

On-going Progress Update and Disbursement Request

GENERAL GRANT INFORMATION

Country:	West Bank and Gaza Strip
Disease:	Tuberculosis
Grant Number:	PSE-609-G02-T
Principal Recipient:	UNDP/PAPP
Program Start Date:	1-Dec-2009
Currency:	EUR

PROGRESS UPDATE

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

DISBURSEMENT REQUEST

Disbursement Request - Disbursement Period:	Cycle:	Quarter:	Number:
Disbursement Request - Period Covered:	Beginning Date:	1-Jul-2011	End Date:
Disbursement Request - Number:	6		30-Sep-2011

Section 1: Programmatic Progress

Note: The table below should contain those Impact/Outcome indicators that are (1) due for reporting during the current year of a grant and (2) those reporting on which is overdue from the previous periods.

Impact / Outcome	Indicator Description	Baseline (if applicable)		Year of Target	Intended Target	Report Due Date	Actual Result	Data Source of Results	Comments on results on Impact/Outcome indicators and data sources, and any other comments
		Value	Year						
Outcome	Treatment success rate: new smear positive TB cases	94%	2007	Y1 - Y5	94%	Quarterly MoH reports	100% (11 out of 11) For year 2010	Other (R&R TB system, quarterly report)	The treatment success rate, at the end of the first year of the programme, is estimated at 100%. The Ministry of Health was able to treat and cure all cases 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	Y1 - Y5	8.5%	Quarterly MoH reports	31/800, i.e 4% for the whole 2010	Other (R&R TB system, quarterly report)	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	Y4	N/A	Yearly	Not available yet	Other (Global TB Control Report / WHO EMRO)	The calculation used the estimated number of cases by WHO in year 2009. WHO and the MoH expect that estimate to be overestimated and is likely to be revised in 2011. To this effect, a study will be carried by WHO/MOH to revisit national estimates. Results of the second year will be updated in Q8.
Impact	TB incidence rate (all forms)	20 / 100,000	2007	Y4	N/A	Yearly	Not available yet	Other (Global TB Control Report / WHO EMRO)	The baseline information, as likely to be overestimated, will be reviewed with a survey planned to be conducted in Year 4 of the grant (extent of underreporting cases among non-TB health care providers due in Year 4 of the grant).

Grant number:	PSIE-999-002-T
Progress Update - Reporting Period:	Quarter: 6
Progress Update - Period Covered:	Cycle: 1-Apr-2011
Progress Update - Number:	6
	Number: 6
	End Date: #####

Note: All programmatic indicators contained in the current Performance Framework should be listed, regardless of whether there are targets/results for the period covered by the Progress Update or whether the targets have been met in previous periods.

Objective No.	Indicator No.	Indicator Description	Tied To	Targets cumulative?	Top 10 Indicator?	Baseline (if applicable)		Intended Target to date	Actual Result to date	% achievement (Please calculate if appropriate)	Reasons for programmatic deviation from intended target and deviations from the related workplan activities
						Value	Year				
1	1.2	Number and percentage of new smear-positive TB patients successfully treated (cured plus completed treatment) among the new smear positive TB patients registered	National Program	N-not cumulative	Yes - Top 10	94% (15 patients)	2007	94% (5 patients)	2 out of 2	100%	Two patients out of two were successfully treated in Q6. The assessment of the treatment is considered for 12 months period and not 6 months as it used to be reported until Q5 under this grant.
2	2.1	Number of new smear-positive TB cases detected	National Program	N-not cumulative	Yes - Top 10	4.5% (16 patients)	2006	7	3	43%	UNRWA detected one case during this quarter in Gaza. The MoH detected two new cases during this quarter in Gaza.
3	3.1	Number of TB suspects amongst refugees who are screened for TB according to national policy	National Program	N-not cumulative	Top 10 equivalent	500	2007	150	446 (238 UNRWA + 208 MoH)	297%	82 TB suspects among refugees in West Bank and 156 in Gaza were examined by UNRWA during the reporting period. Only one case is positive from Gaza. 208 TB suspects among refugees were screened by the MoH during the reporting period. Two cases were positive from Gaza.
3	3.3	Number of contacts of smear-positive TB patients screened for TB according to national policy	National Program	Y-cumulative annually	Top 10 equivalent	52	2007	28	197 (36 Q5 + 161 Q6)	704%	88 contacts of smear positive TB patients were screened by UNRWA in Gaza during this quarter. 73 contacts were screened in Q6 by MoH in Gaza. A cumulative total of 161 contacts were screened in Q5. Since the beginning of 2011, 197 contacts were screened (Q5: 36 contacts, Q6: 161 contacts). It is worth mentioning that the overachievement of this indicator is related to the fact that the performance framework considers P5 as the end of 2010 while, in fact it refers to the beginning of 2011. Thereby, the PR calculated the achievements for P5 and P6 under this report. We would like to highlight as well that this reported number takes into consideration the contacts of "smear positive cases" only and it was therefore adjusted as per the recommendations received from the LFA during the OSDV mission in August 2011.
1	1.1	Number of supervisory visits performed per functional district with documented feedback reports / out of planned visits during a specified period	GF	N-not cumulative	No	-	2007	9	30	333%	17 supervisory visits were conducted in the UNRWA West Bank districts and 10 supervisory visits in the two UNRWA Gaza Strip districts (a total of 27 visits in five UNRWA districts). 3 supervisory visits were conducted by the MoH in Gaza to health facilities. The MoH was unable to conduct systematic supervision in the West Bank due to the strike that took place in Q5 and Q6. However, a plan is already in place for these visits which have started in Q6 and will continue until the end of the programme. In Q6, the MoH conducted two home visits to check on a patient's treatment and situation. The overachievement on this indicator relates on the fact that the number of UNRWA and MoH supervision visits are considered, instead of districts - as per the operational definition in the MSE plan. In the Original Proposal, the UNRWA supervision visits were not included, but all stakeholders have agreed to include both the MoH and UNRWA's districts and therefore supervision visits in the quarterly reports. This indicator is used and the reporting framework will focus on the number of districts. In Phase 2, the performance framework will focus on the number of districts, by both MoH and UNRWA to be fully aligned with the Original Proposal. All districts are covered by the reported supervision visits in this quarter.
1	1.2	Number and percentage of district submitting timely quarterly reports on notification and treatment outcome according to the national guidelines	GF	N-not cumulative	No	1	2007	10 (66%)	22 (100%) (5 UNRWA + 17 MoH)	100%	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, 17 central health facilities out of 17 submitted timely reports in Q6.

