

On-going Progress Update and Disbursement Request

GENERAL GRANT INFORMATION

Country:	West Bank and Gaza Strip
Disease:	HIV/AIDS
Grant Number:	PSE-708-601-H
Principal Recipient:	UNDP/EAPP
Program Start Date:	1-Dec-2008
Currency:	USD

PROGRESS UPDATE PERIOD

Progress Update - Reporting Period:	Cycle:	Quarter:	Number:
Progress Update - Period Covered:	Beginning Date:	1-Apr-2009	2
Progress Update - Number:	2		

DISBURSEMENT REQUEST PERIOD

Disbursement Request - Disbursement Period:	Cycle:	Quarter:	Number:
Disbursement Request - Period Covered:	Beginning Date:	1-Jul-2009	2
Disbursement Request - Number:	2		

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

Section 1: Programmatic and Financial Progress Update

A. PROGRAM PROGRESS

I. Program Objectives	Objective No.	Objective Description
	1	Strengthen community action to maintain low HIV prevalence particularly amongst populations most at risk and vulnerable
	2	Reduce morbidity and mortality through improved access to treatment, care and psycho-social support to those infected and affected
	3	Reinforce capacities, partnerships, coordination, monitoring and evaluation of the national response in line with the three ones
	Select	
	Select	
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	Select	
	Select	
	Select	

II. Impact / Outcome Indicators

Impact / Outcome	Indicator Description	Baseline (if applicable)		Intended Yearly Targets	Actual Yearly Results	Reasons for deviation and any other comments
		Value	Year			
Impact	% of young women and men aged 15-24 who are HIV infected	N/A	N/A	<1%	N/A for Y1	Intended targets refer to the 2nd year only. Evaluations to take place at the end of Y2 (this applies to all the impact and outcome indicators). BSS+ are conducted every three years. WHO will be organizing and conducting the survey in the 4th, 5th, 6th and 7th quarters.
Outcome	% of adults and children with HIV still alive 12 months after initiation of antiretroviral therapy (extend to 2, 3, 5 years as program matures)	N/A	N/A	70	N/A for Y1	Sentinel surveillance to be strengthened which will allow such tracking UNODC-led behavioral survey scheduled in year 1 and 2
Outcome	% of injecting drug users who have adopted behaviors that reduce transmission of HIV	N/A	N/A	5	N/A for Y1	
Outcome	% of adults and children who are still on treatment after 1 year from the initiation of treatment	N/A	N/A	80	N/A for Y1	Current statistics show 4 cases among children below 19 years old. As of the end of Q2, no children was under ARV treatment. KAPB survey planned under activity 3.2 UNICEF. This indicator may be relevant in the OPI context.
Outcome	% of people expressing accepting attitudes towards PLWHA, of all people surveyed aged 15-49	N/A	N/A	20	N/A for Y1	
Select						
Select						
Select						
Select						
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Select						

Note: Operational research will be carried targeting injecting drug users (UNODC led), Sex Workers/women under sexual exploitation (UNIFEM led), Youth and children (UNICEF led). Additionally, a BSS+ (WHO led), KAPB (UNICEF led) are planned as well as a behavioral survey in prisons. This would help in mapping risks and vulnerabilities as well as improve national surveillance systems. An Operational Research working group was established to harmonize and align all the research and assessment related activities. This approach will ensure a harmonization with regard to methodologies and may contribute to efficiency gains. The minutes of the Operational Research working group meeting are available upon request.

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Project Number	PA-2011-2011-01	Country	Egypt
Progress Update Reporting Period	1/1/2011 - 12/31/2011	Reporting Date	30/01/2012
Project Name - Activity	Community Based HIV Prevention	Activity Code	3031-0000
Progress Update - Period	1/1/2011 - 12/31/2011	Reporting Date	30/01/2012

