

On-going Progress Update and Disbursement Request

Instructions to the Principal Recipient for completing the On-going Progress Update and Disbursement Request

Progress Update

The *Progress Update* part of this form requires the Principal Recipient (PR) to provide:

- Past expenditure and programmatic performance information for the reporting period just ended
- An update on the progress made towards satisfaction of the conditions precedent (if any) set forth in Annex A to the Grant Agreement applicable to the period covered by the *Progress Update*
- A detailed Statement of Sources and Uses of Funds (Cash Flow Statement) for the reporting period just ended

For the Statement of Sources and Uses of Funds, the PR may use its own usual format and expenditure line items as derived from its budgeting and accounting records. The Global Fund does not prescribe specific expenditure line items, but prefers that the PR's reporting format is activity-based, in conformity with the proposal's objectives and service delivery areas. The PR is expected to clearly show actual expenditures as compared to budget for both its own expenditures as well as for disbursements to sub-recipients. The Statement of Sources and Uses of Funds should support the information disclosed in this form in Section 1.C (Program Expenditures) and Section 2.A (Cash Reconciliation for Period Covered by Progress Update).

Disbursement Request

The *Disbursement Request* part of this form requires the PR to state the cash requirement for meeting on-going program expenditures. The disbursement requested from the Global Fund normally covers the PR's cash requirements for one reporting period, plus one additional quarter as a cash buffer, to ensure the PR has adequate cash on hand for program expenses at all times. The period covered by the *Disbursement Request* is the period that immediately follows the Reporting Period covered by the *Progress Update* (as explained above).

Upon completion, this form should be submitted (with supporting documentation) to the Local Fund Agent and copied to 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 70A G0114
Principal Recipient:	UNDP/PPPP
Program Start Date:	1-Dec-2008
Currency:	USD

PROGRESS UPDATE PERIOD

Progress Update - Reporting Period:	Quarter	Number:	1
Progress Update - Period Covered:	1-Dec-2008	End Date:	30-Apr-2009
Progress Update - Number:	1		

DISBURSEMENT REQUEST PERIOD

Disbursement Request - Disbursement Period:	Quarter	Number:	1
Disbursement Request - Period Covered:	1-May-2009	End Date:	31-Jul-2009
Disbursement Request - Number:	1		

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

Section 1: Programmatic and Financial Progress Update

A. PROGRAM PROGRESS

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

II. Impact / Outcome Indicators

Impact / Outcome	Indicator Description	Baseline (if applicable)		Intended Yearly Targets	Actual Yearly Results	Reasons for deviation and any other comments
		Value	Year			
Impact	% of young women and men aged 15-24 who are HIV infected	N/A	N/A	<1%	N/A for Y1	
Impact	% 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	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 injecting drug users who have adopted behaviors that reduce transmission of HIV	N/A	N/A	5	N/A for Y1	Sentinel surveillance to be strengthened will allow such tracking
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	UNODC led behavioral survey scheduled in Year 1 and 2
Outcome	% of people expressing accepting attitudes towards PLWHA, of all people surveyed aged 15-49	N/A	N/A	20	N/A for Y1	Current statistics show 4 cases among children below 18 years old. KAPB survey planned under activity 3.2 UNICEF
	Select					
<p>Note: Operational research will be carried targeting injecting drug users (UNODC led), Sex Workers (UNFPA led), Women and Gender based violence (UNFEM 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.</p>						

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number:	PRR-208-60141	Quarter:	Number:
Progress Update - Reporting Period:	Cycle:	Beginning Date:	End Date:
Progress Update - Period Covered:	1-Dec-2006	1-Dec-2006	30-Apr-2008
Progress Update - Number:	1		