1	1.3	Number of health facilities with at least one health worker trained on TB	GF	N-not cumulative	No	2007	10 (65%)	100	1000%	<p>103 health facilities in WB and Gaza (including 10 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.</p> <p>Two doctors from West Bank attended Sondalo training in Italy, during May 2011, which focused on improving/strengthening capacities in line with the new stop TB strategy.</p> <p>The overachievement on this indicator is related to the fact that UNRWA and MOH health facilities are considered jointly. In the Original Proposal, the UNRWA supervision visits were not included, but all stakeholders have agreed to include both the MOH and UNRWA's districts and therefore all related health facilities in the quarterly reports. This indicator is unique and the national reporting modality (by both main health care providers in Palestine) is used. The M&E plan does use that in Phase 2, the performance framework will focus on the number of districts only (both MOH and UNRWA) to be fully aligned with the Original Proposal. All districts are covered by the reported numbers in this quarter.</p>
2	2.2	Proportion of TB units reporting no stock-out of first-line anti-TB drugs for more than a week in the last reporting quarter	National Program	N-not cumulative	No	3/4	10/10	15/15	100%	<p>The TB Fixed-dose combination drugs (FDCs) were received in country on 25 May 2011 (Q6) and samples were sent for quality assurance (WHO prequalified lab in India). The PR received a green light from the contracted QA/QC laboratory in July 2011. Distribution of drugs is taking place in Q7 (at the time of writing this report).</p> <p>It is worth mentioning that no stock out of anti-TB drugs was reported during the reporting period in any of the 15 MOH districts.</p>
2	2.1	Number of laboratories performing regular EOA for smear microscopy + corrective action planned for laboratory with concordance rate (sensitivity x specificity) below 95%	GF	Y-over program term	No	2007	8 (53%)	2	25%	<p>The MOH is conducting internal quality assurance in MOH related 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.</p> <p>An international consultant, through WHO, conducted a thorough assessment of the situation of central labs of MOH and UNRWA in the oPt during June 2011. The recommendations that came out of the report were:</p> <ol style="list-style-type: none"> 1) Considering the low number of suspects (= samples) investigated all over the country, simple EOA should be performed by: <ul style="list-style-type: none"> - collecting stepwise all smears (positive & negative), e.g. 3-4 districts each 3-4 weeks from UNRWA laboratories, together with local results in a sealed envelope, and - sending them to the CPHL in the West Bank for re-reading. A similar procedure could be applied in Gaza where the number of persons investigated is also rather small. 2) Attendance of two lab technicians from central public health labs in WB and Gaza to trainings at WHO EMRO. <p>The draft WHO report and draft protocols are attached to this PUDR for further information.</p> <p>EOA will only be performed in the two reference labs (Ramallah and Gaza) and not throughout the districts. Hence the targets associated to this indicator need to be defined with the CPA/MLPA. All samples from the 17 districts in the oPt will be sent to the reference labs.</p> <p>As per the recommendations of the WHO consultant, UNRWA started implementing some EOA activities:</p> <ul style="list-style-type: none"> - In the West Bank, during this quarter, 6 UNRWA laboratories sent samples for re-reading at the central public health lab in the West Bank. - In Gaza, all samples from the UNRWA periphery labs (20) are sent to the UNRWA central lab for re-reading. This procedure was validated by WHO as a solid interim EOA solution. However, the results are not included in this present report.
3	3.1	Number of laboratories performing regular EOA for smear microscopy + corrective action planned for laboratory with concordance rate (sensitivity x specificity) below 95% among the UNRWA laboratories.	GF	N-not cumulative	No	2007	3	6	200%	<p>As per the recommendations of the WHO consultant, UNRWA started implementing some EOA activities:</p> <ul style="list-style-type: none"> - In the West Bank, during this quarter, 6 UNRWA laboratories sent samples for re-reading at the central public health lab in the West Bank. - In Gaza, all samples from the UNRWA periphery labs (20) are sent to the UNRWA central lab for re-reading. This procedure was validated by WHO as a solid interim EOA solution. However, the results are not included in this present report.

* Indicator No. should correspond to the indicator number listed in the approved Performance Framework of the grant (1.1, 1.2, etc.)

C. Analysis of data quality and reporting issues

(1) This section should contain (1) a summary of issues related to data quality and reporting on programmatic indicators, and any relevant issues which are not covered in 'Reasons for programmatic deviation'; and (2) remedial actions that are underway or planned to address these issues.

1. The PR only receives (for a number of indicators), a consolidated report from the preventive medicine department at the MOH without detailed information per district. This does not enable the PR to verify the numbers at the time of the reporting but rather requires the PR to conduct visits to the central level to verify reports. However, the issue was raised with the MOH which will provide such reports starting from Q7 following the endorsement of the new reporting templates developed as part of the M&E workshop that took place in January 2011.
2. UNRWA only provides consolidated reports without keeping records of the reports received from the districts. However, the issue was addressed with UNRWA and a mechanism will be put in place starting from Q7 to enable the PR to verify the information as well as the dates when reports are received.
3. The progress reports filled in by the SRs do not always provide much detailed information. The PR continuously provides feedback to the SRs on this issue and requests amendments and clarifications to the reports. The clarification process is then extensive and time consuming. This relates to financial updates as well. However, despite the reporting challenges, the PR wishes to acknowledge the timely submission of all progress reports for the reporting period.
4. The PR finds it difficult to enforce quality and training requirements. The PR does not have the mandate to ask for prior clearance of trainings to take place. Thus, reviews are limited most of the times to 'post reviews' and informal feedback mechanisms in addition to feedback at the time of the event/supervision visit.

PROGRESS UPDATE PERIOD

Grant number:	PSE-809-G02-T	
Progress Update - Reporting Period:	Quarter	Number:
Progress Update - Period Covered:	Beginning Date:	End Date:
Progress Update - Number:	6	6
	1-Apr-2011	30-Jun-2011

Section 2: Grant Management

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

Please include in this table the CP number as per Grant Agreement and full text of CPs and/or other special conditions due for fulfillment during this period or outstanding from previous periods. Some Special Conditions may apply to more than one period of grant implementation. Their fulfillment during one period does not automatically imply fulfillment in subsequent periods. The LFA should verify that the status of such conditions is reported by the PR during each period concerned.

