

On-going Progress Update and Disbursement Request

GENERAL GRANT INFORMATION

Country:	West Bank and Gaza Strip
District:	Jerusalem
Grant Number:	PEF-609-002-1
Project Recipient:	UNDP/PAAP
Program Start Date:	1-Dec-2009
Currency:	EUR

PROGRESS UPDATE PERIOD

Progress Update - Reporting Period:	Quarter	Number	5
Progress Update - Period Covered:	1-Jan-2011	End Date:	31-Mar-2011
Progress Update - Number:	5		

DISBURSEMENT REQUEST PERIOD

Disbursement Request - Disbursement Period:	Cycle	Quarter	Number	6
Disbursement Request - Period Covered:	1-Apr-2011	End Date:	30-Jun-2011	
Disbursement Request - Number:	5			

TERMS AND ACHIEVEMENTS 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	
Objective No.			
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		
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II. Impact / Outcome Indicators		Indicator Description		Baseline (if applicable)		Intended Yearly Targets		Actual Yearly Results		Reasons for deviation and any other comments	
Impact / Outcome		Value	Year	Value	Year	Value	Year	Value	Year		
Outcome	Treatment success rate new smear positive TB cases	94%	2007	94%	2007	100% (11 out of 11) registered and detected during the year. Results of the second year are subject for update in Q8					
Outcome	Case detection rate new smear positive TB cases	4.5%	2007	8.5%	2007	Following WHO recommendations, all TB forms as a surrogate for smear positive were included to calculate the CDR.					
Impact	TB prevalence rate (all forms)	31 / 100 000	2007	N/A	2007	The calculation used the estimated number of cases by WHO in year 2009, WHO and the WHO expect that estimate to be overestimated and is likely to be revised in 2011. To this effect, a study will be carried by WHO/UNICEF to revisit national estimates. Results of the second year will be updated in Q8.					
Impact	TB incidence rate (all forms)	20 / 100 000	2007	N/A	2007	The baseline information, as likely to be overestimated, will be reviewed with a survey planned to be conducted in Year 4 of grant (extent of underreporting cases among non-TB health care providers due in Year 4 of grant).					

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD	PAR-99-2007
Parameters: Reporting Period	Quarter
Progress Update - Month Covered	Jan-Mar-2011
Progress Update - Number	5
	Period Data
	31-Mar-2011

