

On-going Progress Update and Disbursement Request

GENERAL GRANT INFORMATION

Country:	West Bank and Gaza Strip
Disease:	Tuberculosis
Grant Number:	PSE-2009-G02-T
Principal Resident:	UNDP/P2APP
Program Start Date:	12/1/2009 - Quarter 1 corresponded to December 2009 until March 2010 (4 monthly)
Currency:	EUR

PROGRESS UPDATE PERIOD

Progress Update - Reporting Period:	Cycle:	Quarter	Number
Progress Update - Period Covered:	Beginning Date:	1-Oct-2010	4
Progress Update - Number:	End Date:	31-Dec-2010	

DISBURSEMENT REQUEST PERIOD

Disbursement Request - Disbursement Period:	Cycle:	Quarter	Number
Disbursement Request - Period Covered:	Beginning Date:	1-Jan-2011	4
Disbursement Request - Number:	End Date:	31-Mar-2011	

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

Section 1: Programmatic and Financial Progress Update

A. PROGRAM PROGRESS

Objective No.	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	

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%	100% (11 out of 11)	The treatment success rate at the end of the first year of the programme, is estimated at a 100% rate. The Ministry of Health was able to treat and cure all cases registered and detected.
Outcome	Case detection rate: new smear positive TB cases	4.5%	2007	7%	31/8001 e4 % for the whole 2010	Following the WHO recommendations, all TB forms as a surrogate for smear positive were included to calculate the CDR. The calculation used the estimated number of cases by the WHO in year 2009. The WHO and MoH trust that the estimate is overestimated and should be revised estimate. To the effect, a study will be carried by the WHO/MoH to revisit this estimate.
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 1/4 of grant (extent of underreporting cases among non-TB health care providers due in 1/4 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 1/4 of grant (extent of underreporting cases among non-TB health care providers due in 1/4 of grant).

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD			
Grant Update - Reporting Period:	PR-4304-0231	Quarter:	4
Progress Update - Period Covered:	1-01-2010	End Date:	31-06-2010
Progress Update - Number:	4		

Objective No.	Service Delivery Area	Indicator Description	Directly Taught?	Level	Baseline (if applicable)		Intended Targets to date	Actual Results to date	Reasons for programmatic deviation and any other comments
					Value	Year			
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% (2 patients out of 2 registered two quarters ago)	This represents the treatment success rate of 2 smear positive cases registered two quarters ago (Q2 of the grant) (as 6 months treatment is required in order to determine treatment success and outcome.)
2	2.1 High Quality DOTS	Number of new smear-positive TB cases detected	No	3	4.5% (16 patients)	2006	6	5	UNRWVA detected one case of TB during this quarter. The MoH detected 4 new cases during this quarter.
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	224 (174 UNRWVA + 50 MoH)	125 TB suspects among refugees in Gaza Strip and 49 in West Bank were examined by the UNRWVA. Only one case was detected positive for TB. 50 TB suspects among refugees were screened by the MoH. Four of them showed positive results for TB.
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	68	cumulative total of 135 (42 MoH Q4 + 7 UNRWVA Q4 + 14 Q3 UNRWVA + 23 MoH Q3 + 49	7 contacts of smear positive TB patients were screened by UNRWVA, for TB and they were all negative. 42 contacts were screened in Q4 by MoH. Cumulatively a total of 135 were screened.
1	1.1 M&E	Number of supervisory visits performed per functional district with documented feedback reports / out of planned visits during a specified period	Yes	0	0	2007	8	17	7 supervisory visits were conducted in West Bank and 10 supervisory visits in Gaza Strip by UNRWVA. (total of 17 visits) Supervision forms and protocols were updated and harmonized - a reporting training day involving TB stakeholders from the MoH and UNRWVA took place late January 2011 and will be reported in Q5 PUDR. A technical assistance mission from WHO, on M&E related issues will take place around the same time as the training event.
1	1.2 M&E	Number and percentage of district submitting timely quarterly reports on notification and treatment outcome according to the national guidelines	Yes	0	1	2007	8(53%)	20 (5 UNRWVA + 15 MoH)	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, 15 central health facilities from 15 districts out of 15 submitted timely reports.
1	1.3 M&E	Number of health facilities with at least one health worker trained on TB	Yes	2	0	2007	8(53%)	19	One lab technician from UNRWVA received training in lab and diagnosis related issues - organized by the Central Laboratory of the MoH, Gaza. Furthermore, 113 health staff received training on improving detection rate in Gaza in 19 facilities in North and South of Gaza. As for the MoH, the training abroad could not take place due to visa problems.
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	8(8)	15/15	The purchase order for TB Fixed-dose combination drugs (FDCs) was submitted to UNICEF Supply Division early February and delivery is expected to take 3-4 months. The fixed dose regimen was included in the essential drug list- which was updated late December 2010-early January 2011. No stock out of FDCs was reported in none of the 15 MoH districts. The TB drugs are supplied by the central drug stores (in Ramallah and Gaza) to the Central Primary Health Care Centers in the main districts upon request and need. The Central PHCs then distribute drugs to the peripheral centers and clinics based on their need.