Conditions Precedent and/or other special conditions	Status	PR Comments on Progress of Implementation
Second Disbursement: Delivery by the Principal Recipient to the Global Fund of a completed version of the Monitoring and Evaluation Systems Strengthening Tool	Met	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.
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	Met	The updated monitoring and evaluation plan was finally approved by GFATM in January 2011.
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	Met	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.
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).	Met	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).
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.	Met	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 during Q7. TB Drugs were delivered during the month of May 2011.
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	Met	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.
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.	Met	As per the Q3 Management letter from the GFATM received on 15 February 2011, this condition is now satisfactory to the GFATM. 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 & Q6 PUDRs include all incentives for Q3 up to Q5 and provide the summary of all amounts paid per staff. The PR performs another level of verification every quarter as part of the progress report reviews.

Section 2: Grant Management

<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>Met</p>	<p>The PR has appointed, through the HIV grant, a supply chain management officer also responsible for monitoring supply chain 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>Met</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>Met</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+AS8 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>Met</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>Met</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>

Section 2: Grant Management

B. PR REVIEW OF PROGRESS ON IMPLEMENTATION OF OUTSTANDING MANAGEMENT ACTIONS FROM PREVIOUS DISBURSEMENTS

! Please list all issues raised in the last Management Letter from the Global Fund or outstanding from previous Management Letters, and comment on the progress. Please include the date of the management letter and the item number.

Global Fund Management Actions	PR Comments on Progress of Implementation
<p>The incentives scheme developed by the MoH and which is being implemented under the oversight of WHO, the list of persons eligible for incentives has been made available for verification during the Q5 review. This condition is therefore considered as fulfilled for the purpose of the Q5 PUJDR review although the exercise of verification for the payments is to be applied throughout.</p>	<p>The PR confirms that the verification of incentives' payments and eligible beneficiaries takes place on quarterly basis. All documents are available for the LFA verification.</p>
<p>In reference to previous Management Letters (14 February and 15 April 2011), we note that the cash balance reported is not correctly calculated. A disbursement of EUR 243,354 instead of the requested EUR 314,922,36 is recommended.</p>	<p>At the time of drafting the PUJDR 5, the PR had not received the additional disbursement from the Global Fund (Euros 68,000 approx). Deducting that disbursement, the PR now agrees with the updated cash request for Euros 246,653 - still not received at the time of drafting this report.</p>
<p><i>Number and percentage of new smear-positive TB patients successfully treated (cured plus completed treatment) among the new smear positive TB patients registered: Results amended & accepted: 66% (2 patients out of 3 registered)</i> Kindly use the amended results as a basis for future reporting to the GF.</p>	<p>The PR takes note of the adjustment done in Q5 and will be reporting accordingly in the future. It is worth mentioning that this indicator is not reported cumulatively.</p>
<p><i>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 and MoH laboratories: provide an update on the outcome of the assessment conducted by WHO incl. a timeline of the upgrading of laboratories.</i></p>	<p>Kindly note that the draft copy of the assessment and draft protocols are attached to this PUJDR for your information.</p> <p>Following WHO recommendations and proposed protocol, the central laboratories in West Bank and Gaza have started in June 2011 EQA activities for all UNRWA related samples.</p> <p>As for the MoH related samples, all samples are for the time being screened at the central labs. Upon reception of all microscopes in all districts, targeted health centers will start screening their own samples, which will then be verified at the central labs. The full WHO accreditation for EQA of the 2 central labs is scheduled for Phase 2. Phase 1 focuses on putting in place the strengthening lab capacities both at central and district levels. The first level of EQA as currently being performed, was validated by WHO international expert. The UNRWA labs in Gaza are being re-red/checked by the central lab at UNRWA - this is considered acceptable and eligible as EQA as an interim measure for WHO.</p>
<p>Salary Gaza Coordinator: provide a justification for the increase in order for the Global Fund Secretariat to determine whether the increase is justified.</p>	<p>The variances vis a vis the Gaza Coordinator salary relates to exchange rates variances, between Euros to Dollars, and between Dollars to Shekels (NIS) - currency used for payments of national salaries. UNDP submits as part of this PUJDR a request for reallocation to cover the gap. Details are also available in the cover letter attached to this PUJDR.</p>
<p>Financial Reporting: We strongly recommend for future PUJDR reporting that SRs report in the currency of the grant and that all financial data provided by SRs is consolidated into one document to facilitate the verification. For the purpose of the Q5 PUJDR, kindly note that the SR forecasts has been adjusted to €. The detailed adjustments are outlined in Annex 4 for your information and to avoid any misunderstandings.</p>	<p>The SR grant agreements are expressed in USD as the currency used for most of the financial transactions in the oPt are in USD. Forecasts and expenditures are reported in USD, then translated into Euros. This procedure is already in place. However, the PR takes note that the detailed forecasts(activity by activity) will also be expressed in Euros.</p>
<p>Sub-recipient audits: We kindly request to receive an update on the status of the sub-recipient audit of the MoH/NTP for 2010.</p>	<p>MoH has received the amount of €60,577 in 2010 and had a total expenditures amount of €12,532 for the year 2010. In the light of the low expenditure rate in 2010, it was decided, in consultation with the Office of internal audit at UNDP not to carry out an audit for the MoH for 2010. The audit will take place for the 2010/2011 expenditures early 2012.</p>
<p>Supervisory activities: provide the action plan visits in response to the findings of UNRWA supervision</p>	<p>The PR has already requested action plans from UNRWA and MoH on the supervisory visits conducted. Follow up will be done for the following quarters.</p>
<p>PR - Monitoring and Evaluation activities: update on the recruitment of a replacement for the PR M&E officeris requested</p>	<p>The PR has advertised for the position of the M&E officer in July 2011. A long list of candidates was identified for a written test. Interviews will be taking place most probably first week of September 2011.</p>

C. PR COMMENTS ON ANNUAL GRANT REPORTING REQUIREMENTS

! Please indicate a date for the report due for submission. If a report is overdue, indicate the original due date and explain the reason for delay.

Required Documentation	Due date (dd-mm-yy)	Status	Comments
PR Audit Report		Select	According to UNDP corporate policy on audits, UNDP/PAPP confirms that internal audits are conducted every year (July 2011 for 2010 activities) - however, the report is not shared to the Global
Enhanced Financial Reporting (EFR)	15-Aug-11	Submitted to GF	The EFR is submitted along with PUDR 6 as part of the Phase 2 application.

C. PR COMMENTS ON ANNUAL GRANT REPORTING REQUIREMENTS

! Please indicate a date for the report due for submission. If a report is overdue, indicate the original due date and explain the reason for delay.