III. Service Delivery Areas, Indicators, and Targets									
Objective No.	Service Delivery Area	Indicator Description	Directly Tied?	Level	Baseline Value (if applicable)	Baseline Year	Intended Targets to date	Actual Results to date	Reasons for programmatic deviation and any other comments
1	1.1. Prevention: BCC - Mass Media	1.1.1. No of HIV/AIDS information, education, and communication programs broadcasted (Radio/Television)	Yes	0	2	2007	48	0	Focus on preparatory work for future implementation starting in Q2. BCC and mass media activities will be conducted through the NAC (National AIDS Committee) and its line members including ministers and NGOs. UNFPA, in close collaboration with all SRS are coordinating such activities. Two meetings took place during Q1 with the presence of all members of NAC and where roles of each department have been clearly defined and agreed upon.
1	1.2. Prevention: BCC - Community Outreach	1.2.1. No of MARRP peer educators trained - IDU - Sex Workers - Youth - Women Peer Counselors	Yes	1	N/A	N/A	0	0	Peer education programs to start in Q2 targeting Sex Workers (UNFEM), IDUs (UNODC), Youth (UNICEF), Women (UNFEM)
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 to 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. UNFPA is leading those discussions with the MoH; in this light, a consultant is to be recruited to develop a Condom Distribution National Strategy. Such strategy is part of the NAC workplan and expected output. Discussions to reach sustainable and institutionalized mechanisms for condom distribution are taking place with the MoH.
1	1.4. Prevention: Testing and Counseling	1.4.1. No of health and community workers trained for counselling and testing	Yes	1	N/A	N/A	0	0	Under leadership of the MoH and WHO
1	1.4. Prevention: Testing and Counseling	1.4.2. No of general population who receive HIV testing and counseling (including provision of the results)	Yes	3	N/A	N/A	0	0	-
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.
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	As described above, initial discussions between UNFPA and the MoH took place to identify the activities needed. As a first step, 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
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
2	2.1. Treatment: Antiretroviral Treatment (ART) and Monitoring	2.1.2. No of people with advanced HIV currently receiving anti-retroviral combination therapy	No	3	15	2007	30	11	There are currently 11 HIV+ under treatment and 9 under the waiting list (not eligible for treatment yet). According to recruitment modelization, 35 HIV+ should be receiving ART by end of 2006. In the absence of national treatment protocols and guidelines, WHO standards are still to be used. The procurement supply management plan was submitted to GFATM. An extensive consultation process around the details of the PSM plan and items to be procured took place prior finalization of the plan. WHO country/regional office provided technical/medical assistance with regard to treatment protocols and drug purchase. This was particularly critical during the emergency ARV procurement which took place late March 2006. Various lessons were learned with regard to national forecasting mechanisms and areas for potential technical assistance and procurement mechanisms in an complex Israeli/Palestinian environment (e.g. custom clearance). Finally, because UNDP will be procuring health products and equipment on behalf of all SRS 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.

2	2.2 Care & Support: Home and Community Based Care	2.2.1. No of people living with HIV provided psycho social support PLHIV supported	No	3	0	2007	0	0	<p>A workshop 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 PLWHA and their families.</p>
3	3.1 Supportive Environment: Coordination and Partnership Development	3.1.1. No of political, community, religious leaders and police/armed services attending sensitization workshops on HIV/AIDS and Stigma Reduction	Yes	1	30	2007	25	0	<p>A total of 8 preparatory meetings took place between the NAC and UNFPA to plan the related activities. Similarly between UNODC and the NAC/MoH to prepare for advocacy workshops among governmental bodies, police forces and policy decision makers. Internal advocacy, through various line ministries, can be perceived as time consuming but remains critical to engage and build national ownership around HIV issues.</p> <p>All implementing sub-recipients and the NAC Secretariat (as SSR to UNFPA) have appointed project coordinators to follow up directly on GFATM supported activities.</p> <p>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 align and harmonize strategies and activities.</p> <p>A situation analysis on (i) status of national policies and strategies, (ii) people living in the GPT with HIV and AIDS, their origin, current treatment and other issues, (iii) current capacities for treatment and care of HIV and AIDS, (iv) availability of data and information on HIV and AIDS is in progress (coordinated by WHO).</p> <p>Regional technical assistance was provided (including by WHO EMRO and UNODC).</p> <p>Monitoring and Evaluation activities at the national level are to be coordinated by UNFPA whilst UNDP, in its quality of PR, is responsible for the overall monitoring of the implemented activities funded by GFATM. A National Monitoring and Evaluation workshop is scheduled at the end of June 2009, with all SRS, SSRS and national partners to validate the national M&E strategy.</p> <p>As part of the Civil Society Enhancement Strategy on HIV, a mapping of Civil Society Organizations 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 community prevention and care services.</p> <p>UNDP facilitated (and attended) the attendance of two NGOs (Palestinian Medical Relief Society and Juzoor) to attend a HIV-related civil society workshop in Marrakech, Morocco, in April 2009. 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). This workshop brought together about 60 NGO participants 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 the GFATM processes, best practices and available Technical Support for the region. The feedback received was extremely positive, contributing to partnership building, the role of civil society in the HIV response. In the GFATM supported activities.</p> <p>Once mapping completed, a national consultation involving all civil society stakeholders involved in HIV response will be organized as further steps towards the creation of a national network. In this light, small grants will be provided to assist CSOs in their HIV prevention programs. Furthermore, women NGOs will be provided with grants to mainstream HIV prevention programs within their policies and strategies (UNFPA/UNFEM led).</p>
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	
3	3.4 Strengthening of Civil Society and Institutions 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	6	0	
Select			Select	Select					
Select			Select	Select					
Select			Select	Select					
Select			Select	Select					
Select			Select	Select					
Select			Select	Select					
Select			Select	Select					
Select			Select	Select					
Select			Select	Select					
Select			Select	Select					
Select			Select	Select					