Object # 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
					Year	Value			
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% (3 patients out of 3 registered two quarters ago)	This is the treatment success rate of the 3 smear positive cases registered for treatment in Q3 2010. Two out of three cases are cured. One case is treatment failure, and the patient is now on CAT II regimen and improving – in case no sputum conversion occurs, sputum will be sent for Drug Susceptibility Testing (DST). At this stage it is not considered MDR.
2	2.1 High Quality DOTS	Number of new smear-positive TB cases detected	No	3	4.5% (16 patients)	2006	7	4	UNRWA detected 0 case 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	No	3	500	2007	150	435 (286 UNRWA + 169 MoH)	125 TB suspects among refugees in West Bank and 141 in Gaza were examined by UNRWA during the reporting period. All cases were negative. 169 TB suspects among refugees were screened by the MoH during the reporting period.
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	96	cumulative total of 182 (47 MoH Q5 + 42 MoH Q4 + 7 UNRWA Q4 + 14 Q3 UNRWA + 23 MoH Q3 + 49 up to Q2)	Zero contact of smear positive TB patients were screened by UNRWA, for TB as they did not detect any new case. 47 contacts were screened in Q5 by MoH A cumulative total of 182 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	34	17 supervisory visits were conducted in West Bank and 13 supervisory visits in Gaza Strip by UNRWA (a total of 30 visits). 4 supervisory visits were conducted by the MoH in Gaza only.
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	9 (60%)	12 (60%) (5 UNRWA + 7 MoH)	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, 7 central health facilities from 7 districts out of 15 submitted timely reports in Q5.
1	1.3 M&E	Number of health facilities with at least one health worker trained on TB	Yes	2	0	2007	9 (60%)	66 (440%)	23 health facilities in WB (including 10 UNRWA) and 30 health facilities in GS (including 6 UNRWA) have at least one health worker trained on x-ray reading training, TB management and patient care training, lab diagnosis training and M&E training. 130 health staff were trained on TB surveillance in 19 UNRWA health facilities in Gaza. It is worth mentioning that the 19 health facilities trained on TB surveillance include the 6 UNRWA health facilities trained through MoH on TB M&E.
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	No	2	3/4	2007	9/9	15/15	The purchase order for TB Fixed-dose combination drugs (FDCs) was submitted to UNICEF Supply Division in January 2011. Drugs were received in country on 25 May 2011 (Q8) and a sample is to be sent for quality assurance. No stock out of FDCs was reported during the reporting period in any of the 15 MoH districts.
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	8(53%)	cumulative total of zero	The MoH is conducting 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. EQA implementation requires an accreditation of the central laboratories through WHO regional technical assistance. To this effect, the MoH initiated contact with the EQA program regional manager at the WHO. Furthermore, an initial assessment was conducted by WHO CO which led to the conclusion that an international consultant should conduct a more thorough assessment of the situation of central labs of MoH and UNRWA in the opt. Thus, the MoH confirmed that this assessment will take place in June 2011 as per the agreement with WHO. WHO is now working on the identification of the consultant and drafting the ToRs.
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 UNRWA laboratories.	Yes	2	0	2007	3	0	UNRWA confirms that capacity building of lab technicians will be undertaken as soon as the National Central Laboratory obtains WHO accreditation. Also, the preliminary plan suggests that capacity building and EQA will be provided by the MoH Central Lab.

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number:	PSE-009-G02-T		
Progress Update - Reporting Period:	Cycle:	Quarter:	Number:
Progress Update - Period Covered:	Beginning Date:	1-Jan-2011	End Date:
Progress Update - Number:	5		31-Mar-2011

iv. Overall evaluation of performance

- The implementation of the TB Grant in Quarter 5 was focused on scaling up training programmes and activities based on the technical documents that were developed /updated in the previous quarters. This includes the following key outputs: national TB Procurement plan, M&E plan and training modules. Therefore, in Q5, the following training took place targeting MoH and UNRWA staff: x-ray reading training, TB management and patient care training, lab diagnosis training, M&E training, and surveillance training. It is worth mentioning as well that there was an increased financial delivery rate at the MoH level in this quarter and is expected to improve further in Q6.
- Except for the two indicators that relate to EQA – External Quality Assurance – the programme managed to make significant contributions to all the indicators. The MoH is conducting 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. EQA implementation requires an accreditation of the central laboratories through WHO regional technical assistance. To this effect, the MoH initiated contact with the EQAS program regional manager at the WHO. Furthermore, an initial assessment was conducted by WHO CO which led to the conclusion that an international consultant should conduct a more thorough assessment of the situation of central labs of MoH and UNRWA in the opt. Thus, the MoH confirmed that this assessment will take place in June 2011 as per the agreement with WHO. WHO is now working on the identification of the consultant and drafting the ToRs.
- Submission of SRS TB Q5 progress reports experienced significant delays due to strike at the MoH and lengthy clarifications processes with all of them.
- The WHO HIV/TB medical officer's position is fulfilled as of May 2011 by Dr. Richard Steen, who should assume the responsibility of patients monitoring and clinical aspects development. The PR already held a meeting with Dr. Steen and discussed all the challenges and gaps that require WHO immediate intervention on EQA and incentives payment requirements.
- 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. The medical equipment is expected to be received in July 2011.
- The anti-TB drugs arrived in country at the time of this report (25 May 2011) and were received by the MoH. A sample will be sent for quality assurance tests very soon. The drugs are kept in a separate section and the UNDP PSM officer is working closely with the CDS on monitoring the drugs on monthly basis and keeping the drugs from use until the quality assurance is received.
- The review of the submitted Quality Assurance and Quality control tenders was finalized and the contract was awarded to a WHO accredited laboratory in India. The process will start upon reception of TB drugs in country.
- In collaboration with UNDP, WHO and MoH organized a Monitoring and Evaluation training during the period of 23-27 January in WB and Gaza which focused on the following:
 - Revised recording and recording system using hard and electronic tools. The latter is web-based version (WEB Based TB surveillance) or WEB TBS and its Access interface. These tools cover drug sensitive and drug resistant TB as well as NTP and public and private non-NTP providers.
 - Data management and data quality assurance including the general framework and tools for quarterly meetings and supervisory visits.
 - Data analysis at national and sub-national levels including the calculation of programme indicators and evaluating the epidemiological situation for TB control.
 - draft SOPs for data management, and data quality assurance including the general framework and tools for quarterly meetings and supervisory visits
- 40 participants (district TB coordinators and data managers) were trained in West Bank and 25 in Gaza. By the end of the workshop, participants were able to enter data online on the WEB TBS, analyze and interpret indicators at national and sub-national levels. The mechanism of data quality assurance was discussed and SOPs were developed.