Required Documentation	Due date (dd-mmm-yy)	Status	Comments
PR Audit Report		Select	According to UNDP corporate policy on audits, UNDP/PAPP confirms that internal audits are conducted every year (July 2011 for 2010 activities) - however, the report is not shared to the Global Fund. Major conclusions only are shared by UNDP HQ.
Enhanced Financial Reporting (EFR)	15-Aug-11	Submitted to GF	The EFR is submitted along with PUDR 6 as part of the Phase 2 application.

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number:	PSE-409-G02-T		
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	
Currency:	EUR		

Section 3A: Total PR Cash Outflow

! For RCC grants the cumulative section of the table below should contain cumulative amount from the start of the RCC and not from the start of Phase 1 of the program.

	Budget for Reporting Period	Actual Cash Outflow for Reporting Period	Variance	Reason for Variance	Cumulative Budget through period of Progress Update	Cumulative Actual Cash Outflow through period of Progress Update	Variance	Reason for Variance
1. Total PR cash outflow vs. budget	76,818	62,161	14,658		421,154	292,842	128,312	
1a. PR's total expenditures	42,668	17,543	25,125	The difference relates to the PSM related costs were not paid, since all the procurement of the medical equipment will take place in Q7 and Q8.	151,208	112,110	39,098	Please refer to the previous comment on the PR total expenditures.
1b. Disbursements to sub-recipients	34,151	44,618	-10,467	This expenditure relates to the disbursement to the MoH, which was disbursed at the end of Q6 to accelerate the implementation of the delayed activities of previous quarters.	269,947	180,732	89,214	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, only a disbursement for the MoH was transferred to accelerate the implementation of the delayed activities of previous quarters.
2. Total pharmaceutical & health product expenditures vs. budget	670	1,709	-1,039		3,079	2,192	887	
2a. Medicines and pharmaceutical products	670	1,709	-1,039	The difference relates to the drugs costs that were originally budgeted for Q5. However, the delivery of the drugs took place in Q5, but only partial payment was done in Q5 and the rest is now paid in Q6.	3,079	2,192	887	The difference relates to the QA/QC costs that will be paid only in Q7 instead of Q6.
2b. Health products and health equipment	0	0	0		0	0	0	The procurement of the medical equipment will take place in Q7 and Q8.

Country	West Bank and Gaza Strip
Grant No.	PSE-009-G02-1
PR	UNDP/PAPP
Currency	Please Select ...

PLEASE REFER TO THE "GUIDANCE FOR COMPLETION OF THE ENHANCED FINANCIAL REPORTING TEMPLATE" DOCUMENT TO ASSIST YOU IN COMPLETING THE TEMPLATE TO BE COMPLETED ONLY ONCE A YEAR EXCEPT AT MONTH 18 FOR PURPOSES OF PHASE 2 REVIEW

Current Reporting Period	Start Date:	dd-mm-yyyy
	End Date:	1-Apr-2011
		30-Jun-2011

Cumulative Reporting Period	Start Date:	dd-mm-yyyy
	End Date:	1-Dec-2009
		30-Jun-2011

The end date for the current reporting period and cumulative reporting period must be the same amounts in each table do not agree. If the Totals for each Table agrees, these rows will have a YELLOW background.

The "TOTAL" rows in Table A, B and C will have a RED background if the amounts in each table do not agree. If the Totals for each Table agrees, these rows will have a YELLOW background.

A- BREAKDOWN BY EXPENDITURE CATEGORY		Current Reporting Period			Cumulative Reporting Period						
#	Category	Budget	Expenditures	Variance	Reason for Variance	Cumulative Budget	Cumulative Expenditure	Variance	Reason for Variance		
1	Human Resources	19,450.82	24,854.92	-5,204.30	The difference relates to exchange rates differences	105,346.41	97,805.17	7,541.24	The difference relates to delay in some activities at the SR level		
2	Technical Assistance	8,320.00	1,072.54	7,247.46	The difference relates to delays in some activities at the SR level	69,841.00	38,757.91	31,083.09	The difference relates to delay in some activities at the SR level		
3	Training	11,216.00	9,139.97	2,076.03	The difference relates to delays in some activities at the SR level	77,817.00	28,604.57	49,212.43	The difference relates to delay in some activities at the SR level		
4	Health Products and Health Equipment	0.00	0.00	0.00		0.00	0.00	0.00			
5	Medicines and Pharmaceutical Products	670.00	1,709.38	-1,039.38	originally budgeted for Q5. However, the delivery of place in Q7 and Q8.	3,078.70	2,191.55	887.15	the QA/QC costs that will medical equipment will		
6	Procurement and Supply Management Costs	26,752.27	451.61	26,300.66	from previous quarters that only took place in Q8.	26,752.27	3,607.11	23,145.16	delay in some activities		
7	Infrastructure and Other Equipment	0.00	1,103.37	-1,103.37		36,626.27	28,441.54	8,184.73	The difference relates to delay in some activities		
8	Communication Materials	0.00	0.00	0.00		11,232.00	7,908.88	3,323.12	delay in some activities at the SR level		
9	Monitoring & Evaluation	2,757.43	1,444.74	1,312.68	The difference relates to delay in some activities at the SR level	23,670.57	7,297.75	16,372.82	The difference relates to delay in some activities at the SR level		
10	Living Support to Clients/Target Populations	0.00	0.00	0.00		0.00	0.00	0.00			
11	Planning and Administration	0.00	0.00	0.00		11,321.00	0.00	11,321.00	The difference relates to delay in some activities at the SR level		
12	Overheads	7,652.17	5,587.63	2,064.54	The difference relates to delay in some activities at the SR level	55,468.86	22,992.27	32,476.58	The difference relates to delay in some activities at the SR level		
13	Other	0.00	0.00	0.00		0.00	0.00	0.00			
	TOTAL	76,818.49	45,164.18	31,654.32		421,154.07	237,806.75	183,347.32			
B- BREAKDOWN BY PROGRAM ACTIVITY		Current Reporting Period			Cumulative Reporting Period						
#	Macro-category	Service Delivery Area	Objectives	Budget	Expenditures	Variance	Reason for Variance	Cumulative Budget	Cumulative Expenditure	Variance	Reason for Variance
1		SDA 1.1: Establish programme management capacity, coordination and supervision	Objective 1: Strengthen programme management capacity in West Bank (WB) and Gaza Strip (GS)	2,582.40	2,366.46	215.94	The difference relates delay in some activities at the SR level	60,093.67	34,635.74	25,457.93	The difference relates to delay in some activities at the SR level
2	TB: Supportive Environment	SDA 1.2: Monitoring and evaluation		0.00	0.00	0.00		1,920.00	0.00	1,920.00	The difference relates to delay in some activities at the SR level
3		SDA 1.3: Human resources		38,986.62	34,867.43	4,119.19	The difference relates delay in some activities at the SR level	256,338.41	165,069.56	91,268.85	The procurement of the medical equipment will take place in Q7 and Q8.
4		SDA 2.1: Improve diagnosis capacity especially laboratory capacity		670.00	0.00	670.00	The difference relates to the QA/QC costs that will be paid only in Q7 instead of Q6.	2,890.00	0.00	2,890.00	The difference relates to delay in some activities at the SR level
5	TB Treatment	SDA 2.2: Procure and manage TB drugs		26,752.27	2,160.99	24,591.28	The procurement of the medical equipment will take place in Q7 and Q8.	29,160.97	5,798.66	23,362.30	The procurement of the medical equipment will take place in Q7 and Q8.
6		SDA 2.3: Organize world TB day		0.00	0.00	0.00		8,000.00	7,908.88	91.12	The difference relates to savings on this lines
7		SDA 3.1: Pursue High Quality DOTS among refugees	Objective 3: Address major challenges such as refugees, Bedouin population and contact tracing	175.03	181.65	-6.62	The difference relates to rate of exchange differences	1,050.17	1,176.84	-126.67	The difference relates to rate of exchange differences
8	TB: Health System Strengthening (HSS)	SDA 3.2: Pursue High Quality DOTS among Bedouin population		0.00	0.00	0.00		3,232.00	0.00	3,232.00	The difference relates to delay in some activities at the SR level
9		SDA 3.3: Conduct contact tracing		0.00	0.00	0.00		3,000.00	0.00	3,000.00	The difference relates to delay in some activities at the SR level
10	TB Detection	SDA 4.1: Conduct Operational Research on Epidemiology	Objective 4: Enable and promote research	0.00	0.00	0.00		0.00	0.00	0.00	
11	Overheads			7,652.17	5,587.63	2,064.54	The difference relates delay in some activities at the SR level	55,468.86	23,017.07	32,451.79	The difference relates to delay in some activities at the SR level
	TOTAL	76,818.49	45,164.18	31,654.32		421,154.07	237,806.75	183,347.32			