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number:	PSE/708-601-H		
Progress Update - Reporting Period:	Cycle:	Quarter:	Number:
Progress Update - Period Covered:	Beginning Date:	1-Dec-2008	1
Progress Update - Number:	End Date:	30-Apr-2009	1

iv. Overall evaluation of performance

The program start date for the Round 7 HIV grant for the West Bank and Gaza was set for 1st December 2008. The initial weeks of program implementation were mainly focused on finalizing letters of agreements and work plans with sub-recipients as well as on agreeing on working/coordination modalities.

On the 27th December 2007, the implementation got derailed by the beginning of a war in Gaza which lasted more than 3 weeks and killed 1,450 people and destroyed many government buildings including health facilities, houses, roads, etc. All GFATM funded activities were put on hold to concentrate efforts on an emergency response and on the humanitarian relief in Gaza. Planning sessions between the PR, SRS and SRRs resumed in February 2008. The GFATM secretariat was kept abreast at all times of such exceptional political, military and security circumstances as well as the humanitarian situation in Gaza, the emergency relief efforts put in place and its potential impact on GFATM funded activities.

The remaining two months of quarter 1 (set for 4 months) were focused on re-launching the GFATM supported program with all implementing partners. Work plans were validated again by the National AIDS Commission - condition precedent for any further HIV related work in the oPt. Slight modifications in few work plans were agreed upon (and are documented) after extensive consultation without affecting the overall grant amount and the SRS' overall budgets. Similarly, extensive efforts were put in place to remove miscalculations from all the budgets; a discrepancy worth \$50,000 was found overall as well as an omitted GMS/administrative costs of 7% on the overall grant amount for UNDP. In its quality of PR, GMS related costs were only calculated on the budget/activities implemented directly by UNDP and not on the overall grant amount. All those financial considerations were communicated to the GFATM Secretariat and to the LFA. UNDP is committed to absorb such omitted costs as much as potential grant savings allow it, through banking interests gained or through its core funds. This strategy will be fine tuned during Phase 1 according to program expenditures. Savings may not be substantial as other emergency costs had to be covered through the grant, namely the purchase of 3 months worth of ARVs for \$35,000 which represent three times than what was calculated for one year ARV supplies. The budget line on ARV treatment was under estimated.

At the end of Q1, major progress can be mentioned in terms of preparatory work for implementation of activities, working modalities between all implementing partners, recruitment of project managers, establishment of technical working groups for harmonization of prevention and operational research activities, coordination mechanisms at the MAC and UN Theme Group levels, procurement of equipment and forecasting efforts for ARV consumption, partnership building - all necessary actions to start a smooth, national owned HIV activities in the oPt.

Few uncertainties remain pending at this stage (including i) the situation in Gaza and in this light, the potential impact on activities in Gaza, ii) the contracting modality for UNRWVA's involvement in the HIV programme.

v. Planned changes in the program, if any.