v. Planned changes in the program, if any.

- The revised budget for the TB grant was approved in April 2011 and includes all reallocations submitted by the SRS and PR following the updated M&E and PSM plans.

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

- Other achievements not related to indicators:
 1. UNRWA conducted an event on World TB day and financed it through their own resources. Reports and pictures are available upon request.
 2. MoH achieved the following:
 - a) Conducting World TB Day in WB and Gaza
 - b) Development of standardized recording and reporting forms.
 - c) Establishment of the central administrative office of the NTP in Gaza.
 - d) Establishment of TB management units in the 17 districts.
 - e) Training and supervision visits started in this quarter and all training activities and workshops not done in 2010 are implemented in Q5 and Q6.
 - The National TB conference was conducted in WB and GS in January 2011 with the participation of UNRWA, WHO and UNDP and covered the technical aspects of the disease treatment, surveillance, epidemiological and clinical data available, new policy directions under the GF programme, challenges facing laboratories in receiving quality samples.
- Lessons learned:
- The procurement process of drugs and medical equipment through PSO in Copenhagen was very lengthy due to lengthy clarifications process and agreement on specifications with the end user (MoH). Therefore, the PR recommends local purchase in the future which facilitates the process, ensure after sale services and maintenance.

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 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 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 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 revised budget including the updates following the approved PSM plan was approved by GFATM on 5 April 2011.</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>	Yes	<p>The M&E plan was approved by the GFATM in January 2011 (Q5) and the TB revised program budget was approved by GFATM in April 2011 (Q6).</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 of medical equipment is expected in July 2011. TB Drugs were delivered during the month of May 2011.</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 PUOR 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+ A58 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

PROGRESS UPDATE PERIOD			
Grant number:	PSE-209-002-Y	Quarter:	5
Progress Update - Reporting Period:	Cycle:	Number:	5
Progress Update - Period Covered:	Beginning Date:	End Date:	31-Mar-2011
Progress Update - Number:	5		

