

United Nations Development Programme
Country: Kazakhstan
Project Document

Project Title

Improved National Capacity in Implementation of Harm Reduction Strategy and HIV Prevention and Treatment in Penitentiary System

UNDAF Outcome(s):

Expected UNDAF outcome #: By 2015 population of Kazakhstan and vulnerable groups in particular will enjoy improved social, economic and health status

Expected CP Outcome(s):

(Those linked to the project and extracted from the CPAP)

Vulnerable groups, especially women, young and aged people, orphans, people with disabilities have improved access to markets, goods, services and social safety nets.

Expected Output(s):

(Those that will result from the project and extracted from the CPAP)

Harm reduction programmes analyzed and recommendations on their improvement provided; capacity of penitentiary system specialists is improved in the area of HIV prevention and ARV treatment

Implementing Partner:

Republican Centre on Prevention and Control of AIDS

Responsible Parties:

Republican Centre on Prevention and Control of AIDS

Brief Description

The project is aimed at increasing national capacity in implementation of harm reduction strategy; and HIV prevention and treatment in penitentiary system. To evaluate effectiveness of existing harm reduction services, receive recommendations on their improvement and facilitate achievement of Universal Access targets, assessment of Harm Reduction programmes in Kazakhstan will be undertaken in four selected sites: Almaty, Karaganda, Kostanai and Taraz. In addition, project aims to improve capacity of penitentiary system specialists in the area of HIV prevention and treatment. To this end, a consultative meeting for penitentiary body representatives will be organized, and training on ARV treatment for medical staff will be conducted.

Programme Period:	2010-2015	AWP budget:	USD 92 750
Key Result Area (Strategic Plan):	Democratic Governance	Total resources required	USD 92 750
Atlas Award ID:	<u>00060821</u>	Total allocated resources:	USD 92 750
Start date:	November 2010	• Regular	USD 20 000
End Date:	December 2011	• Other:	
PAC Meeting Date	10 November 2010	◦ PAF	USD 72 750
Management Arrangements	NEX		

Agreed by RC AIDS:

Agreed by UNAIDS:

F. Star 28. Nov 10 *Loman Gerslewich, Country Coordinator, UN AIDS*

Agreed by UNDP:

Muly 13/11/2010 *S. WEBER, DR a.i.*

I. BACKGROUND

Drug injection is a main driving force of HIV epidemic in Kazakhstan. In 2009, drug injections were accountable for 70% of all reported HIV cases in Kazakhstan. Sentinel surveillance conducted in both capital cities and all provinces of the country showed 2.9% HIV prevalence. HIV epidemiological situation among IDUs differs from region to region and the most affected regions include Karaganda, Pavlodar, South Kazakhstan oblast and Almaty. Estimated number of IDUs comes to 120,000 countrywide, which means that about 2% of the population aged between 15 and 49 inject drugs. Involvement of Kazakhstan residents into drug consumption is obviously a long-term phenomenon, as the country is located in the crossways of opiate traffic from Afghanistan to Eastern Europe. In 1996, Kazakhstan introduced Harm Reduction Program in Temirtau city. In 2001 drug use harm reduction (HR) was integrated into the national policy on HIV prevention. At present 187 trust points function across the country. However, in 2008 results of sentinel surveillance showed that 58% of IDUs shared injecting equipment and only 33% of IDUs used condom during last sexual intercourse.

HIV prevalence among IDUs in 2008 was 4,1%, which was almost twice higher compared to other vulnerable population groups (2,4% - among prisoners; 1,4% - among SWS; 0,1% - among MSM). In 2009, prevalence in IDUs decreased almost two-fold and made 2,9%, which was interpreted by national officials as stabilization of HIV epidemic due to effective preventive activities, including harm reduction services provided in the country.

Priority outcome 5 was unanimously chosen by the Joint UN AIDS Team in Kazakhstan as a priority number one. This choice was based both on the epidemiological situation and on the existing gap in reaching Universal Access target in terms of IDUs behavior. In accordance with set national UA target, not less than 50% of IDUs will have safe behavior by 2010. However, recent findings show that only 35% of IDUs have it.

HIV in Penitentiary System. The number of registered HIV cases among incarcerated population constitutes 30% (or 3445 persons) of all reported HIV cases in the Republic of Kazakhstan. The latest sentinel surveillance data showed that HIV prevalence is 2.4%, Hepatitis C - 43.2% and syphilis - 10.1%. HIV prevalence has increased more than two-fold compared to findings of survey conducted in 2005 (from 0.9 % to 2.4%). Prevalence of Hepatitis C has also increased during this period from 38.2 % to 43.2%. HIV prevalence among inmates with hepatitis C is significantly higher than among other prisoners (4.2% versus 1.0%, respectively).

