Tuesday 21 December 2010

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-809-G02-T
Principal Recipient / Récipiendaire Principal:	UNDP/PAPP
Currency / Monnaie:	EUR

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

B - BREAKDOWN by EXPENDITURE CATEGORY		Current Reporting Period	CUMULATIVE REPORTING PERIOD				
		01.04.2010 30.04.2010	01.12.2009 30.04.2010				
Category	Budget	Expenditures	Variance	Budget	Expenditures	Variance	
1 Human resources (PR)	9,600	7,763	8,172	28,800	26,965	24,155	
Human resources (SRs)	11,872	5,537		35,616	13,296		
2 Technical Assistance (PR)	0	0	8,362	0	0	24,401	
Technical Assistance (SRs)	13,254	4,893		41,846	17,445		
3 Training (PR)	0	0	15,365	0	0	25,285	
Training (SRs)	15,365			25,285	0		
4 Health Products and Health Equipment (PR)	0	0	41,923	0	0	105,512	
Health Products and Health Equipment (SRs)	41,923	0		105,512	0		
5 Medicines and Pharmaceutical Products (PR)	0	0	0	0	0	3,012	
Medicines and Pharmaceutical Products (SRs)	0	0		3,012	0		
6 Procurement and Supply Management Costs (PR)	0	0	8,385	0	3,156	18,550	
Procurement and Supply Management Costs (SRs)	8,385	0		21,705	0		
7 Infrastructure and Other Equipment (PR)	0	0	2,560	0	2,777	30,234	
Infrastructure and Other Equipment (SRs)	2,560	0		1,011	0		
8 Communication Material (PR)	0	0	0	0	7,909	6,465	
Communication Material (SRs)	0	0		14,374	0		
9 Monitoring and Evaluation (PR)	2,659	594	4,892	7,978	594	40,840	
Monitoring and Evaluation (SRs)	2,827	0		33,859	403		
10 Living Support to Clients' Target Population (PR)	0	0	0	0	0	0	
Living Support to Clients' Target Population (SRs)	0	0		0	0		
11 Planning and Administration (PR)	0	0	0	0	0	8,442	
Planning and Administration (SRs)	0	0		8,442	0		
12 Overheads (PR)	7,724	0	8,989	25,817	0	31,919	
Overheads (SRs)	1,901	636		9,367	3,265		
13 Other (PR)	0	0	0	0	0	0	
Other (SRs)	0	0		0	0		
	Sub-TOTAL PR	19,983	8,358	98,647	63,606	41,401	318,813
	Sub-TOTAL SRs	98,087	11,065	98,647	331,018	34,409	
	<b>TOTAL PR + SRs</b>	<b>118,070</b>	<b>19,423</b>	<b>98,647</b>	<b>394,624</b>	<b>75,811</b>	<b>318,813</b>