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
1. Total actual expenditures vs. budget	84,591.47	87,693.83	16,897.65		344,335.89	230,681.32	113,654.57	
1a. PR's total expenditures	31,249.64	28,137.22	3,112.42	The difference refers to the overheads that are still not captured in the system for 2011. It will be recorded in Q6. In addition, payments for drugs were partially paid in Q5, the remaining balance to be paid in Q6.	108,540.46	94,567.12	13,973.34	The difference refers to the overheads that are still not captured in the system for 2011, and the overheads for 2010 were not fully utilized due to late disbursements to SRs. In addition, payments for drugs were partially paid in Q5, the remaining balance to be paid in Q6.
1b. Disbursements to sub-recipients	53,341.83	39,556.61	13,785.22	In the light of the relative low delivery rate at the SRs level during the past 3 quarters, the PR had not transferred any further funds to SRs. However, additional funds were disbursed during Q5 to cover the acceleration of activities which were scheduled for Q5 and Q6.	235,795.43	136,114.19	99,681.24	Refer to the previous note on disbursements to SRs
2. Health product expenditures vs. budget <i>(already included in "Total actual" figures above)</i>	2,409.00	482.17	1,926.83		2,409.00	482.17	1,926.83	
2a. Pharmaceuticals	2,409.00	482.17	1,926.83	The PSM plan was approved by the GFATM late Q4. The order for TB drugs took place in Q5 and partial payments for drugs were done in Q5.	2,409.00	482.17	1,926.83	Refer to the previous note on Pharmaceuticals
2b. Health products, commodities and equipment	0.00	0.00	0.00		0.00	0.00	0.00	

Program expenditures were used for the procurement of health products:

Yes

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

Yes

On-going Progress Update and Disbursement Request

DISBURSEMENT REQUEST PERIOD

Grant number:	PSE-309-G02-T		
Disbursement Request - Disbursement Period:	Cycle:	Quarter:	Number:
Disbursement Request - Period Covered:	1-Apr-2011	1-Apr-2011	6
Disbursement Request - Number:	5	Beginning Date:	30-Jun-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): 101,571.19

2. Cash disbursed to the PR by the Global Fund during the period covered by this progress update: ⁽¹⁾ 68,993.00

Add: Interest received on bank account and other income received: 0.00

Interest is reported on annually basis and the amount received shall be indicated when available. 68,993.00

Less: 4. Total program expenditures during period covered by Progress Update (value entered in Section 1C. "Total actual expenditures"): 67,693.83

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: 102,870.36

B: DISBURSEMENT REQUEST

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

7. Period beginning date: 1-Apr-2011 end date: 30-Jun-2011 amount as originally budgeted: 76,818.49 forecasted amount: 54,552.72

8. Additional quarter (cash "buffer") beginning date ⁽⁴⁾: 1-Jul-2011 end date: 30-Sep-2011 amount as originally budgeted: 353,021.15 forecasted amount: 417,792.72

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

The forecasts are within the budget with a slight difference that relates to late implementation at the SRs level.

Less: Cash Balance: End of period covered by Progress Update (number 6 above): 102,870.36

9. Cash received from the Global Fund after the period covered by Progress Update or cash "in transit" ⁽⁵⁾ (if any): 0.00

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): 314,922.36

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 = 3.59 and Avg Euro/USD = 0.741

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 CB is contingent upon the signing of Phase 2 or as otherwise stipulated per implementation letter
- 5 - "Cash in transit" includes amounts disbursed but not yet received by the PR and disbursement requests not yet approved by the Global Fund

GENERAL GRANT INFORMATION

Country:	West Bank and Gaza Strip
Disease:	Tuberculosis
Grant number:	PSE-809-G02-T
Principal Recipient:	UNDP/PAFP
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-Jan-2011	5
Progress Update - Number:			End Date: 31-Mar-2011

DISBURSEMENT REQUEST PERIOD

Progress Update - Reporting Period:	Cycle:	Quarter	Number:
Progress Update - Period Covered:	Beginning Date:	1-Apr-2011	6
Progress Update - Number:			End Date: 30-Jun-2011

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): **314,922.36**

2. Amount requested in words (in: EUR): **Three hundred and fourteen thousand and nine hundred twenty-two EUROS and 36/100**

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: Frode Mauring
 Title: Special Representative, UNDP/PAFP
 Date and Place: Jerusalem, on Monday 6 June 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.):

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Etat de dépenses

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

A - MANAGEMENT RATIOS	Current Reporting Period		Cumulative Reporting Period	
	Start date:	End date:	01.12.2009	01.03.2011
Cash received from the Global Fund	68,993	84,591	333,388	344,336
Budget	84,591	77,927	192,443	56%
Expenditures	92%	113%	58%	
BUDGET EXECUTION RATIO (expenditures vs. budget)				
EXPENDITURE RATIO (expenditures vs. cash received)				