Some harm reduction activities have been put in place in penitentiary system: condom provision, voluntary counselling and testing schemes, development and distribution of IEC materials, provision of disinfectants. However, syringe and needle exchange as well as opiate substitution treatment is prohibited in penitentiary system of Kazakhstan.

Access to high quality ARV treatment for all in need is an important target of Joint Programme of Support for 2010-2011. National UA target to be achieved by 2010 is 70% coverage by ARV treatment of all in need, however only 54.7% of PLWH currently receive it. Situation with access to high quality ARV treatment is especially bad in the penitentiary system. ARV drugs are available in prisons but due to lack of knowledge among medical personnel of prisons about antiretroviral treatment and especially indications for beginning of ARV treatment, adherence to it, ARV side effects and ARV resistance, drug interactions between ARV and antiTB drugs, its' quality is rather poor. Lack of high-level commitment to both HIV prevention and treatment of prisoners, lack of clear understanding of the responsibilities of MoH and MoJ staff worsen the situation with access to quality treatment, care and prevention. UNAIDS office received a request from the Ministry of Justice to support organization of trainings for medical personnel of prisons to ensure that all people living with HIV receive treatment. In 2009, UNAIDS supported national efforts on improvement of situation with prevention, treatment and care in prisons by organizing a round-table for discussion of these issues with involvement of Penitentiary Committee of the Ministry of Justice, Ministry of Health, AIDS Centre, TB services, relevant UN agencies and UNAIDS as a broker and coordinator in this collaboration. This resulted in the Joint resolution of AIDS Centres and Penitentiary Committee of the Ministry of Justice which contained a request to UNAIDS to provide further support to annual meetings of specialists of these three entities in order to improve situation with access to prevention, treatment, care and support in the penitentiary system.

II. STRATEGY

In order to evaluate effectiveness of existing harm reduction services, receive recommendations on their improvement and to facilitate achievement of UA targets, it is suggested to study quality of Harm Reduction programmes in Kazakhstan. It is planned to evaluate HR not only in terms of their success in reducing transmission of HIV among drug users but also to investigate other low-threshold services that these programmes provide, as well as their overall impact on drug users' behavior and quality of life.

It is planned to evaluate the following services:

- Street outreach to locate, engage and retain IDUs.
- Health education, including safer injection education and referral to HIV and drug treatment services.
- Harm reduction counseling.
- Activities devoted to negotiating safe sex, access to condoms.
- Exchange of needles and syringes.
- Facilitation of access to HIV counseling and testing, primary care, intensive case management, drug treatment, mental health services.
- Early interventions to identify and refer injecting drug users who live with HIV to AIDS services.
- Opioid substitution treatment.
- Overdose prevention (availability of Naloxone).

Methodology of this investigation, ToR for the consultant as well as selection of consultant will be conducted jointly by RC AIDS, UNAIDS, UNDP and UNODC.

Description of activities envisaged:

- 1) In order to evaluate all aspects of harm reduction services existing in the country and to find out its strengths and weaknesses mission of international and national consultants will be organized. Consultants will visit "hotspot" cities: Karaganda, Kostanal, Taraz and Almaty cities; will study services in HR sites, will meet representatives of Government and NGOs, PLWH and representatives of affected vulnerable groups. Mission will conduct a careful analysis of existing HR services and prepare a report with findings and recommendations for improvement.
- 2) The report will be presented to the government and widely distributed among non-governmental organizations and other interested partners. The documented strengths will be used for advocacy in the future work; revealed weaknesses will show what should be done to improve existing harm reduction services in order to protect IDUs from becoming infected with HIV, Hepatitis B and C.
- 3) 2-days training for medical staff of penitentiary system of the Ministry of Justice on ARV treatment, including HIV/TB treatment issues;
- 4) Consultative 2- days meeting for representatives of Penitentiary Committee of the Ministry of Justice on the best practice of harm reduction programme, including OST, syringe exchange, condom, disinfectant distribution in prison settings.

Expected outcomes of the project (*short-term or medium-term effects*):

Short-term effects:

- 1) Commitment of both governmental and non-governmental organizations to improve Harm reduction services is increased;
- 2) Governmental and non governmental organizations agree on next steps and necessary interventions to be implemented in order to improve existing services;
- 3) Capacity of penitentiary system specialists to provide high quality ARV treatment is strengthened;
- 4) Commitment to implement wide range of HIV prevention activities in penitentiary system improved, capacity to provide high quality prevention activities strengthened.

Medium-term effects:

- 1) IDUs have access to high quality Harm Reduction services;
- 2) All prisoners in need have access to high quality ARV and TB treatment as well as to prevention services.

Expected deliverables (*products and services resulting from completion of activities*):

- 1) Harm Reduction services existing in the country are evaluated, strengths and weaknesses identified, recommendations for improvement provided.
- 2) Report is published and widely distributed.
- 3) Joint UN Team on AIDS works out a plan to support implementation of recommendations;
- 4) Training for medical staff of penitentiary system of the Ministry of Justice on ARV treatment is conducted;
- 5) Consultative 2 days meeting for representatives of Penitentiary Committee of the Ministry of Justice on the best practice of harm reduction programme is conducted.

