

Chapter 1 Background of the Project

1-1 Circumstances and Contents of the Request

1-1-1 Circumstances of the Request

(1) Present Situation of Health Sector

The public health and sanitation indices of the Republic of Bolivia (hereinafter referred to as "Bolivia") surely improved in 1994 in the comparison with those in 1990 as shown in Table 1, however were inferior in comparison with those of other Latin American countries. This Table shows that the health and medical conditions of Bolivia are still very poor.

In particular, it is noted that the mortality of babies and that of pregnant and nursing mothers are high, and it is a pressing need to improve the health of babies as well as pregnant and nursing mothers.

The death of babies is mainly caused by acute hypohydration, diarrheal disease and acute inspirator disease, and most of infant diseases are occupied by infection.

In addition, the country consists of areas of diverse topographic features, so that the distribution of infections including malaria, Chagas disease, leishmania and tuberculosis and the risk of infection are largely different in areas.

Table 1. Health and Sanitation Indices

Index	Bokivia		Latin American Countries in 1996	Developed Countries in 1996
	1960	1994		
Rough birth rate (per 1,000 persons of population)	46	34	23	9
Rough mortality (per 1,000 persons of population)	22	18	6	12
Baby mortality (per 1,000 births)	168	75	35	6
Mortality of infants of less than 5 years old (per 1,000 births)	247	116	43	7
Mortality of pregnant and nursing mothers (per 100,000 births)	416	390	190	13
Special total birth rate	7	5	3	2
Average rate of increase of population per year (%)	2	2	2	1
Average remaining life at birth (years)	43	60	69	77
Vaccination rate (% for infants of less than one year old)	41 (in 1990)	85	78-93	83-89
Vaccination rate (% for puerperal tetanus)	46 (in 1990)	20	58	-

Source: Country Health Profile 1996, Encuesta Nacional de Demografía y Salud 1994, White Paper of World Children 1998

(2) Vaccination Expansion Program

In Bolivia, the Vaccination Expansion Program (Programa Ampliado de Inmunización - hereinafter referred to as "PAI") has been implemented in the framework of the National Plan. The PAI has been promoted for 5 types of diseases for which vaccination is effective. The result in 1997 shows that the cases of those diseases decreased entirely below the year 1991.

Table 2. Change in Reported Cases of PAI Diseases

Disease*	1991	1992	1993	1994	1995	1996	1997
Measles	2,108	4,037	3,391	1,448	76	7	8
Pertussis	37	284	251	292	36	14	138
Diphtheria	2	12	16	17	5	1	3
Tetanus neonatorum	48	42	21	17	20	14	8
Poliomyelitis	0	0	0	0	0	0	0

Source: Department of Health and Social Provision, Pan-American Health Organization (PAHO)

However, the cases of pertussis and diphtheria in 1997 increased in comparison with those in 1996. It is presumed that the vaccination rate in 1997 showed a remarkable drop due to shortage of vaccines as seen from Table 3.

Table 3. Vaccination Rate for PAI Diseases

Disease	1995 (MOHSP)	1996 (PAHO/USAID)	1997 (PAHO/USAID)
BCG	81.9%	98.0%	82.0%
Measles	77.1%	98.0%	94.0%
DPT	82.3%	81.7%	67.0%
Tetanus	N/A	N/A	N/A
Poliomyelitis	83.5%	82.1%	68.0%

Source: Department of Health and Social Provision, Pan-American Health Organization (PAHO)

The situation of promoting vaccination in Bolivia has been inactive since 1996 resulting from institutional weakness of the PAI, insufficient and unstable budget allocation by the government, and also the inconsistent social communication policy. To cope with these problems, the Comité de Cooperación Intelectual (hereinafter referred to as "CCI") that is presided by Vice Minister of Welfare has planned the new five-year program for reinforcement of vaccination (PAI-II) in cooperation with the

World Bank and the Pan American Health Organization (hereinafter referred to as "PAHO").

The PAI-II has defined three activity plans as follows:

- ① Institutional reinforcement of vaccination policy
Setup of special budget limit for vaccines, increase of specialists, introduction of a responsibility system and others
- ② Reinforcement of a network for improving the rate of operation and introducing new vaccines
New introduction of vaccines against influenza B and hepatitis B, introduction of pentavalent vaccine, expansion and new building of governmental and prefectural cold storage facilities and reinforcement of the cold chain system.
- ③ Reinforcement of information system and supervision system
Introduction of a new management system to supervise the operational situation of vaccination in cooperation with other projects related to the supervision system

Under these circumstances, this Project is intended for requesting our country to procure part of the quantity of vaccines to be secured in the vaccine procurement plan for 1999.

In the meantime, the country has started their efforts to rehabilitate the cold chain network and to strengthen its operation as the important infrastructure for reinforcement and expansion of vaccination. The fact-finding survey and the vaccination reinforcement activity program have been planned and reported by the PAHO, resulting in the 5-year cold chain buildup program in the framework of the PAI-II.

In this program, the urgent necessities for the cold chain related facilities and equipment are 1) renewal of the obsolete freezer, refrigerator and associated equipment and 2) expansion of the storage capacity of the central low-temperature storage facilities at the Headquarters (La Paz) and that of the prefectural low-temperature storage facilities at Cochabamba and Santa Cruz. This Project requests support of such renewal of obsolete freezer, refrigerator and associated equipment in addition to the procurement of the above-mentioned vaccines.

In this connection, new building and expansion of the central and prefectural low-temperature storage facilities at the Headquarters (La Paz), and Cochabamba and Santa Cruz respectively will be undertaken by the World Bank.