As described above, extensive efforts were put in place to validate all budgets and work plans by SRS, the MAC/MoH and other implementing partners. This was an important time investment to ensure national ownership and a coordinated response: such process resulted in few reprogramming in SRS' budget (i.e. initial budget line in UNODC's budget for their Project reduced by 75% through cost sharing arrangement, from 40,000 USD per year (3,333 USD per month) to 10,000 USD per year (833 USD per month). The money deducted from the local point's salary was allocated to activities aimed at increasing the national capacity of the Palestinian Authority to provide community outreach services to injecting drug users. Thus UNODC increased the number of outreach workers from 4 to 6, and the number of social workers from 4 to 6). Similarly, an OVC operational research was planned under UNICEF budget, however after consultation with the PR, MAC and SRS, the need for such operational research activity has been questioned and reprogramming is likely to take place for an assessment of existing BCC Materials and other prevention activities. Furthermore, UNICEF oPt Operational Support Cost (USD 55,000) were added for administrative, supply/logistics, IT, HR, security, and transportation costs for project implementation as a standard procedure for any UNICEF led implementation. Finally, home base care kits will be supplied by the MoH and will no longer be needed in the UNFPA's budget - such budget line may cover other activities upon request to the PR.

All details with regard to reprogramming within SRS' budgets (UNICEF, UNODC and UNFPA) are documented and final versions of SRS' budgets will be shared with the GFATM and the LFA. Finally, UNDP will be responsible for procurement of ALL health equipment and drugs as well as equipment for the MAC/health centers. Such costs will be deducted from some SRS' budgets at times of disbursements since some budget lines for health equipment were included in SRS' work plans. The final budget allocated to UNDP, as PR, will also be shared to the GFATM as costs of drugs and other omitted costs affected UNDP led work plan.

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

Few lessons were learned during Q1 which could be summarized as follows:

1. Absence of a CCM Coordination and mechanism: the UN Theme Group is politically responsible for the oversight of the grant but in practice such coordination should be undertaken with the MAC. It would be most useful to think about a Global Fund Forum whereby all stakeholders which normally would sit in CCM would attend, namely: the five ministries, the MAC, private sector, civil society, the PR and UN agencies. The current mechanism can create at times confusion in reporting/communication lines, potential conflict of interests and lack of full inclusiveness of all actors. Guidelines for non CCM countries may be useful. In the meantime, it is expected that such coordination mechanisms be clarified during the course of quarter 2.
2. Lack of clarity with regard to UNRWVA's involvement in the overall HIV program: being SSR, UNRWVA was probably not as involved during grant negotiation and this has led to the present confusion. UNRWVA is not only a UN agency covering refugees' needs but is a service provider like the MoH in all refugees settings (70% population in Gaza and 30% in West Bank). Areas for collaboration with UNRWVA are being worked out (i.e. suggestion for UNRWVA to become UNODC's SR for implementation of outreach among IDUs in refugee camps; suggestion for UNRWVA to become WHO's SR for conducting a BSS among most at risk people (refugee camps) in full consultation with the MoH).
3. Uncertainty with regard to activities in Gaza and in the West Bank activities as budgets were set globally for both geographical areas: it is important to remain vigilant to ensure that activities also take place in Gaza. The PR will post a national coordination in Gaza to ensure a Gaza based coordination cell. Constraints with regard to movements to Gaza are jeopardizing immensely the overall coordination between the two geographical areas. Only international staff can, when granted, access Gaza.
4. The importance of national validation: the GFATM supported program is implemented directly by the PR and UN SRS in the light of the safeguard policy applied for GFATM funding to the oPt. However, it remains critical to ensure that all activities are coordinated with the MAC/MoH as undertaken on behalf of national authorities. Sustainability/exit strategies should be part of all plans.
5. Procurement and the unusual context of Israel/oPt: Most of items are available in Israel and can be supplied to the oPt avoiding international biddings. This also applies to drugs since ARV drugs (brand names only) are available in Israel. International purchase should be considered for generics drugs or in the case of long term agreements to ensure efficiency gains. Time for custom clearance is a major obstacle in any procurement activity (this also includes purchase of cars to the P.A authorities since Israel grants such plates - it is for example expected that such registration take 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 the end of June/early July 2009 are suggested.
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 within the second reporting period, 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 was submitted to GFATM. No expected changes in budget in terms of health and non health equipment. However, expected increase with regard to the drug/treatment budget line. Forecasting and treatment protocols are currently being finalized with the MoH and WHO.
Procurement of Health Products: Disbursement to be requested upon submission of PSM Plan by the PR and the receipt of GF's written approval on the PSM Plan	In Progress	PSM Plan has been submitted to the Global Fund Secretariat and awaiting their approval
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 quality 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), a Procurement/Monitoring and Evaluation officer (readvertised position), a Gaza Project Coordinator (screening process) as well as a finance officer on a part time basis (see attached slides representing the proposed management structure).
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 NGOs/CSOs for HIV community prevention and care upon completion of mapping of NGOs involved in the HIV response in the oPT and national civil society consultation expected to take place in Q3.
PR and NAC should prepare a plan to define the modalities of their working relationship (including periodic communication and minuted meetings)	Yes	MOU between UNDP and the MoH is being drafted. Another MOU was signed between UNFPA acting as the UN Theme Group Chair, NAC and UNDP (attached).
	Select	
	Select	
	Select	