III. (I) PROJECT RESULTS AND RESOURCES FRAMEWORK

Intended Outcome as stated in the Country Results and Resource Framework: Vulnerable groups, especially women, young and aged people, oralmans, people with disabilities have improved access to markets, goods, services and social safety nets

Partnership Strategy: UN Joint Team on AIDS, Republican Centre on Prevention and Control of AIDS, Penitentiary Committee of the Ministry of Justice

ATLAS Award ID:

Intended outputs	Project activities	Inputs (USD)	SOF
<p>1. Improved national capacity in implementation of harm reduction strategy: Harm reduction programmes analyzed and recommendations on their improvement provided; <i>Baseline: lack of comprehensive information with regard to status of harm reduction services;</i> <i>Indicator: Up-to-date Assessment Report on harm reduction services;</i> <i>Target: Assessment Report on harm reduction services prepared and widely presented</i></p> <p>2. Improved national capacity in HIV prevention, treatment, care and support in penitentiary system Capacity of penitentiary system specialists is improved in the area of HIV prevention and ARV treatment <i>Baseline: lack of high-political commitment to HIV prevention and treatment in prison settings;</i> <i>Indicator: Number of advocacy and awareness raising activities on HIV prevention and treatment for penitentiary system staff</i> <i>Target: Penitentiary medical staff trained on ARV treatment, representatives of Penitentiary Committee sensitized on best practices on HIV prevention and treatment</i></p>	<p>1. Harm reduction assessment (sites: Almaty, Karaganda, Kostanai, Taraz) - Expert Mission and report preparation - Report publication</p>	17,780	PAF
	<p>2. Training for medical staff of penitentiary system on ARV (20-25 participants)</p>	26,100	PAF
	<p>3. 2 days consultative meeting on harm reduction for Penitentiary Committee representatives</p>	26,100	PAF
	<p>4. Management and Administration -Meeting with Penitentiary Committee - Fin/admin Assistant - Miscellaneous</p>	2,770 20,000	PAF TRAC