Objective No.	Service Delivery Area	Indicator Description	Density (Per 1000)	Level	Baseline (if applicable)		Individual Results to date	Total Results to date	Reasons for programmatic deviation and any other comments
					Value	Year			
1	1.1. Prevention BCC - Mass Media	1.1. No of HIV/AIDS information, education, and communication programs broadcasted (Radio/Television)	Yes	0	2	2007	32	0	Focus on preparatory work for future implementation. BCC and mass media activities will be conducted through the NAC (National AIDS Committee) and its line members including ministries and NGOs. A prevention working group was established to ensure the harmonization of prevention activities, messages and strategies. The minutes of the prevention working group meetings are available upon request. UNFPA and the Department of Health Education of the MoH are chairing the working group, which involves all SAs and SRAs. Furthermore, two comprehensive NAC meetings were organized to define roles and time-line for implementation of each of the primary involved in prevention activities. UNFPA signed MoUs with the MoH, the NAC, and the Ministry of Social Affairs, defining the prevention activities to be undertaken.
1	1.2. Prevention BCC - Community Outreach	1.2.1. No of MASP peer educators trained - IDU - Sex Workers - Women Peer Counsellors	Yes	1	N/A	N/A	0	0	Preparatory work for peer education programs targeting women (UNFPA/UNHCR, UNICEF, UNODC), Youth (UNICEF, UNFPA, UNHCR) and men (UNICEF, UNFPA, UNHCR) in which activities under the SOA have been identified. Implementation has not yet started but is expected to be completed by the end of 2011. The first step is to identify the target population and to conduct a baseline survey. UNFPA and the MoH identified under the leadership of UNODC, awareness raising on HIV and drug use among vulnerable and at-risk youth have started, initially in Gaza, through a NGO identified as a strategy to promote healthy practices and to reduce stigma and behavior potentially leading to ODT/ART transmission. The campaign in the West Bank will include a three day roadblock activities to be followed by awareness sessions on HIV and drug use. Furthermore, UNODC have prepared tools for an assessment among drug users which was shared with the Ministry of Interior. It was agreed that Palestinian Central Bureau of Statistics shall conduct the assessment and UNODC to provide technical assistance. Also, a provision for training to the investigators of the Central Bureau of Statistics is being provided. UNFPA and the MoH are currently conducting a baseline survey on HIV and drug use among vulnerable and at-risk youth in the West Bank and Gaza. The survey is expected to be completed by the end of 2011. UNFPA and UNODC have agreed to this suggestion and UNODC is undergoing the negotiations with the Israeli site. The activity is proposed to take place in September. A study for on team reduction is present for the Palestinian health care service providers is proposed to take place in October for which preparations took place in Q2.
1	1.3. Prevention Condom Distribution	1.3.1. No of condoms distributed to general population for free	Yes	3	0	2007	0	0	Condoms stocks are available at the Ministry of Health (as part of reproductive health strategy) and will benefit indirectly the HIV programme. Furthermore, messaging around condoms use for HIV prevention is taking place which may include the purchase of condoms packaged and marketed with specific target groups. It was recently decided that UNFPA will purchase 300,000 condoms for the two year GFATM sponsored programme as per discussions between the GFATM Secretariat, UNDP-PR, UNFPA and the MoH. The condom related indicator and target is 'used' meaning that reporting against condom distribution can only take place if purchased through GFATM funding. UNFPA is in the process of getting final cost estimates and specs for condom purchase. Furthermore, a consultant is to be recruited to develop a Condom Distribution National Strategy (locations, approaches, targets, messages, ...). Such strategy is part of the NAC work plan and expected output monitored by UNFPA. Discussions to reach sustainable and institutionalized mechanisms for condom distribution are taking place with the MoH, facilitated by UNFPA.
1	1.4. Prevention Testing and Counseling	1.4.1. No of health and community workers trained for counseling and testing	Yes	1	N/A	N/A	0	0	Under leadership of the MoH and WHO. The validation of Testing protocols is scheduled for Q3/Q4. A WHO International HIV expert was hired by WHO CO to lead the exercises.