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number:	PSE-809-G02-T		
Progress Update - Reporting Period:	Cycle:	Quarter	Number
Progress Update - Period Covered:	Beginning Date:	1-Oct-2010	End Date:
Progress Update - Number:	4		31-Dec-2010

IV. Overall evaluation of performance

- The implementation of the TB Grant in Quarter 4 was still mainly focused on policy development and on the establishment of training and procurement plans. National guidelines on TB diagnosis, care and treatment were updated and validated through a participatory process (at the Jordan-Dead Sea meeting that took place in September 2010). The updated guidelines were expected to be fully endorsed by the MoH late January 2011, through the National TB Conference. Subsequently, training on the modules and forms were planned for Q5 and will be reported in the Q5 PUDR. 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 with 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 ten indicators. The two indicators that relate to EQA – External Quality Assurance – are not showing any improvement due to the fact that their implementation is conditioned to regional technical support from the WHO which unfortunately is not available at all times. The MoH was put on the WHO list for technical assistance which process will be launched in April 2011. The issue of EQA can only be fully resolved through the accreditation by WHO of the referral laboratories in Gaza and Ramallah, with priority on the Central Laboratory in Ramallah. Interim measures in the meantime are being discussed between WHO regional and the MoH to ensure the performance of a full EQA.
- There is a demonstrated (and verified) continuous 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 WHO medical officer's position is not fulfilled yet (expected in April 2011 upon reception of the GFATM HIV – Phase 2 related funds). In the meantime, the WHO senior Public Health Adviser assures the interim.
- Non-medical equipment, such as IT or furniture, was procured and delivered to TB management units in the WB and Gaza in December 2010 and January 2011.
- The medical procurement process started as soon as the Procurement and Supply Management plan (PSM) was approved by the GFATM mid December 2010 – after a rather lengthy process of clarifications and finalization. As per the GFATM regulations, UNDP was unable to launch the medical procurement process until this plan was approved. The actual purchase took place as soon as the UNDP financial system and budgets for 2011 were set up into ATLAS early February. The necessary requisitions and all related documents were raised and finalized, signed and sent to UNDP/Procurement Support Office which will support UNDP/PAPP with the TB-related medical/drug procurement process, through their long term agreements with suppliers.
- The anti-TB drugs are expected to be delivered in May 2011 and the medical equipment in July 2011. Payment will occur upon reception of the goods hence a rather low financial delivery rate at the UNDP's level responsible for all procurement under the TB grant.
- The review of the submitted Quality Assurance and Quality control tenders was finalized. UNDP is in the process of awarding the contract to a WHO accredited laboratory in India. The process will start upon reception of TB drugs.
- The Monitoring and Evaluation plan was approved on 5 January 2011 also after a lengthy process of clarifications and finalization. At the time of drafting the present report, the MoH with strong technical and financial support from WHO, in collaboration with UNDP, had organized (late January 2011) a large scale M&E training workshop in West Bank and Gaza on updated reporting procedures, forms, guidelines, standards and surveillance systems.
- The issue of EQA – External Quality Assurance – can only be fully resolved through the accreditation by WHO of the referral laboratories in Gaza and Ramallah, with priority on the Central Laboratory in Ramallah. The MoH initiated the accreditation process with WHO regional level – however, such process is expected to take few months. Interim measures in the meantime are being discussed between WHO regional and the MoH to ensure the performance of a full EQA.