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number:	PSE-708-G01-H
Progress Update - Reporting Period:	Cycle: Quarter
Progress Update - Period Covered:	Beginning Date: 1-Dec-2008
Progress Update - Number:	Number: 1
	End Date: 30-Apr-2009

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	744,499.00	872,595.11	(128,096.11)		744,499.00	872,595.11	(128,096.11)	
1a. PR's total expenditures	521,467.00	128,562.11	392,904.89	Few amounts are included here as expenditures but not yet reflected into ATLAS - details are provided in a shadow budget which is submitted to the present progress update	521,467.00	128,562.11	392,904.89	
1b. Disbursements to sub-recipients	223,032.00	744,033.00	(521,001.00)	The disbursements to SRs include Q1 and Q2 (Q2 being as a buffer quarter as a standard procedure). However, reported budget only refer to Q1. Disbursement to UNICEF (\$64,372) is being processed and recorded here but not yet shown in ATLAS records	223,032.00	744,033.00	(521,001.00)	
2. Health product expenditures vs. budget (already included in "Total actual" figures above)	0.00	34,492.90	(34,492.90)		0.00	34,492.90	(34,492.90)	
2a. Pharmaceuticals	0.00	34,492.90	(34,492.90)	This expenditure corresponds to an expected shortage of ARV drugs by the MoH. An emergency procurement was put in place with purchase of drugs through MSF Belgium and through local suppliers in Israel.	0.00	34,492.90	(34,492.90)	
2b. Health products, commodities and equipment	0.00	0.00	0.00					

Program expenditures were used for the procurement of health products:

Yes

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

Yes

On-going Progress Update and Disbursement Request

DISBURSEMENT REQUEST PERIOD

Grant number:	PSE-706-G01-H		
Disbursement Request - Disbursement Period:	Cycle:	Quarter	Number:
Disbursement Request - Period Covered:	Beginning Date:	1-May-2009	1
Disbursement Request - Number:	End Date:	31-Jul-2009	1

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):	2,355,253.70
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:	17,897.83
4. Total program expenditures during period covered by Progress Update (value entered in Section 1C, "Total actual expenditures"):	872,595.11
5. Other expenditures incurred (bank fees, other transaction costs, net exchange rate gains/losses):	(7.89)
6. Cash Balance: End of period covered by Progress Update:	1,500,564.30

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-May-2009	end date:	31-Jul-2009	amount as originally budgeted:	851,243.00	forecasted amount:	503,475.00
8. Additional quarter (cash "buffer") beginning date ⁽⁴⁾ :	1-Aug-2009	end date:	31-Oct-2009	amount as originally budgeted:	624,682.00	forecasted amount:	624,682.00

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

There is no variance in the recorded budget and forecast in present Disbursement Request. However, there are variances between quarterly budgets set in the grant agreement and initial budgets and the amounts recorded in present document. The initial budget/forecast was not entirely accurate. A separate summary budget as well as all detailed revised budgets are attached to present progress update.

Less:

Cash Balance: End of period covered by Progress Update (number 6 above):	1,500,564.30
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):

0.00

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

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 Q9 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/PAPF
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-Dec-2008	End Date:
Progress Update - Number:	1		30-Apr-2009

DISBURSEMENT REQUEST PERIOD

Progress Update - Reporting Period:	Cycle:	Quarter	Number:
Progress Update - Period Covered:	Beginning Date:	1-May-2009	End Date:
Progress Update - Number:	1		31-Jul-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):

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

Title: Special Representative of the Administrator - UNDP/PAFP

Date and Place: Jerusalem, on Friday 15 May 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.):