To add additional rows, right click the row number (Row 39 in a blank template) to the left of the row above the row for TOTAL and select copy, then over the same number, right click again and select Insert Copied CellsWARNING: Inserting Rows without copying a row as described above will cause the formula in the variance column to become invalid and will

C- BREAKDOWN BY IMPLEMENTING ENTITY				Current Reporting Period			Cumulative Reporting Period				
#	PR/ SR	Name	Type of Implementing Entity	Budget	Expenditures	Variance	Reason for Variance	Cumulative Budget	Cumulative Expenditure	Variance	Reason for Variance
1	PR	UNDP MoH	UNDP Ministry of Health (MoH)	42,867.59	17,542.81	25,124.68	The difference relates to the PSM related costs were not paid, since all the procurement of the medical equipment will take place in Q7 and Q8.	151,207.57	112,110.04	39,097.53	Please refer to the previous comment on the PR total expenditures.
2	SR	WHO	Other Multilateral Organisation	19,212.00	19,385.09	-173.09	The difference relates to rate of exchange differences	153,696.00	55,118.70	98,577.30	The difference relates delay in some activities
3	SR	UNRWA	Other Multilateral Organisation	12,222.08	1,936.31	10,285.77	The difference relates delay in some activities.	99,949.63	51,088.31	48,861.32	The difference relates delay in some activities.
4	SR			2,716.81	6,299.84	-3,583.03	The difference relates to rate of exchange differences	16,300.87	19,289.70	-2,988.83	The difference relates to rate of exchange differences
TOTAL				76,818.49	45,154.36	31,664.13		421,154.07	237,605.75	183,548.32	

To add additional rows, right click the row number (Row 51 in a blank template) to the left of the row above the row for TOTAL and select copy, then over the same number, right click again and select Insert Copied CellsWARNING: Inserting Rows without copying a row as described above will cause the formula in the variance column to become invalid and will

* The sum of all three breakdowns should be equal to Budget Line-Item. B- Program Activity, C- Implementing Entity).
 ** For the purposes of this report, the SDA Program management and administration should be included in the Supportive Environment Macro Category.

D- ADDITIONAL INFORMATION
 Please disclose any relevant information concerning the information in the above tables. Refer to the Guidelines for Completing the Template if required.

E- DISBURSEMENTS BREAKDOWN BY IMPLEMENTING ENTITY				Cumulative Reporting Period		
#	Name	Type of Implementing Entity	Cumulative Disbursements	Comments		
1	MoH	Ministry of Health (MoH)	105,012.74			
2	WHO	Other Multilateral Organisation	57,903.86			
3	UNRWA	Other Multilateral Organisation	17,815.59			
TOTAL			180,732.18			

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number: PSE-809-G02-T	
Progress Update - Reporting Period: Progress Update - Period Covered: Progress Update - Number:	Cycle: 6 Beginning Date: 1-Apr-2011 Number: 6 End Date: 30-Jun-2011

Section 4: Procurement and Supply Management

		Comments
<p>1a. Have you updated the Price Quality Reporting (PQR) with the required information on the pharmaceuticals and health products received during the period covered by this PU/DR? (if applicable)? If health products procurement information has not been entered into the PQR, please explain why.</p> <p>! For further guidance on PQR data entry, please refer to the guidelines.</p>	Yes	The PQR is updated on quarterly basis.
<p>2. Based on the most up-to-date stock situation, are there any risks of stockouts of key pharmaceuticals & health products at the central level in the next period of implementation? If yes, please comment.</p>	No	There is no risk of stockouts at the central and peripheral levels since all TB medicines were received in country end of May 2011. Samples were sent for QA/QC (as per the Global Fund requirements) to a WHO prequalified lab in India. The PR received mid July the green light from the lab that all samples were good and that distribution of all anti drugs could start. Such distribution started in August 2011.
<p>3. Comment on additional issues related to the procurement and supply management of pharmaceuticals and health products</p>		
<p>1. The Quality assurance/quality control for TB medicines was performed and the results stated that medicines comply as per the specifications of tablets.</p> <p>2. The MoH, in West Bank, started the distribution of TB medicines to health centers. Gaza will receive its portion in Q7.</p> <p>3. The TB medical equipment are still not yet delivered in country. The final review of specifications is taking place at the moment, with the biomedical engineering department at the MoH. The delivery is expected to take place in Q7.</p> <p>4. The MoH in Gaza requested, on emergency basis, TB reagents for AFB and the reallocation request was approved by the GFATM. It was planned that the MoH conducts the procurement process however the Global Fund recommended international procurement through the PR. Therefore, the PR is working on this request.</p>		