V. Planned changes in the program, if any.

- The revised budget for the TB grant is enclosed to the PUDR 4 to reflect the slight changes in the SRs work plans (done at the time of signing agreements), to reflect the PR updated work plan after the PSM approval and the approved reallocations since the signature of the grant agreement (and all approved by the LFA/GFATM). Additional reallocation letters are also attached to the PUDR 4. UNDP wishes to support the new proposed reallocations (details are enclosed in the cover letter to PUDR) in order to accelerate implementation and increase performance delivery rate. The proposed 'new' reallocations are not reflected in the enclosed revised TB budget.
- The purchase of TB drugs planned in year 1 of the programme is no longer valid anymore thus the budget will be allocated to cover for the deficit in the medical equipment related costs.
- Due to access problems and the imposed restrictions by the Israeli Authorities on delivery of equipment to Gaza, the PR decided to proceed with the procurement of non-medical equipment from the local market in Gaza through the UNDP Procurement unit.

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 Director General of the Public Health Directorate.
- The National TB conference was conducted in WB and GS in January 2011 with the participation of UNRWA, WHO and UNDP and will be reported in PUDR 5.
- In November 2010, a large scale quarterly TB coordination meeting was held to share programmatic and financial updates with regard to the TB grant. This meeting was video linked with partners in Gaza. The minutes of the meeting are enclosed to PUDR 4.
- It is worth mentioning all visa issues faced by the national MoH staff affecting their ability to attend several training abroad.
- A mission by an EMRO WHO TB expert took place in January 2011 will be reported under QS PUDR. The training focused on:
 - o SOPs for data management
 - o WEB TBS user guide
 - o supervision checklists (general and lab) and report template
 - o M&E list of indicators
 - o Reporting and recording forms

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>Second Disbursement: 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 MESS tool 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 M&E plan and proposed action plan was shared mid August 2010.</p>
<p>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 stakeholders upon completion of the Monitoring and Evaluation Systems Strengthening Tool</p>	Yes	<p>The updated monitoring and evaluation plan was finally approved by GFATM was received in January 2011.</p>
<p>Second Disbursement: 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&E Plan necessitate amendments to the budget that was approved by the Global Fund as of the effective date of this Agreement</p>	Yes	<p>The PSM Plan was approved by the GFATM on 15 December 2010. The PR submits with this report the revised budget including the updates following the approved PSM plan and reflecting the changes done in the SRs' work plans.</p>
<p>Second Disbursement: the written approval of the Global Fund of the Updated M&E Plan and Revised Program Budget (the latter only being applicable if condition c. of this sub-section is applicable).</p>	Partially	<p>The M&E plan was approved by the GFATM in January 2011 (Q5). However, the revised program budget is submitted along with this report and is pending approval.</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>	Yes	<p>The PSM Plan was approved by the GFATM on 15 December 2010. Accordingly, the PR has already placed the order for the purchase of equipment and pharmaceuticals. Delivery is expected to take 3 months for pharmaceuticals and 6 months for equipment.</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 funding, 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 bilateral basis to each SR by the PR. Reporting templates were updated to include more information from SRs as of Q3. 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 levels for the incentive scheme for the Sub-recipient, National TB Program, which shall be in line with the incentives provided by other donors/international partners for similar programs.</p>	<p>Yes</p>	<p>As per the Q3 Management letter from the GFATM received on 15 February 2011, this condition is now satisfactory to the GFATM.</p> <p>This part was shifted to the WHO's work plan (to ensure quality control mechanism with the incentives' beneficiaries) - names and mechanisms are provided every 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 and Q4, no incentives were paid, however, Q5 PUDR will include all incentives for Q3 up to Q5 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, is replaced with the condition for second disbursement in Section B.2 above.</p>	<p>Yes</p>	<p>The M&E plan initially submitted in August 2010, was finally approved in January 2011 (Q5)</p>
<p>Prior to disbursement of grant funds to a Sub-Recipient, the Principal Recipient shall have executed an agreement with such Subrecipient 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) were processed.</p>
<p>The Principal Recipient acknowledges and understands that the Global Fund has entered into this 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 its regulations and rules. Before disbursing grant funds to any Sub-recipient, the Principal Recipient shall notify 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