B - BREAKDOWN by EXPENDITURE CATEGORY	Current Reporting Period				CUMULATIVE REPORTING PERIOD			
	Start date:	End date:	Budget	Expenditures	Variance	Budget	Expenditures	Variance
1 Human resources (PR)	01.01.2011	01.03.2011	6,659	8,953	-769	33,296	43,881	12,745
Human resources (SRs)			11,160	9,635		52,600	29,270	
2 Technical Assistance (PR)			0	0	-8,518	0	0	23,836
Technical Assistance (SRs)			8,320	16,838		61,521	37,685	
3 Training (PR)			0	0	-7,117	0	0	47,136
Training (SRs)			9,506	16,623		66,601	19,465	
4 Health Products and Health Equipment (PR)			0	0	0	0	0	0
Health Products and Health Equipment (SRs)			0	0		0	0	
5 Medicines and Pharmaceutical Products (PR)			2,409	482	1,927	2,409	482	1,927
Medicines and Pharmaceutical Products (SRs)			0	0		0	0	
6 Procurement and Supply Management Costs (PR)			0	0	0	0	3,156	-3,156
Procurement and Supply Management Costs (SRs)			0	0		0	0	
7 Infrastructure and Other Equipment (PR)			17,079	18,562	6,100	28,000	26,538	9,288
Infrastructure and Other Equipment (SRs)			7,730	147		8,626	800	
8 Communication Material (PR)			0	0	3,232	8,000	7,909	3,323
Communication Material (SRs)			3,232	0		3,232	0	
9 Monitoring and Evaluation (PR)			0	140	3,881	0	1,548	15,060
Monitoring and Evaluation (SRs)			7,922	3,902		20,913	4,305	
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	3,000	0	0	11,321
Planning and Administration (SRs)			3,000	0		11,321	0	
12 Overheads (PR)			5,103	0	4,930	36,835	11,053	30,412
Overheads (SRs)			2,472	2,644		10,981	6,351	
13 Other (PR)			0	0	0	0	0	0
Other (SRs)			0	0		0	0	
Sub-TOTAL PR			31,250	28,137	6,665	108,540	94,567	151,893
Sub-TOTAL SRs'			53,342	49,790	6,665	235,795	97,876	151,893
TOTAL PR + SRs			84,591	77,927	6,665	344,336	192,443	151,893

C - BREAKDOWN by PROGRAM ACTIVITY			Current Reporting Period				CUMULATIVE REPORTING PERIOD				
Macro-Category	Objectives	Service Delivery Level	Start date		End date		01.01.2011		01.12.2009		Variance
			01.03.2011	01.03.2011	01.03.2011	01.03.2011	Budget	Expenditures	Budget	Expenditures	
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	24,042	22,170	1,871	57,511	32,270	25,241			
		SDA 1.2: Monitoring and evaluation	960	0	960	1,920		1,920			
		SDA 1.3: Human resources	42,479	52,050	-9,571	217,352	130,202	87,150			
TB Treatment	Objective 2: Pursue High Quality DOTS expansion and enhancement	SDA 2.1: Improve diagnosis capacity especially laboratory capacity	720	0	720	2,220		2,220			
		SDA 2.2: Procure and manage TB drugs	2,409	482	1,927	2,409	3,638	-1,229			
		SDA 2.3: Organize world TB day	0			8,000	7,909	91			
TB: Health System Strengthening (HSS)	Objective 3: Address major challenges such as refugees, Bedouin population and contact tracing	SDA 3.1: Pursue High Quality DOTS among refugees	175	580	-405	875	995	-120			
		SDA 3.2: Pursue High Quality DOTS among Bedouin population	3,232		3,232	3,232		3,232			
		SDA 3.3: Conduct contact tracing	3,000		3,000	3,000		3,000			
TB Detection	Objective 4: Enable and promote research	SDA 4.1: Conduct Operational Research on Epidemiology	0		0	0					
	Overheads		7,575	2,644	4,930	47,817	17,429	30,387			
Please select		Please select...									
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Please select		Please select...									
Please select		Please select...									
TOTAL PR + SR\$			84,591	77,927	6,664	344,336	192,443	151,892			