1	1.4. Prevention Testing and Counseling	1.4.2. No of general population who receive HIV testing and counseling (including providers of the results)	Yes	3	N/A	N/A	0	0	VCT services are not yet available in the GPs as depending on procurement and training related activities which are underway.
1	1.5. Prevention STI Diagnosis and Treatment	1.5.1. No of health service providers trained in STI syndromic case management	Yes	1	N/A	N/A	0	0	This activity is part of the MoH's workplan as SSR to UNFPA. Joint discussions between the MoH, UNFPA and WHO on diagnostics and treatment protocols to be used were initiated. The training is foreseen to take place by end of December 2009.
1	1.5. Prevention STI Diagnosis and Treatment	1.5.2. No of STI cases receiving diagnosis, treatment and counseling at health-care facilities	Yes	3	N/A	N/A	1,000	0	STI syndromic management is already taking place through the MoH services. UNDP-PR has requested the GFATM secretariat to review the MoH's work plan to allow the MoH to receive funding for each budget line. Under UNFPA MoH plan to be defined the funding of ART treatment which budget has been severely under budgeted. UNDP-PR is still awaiting for confirmation from the GFATM Secretariat. A mapping of available STI services at the primary health care level is planned. Such mapping will inform on the gaps which should be addressed to scale up STI services.
1	1.6. Prevention Blood Safety and Universal Precaution	1.6.1. No of health workers trained in blood safety and universal precautions, basic training on HIV care and treatment	Yes	1	N/A	N/A	0	0	Under leadership of the MoH and WHO. Training scheduled for Q4.
2	2.1. Treatment Antiretroviral Treatment (ART) and Monitoring	2.1.1. No of teams trained in advanced HIV care and treatment at ART sites	Yes	1	N/A	N/A	0	0	Under leadership of the MoH and WHO. Training scheduled for Q4. WHO has been assisting the MoH with technical guidance in order to prepare for the UNDP led procurement plan for ART medications.
2	2.1. Treatment Antiretroviral Treatment (ART) and Monitoring	2.1.2. No of people living with advanced HIV care and treatment at ART sites	Yes	1	N/A	N/A	0	0	It is worth mentioning that members from UNICEF and NAC participated in an inter-country consultation on PMCT in MENA Region, where the need for integrating PMCT services within the MoH Care and support team to ensure the alignment of services from the HIV and AIDS national responses to the MoH. PMCT services are not available in the GP yet and is not planned under the Phase 1 of GFATM funding, but it was felt important to lay the ground for future PMCT services envisaged to be strengthened under Phase 2.
2	2.1. Treatment Antiretroviral Treatment (ART) and Monitoring	2.1.3. No of people with advanced HIV currently receiving anti-retroviral combination therapy	No	3	15	2007	15	11	There are currently 11 HIV+ under treatment and 9 on the waiting list (not eligible for treatment yet). The MoH, through GFATM funding, has now been taking care of those awaiting 11 patients, initially treated in Israel (until end of 2008). Such patients are currently receiving ART treatment based on WHO guidelines. The MoH has been developing many resistance studies. A public health approach using standardized first and second line treatment regimens. However, a public health approach using standardized first and second line treatment regimens will be used for the anticipated increase in the recruitment of new patients (1 target, 11 new patients year 1 and 23 new patients year 2). The national treatment protocols and guidelines are planned to be updated/developed in Q4 - thanks to technical assistance by WHO.
2	2.2. Care & Support Home and Community Based Care	2.2.1. No of people living with HIV provided psycho social support PLIV supported	No	3	0	2007	0	0	An extensive consultation process around the details of the PSM plan and items to be provided took place prior finalisation of the plan. The emergency ART procurement exercise which took place late March 2009 revealed the need for extra assistance with regard to national forecasting and procurement mechanisms in a complex health/aid environment (e.g. custom clearance). Finally, because UNDP will be providing health products and equipment on behalf of all SAs and the MoH, it was decided to revisit the TORs of the M&E to include expertise in the area of medical procurement, forecasting and related technical assistance (to be on board late Q3).
									A workplan was developed with Medical Relief Society (national NGO) and UNFPA with the overall aim of stigma reduction through providing home and community awareness activities supporting sensitization workshops with community leaders, training health workers for the provision of community based services and provide social support to PLHIVA and their families.