On-going Progress Update and Disbursement Request

DISBURSEMENT REQUEST PERIOD

Grant number:	PSE-909-G02-T		
Progress Update - Reporting Period:	Cycle:	Quarter:	Number:
Progress Update - Period Covered:	Beginning Date:	1-Apr-2011	End Date:
Progress Update - Number:	6		30-Jun-2011
Currency:	EUR		

! A Statement of Sources and Uses of Funds (SSUF) is to be provided by PR along with the PUDR form

Section 5: 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 10 from Cash Reconciliation section of the period covered by the previous Progress Update):

102,146

Add:

2. Cash received by the PR from the Global Fund during the period covered by this progress update:	68,993
3. Cash disbursed to third parties by the Global Fund on behalf of the PR during the period covered by this progress update:	0
4. Interest received on bank account	0
5. Revenue from income-generating activities (if applicable)	0
6. Other income, if applicable (e.g. income from disposal of fixed assets, tax refunds)	0
	68,993

Less:

7. Total cash outflow during period covered by Progress Update (value entered in Section 3A "Total cash outflow"):	62,161
8. Net exchange rate gains/losses (gains should be shown with a minus sign; losses should be shown with a plus sign)	13
9. Reconciliation adjustments (gains should be shown with a minus sign; losses should be shown with a plus sign)	0
	62,174

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

108,966

Explanation of reconciliation adjustments (line 9)

! An explanation must be provided if there have been any adjustments.

DISBURSEMENT REQUEST PERIOD	
Grant number: PSE-009-G02-T	Quarter: 6
Progress Update - Reporting Period: 1-Apr-2011	Number: 30-Jun-2011
Progress Update - Period Covered: 6	End Date: 30-Jun-2011
Progress Update - Number: 6	
Currency: EUR	

Section 5: Cash Reconciliation and Disbursement Request

B: DISBURSEMENT REQUEST

Total forecasted net cash expenditures by the Principal Recipient for the period immediately following the period covered by the Progress Update:

1. Period beginning date:	1-Jul-2011	end date:	30-Sep-2011	approved budget amount:	353,021	forecasted amount:	425,959
2a. Cash buffer period (by default) (cash "buffer") beginning date:	1-Oct-2011	end date:	31-Dec-2011	approved budget amount:	100,967	forecasted amount:	24,039
2b. Additional "buffer" (discretionary, select only if there is a prior agreement with the FPM) (1) cash "buffer" agreed with FPM (2) <u>Select</u> (cash "buffer") beginning date	1-Jan-2012	end date:		approved budget amount:	0	forecasted amount:	0

PR Total Forecast
449,998

(1) Additional Cash buffer can be requested if the next PUJOR report will contain a completed EFR report or a completed Annex on SR financials, requested by the Secretariat, or if there are any additional GF-specific requirements that cannot be delivered within 45 days. An agreement in principal from the FPM should be obtained prior to requesting an additional cash buffer.

(2) When the additional (cash "buffer") period is 1 or 2 months, the approved budget and forecasted amounts should be calculated as prorated values for the period following the regular buffer period.

Please explain any significant variance (based on your judgment) between the forecasted amounts and the amounts as per approved budgets. Please specify the main factors and related amounts that are the major drivers of the variance.

- NB. Consider the following items when providing the analysis.
- Expected timing of payments for any significant budgetary items,
 - Impact of existing cash balances at SR levels
 - Current confirmed commitments to be paid during disbursement request period
 - Current/expected unit prices compared to those in the budget
 - Change in quantities compared to budget
 - Exchange rates and inflation
 - Linkage between budget absorption and programmatic performance to-date.

I The forecast should include any existing commitments (eligible under this grant) as of the end of the reporting period and which are likely to be paid during the disbursement period

The difference in the Q7 and Q8 budgets relates to the disbursements for SRs to cover Q7 and Q8 which will be paid in Q7 in order to accelerate the implementation of the remaining activities, and no disbursements to the SRs are planned to be done in Q8. Additionally, the SRs forecasts indicates potential savings at the end of phase 1, which reduced the forecasted budget for Q8 and the overall budget.

3. Cash Balance: End of period covered by Progress Update (number 10 from PR Cash Reconciliation sheet):	108,965
Less:	
4. Cash "in transit" disbursed to the PR:	243,354
5. Cash "in transit" disbursed to third parties by the Global Fund on behalf of the PR	352,319
6. PR's Disbursement Request to the Global Fund for the period immediately following the period covered by the Progress Update, plus additional period (cash buffer):	97,679

7. Does the PR's Disbursement Request include funds for health product procurement?	<input type="text" value="Yes"/>
8. Exchange Rate (used to translate local currency into grant currency)	
- used to convert Opening Cash Balance	<input type="text" value="N/A"/>
- used to convert Closing Cash Balance	<input type="text" value="0.6960"/>
- used to convert Total Cash Outflow for the Progress Update Period	<input type="text" value="0.6960"/>

Name of local currency, date and source of the exchange rate, and other comments (if appropriate)

Avg (Apr. - June 2011) NIS/USD = 3.47 and Avg (Apr. - June 2011) Euro/USD = 0.696
Avg (Apr. - June 2011) NIS/USD = 3.47 and Avg (Apr. - June 2011) Euro/USD = 0.696

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-Apr-2011	6
Progress Update - Number:	6	End Date:	30-Jun-2011

Section 6: Overall Performance

A. PR's Overall Self-Evaluation of Grant Performance (including a summary of how financial performance is linked to programmatic achievements)

The self-evaluation should be undertaken by taking into account programmatic achievements, financial performance and program issues in various functional areas (M&E, Finance, Procurement, and Program Management, including management of sub-recipients). See Guidelines for more detailed guidance.

General assessment:

The implementation of activities has accelerated over the last quarter(s). Extensive capacity building of health professionals is taking place (TB management, laboratory diagnosis and x-ray reading). Taking into consideration the reported achievements on the indicators, the Global Fund sponsored programme is overachieving on seven out of ten indicators during this quarter. One indicator only is rated as C (EQA performed at MoH level) and two rated as B2 (treatment success rate and case detection).