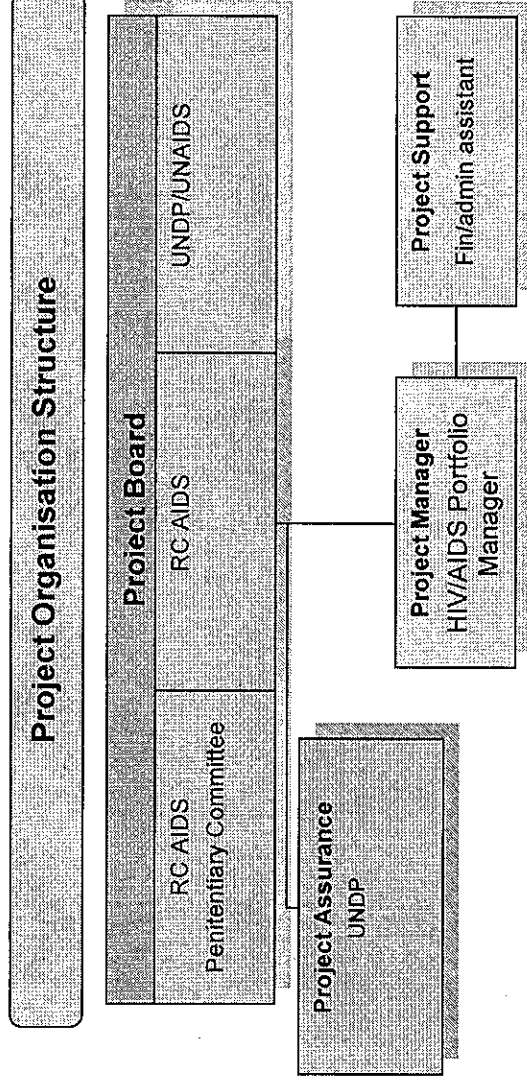
(II) ANNUAL WORK PLAN: 2010

EXPECTED OUTPUTS <i>And baseline, associated indicators and annual targets</i>	PLANNED ACTIVITIES <i>List activity results and associated actions</i>	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
		Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount
<p>1. Improved national capacity in implementation of harm reduction strategy: Harm reduction programmes analyzed and recommendations on their improvement provided; <i>Baseline: lack of comprehensive information with regard to status of harm reduction services;</i> <i>Indicator: Up-to-date Assessment Report on harm reduction services;</i> <i>Target: Assessment Report on harm reduction services prepared and widely presented</i></p>	<p>1. Harm reduction assessment (sites: Almaty, Karaganda, Kostanai, Taraz) - TOR drafted/agreed - Experts selected</p>				X	RC AIDS			
<p>2. Improved national capacity in HIV prevention, treatment, care and support in penitentiary system Capacity of penitentiary system specialists is improved in the area of HIV prevention and ARV treatment <i>Baseline: lack of high-political commitment to HIV prevention and treatment in prison settings;</i> <i>Indicator: Number of advocacy and awareness raising activities on HIV prevention and treatment for penitentiary system staff</i> <i>Target: Penitentiary medical staff trained on ARV treatment, representatives of Penitentiary Committee sensitized on issue of HIV prevention and treatment</i></p>	<p>4. Management and Administration - Fin/admin assistant hired - Miscellaneous</p>					RC AIDS UNDP	PAF	Miscellaneous (M&E)	USD 750
TOTAL							PAF		USD 750

ANNUAL WORK PLAN: 2011

EXPECTED OUTPUTS		PLANNED ACTIVITIES					RESPONSIBLE PARTY		PLANNED BUDGET		
And baseline, associated indicators and annual targets		List activity results and associated actions					Funding Source	Budget Description	Amount		
		Q1	Q2	Q3	Q4						
<p>1. Improved national capacity in implementation of harm reduction strategy; Harm reduction programmes analyzed and recommendations on their improvement provided; Baseline: lack of comprehensive information with regard to status of harm reduction services; Indicator: Up-to-date Assessment Report on harm reduction services; Target: Assessment Report on harm reduction services prepared and widely presented</p>		X	X				RC AIDS	PAF	Int'l Consultant Travel USD 2000 Int'l Consultant Fee/D&A USD 7000 Site missions USD 3000 RC AIDS FC travel USD 3780 Report Publication USD 2000	USD 2000 USD 7000 USD 3000 USD 3780 USD 2000	
<p>2. Improved national capacity in HIV prevention, treatment, care and support in penitentiary system Capacity of penitentiary system specialists is improved in the area of HIV prevention and ARV treatment Baseline: lack of high-political commitment to HIV prevention and treatment in prison settings; Indicator: Number of advocacy and awareness raising activities on HIV prevention and treatment for penitentiary system staff Target: Penitentiary medical staff trained on ARV treatment, representatives of Penitentiary Committee sensitized on issue of HIV prevention and treatment</p>				X			RC AIDS	PAF	Workshop USD 24000 Printing Materials USD 500 National Consultant Fee USD 1600	USD 24000 USD 500 USD 1600	
<p>3. 2 days consultative meeting on harm reduction for Penitentiary Committee representatives 4. Management and Administration with Meeting with Penitentiary Committee - Fin/admin Assistant - Miscellaneous</p>				X	X		RC AIDS	PAF	Workshop USD 24000 Printing Materials USD 500 National Consultant Fee USD 1600	USD 24000 USD 500 USD 1600	
<p>1. Harm reduction assessment (sites: Almaty, Karaganda, Kostanal, Taraz) - Expert Mission and report preparation - Report publication</p>		X	X			RC AIDS	PAF	Int'l Consultant Travel USD 2000 Int'l Consultant Fee/D&A USD 7000 Site missions USD 3000 RC AIDS FC travel USD 3780 Report Publication USD 2000	USD 2000 USD 7000 USD 3000 USD 3780 USD 2000		
<p>2. Training for medical staff of penitentiary system on ARV (20-25 participants)</p>				X		RC AIDS	PAF	Workshop USD 24000 Printing Materials USD 500 National Consultant Fee USD 1600	USD 24000 USD 500 USD 1600		
<p>3. 2 days consultative meeting on harm reduction for Penitentiary Committee representatives</p>				X		RC AIDS	PAF	Workshop USD 24000 Printing Materials USD 500 National Consultant Fee USD 1600	USD 24000 USD 500 USD 1600		
<p>4. Management and Administration with Meeting with Penitentiary Committee - Fin/admin Assistant - Miscellaneous</p>		X	X	X	X	RC AIDS	PAF	Travel/D&A USD 1000 Miscellaneous (M&E) USD 1020 Staff on SC contract USD 17400 Miscellaneous USD 2600	USD 1000 USD 1020 USD 17400 USD 2600		
TOTAL								TRAC		USD 72000	USD 20000

IV. MANAGEMENT ARRANGEMENTS



The project will be nationally executed with the Republican Centre on Prevention and Control of AIDS acting as an Implementing Partner responsible for attainment of project results. The implementing partner was selected based on the following factors:

- a) Republican Centre on Prevention and Control of AIDS (RC AIDS) is a key governmental body responsible for addressing HIV/AIDS issues in Kazakhstan. This project is a response to the country needs identified within the previous PAF funded project as well as joint meetings and discussions;
- b) RC AIDS has adequate capacity in terms of expertise as well as the authority to further implement recommendations resulting from project activities;
- c) UNDP's previous experience working with the RC AIDS, which has proved its project- implementing, advisory and technical capacity to be a full-fledged project partner.