3	3.1 Supportive Environment Coordination and Partnership Development	3.1.1 No. of political, community, religious leaders and policymakers attending sensitization workshops on HIV/AIDS and Stigma Reduction	Yes	1	30	2007	25	0	A total of 8 preparatory meetings took place between the MAC and UNFPA to plan the related activities. Negotiations with the MAC are underway and implementation is to be initiated. A meeting between UNODC and the MOH will be prepared for advocacy workshops among governmental bodies, police forces and policy decision makers. Internal advocacy strategy, which includes the mission, can be provided as the concerning but remains critical to engage and build national ownership around HIV issues.
3	3.2. HSS, Information System & Operational Research	3.2.1. No. of program partners trained in monitoring and evaluation	Yes	1	0	2007	0	0	All implementing sub-recipients and the MAC Secretariat (as SSR to UNFPA) have appointed project coordinators to follow up directly on GFATM supported activities. Two technical working groups were established: 1) Prevention, chaired by UNFPA and the MOH and 2) Operational Research, chaired by WHO and the MOH to design and manage strategies and activities. A situation analysis on (i) status of national policies and strategies, (ii) people living in the CR with HIV and AIDS, their origin, progress (coordinated by WHO), (iii) current capacities for treatment and care of HIV and AIDS, (iv) availability of data and information on HIV and AIDS is in progress. Short term assistance was provided by WHO to prepare the Behavioral Surveillance Survey (BSS). Such BSS exercises will be part of a wider interagency operational research agenda coordinated by members of the OR working group described above. Regional technical assistance was also provided (including by WHO EMRO UNODC and UNDP). Negotiations with UNFEM (as SSR to UNFPA) are still underway to shape the action strategy regarding operational research on sex workwomen under sexual exploitation (this not yet signed). Furthermore, a final MoU was recently signed between UNFPA and UNRWA for prevention/awareness raising related activities in the region.
3	3.4 Strengthening of Civil Society and Institutional Building	3.4.1. No. of CSOs/NGOs providing HIV/AIDS prevention, treatment, care and support services according to national guidelines	No	2	N/A	N/A	4	3	As part of the Civil Society Enhancement Strategy on HIV, a meeting of Civil Society Organizers working on HIV and AIDS related programs is to be conducted as a first step for the creation of national network of NGOs working on HIV for the scaling up of HIV related activities. UNDP has disclosed TORs for the national civil society network to the identified NGOs working on scaling up HIV in CR and to the SSR/SSRs. The already existing small network of NGOs together on HIV interventions with UNDP are envisaging the possibility of forming a committee including partners from each party and which will serve as a supervisor to the network formation process. All parties are joining efforts in identifying the best consultant to do the mapping in cooperation with the formed committee. Once mapping completed, a national consultation involving all civil society stakeholders involved in HIV response will be organized as further steps toward the creation of a national network (regional technical assistance from UNDP HARRPAS on civil society strengthening is also planned for November 2008-such T.A cannot happen before because of visa restrictions issues). Small grants will then be provided to assist CSOs in their HIV prevention programs. Furthermore, women NGOs will be provided with grants to maintain HIV prevention programs with their policies and strategies (UNFPA/UNFEM sep). Negotiations with NGOs are progressing under the leadership of UNFPA to define the scope of work in areas of prevention and stigma reduction. Finally, UNDP facilitated (and attended) the attendance of two NGOs (Palestinian Medical Relief Society and Jazouri) to attend a HIV-related civil society workshop in Marrakech, Morocco, in April 2008. The workshop was organized by CSAT - a civil society-led global initiative aiming at coordinating and advocating for technical support to civil society organizations implementing or seeking grants from the Global Fund to Fight AIDS, TB and Malaria (Global Fund). The workshop brought together representatives from countries of the MENA region which are eligible for Global Fund and was an opportunity to disseminate information about the participation of NGOs in GFATM. The workshop also provided a platform for the exchange of views and the feedback received was extremely positive, contributing to partnership building, the role of civil society in the HIV response, in the GFATM supports activities.
Sheet		UNICEF is funding the contact with UNFPA to collaborate in working up HIV in the region setting	Sheet	Sheet	Sheet	Sheet	Sheet	Sheet	
Sheet		UNODC has been holding discussions with UNFPA to determine the nature of collaboration	Sheet	Sheet	Sheet	Sheet	Sheet	Sheet	
Sheet			Sheet	Sheet	Sheet	Sheet	Sheet	Sheet	
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On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD		MILESTONE	
Progress Update - Reporting Period	Quarter	Number	2
Progress Update - Period Covered	Beginning Date	End Date	30-Jun-2009
Progress Update - Number			2