DISBURSEMENT REQUEST PERIOD

Grant number:	PSE-809-G02-T		
Disbursement Request - Disbursement Period:	Cycle:	Quarter:	Number:
Disbursement Request - Period Covered:	Beginning Date:	1-Jan-2011	4
Disbursement Request - Number:	4	End Date:	31-Mar-2011

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):

126,599.62

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

0.00

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

0.00

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

4. Total program expenditures during period covered by Progress Update (Value entered in Section 1C, "Total actual expenditures"): ⁽²⁾

25,028.43

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

0.00

26,028.43

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

101,571.19

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):

99,704.33

77,995.82 forecasted amount:

144,499.64

92,759.12 forecasted amount:

244,209.97

8. Additional quarter (cash buffer) beginning date ⁽⁶⁾: 1-Apr-2011 end date: 30-Jun-2011 amount as originally budgeted: 92,759.12 forecasted amount: 144,499.64

Please explain any variance between the forecasted amounts and the amounts as originally budgeted: The PSM plan was only approved by the end of Q4, so the procurement will take place only in Q5 and Q6. Furthermore, there is a demonstrated delay in implementation at the SRS level. Disbursements to SRS will be processed in Q5 and Q6.

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

101,571.19

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

0.00

101,571.19

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):

142,632.78

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 = 3.63 and Avg Euro/USD = 0.74

Footnotes:
 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 Q5 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:	Tuberculosis
Grant number:	PSE-809-G02-T
Principal Recipient:	UNDP/PAPP
Program Start Date:	12/1/2009 - Quarter 1 corresponded 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-Oct-2010	4
Progress Update - Number:	End Date:	31-Dec-2010	
			4

DISBURSEMENT REQUEST PERIOD

Progress Update - Reporting Period:	Cycle:	Quarter:	Number:
Progress Update - Period Covered:	Beginning Date:	1-Jan-2011	4
Progress Update - Number:	End Date:	31-Mar-2011	
			4

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): 142,632.78
2. Amount requested in words (in: EUR): One hundred forty-two thousand and six hundred thirty-two Euros and 78/100

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)



Name: Mr. Frode Mauring

Title: Special Representative of the Administrator, UNDP/PAPP

Date and Place: Jerusalem, on Tuesday 22 February 2011

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
	Start date:	01.10.2010	01.12.2009
	End date:	31.12.2010	31.12.2010
Cash received from the Global Fund		0	264,395
Budget		90,436	485,060
Expenditures		38,705	114,516
BUDGET EXECUTION RATIO (expenditures vs. budget)		43%	24%
EXPENDITURE RATIO (expenditures vs. cash received)		#DIV/0!	43%