Gestion de Réceptiendaires Secondaires

Country / Pays:	West Bank and Gaza Strip
Grant number / Numéro du Grant	PSE-809-G02-1
Principal Recipient / Réceptiendaire Principal:	UNDP/PAPP
Currency / Monnaie:	USD

Explanatory notes / Notes explicatives

Budget: Please insert the amount of the yearly budgets that had been allocated to single SRs. The yearly budgets should be in accordance with the PR-SR agreement.
Budget: Veuillez indiquer les budgets annuels alloués à chaque RS. Les budgets annuels devraient correspondre aux budgets fixés dans les conventions entre le RP et les RS.

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

SR Disbursements: Please insert the amount that had been disbursed by the PR to the SR in the reporting period.
Décaissements au RS: Veuillez indiquer le montant total qui est 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 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 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.
Dépenses de RS: Veuillez indiquer le montant total des dépenses effectives et justifiées par le RS (i.e. factures originales, pièces justificatives, rapport de mission, list de participants, etc.) de la période actuelle. Les avances ne représentent pas de dépenses effectives. Tous les avances sont à comptabiliser 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 had been fully spent and all relevant vouchers have been presented by the SR, verified and accepted by the PR. A negative "Variance" of SR means that the SR has spent more funds than the PR had provided. A positive "Variance" means that the SR did not spend all the funds that were provided by the PR.
Variance: La "Variance" est calculé automatiquement et montre le montant qui était dépensé par le RS de fonds mis à la disposition. Idéalement la "Variance" devrait être "0". C a d que le fonds qui était mis à la disposition du RS était complètement consommé comme prévu. Une "Variance" négative montre que le RS a dépensé plus que le total de fonds prévu. Une "Variance" positive montre que le RS n'a pas dépensé le total de fonds prévu.

Name of Sub-Recipient Nom de Réceptiendaire Secondaire	BUDGET of Sub-recipients BUDGET de Réceptiendaires Secondaires									
	Phase 1			Phase 2				Phase 1 + 2		
	BUDGET YEAR 1 AN 1	BUDGET YEAR 2 AN 2	BUDGET YEAR 1+2 AN 1+2	BUDGET YEAR 3 AN 3	BUDGET YEAR 4 AN 4	BUDGET YEAR 5 AN 5	BUDGET YEAR 3+4+5 AN 3+4+5	BUDGET YEAR 1+2+3+4+5 AN 1+2+3+4+5		
1 MoH	272,690	250,724	523,414				0	523,414		
2 WHO	67,840	48,758	116,598				0	116,598		
3 UNRWA	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	0	718,805

Year 2

Period (mth. - mth.) Période (mois - mois)		Period (mth. - mth.) Période (mois - mois)		Period (mth. - mth.) Période (mois - mois)		Period (mth. - mth.) Période (mois - mois)		Cumulative Year 2 Cumulative AN 2	
SR Disbursements Décaissements RS	SR expenditures Dépenses de RS	SR Disbursements Décaissements RS	SR expenditures Dépenses de RS	SR Disbursements Décaissements RS	SR expenditures Dépenses de RS	SR Disbursements Décaissements RS	SR expenditures Dépenses de RS	SR Disbursements Décaissements RS	SR expenditures Dépenses de RS
Variance	Variance	Variance	Variance	Variance	Variance	Variance	Variance	Variance	Variance
9,818	23,202		-13,384				9,818	23,202	-13,384
	21,277		-3,345				17,932	21,277	-3,345
	5,310		6,419				11,807	5,310	6,419
39,557	49,790		-10,233				39,557	49,790	-10,233