IX. Overall evaluation of performance

As reported comprehensively in Quarter 1, the start of implementation was severely affected by a number of factors including the war in Gaza (late December 2008-early January 2009) which diverted the PR and SR's attention from GFATM programming to humanitarian assistance and delivery of procurement activities and Q2's budget and work plans correction and addition, signature of letters of understanding and establishment of working modalities between partners, etc. The Quarter 2 of the GFATM HIV-focused Programme was completed in Q2 2009, which means that the PR and SR's attention has been fully refocused on GFATM programming, allowing for an accelerated implementation for Quarter 3.

Major efforts were placed into drug forecasting and procurement which revealed the need for greater attention towards procurement and supply management issues as well as monitoring and reporting requirements with strong emphasis on performance based funding concepts. Over the UNDP PSMU is fully operational, a closer monitoring (both programmatically and financially) is being implemented, which is expected to allow for more efficient use of funds. The involvement of UNFPA in the overall HIV programme has been partially clarified with the signature of an understanding between UNFPA and UNFPA on the prevention related activities in Gaza settings. The possibility of further involvement is being discussed with other SRs. Similarly, the partnership modality between UNFEM and UNFPA was still being worked out at the time of writing the present progress report.

All in all, it is expected to start seeing more tangible achievements against targets set in Performance framework in Quarter 3. However, it is worth mentioning that since the beginning of implementation, treatment for all existing HIV+ patients was maintained through ARV emergency procurement mechanisms.

X. Planned changes in the program, if any

As described above and previously reported in the progress update for Q1, extensive efforts were put in place to update of budgets and work plans by SRs, the NACMoH and other implementing partners. This was an important time investment to ensure national ownership and accountability in the program. The UNDP PSMU is fully operational and the work plans have been reviewed and revised. The involvement of UNFPA in the overall HIV programme has been partially clarified with the signature of an understanding between UNFPA and UNFPA on the prevention related activities in Gaza settings. The possibility of further involvement is being discussed with other SRs. Similarly, the partnership modality between UNFEM and UNFPA was still being worked out at the time of writing the present progress report.

XI. Other program results, success stories, lessons or feedback learned

Few lessons were learned during Q2 which could be summarized as follows:

1. Improvement with regard to coordination: PR had coordination meetings this time every 3 weeks (SRs only - UNFEM and UNFPA), prevention and operational research working groups have been initiated to ensure alignment of related activities. The UN Theme Group, responsible for the oversight of the grant in close collaboration with the NAC, meets on a quarterly basis. Although these might be a need for more frequent meetings since this is a time of accelerated implementation. Guidelines for non-CO2 countries may still be useful.
2. Geographical equity between Gaza and the West Bank needs to be ensured at all times. Activities and budgets were set globally for both geographical areas making monitoring of the geographical coverage slightly more difficult. The PR will post a national coordination International staff can, when needed, across Gaza.
3. The importance of a flexible approach for the PR (very volatile and political context, as well as in phase of starting brand new HIV programming requiring to put fast and as a priority all systems and the relevant policies).
4. Procurement and the overall context of supplies: Most of items are available in Israel and can be supplied to the GR involving international suppliers. This also applies to drugs since ARV drugs (brand name only) are available in Israel. International purchases should be considered for generic drugs or in the case of long time requirement to ensure efficiency gains. Time for custom clearance is a major obstacle in any procurement activity that also includes purchase of cars to the 2A subsector since Israel grants such pilots – it is for example expedited that such regulation takes 3 months).