UNDP Kazakhstan will be responsible for the overall project implementation and attainment of project results as well as for monitoring and evaluation of the project.

For effective implementation the project structure requires the following roles/focal points:

- Project Board;
- Project Assurance;
- Project Manager.

Project Board:

The Project Board is responsible for making management decisions for the project and providing guidance to a Project Manager in case of significant deviations in the delivery of project outputs from established time and budget limits. Final decision-making rests with UNDP in accordance with its applicable regulations, rules, policies and procedures. During the running of the project the Project Board will meet semi-annually, i.e. after 2 quarters through the project to assess the project's progress against planned outputs, give strategic directions to the implementation of the project and identify any corrective action to be taken and at the end of the project to assess how well the outputs were achieved.

The Project board consists of:

- **Executive** – National project Director/Director General of the Republican Centre on Prevention and Control of AIDS (or alternative person from the RC AIDS)

- **Senior Supplier** – UNDP Deputy Resident Representative (or Head of the Good Governance and Local Development Department) and UNAIDS Country Coordinator
- **Senior Beneficiary** – the Republican Centre on Prevention and Control of AIDS, the Penitentiary Committee of the Ministry of Justice
- **Member** – National Programme Officer, UNAIDS

Project Assurance, including project oversight and monitoring functions, is assumed by the Project Board, while UNDP Governance Team carries out objective project oversight and monitoring functions.

Project Manager: HIV/AIDS Portfolio Manager will act as a Project Manager responsible for day-to-day management and decision-making for the project. The prime responsibility of HIV/AIDS Portfolio Manager is to ensure that the project produces the outputs specified in the project document, to the required standard of quality and within the specified constraints of time and cost, in which regard the tolerance levels will be 3 weeks deviation in implementation of project activities and up to 10% beyond the approved project budget amount.

Project support: UNDP will provide support services for project implementation as per the Annex 1 in accordance with UNDP rules and procedures.

V. MONITORING FRAMEWORK AND EVALUATION

In accordance with the programming policies and procedures outlined in the UNDP User Guide, the project will be monitored through the following:

Within the annual cycle

- On a quarterly basis, a quality assessment shall record progress towards the completion of key results, based on quality criteria and methods captured in the Quality Management table below.
- An Issue Log shall be activated in Atlas and updated by the Project Manager to facilitate tracking and resolution of potential problems or requests for change.
- Based on the initial risk analysis submitted (see annex 1), a risk log shall be activated in Atlas and regularly updated by reviewing the external environment that may affect the project implementation.
- Based on the above information recorded in Atlas, a Project Progress Reports (PPR) shall be submitted by the Project Manager to the Project Board through Project Assurance, using the standard report format available in the Executive Snapshot.
- a project Lesson-learned log shall be activated and regularly updated to ensure on-going learning and adaptation within the organization, and to facilitate the preparation of the Lessons-learned Report at the end of the project
- a Monitoring Schedule Plan shall be activated in Atlas and updated to track key management actions/events

Annually

- **Annual Review Report.** An Annual Review Report shall be prepared by the Project Manager and shared with the Project Board and the Outcome Board. As minimum requirement, the Annual Review Report shall consist of the Atlas standard format for the QPR covering the whole year with updated information for each above element of the QPR as well as a summary of results achieved against pre-defined annual targets at the output level.
- **Annual Project Review.** Based on the above report, an annual project review shall be conducted during the fourth quarter of the year or soon after, to assess the performance of the project and appraise the Annual Work Plan (AWP) for the following year. In the last year, this review will be a final assessment. This review is driven by the Project Board and may involve other stakeholders as required. It shall focus on the extent to which progress is being made towards outputs, and that these remain aligned to appropriate outcomes.