In terms of EQA implementation, the programme is now following the latest WHO recommendations and will initiate the full WHO accreditation process for EQA – which will take place in Phase 2 only. In the meantime a standard protocol for EQA was agreed upon between the MoH and WHO (draft WHO report attached to PU/DR).

With regards to treatment, it is worth acknowledging the MoH's efforts in implementation, as the success rate was nearly 100% over the past five quarters. During Q6, there were two treatment failure cases. Furthermore, in regards to case detection, the programme partners have strengthened their diagnosis capacities which will be enhanced in all districts upon reception of all microscopes – to be received in September 2011 (order placed internationally in January 2011 following approval of PSM). The TB prevalence remains low despite the large numbers of people screened.

The Request for Quotations for the rehabilitation of the MoH central lab in Gaza was launched in June 2011. The contract was awarded and implementation will start during Q7.

The PR along with its partners have been preparing the Phase 2 request over the last two months.

Assessments per functional areas:

- M&E

- The PR strengthened its monitoring system which is now being performed regularly and will be continuous in the West Bank and Gaza. High cooperation is taking place between the PR and the SRs in order to enhance national systems as well as reporting to the Global Fund. A joint checklist is being developed by WHO, to be validated nationally by the MoH. This check list will be used for future supervision visits.
- The PMU M&E officer post is vacant and the recruitment process was initiated. The PR expects the post to be fulfilled during in September/October 2011.
- The MoH and UNRWA teams have highlighted the benefits of the new M&E templates presented during the M&E workshop (January 2011) facilitated by WHO. The forms were distributed in all districts. Compilation of data will take place at the central level (at the preventive medicine department) using the latest WHO validated computerized TB reporting software.
- The PR developed standard operating procedures for the PMU and for the Global Fund Programme implementation.

- Procurement

- The MoH requested to procure lab reagents for the Central Public Health Lab in Gaza as emergency request (less than \$2,000) was approved by the GFATM. Quotations were organized through the MoH – however, such procurement method was rejected by the GFATM and requested UNDP to procure internationally such reagents. UNDP recommends that such purchase is done locally in the light of availability of such supplies in Israel/oPt but also because international procurement especially for such small quantities has proven to be extremely cumbersome and lengthy. Going international for such a small amount of reagents will mean a several month process (including additional BCM costs). The DD requested several times the GFATM to grant a waiver and authorize UNDP to

procure locally for such cases. UNDP confirms that such local procurement takes place following strict UNDP procurement rules and regulations.

- The QA/QC system is functioning well and the TB medicines are quality assured at final destination. However, it is worth mentioning that the process of quality assurance until the receipt of the approval took 4 to 5 weeks.

- Finances

The grant absorption rate is at 70% in Q6 compared to 67% in Q5. It is worth noting that the MoH financial delivery has improved since the beginning of the programme.

All pending invoices at the PR level were fully paid. The PR has obligations in a total amount of EUR 9,600. The forecasted expenditures for the grant activities implementation amount to EUR 452,556.

The PR has obtained an approval to borrow money from the TB grant to cover the temporary deficit (for payment of salaries of PMU staff) in the HIV grant until further disbursements are received for the HIV grant.

The PR is requesting a reallocation to adjust the budget amount for HR costs. The request is attached to this PUADR.

- Programme Management and management of sub-recipients

Ongoing management and coordination with SRs. As mentioned previously and in various sections of the PUADR, monitoring and coordination is being performed by the PR. Activities are being implemented according to plan. M&E systems are being strengthened through a joint approach between the MoH, WHO and UNRWA. The Global Fund programming in the oPt is strengthening an existing and well run TB national programme. The goal of the grant is to upgrade some of those capacities (human resources, equipment, drugs, monitoring) using the latest technologies or reporting software.

B. Planned Changes in the Program, if any

* The MoH has requested a reallocation within its work plan to purchase lab reagents. The request was approved by the Global Fund and the PR is following up on the procurement process.

* A reallocation request covering for the variances in exchange rates of the UNDP Gaza Coordinator budget line, is enclosed to this PU/DR.

* A reallocation request from WHO is also enclosed to this PU/DR.

C. External factors beyond the control of the Principal Recipient that have impacted or may impact the Program

• The general strike which affected all departments and districts at MoH during Q5 and Q6 caused substantial delays in submission of progress reports and in implementation. Another strike during the month of August and the Ramadan (shorter working times) need to be noted – affecting slightly programme implementation.

• The PMU M&E officer resigned during Q6 of the grant implementation for personal reasons. The M&E functions are being assumed by the team members in addition to their current work load.

• It is worth mentioning that the exchange rate has significantly affected the overall reporting especially at the SRs level since the sub agreements with SRs are based on USD currency. For example, the UNRWA actual expenditures are higher than the budget in Euros while in reality expenditures match the USD budget.

• The delivery of medical equipment took longer time than estimated. International procurement has proven to be extremely cumbersome and lengthy. In addition, UNDP/Procurement Support Office in Copenhagen sent the final offer by the end of June 2011 however the MoH was still (until recently) in the process of reviewing the final specifications prior to shipment (standard procedure). In fact, this has negatively impacted the program, especially the EQA process, since there is an urgent need to equip the peripheral labs with microscopes to proceed with the EQA activities.

On-going Progress Update and Disbursement Request

GENERAL GRANT INFORMATION

Country:	West Bank and Gaza Strip
Disease:	Tuberculosis
Grant number:	PSE-808-G02-T
Principal Recipient:	UNDP/PAPP
Program Start Date:	1-Dec-2009
Currency:	EUR

PROGRESS UPDATE 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	

DISBURSEMENT REQUEST PERIOD

Disbursement Request - Disbursement Period:	Cycle:	Quarter	Number:
Disbursement Request - Period Covered:	Beginning Date:	1-Jul-2011	6
Disbursement Request - Number:	End Date:	30-Sep-2011	

Section 7: 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:

- Cash amount requested from the Global Fund (from line 14 - "PR's Disbursement Request" in the tab "PR_Disbursement_Request_4B"), in grant currency 97,679 **Ninety-seven thousand six hundred and seventy-nine Euros**

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)



Yasmine Sheriff
Special Representative a.i
August 15, 2011 Jerusalem



Name:
Title:
Date and Place:

NB: Please ensure that section 7C Bank Details on the following page is completed, if (1) this is a split disbursement (i.e. disbursement going to more than one recipient) or (2) if there have been changes to the bank details since the previous disbursement.