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
First Disbursement: PR to deliver a statement confirming bank account	Yes	Submitted to the GFATM within the initial face sheet of Grant Agreement
First Disbursement: PR to submit a letter confirming the authorized representative of the PR	Yes	Submitted to the GFATM during grant negotiation
Second Disbursement: PR to provide evidence of conducting the M&E workshop including all stakeholders	In Progress	UNDP/PAPP has started preparing for a national M&E workshop in close collaboration with the GFATM Secretariat. Dates for the workshop are yet to be confirmed. Dates towards October 2009 are suggested. Challenges such as visa matters for the consultant were encountered and which prevented meeting the proposed dates prior Ramadan time.
Second Disbursement: PR to provide a revised plan for the M&E of the program including results and recommendations	No	UNDP/PAPP will be finalizing the plan in November 2009, after completion of the M&E national workshop
Second Disbursement: PR to submit a revised program budget, if applicable after finalizing M&E and PSM Plans	Partially	PSM plan has been revised after the GFATM Secretariat Mission to RI (August 2009). Forecasting for the ARV Drug needs has been further complicated, but recently eased with the arrival of a new international HIV expert (WHO). The budgets are expected to change in relation to drug procurement budget lines, severely under estimated. Treatment and testing protocols are will be updated in Q4.
Procurement of Health Products: Disbursement to be requested upon submission of PSM Plan by the PR and the receipt of GFs written approval on the PSM Plan	In Progress	PSM Plan has been re-submitted twice to the Global Fund Secretariat. An updated version is to be sent late August/early Sept. 2009.
The PR should have, by 31 Dec 08, recruited a Program Manager, a Finance Analyst and an M&E Officer	In Progress	UNDP, in its capacity of Principal Recipient and overall responsible for coordination and management of the GFATM funded activities, has set up a programme management unit which comprises of a Programme Manager (recruited in December 2008), a Programme Associate (acting in place, on part time basis), a Procurement/Monitoring and Evaluation officer (re-advised position), a Gaza Project Coordinator (re-advised position) as well as a finance officer on a part time basis (proposed management structure was shared in previous report).
Grants Disbursement to NGOs: Only upon assessment of the NGO by PR and/or SR and selection process is transparent and documented	No	As described in section 1A. (2), grants will be provided to NCOs/CSOs for HIV community prevention and care upon completion of mapping of NGOs involved in the HIV response in the GR and national civil society consultation expected to take place in Q3/Q4.
PR and NAC should prepare a plan to define the modalities of their working relationship (including periodic communication and mandated meetings)	In Progress	A letter of Exchange was signed between UNDP, UNFPA acting as the UN Theme Group Chair and the NAC and UNDP (shared in previous progress update). The MoU describing further the partnership modalities between the PR and the NACMoH will be finalized in Q3.
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On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number:	PSE-708-G01-H	Cycle:	Quarter	Number:
Progress Update - Period Covered:	1-Apr-2009	Beginning Date:	30-Jun-2009	2
Progress Update - Number:	2	End Date:		

C. PROGRAM EXPENDITURES

All amounts are in: USD	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	797,202.18	77,411.89	719,790.29	(NOTE: all budgetary amounts for PR refer to amended implementation plans as of 6 Sept 09 prior to PR's call with GFATM secretariat and they are expected to change in the light of updating the PSM Plan)	1,394,609.55	888,730.19	505,779.36	
1a. PR's total expenditures	460,455.18	77,411.89	383,043.29	All details concerning PR expenditures are provided in a shadow budget which is enclosed to the present progress update.	852,599.55	144,697.19	707,902.36	UNDP has been contributing from its own resources to the programme for a cumulative amount of \$6,118 in Q1 and Q2.
1b. Disbursements to sub-recipients	336,747.00	0.00	336,747.00	Disbursements to SRs covering the amount planned of Q1 and Q2 were transferred to SRs in Q1 for a total amount of \$744,033. Thus, no disbursement was made to SRs in Q2. All SRs expenditures reported in Q2 were of a total amount of \$59,781.70.	541,910.00	744,033.00	(202,123.00)	Disbursements to SRs are higher than budgeted amount refers hereby to the revision process of SRs' workplans and budgets which took place during the course of Q1/Q2. For instance, the health equipment costs in the UNFPA budget were shifted to UNDP's budget during Q2 as UNDP is responsible for all procurement activities. Thus, UNFPA's budget was reduced. All revised budgets for SRs were shared with the GFATM/LFA as part of the Q1 progress update and are attached again to the present Q2 update. Cumulative SRs' expenditures for Q1 and Q2 were of a total amount of \$74,728.70
2. Health product expenditures vs. budget <i>(already included in "Total actual" figures above)</i>	0.00	15,455.70	(15,455.70)	The amount refers to part of the ARV emergency procurement that UNDP had to go through in Q1. The total amount of this emergency procurements cost \$41,337.79. The remaining expenditure (\$25,882) will be reflected in Q3.	0.00	15,455.70	(15,455.70)	
2a. Pharmaceuticals	0.00	15,455.70	(15,455.70)		0.00	15,455.70	(15,455.70)	UNDP as PR had to go through an emergency procurement in Q1. All justification documents including invoices were provided to LFA/GFATM.
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 No