B - BREAKDOWN by EXPENDITURE CATEGORY		Current Reporting Period			CUMULATIVE REPORTING PERIOD		
Category	Start date:	Budget	Expenditures	Variance	Budget	Expenditures	Variance
	End date:						
	01.10.2010				01.12.2009		
	31.12.2010				31.12.2010		
1 Human resources (PR)		9,600	7,962	7,171	38,400	34,928	31,326
Human resources (SRS)		11,872	6,339		47,488	19,635	
2 Technical Assistance (PR)		0	0	14,788	0	0	39,189
Technical Assistance (SRS)		18,189	3,401		60,035	20,847	
3 Training (PR)		0	0	27,365	0	0	52,650
Training (SRS)		30,207	2,842		55,492	2,842	
4 Health Products and Health Equipment (PR)		0	0	0	0	0	105,512
Health Products and Health Equipment (SRS)		0	0	0	105,512	0	
5 Medicines and Pharmaceutical Products (PR)		0	0	0	0	0	3,012
Medicines and Pharmaceutical Products (SRS)		0	0	0	3,012	0	
6 Procurement and Supply Management Costs (PR)		0	0	0	0	3,156	18,549
Procurement and Supply Management Costs (SRS)		0	0	0	21,705	0	
7 Infrastructure and Other Equipment (PR)		0	5,199	1,828	1,011	7,976	32,061
Infrastructure and Other Equipment (SRS)		7,680	653		39,680	653	
8 Communication Material (PR)		0	0	0	0	7,909	6,466
Communication Material (SRS)		0	0	0	14,374	0	
9 Monitoring and Evaluation (PR)		2,659	814	3,616	10,637	1,409	44,456
Monitoring and Evaluation (SRS)		1,771			35,630	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	0	0
11 Planning and Administration (PR)		0	0	0	0	0	8,442
Planning and Administration (SRS)		0	0	0	8,442	0	
12 Overheads (PR)		5,916	11,053	-3,037	31,733	11,053	28,882
Overheads (SRS)		2,542	442		11,910	3,707	
13 Other (PR)		0	0	0	0	0	0
Other (SRS)		0	0	0	0	0	0
		Sub-TOTAL PR	25,028	51,731	81,780	66,430	370,545
		Sub-TOTAL SRS*	13,677		403,280	48,086	
		TOTAL PR + SRS	38,705	51,731	485,060	114,516	370,545

C - BREAKDOWN BY PROGRAM ACTIVITY

Macro-Category	Objectives	Service Delivery Level	Current Reporting Period			CUMULATIVE REPORTING PERIOD		
			Budget	Expenditures	Variance	Budget	Expenditures	Variance
			01.10.2010 31.12.2010	01.12.2009 31.12.2010				
TB: Supportive Environment	Objective 1: Strengthen programme management capacity in West Bank (WB) and Gaza Strip (GS)	SDA 1.1: Establish programme management capacity, coordination and supervision	11,875	6,666	5,209	97,827	10,100	87,727
		SDA 1.2: Monitoring and evaluation	0		0	960		960
		SDA 1.3: Human resources	69,868	20,543	49,324	197,895	78,152	119,743
		SDA 2.1: Improve diagnosis capacity especially laboratory capacity	0		0	69,957		69,957
TB Treatment	Objective 2: Pursue High Quality DOTS expansion and enhancement	SDA 2.2: Procure and manage TB drugs	0		0	17,030	3,156	13,874
		SDA 2.3: Organize world TB day	0		0	8,320	7,909	411
		SDA 3.1: Pursue High Quality DOTS among refugees	235		235	49,429	415	49,014
TB: Health System Strengthening (HSS)	Objective 3: Address major challenges such as refugees, Bedouin population and contact tracing	SDA 3.2: Pursue High Quality DOTS among Bedouin population	0		0	0		0
		SDA 3.3: Conduct contact tracing	0		0	0		0
TB Detection	Objective 4: Enable and promote research	SDA 4.1: Conduct Operational Research on Epidemiology	0		0	0		0
	Overheads		8,459	11,495	-3,037	43,643	14,785	28,858
Please select					0			0
Please select					0			0
Please select					0			0
Please select					0			0
Please select					0			0
Please select					0			0
Please select					0			0
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Please select					0			0
Please select					0			0
TOTAL PR + SR\$			90,436	38,705	51,731	485,060	114,516	370,544