Quality Management for Project Activity Results

OUTPUT : Improved national capacity in the area of harm reduction and HIV prevention, treatment, care and support in penitentiary system	
Activity Result 1 (ATLAS Award ID)	Harm reduction assessment Start date: 15/11/2010 End date: 31/12/2011
Purpose	Evaluate effectiveness of existing harm reduction services, receive recommendations on their improvement and facilitate achievement of Universal Access targets
Description	Assessment of harm reduction programmes in Kazakhstan by international /national experts in four selected sites
Quality Criteria <i>how/with what indicators the quality of the activity result will be measured?</i>	Quality Method <i>Means of verification. What method will be used to determine if quality criteria has been met?</i>
Compliance with the TOR	Expert review
Participation of key stakeholders in assessment and recommendations development	Minutes of meetings, discussions, reports
Activity Results 2 (ATLAS Award ID)	Training for medical staff of penitentiary system on ARV (20-25 participants) Start date: 01/01/2011 End date: 31/12/2011
Purpose	Improved capacity of penitentiary medical specialists on ARV treatment
Description	Two-day training for medical staff of penitentiary system from all the regions on ARV treatment
Quality Criteria <i>how/with what indicators the quality of the activity result will be measured?</i>	Quality Method <i>Means of verification. What method will be used to determine if quality criteria has been met?</i>
Evaluation form of participants of WSHs/trainings	Registration forms, minutes of wsh/trainings
Activity results 3 (ATLAS Award ID)	Meeting on harm reduction for Penitentiary Committee representatives Start date: 01/01/2011 End date: 31/12/2011
Purpose	Sensitize penitentiary system representatives on HIV prevention and treatment issues
Description	Two days consultative meeting on harm reduction for Penitentiary Committee representatives
Quality Criteria <i>how/with what indicators the quality of the activity result will be measured?</i>	Quality Method <i>Means of verification. What method will be used to determine if quality criteria has been met?</i>
Multi-stakeholder participation in trainings and recommendation's development	Minutes of the meeting and debates, feedback of participants, reports
	Date of Assessment <i>When will the assessment of quality be performed?</i>
	In the course of the training
	Date of Assessment <i>When will the assessment of quality be performed?</i>
	In the course of the training
	Date of Assessment <i>When will the assessment of quality be performed?</i>
	In the course of the meeting

VI. LEGAL CONTEXT

This document together with the CPAP signed by the Government and UNDP which is incorporated by reference constitute together a Project Document as referred to in the SBAA [or other appropriate governing agreement] and all CPAP provisions apply to this document.

Consistent with the Article III of the Standard Basic Assistance Agreement, the responsibility for the safety and security of the implementing partner and its personnel and property, and of UNDP's property in the implementing partner's custody, rests with the implementing partner.

The implementing partner shall:

- a) put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;
- b) assume all risks and liabilities related to the implementing partner's security, and the full implementation of the security plan.

UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of this agreement.

The implementing partner agrees to undertake all reasonable efforts to ensure that none of the UNDP funds received pursuant to the Project Document are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document".

ANNEXES

Annex 1: UNDP support services

The UNDP country office may provide, at the request of the designated institution, the following support services for the activities of the programme/project:

- (a) Identification and/or recruitment of project and programme personnel;
- (b) Identification and facilitation of training activities;
- (a) Procurement of goods and services;

The procurement of goods and services and the recruitment of project and programme personnel by the UNDP country office shall be in accordance with the UNDP regulations, rules, policies and procedures. Support services described in paragraph 3 above shall be detailed in an annex to the programme support document or project document, in the form provided in the Attachment hereto. If the requirements for support services by the country office change during the life of a programme or project, the annex to the programme support document or project document is revised with the mutual agreement of the UNDP resident representative and the designated institution.

The relevant provisions of the UNDP Standard Basic Assistance Agreement with the Government of Kazakhstan, signed on 5 October 1994, including the provisions on liability and privileges and immunities, shall apply to the provision of such support services. The Government shall retain overall responsibility for the nationally managed programme or project through its designated institution. The responsibility of the UNDP country office for the provision of the support services described herein shall be limited to the provision of such support services detailed in the annex to the programme support document or project document.

Any claim or dispute arising under or in connection with the provision of support services by the UNDP country office in accordance with this letter shall be handled pursuant to the relevant provisions of the SBAA.

The UNDP country office shall submit progress reports on the support services provided and shall report on the costs reimbursed in providing such services, as may be required.

Annex 2: Offline risk log

Project title: Improved National Capacity in the Area of Harm Reduction and HIV Prevention and Treatment in Penitentiary System	Award ID:	Date:
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#	Description	Date Identified	Type	Impact (I) & Probability (P)	Countermeasures / Mngt response	Owner	Submitted, updated by	Last Update	Status
1	Change of national political priorities in the HIV/AIDS	01.02.2010	political	P = low I = high	CO will closely monitor the political situation and will hold discussions with national partners	Head of Good Governance and Local Development Unit HIV/AIDS Portfolio Manager			
2	Failure to deliver work to the expected standard entailing delay in time and extra cost due to poor performance of international/national consultants	10.11.2010	operational	P = low I = high	In order to avoid this situation, project staff will ensure detailed description of the assignment in the term of reference and break the work package into stages with specified check points to minimize the probability of any underperformance	HIV/AIDS Portfolio Manager			
3	Possible loss of institutional memory and delay in project activities due to rotation in the government counterpart agencies	10.11.2010	political	P = low I = high	Ensure a wide range of government counterpart agencies employees at various levels are aware of and involved in the project	HIV/AIDS Portfolio Manager			
4	Fluctuations in USD/KZT exchange	10.11.2010	financial	P = medium I = medium	Project manager will adjust the project budget to the situation and	Project manager			

				consult with the national partners on the project activities.					
			Head of Good Governance and Local Development Unit	CO will ensure smooth implementation of the project. If the change in project management occurs, CO will select and change the project staff and mentoring/training accordingly.	P = low I = medium	operational	10.11.2010	Change in project management	5

Annex 3: Terms of Reference

I. Position Information	
Job code title:	Finance/Administrative Assistant
Pre-classified Grade:	SB2
Supervisor:	HIV/AIDS Portfolio Manager

II. ORGANIZATIONAL CONTEXT

Under the guidance and supervision of the HIV/AIDS Portfolio Manager, the Finance/Administrative Assistant provides financial and administrative services to programme/ projects in HIV/AIDS area ensuring high quality and accuracy of work. The Finance/Administrative Assistant promotes a client, quality and results-oriented approach.