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

Yes No

On-going Progress Update and Disbursement Request

DISBURSEMENT REQUEST PERIOD

Grant number:	PSE-708-G01-H		
Disbursement Request - Disbursement Period:	Cycle:	Quarter:	Number:
Disbursement Request - Period Covered:	Beginning Date:	1-Jul-2009	2
Disbursement Request - Number:	End Date:	30-Sep-2009	2

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):	1,500,564.30
2. Cash disbursed to the PR by the Global Fund during the period covered by this progress update: ⁽¹⁾	0.00
3. Interest received on bank account and other income received:	0.00
4. Total program expenditures during period covered by Progress Update (value entered in Section 1C, "Total actual expenditures"):	77,411.89
5. Other expenditures incurred (bank fees, other transaction costs, net exchange rate gains/losses):	655.20
6. Cash Balance: End of period covered by Progress Update:	1,422,497.21

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-Jul-2009	end date:	30-Sep-2009
8. Additional quarter (cash "buffer") beginning date ⁽⁴⁾ :	1-Oct-2009	end date:	31-Dec-2009
amount as originally budgeted:	742,892.40	forecasted amount:	275,633.53
amount as originally budgeted:	672,595.13	forecasted amount:	678,341.14
	963,974.67		963,974.67

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

Since the delay in implementation of activities of Q1 and Q2, only 2 SRs have requested additional funds for Q3 and Q4. Other SRs will implement activities through the amounts disbursed to them in Q1. In addition, the PR activities have been shifted as well from Q1 and Q2 to Q3 and Q4 and thus some activities that were planned in Q3 and Q4 will be accomplished during year 2. The final amounts to be disbursed to the two SRs is currently being reviewed and therefore, the forecast mentioned above may be slightly reviewed. The additional quarter (cash buffer) forecast mentioned above will be amended according to expenditure delivery rate in Q3.

Cash Balance: End of period covered by Progress Update (number 6 above):	1,422,497.21
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):	1,422,497.21
11. Does the PR's Disbursement Request include funds for health product procurement?	<input type="checkbox"/> No
12. Exchange Rate (used to translate local currency into USD):	N/A

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 Q3 is contingent upon the signing of Phase 2 or as otherwise stipulated per implementation letter

5 - "Cash in transit" includes amounts disbursed but not yet received by the PR and disbursement requests not yet approved by the Global Fund.

On-going Progress Update and Disbursement Request

GENERAL GRANT INFORMATION

Country:	West Bank and Gaza Strip
Disease:	HIV/AIDS
Grant number:	PSE-708-G01-H
Principal Recipient:	UNDP/PAPP
Program Start Date:	1-Dec-2008
Currency:	USD

PROGRESS UPDATE PERIOD

Progress Update - Reporting Period:	Cycle:	Quarter:	Number:
Progress Update - Period Covered:	Beginning Date:	1-Apr-2009	2
Progress Update - Number:	2	End Date:	30-Jun-2009

DISBURSEMENT REQUEST PERIOD

Progress Update - Reporting Period:	Cycle:	Quarter:	Number:
Progress Update - Period Covered:	Beginning Date:	1-Jul-2009	2
Progress Update - Number:	2	End Date:	30-Sep-2009

Section 3: Cash Request and Authorization

A: CASH REQUEST

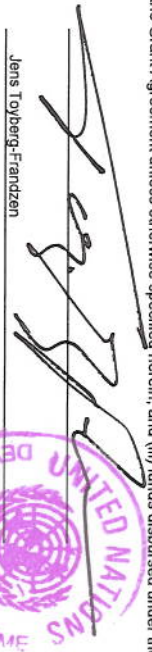
On behalf of the PR, the undersigned hereby requests the Global Fund to disburse funds under the above-referenced Grant Agreement as follows:

1. Cash amount requested from the Global Fund (from Section 2.B line 10, in: USD):
2. Amount requested in words (in: USD): N/A

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: Jens Toyberg-Frandzen
Special Representative of the Administrator - UNDP/PAPP
Title: Special Representative of the Administrator - UNDP/PAPP
Date and Place: Jerusalem, on Friday 11 September 2009



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.):