Management of Sub-Recipients
Gestion de Réciplendaires Sécondaires

Country / Pays:	West Bank and Gaza Strip
Grant number / Numéro du Grant	PSE-809-G02-T
Principal Recipient / Réciplendaire Principal:	UNDP/PAPP
Currency / Monnaie:	USD

Explanatory notes /Notes explicatives

Budget: Please insert the amount of the yearly budget 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 doivent correspondre aux budgets fonds dans ses conventions entre le PR et les RS.

Period: Please indicate the actual reporting period. In general, reporting is by quarter or semi-annually.
 Période: Veuillez indiquer la période de rapport actual. En général, le rapport est de 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.
 Déscaissements au RS: Veuillez indiquer le montant total qui est décaissé par le PR 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" deposits at RS. Veuillez indiquer le montant total des dépenses effectuées et justifiées par le RS (i.e. facture originale, pièces justificatives, rapport de mission, liste des participants, etc.) de la période actual. Les avances ne représentent pas de dépenses effectives. Tous les avances sont à comptabiliser comme créances dans la comptabilité du PR.

Variance: The "Variance" is calculated automatically and shows how much the SR has spent out of the amount provided by the PR. Ideally, the "Variance" should be "0" which means that the funds provided by the PR had been fully spent and all relevant vouchers have been presented by the SR, verified and accepted by the PR. A negative "Variance" of SR means that the SR has spent more 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. A negative "Variance" of SR means that the SR has spent more funds than the PR had provided. La "Variance" est calculé automatiquement et montre le montant qui est dépensé par le RS du fonds mis à la disposition. Idéalement, la "Variance" devrait être "0", ce qui signifie que les fonds mis à la disposition du RS était complètement consommé comme prévu. Une "Variance" négative signifie que le RS a dépensé plus que le total de fonds prévu. Une "Variance" positive signifie que le RS n'a pas dépensé le total de fonds prévu.

Name of Sub-Recipient Nom de Réciplendaire Sécondaire	BUDGET of Sub-recipients BUDGET de Réciplendaires Sécondaires							
	Phase 1		Phase 2			Phase 1 + 2		
	BUDGET YEAR 1 AN 1	BUDGET YEAR 2 AN 2	BUDGET YEAR 1+2 AN 1+2	BUDGET YEAR 3 AN 3	BUDGET YEAR 4 AN 4	BUDGET YEAR 5 AN 5	BUDGET YEAR 3+4+5 AN 3+4+5	BUDGET YEAR 1+2+3+4+5 AN 1+2+3+4+5
1 MOH	272,890	250,724	523,614				0	523,614
2 WMO	67,940	48,758	116,698				0	116,698
3 UNRW	62,751	16,043	78,794				0	78,794
4			0				0	0
5			0				0	0
6			0				0	0
7			0				0	0
8			0				0	0
9			0				0	0
10			0				0	0
11			0				0	0
12			0				0	0
13			0				0	0
14			0				0	0
15			0				0	0
16			0				0	0
17			0				0	0
18			0				0	0
19			0				0	0
20			0				0	0
21			0				0	0
22			0				0	0
23			0				0	0
24			0				0	0
25			0				0	0
26			0				0	0
27			0				0	0
28			0				0	0
29			0				0	0
30			0				0	0
31			0				0	0
32			0				0	0
33			0				0	0
34			0				0	0
35			0				0	0
36			0				0	0
37			0				0	0
38			0				0	0
39			0				0	0
40			0				0	0
41			0				0	0
42			0				0	0
43			0				0	0
44			0				0	0
45			0				0	0
46			0				0	0
47			0				0	0
48			0				0	0
49			0				0	0
50			0				0	0
Total	403,280	315,525	718,805	0	0	0	0	718,805