The Finance/Administrative Assistant works in close collaboration with the staff in the Governance and Local Development unit, Operations and other UN agencies staff to exchange information and ensure consistent service delivery.

III. FUNCTIONS / KEY RESULTS EXPECTED
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Summary of Key Functions:

- Support to implementation of the regional CAAP project;
- Financial and administrative support to programme/projects in the area of HIV/AIDS;
- General user functions in Atlas;
- Support to knowledge building and knowledge sharing;

1. Provides support to implementation of the regional CAAP project, focusing on

achievement of the following results:

- ensures timely preparation/submission of the monthly financial report to the Implementing Partner;
- ensures proper recording, distribution and utilization of donor funds, monitors the project cash balance;
- supports preparation of budget revisions and project financial reports;
- acts as a liaison on administrative and financial issues between AFAs in the other country offices and the Implementing Partners;
- assists in conducting regular audits of the project;
- performs other duties as required.

- 2. Provides financial and administrative support to programme/projects in the area of HIV/AIDS, focusing on achievement of the following results:
 - assists with preparation of project budgets and budget revisions;
 - assist in making travel arrangements for national and international consultants/experts, and programme staff of GLD Team in connection with their domestic and international project-related travels;
 - assists in organizing meetings, workshops and missions related to development of project proposals;
 - assists in drafting contracts for local and international experts and consultants, and sub-contracting institutions;
 - makes disbursements in accordance with activities and budgets of approved project preparation grants arranges appointments and meetings, acting as an interpreter when required and/or taking minutes;
 - ensures full compliance of finance and administrative activities with UN/UNDP rules, regulations, policies and strategies;
 - compiles and prepares briefing and presentation materials, background information and documentation for meetings and missions;
 - ensures translation of simple correspondences, when needed;
 - provides inputs to preparation of the unit's results-oriented workplans;
 - ensures that project disbursements are valid and supported by adequate documentation;
 - maintains general office files and keep information and reference material in a manner that allows easy reference retrieval;
 - prepares/maintains files and records pertinent to asset management;
 - performs other duties as required.

3. Performs **general user functions in Atlas**, focusing on achievement of the following results:

- assists in creation of projects in Atlas, preparation of budget revisions, revision of project award and project status, determination of unutilized funds, operational and financial closure of a project
- assists in timely update of project modules in Atlas;
- generates and distributes Atlas reports as required;
- creates e-reqs and ensures proper follow-up on project disbursements;
- performs other duties as required.

4. Support **knowledge building and knowledge sharing**, focusing on achievement of the following results:

- participates in the training for the projects staff on finance/administration;
- trains other staff as required on issues within the area of responsibility;
- provides contributions to knowledge networks and communities of practice.

IV. IMPACT OF RESULTS

The key results have an impact on the efficiency of the unit. Accurate presentation of information strengthens the capacity of the office and promotes the image of UNDP as an effective contributor to the development of the country.

V. COMPETENCIES AND CRITICAL SUCCESS FACTORS

Corporate Competencies:

- Demonstrates commitment to UNDP's mission, vision and values
- Displays cultural, gender, religion, race, nationality and age sensitivity and adaptability

Functional Competencies

Knowledge Management and Learning

- Shares knowledge and experience
- Actively works towards continuing personal learning and development in one or more practice areas, acts on learning plan and applies newly acquired skills

Development and Operational Effectiveness

- Ability to perform a variety of standard specialized and non-specialized tasks and work processes that are fully documented, researched, recorded and reported
- Ability to review a variety of data, identify and adjust discrepancies, identify and resolve operational problems
- Ability to perform work of confidential nature and handle a large volume of work
- Good knowledge of administrative rules and regulations
- Strong IT skills, knowledge of Atlas
- Ability to provide input to business processes re-engineering, implementation of new systems

Client-orientation and Self-Management

- Focuses on result for the client and responds positively to feedback
- Consistently approaches work with energy and a positive, constructive attitude
- Remains calm, in control and good humored even under pressure

VI. Recruitment Qualifications

Education:	University degree in Finance, Management, Economics or other related fields.
Experience:	2 -3 years of relevant work experience in administration, procurement and finance. Knowledge of UNDP procedures would be an asset. Experience in HIV/AIDS programming is also an asset. Excellent computer skills in Word and Excel. Accuracy with figures.
Language Requirements:	Proficiency in English and Russian, Knowledge of Kazakh will be a major asset.