On-going Progress Update and Disbursement Request

NB: This page should be completed if (1) this is a split disbursement (i.e. disbursement going to more than one recipient) or (2) if there have been changes to the bank details since the previous disbursement.

7C: Bank Account Details

Disbursement Request Period	
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Summary

	Beneficiary Name	Amount in grant currency
Payee 1 - Principal Recipient:		-
Payee 2:		-
Payee 3:		-
Payee 4:		-
Total		-

The total does not match requested amount on PR signature page

Payee 1:

Beneficiary Name:	
Currency in which beneficiary should receive the funds	
Amount in currency in which beneficiary should receive the funds:	
Amount in Words:	
Exchange rate, date and source (Complete only if currency in which beneficiary should receive the funds is different from the grant currency)	
Equivalent in grant currency (Calculated based on the indicated exchange rate)	

Owner of Bank Account:	
Owner of Bank Account:	
Bank Account Number:	
Bank Address	
Bank SWIFT Code:	
Bank Code (Other):	
Routing Instructions:	

Payee 2:

Beneficiary Name:	
Currency in which beneficiary should receive the funds	
Amount in currency in which beneficiary should receive the funds:	
Amount in Words:	
Exchange rate, date and source (Complete only if currency in which beneficiary should receive the funds is different from the grant currency)	
Equivalent in grant currency (Calculated based on the indicated exchange rate)	

Owner of Bank Account:	
Owner of Bank Account:	
Bank Account Number:	
Bank Address	
Bank SWIFT Code:	
Bank Code (Other):	
Routing Instructions:	

Payee 3:

Beneficiary Name:	
Currency in which beneficiary should receive the funds	
Amount in currency in which beneficiary should receive the funds:	
Amount in Words:	
Exchange rate, date and source (Complete only if currency in which beneficiary should receive the funds is different from the grant currency)	
Equivalent in grant currency (Calculated based on the indicated exchange rate)	

Owner of Bank Account:	
Owner of Bank Account:	
Bank Account Number:	
Bank Address	
Bank SWIFT Code:	
Bank Code (Other):	
Routing Instructions:	

Payee 4:

Beneficiary Name:	
Currency in which beneficiary should receive the funds	
Amount in currency in which beneficiary should receive the funds:	
Amount in Words:	
Exchange rate, date and source (Complete only if currency in which beneficiary should receive the funds is different from the grant currency)	

Owner of Bank Account:	
Owner of Bank Account:	
Bank Account Number:	
Bank Address	
Bank SWIFT Code:	

Equivalent in grant currency (Calculated based on the indicated exchange rate)	
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Bank Code (Other):	
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Routing Instructions:	
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Annex to PU/DR - Sub-recipient financial information - FOR DISCRETIONARY COMPLETION, UPON THE SECRETARIAT'S REQUEST

Has the Secretariat requested the PR to complete this Annex for this reporting period?

Grant number:	PSE-809-G02-T		
Progress Update - Reporting Period:	Cycle:	Quarter:	Number:
Progress Update - Period Covered:	Beginning Date:	1-Apr-2011	6
Progress Update - Number:	6	End Date:	30-Jun-2011
Currency:	EUR		

Name of Entity	Date of Most Recent Disbursement to SR	Budget for Reporting Period*	Disbursed during Reporting Period*	Cumulative Budget through period of this Progress Update*	Cumulative Disbursed through period of this Progress Update*	Cumulative Actual Expenditure through period covered by this Progress Update	Cash balance at the end of the period covered by this Progress Update	Variance between Latest Cumulative Expenditure Reported and Cumulative Budget	PR's explanation of variance (1) between cumulative budget and cumulative expenditure and (2) between cumulative disbursement and cumulative expenditure (mandatory for amounts above \$50,000 or equivalent and with more than 10% variance)
MoH	29/06/2011	19,212.00	44,617.98	153,696.00	105,012.74	55,118.70	49894.04	98,577.30	The latest disbursement was processed at the end of Q6, since the MoH only had around 10,000 Euros as cash balance before the end of Q6.
WHO	31/03/2011	12,222.08	-	99,949.63	57,903.86	51,088.31	6815.55	48,861.32	No disbursement was done in Q6 due to the high cash balance at the SR level.
UNRWA	04/03/2011	2,716.81	-	16,300.87	17,815.58	19,289.70	-1474.13	(2,988.83)	No disbursement was done in Q6 due to the high cash balance at the SR level. Furthermore, the deficit is justified by the difference in the exchange rate from Euros to USD, knowing that UNRWA had completely achieved the planned activities up to this quarter.
TOTAL		34,151	44,618	269,947	180,732	125,497		144,450	

*TOTAL amount for these columns should reconcile with relevant amounts under "1b Disbursed to Sub Recipients" in Section 3A"
 ** Where the number of SRs is significant (over 10), SRs with small budgets (less than \$50,000 cumulative each) do not need to be reported separately and the figures can be aggregated in a group called "Other Minor SRs"



Tracking Sheet

PROJECT ATLAS NAME: **GFATM TB ROUND 8**

PROPOSAL #: AWARD #: 51220 PROJECT #: 63663 DONOR (NAME): GFATM

AGREEMENTS CONTRACTS LETTERS/MEMO'S AWP PROJECT DOC. BUDGETS Other

SUBJECT: TB Q6 PUDR

TITLE	NAME	DATE IN	ACTION	DATE OUT	SIGNATURE
PROGRAMME ASSISTANT	LENA KHAROUF		DRAFTED AND REVIEWED		
MONITORING AND EVALUATION OFFICER					
FINANCE AND ADMIN OFFICER	AYHAM NASSER		DRAFTED AND REVIEWED		EMAIL
SUPPLY CHAIN OFFICER	AYMAN ISSA		REVIEWED		EMAIL
PROGRAMME MANAGER	VERONIQUE FAGES		REVIEWED AND CLEARED	17/08/11	
PROGRAMME SUPPORT (INCLUDING PA/TRAVEL/PROCUREMENT / HR/ FINANCE)					
COMMUNICATIONS					
SECURITY PROGRAMME MANAGEMENT SUPPORT UNIT "PMSU"	AHMAD AL HAMMAL	19/08/11	cleared	19/8/11	
SR (O)					
SR					
RA.I.	YASMINE SHERIF			19/8/11	

Comments: _____