UNITED NATIONS DEVELOPMENT PROGRAMME

Special Service Agreement

No AD10-724/e

MEMORANDUM OF AGREEMENT MADE THIS 24 day of November, 2010 between the United Nations Development Programme (hereinafter referred to as "UNDP") on behalf of the Joint United Nations Programme on AIDS (hereinafter referred to as "UNAIDS") and Mr. Marat Tukeev (hereinafter referred to as "the Individual contractor") whose address is micro rayon Samal - 1, build. 37, Apt 25, Almaty, Kazakhstan, tel. 379 11 80.

WHEREAS UNDP desires to engage the services of the Individual contractor on the terms and conditions hereinafter set forth, and; WHEREAS the Individual contractor is ready and willing to accept this engagement of services with UNDP on the said terms and conditions;

WHEREAS the Individual contractor has been identified and selected by UNAIDS,

WHEREAS UNDP has been asked by UNAIDS, a UNDP contract to Mr. Marat Tukeev,

WHEREAS the Individual contractor is ready and willing to accept this engagement of service with UNAIDS by signing the present contract under UNDP letter head and involving the said term and conditions, NOW, THEREFORE, the Parties hereby agree as follows:

1. Nature of services

The Individual contractor shall perform the following services as described in the Terms of References attached hereto as (Annex I). Duty Station(s) Almaty. Itinerary:

If travel is required and authorized by UNDP or UNAIDS, and an airline ticket is not provided by UNDP or UNAIDS, the Individual contractor is entitled to reimbursement of airfare for the above itinerary, upon presentation of used ticket stubs in an amount not to exceed the economy class fare or excursion fare, if applicable. The Individual contractor will receive a daily subsistence allowance at United Nations authorized base rates when traveling outside Almaty. Other necessary travel related expenses approved by UNDP or UNAIDS, may be reimbursable on the basis of UNDP's current practice and authorized rates and after formal approval of UNAIDS.

2. Status of the individual contractor

The individual contractor shall be considered as having the legal status of an independent contractor, and as being an Expert on Mission for the purposes of the Convention on the Privileges and Immunities of the United Nations. The Individual contractor shall not be considered in any respect as being a staff member of the United Nations, UNAIDS or UNDP by means of representation of UNAIDS.

3. Instructions

The Individual contractor's work under the current contract will be managed and supervised by UNAIDS. Individual contractor will receive instructions directly from UNAIDS in relation to the execution of his/her obligations under the current contract.

4. Duration of Agreement

This Agreement shall commence on the 24 day of November 2010, and shall expire upon satisfactory completion of the services described above, but not later than the 3 day of December 2010, unless sooner terminated in accordance with the terms of this Agreement. This Agreement is subject to the General Conditions for SSA which are posted at _____ and are incorporated herein by reference (Annex II).

5. Consideration

As full consideration for the services performed by the Individual contractor under the terms of this Agreement, UNDP, by means of representation and on behalf of UNAIDS shall pay the Individual contractor upon certification by UNAIDS that the services have been satisfactorily performed, the sum of US\$ 1000 in the national currency (KZT) equivalent. Such sum shall be paid on a:

Daily _____ Weekly _____ Total fee: equivalent of US\$1000
Monthly _____ Lump Sum _____ Currency: KZT

Where two currencies are involved, the rate of exchange shall be the United Nations Operational Rate of Exchange on the day the UNDP instructs its bank to effect the payment(s). The fee is payable on satisfactory completion of the Agreement. For payment in installments, certification of satisfactory performance at each phase is required.

PHASE	AMOUNT

United Nations Development Programme



Kazakhstan

26 ноября 2010 г.

Уважаемый Марат Сансызбекович,

Благодарим Вас за участие в заседании Комитета по оценке совместного проекта ПРООН/ЮНЭЙДС «Укрепление потенциала по выполнению стратегии по снижению вреда и профилактике и лечению ВИЧ/СПИД в пенитенциарной системе», состоявшегося 10 ноября с использованием видеосвязи между г. Астана и г. Алматы.

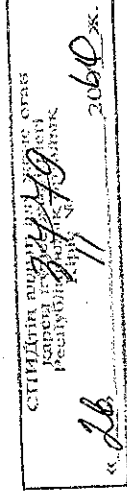
Просим подписать проектный документ от имени Республиканского центра по профилактике и борьбе со СПИД (в приложении).

Надеемся на плодотворное сотрудничество.

С уважением,

Гаухар Жорабекова
Программный аналитик
Координатор по программам ВИЧ/СПИД

Генеральному директору
Республиканского центра по профилактике
и борьбе со СПИД
Г-ну Тулееву М.С.



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