1-1-2 Contents of the Request

The PAI of Bolivia has started the activities under the new 5-year plan (1999 to 2003). This plan includes newly vaccination against yellow fever and hepatitis B as well as continuous extermination of poliomyelitis, extermination of measles and tetanus neonatorum.

In recent years, the quantities of vaccines have been short due to scarcity of the national funds in Bolivia. Therefore, Bolivia has requested a part of the quantity of vaccines to be procured under the vaccine procurement plan for 1999 and syringes necessary for vaccination. In addition, Bolivia has requested procurement of the equipment to be urgently renewed due to its obsolescence out of the cold chain equipment that is indispensable for proper distribution of vaccines.

(1) Vaccines and syringes

1) BCG (tuberculosis)

172,297 doses of the required quantity for vaccination for infants of less than one year old

2) Pentavalent vaccine

The pentavalent vaccine is the vaccines against hepatitis B and HIB (influenza B) that are added to 3-type mixed vaccine (DPT <diphtheria, pertussis and tetanus>), and this vaccine will be operated under the PAHO Recommendation since 1999 because of its convenience that the times of vaccination can be reduced. 187,292 doses of the quantity required for three times of vaccination for infants of less than one year old.

3) OPV (poliomyelitis)

386,306 doses of the quantity required for four times of vaccination for infants of less than one year old

4) MMR (measles, mumps and rubella)

124,889 doses of the quantity required for vaccination for infants of 12 to 23 months old

5) DT (diphtheria and tetanus)

689,000 doses of the quantity required for two time of vaccination for women of the ages capable of pregnancy in dangerous areas and pregnant and nursing mothers

in other areas

6) Yellow Fever

812,500 doses of the quantity required for vaccination for 110% of the population in contaminated areas

7) Disposable syringes

As the syringes necessary for vaccination as mentioned above, 87,000 pieces of 0.05 cc for BCG, and 1,440,000 pieces of 0.5 cc for other vaccines such as MMR, yellow fever, pentavalent and DT vaccines

Table 4. Contents of the Request for Vaccines and Syringes

Item	Quantity	Use	Priority
BCG vaccine	172,297 doses	Vaccination for infants of less than one year old + 10% of infants of 1 to 4 years old	B
Pentavalent vaccine	187,292 doses	3 times of vaccination for infants of less than one year old	B
OPV vaccine	386,306doses	4 times of vaccination for infants of less than one year old + 20% of infants of 1 to 4 years old	B
MMR vaccine	124,889doses	Vaccination for infants of 12 to 23 months old + 20% of infants of 2 to 4 years old	B
DT vaccine	689,000 doses	2 times of vaccination for women of the ages capable of pregnancy in dangerous areas + pregnant and nursing mothers	B
Yellow Fever vaccine	812,500 doses	Vaccination for all persons in contaminated areas	B
Syringes	87,000 pieces	0.05 cc capacity for BCG vaccine	B
Syringes	1,440,000 pieces	capacity for other vaccines	B

(2) Cold chain equipment

The study on the present conditions of the existing cold chain equipment all over the country was made by PAHO during the period of one month from October to November 1998. Based on the result of the study, the request the following equipment of which urgent renewal is required has been made:

1) Freezers and Refrigerators

100 units of “general refrigerator” for the facilities with availability of 24-hour power supply; 100 units of “freezer/refrigerator” of small capacity type, 300 units of middle capacity type and 80 units of large capacity type that are capable of cooling with ice packs, for the facilities with availability of 10-hours/day or more power supply; 15 units of “refrigerator with solar power generator” for the facilities in areas where it is difficult to procure electricity and propane gas

2) Voltage Regulator

200 units for the areas with large voltage fluctuations of power supply in which freezers and refrigerators are installed

3) Vaccine Carrier

2,000 units of small-capacity vaccine carriers and 150 units of large-capacity vaccine carriers for vaccine transportation

4) Thermometer

2,000 pieces of alcoholic thermometers for temperature control for vaccine storage

5) LPG Cylinder and LPG Regulator with Hose

In this Project, 480 units of the electric-driven freezer/refrigerator will be installed. 350 units of 487 units of freezer/refrigerator of LPG gas/electric absorption type that are used with electric power supply will be renewed by the newly installed equipment. The removed absorption type freezers/refrigerators will be re-deployed and driven by LPG gas in the areas where electric power supply is not enough. One unit of LPG cylinder for operation and for charging reserve each will be provided for each absorption type refrigerator, so that the request for a total of 700 units of cylinders has been made. This request is based on the policy that the gas-driven type freezers/refrigerators will be reduced nationwide in the future along with the improved electricity condition because the stable supply of LPG gas is difficult and its running cost is high.

As to the reducing valves with hose, the request for a total of 600 sets has been made: namely 350 sets for redeployment of freezers/refrigerators and 250 sets for renewal of existing gas-driven freezers/refrigerators.

6) Plastic Trays

1,500 plastic trays for sorted management of vaccines in refrigerators

A list of cold chain equipment requested in this Project is shown in Table 5.

Table 5. Contents of the Request for Cold Chain Equipment

Item	Quantity	Use
Icelined Refrigerator & Icepack Freezer	300 units	For cooling ice packs and vaccines. To be installed in a place where electricity is available for 10 hours/day or more.
Icelined Refrigerator	80 units	For cooling ice packs and vaccines. To be installed in a place where electricity is available for 10 hours/day or more.
Ice lined Refrigerator	100 units	For cooling ice packs and vaccines. To be installed in a place where electricity is available for 10 hours/day or more.
Refrigerator	100 units	For cooling ice packs and vaccines. For short-time storage of vaccines. To be installed in a place where stable power supply is available.
Solar Refrigerator System	15 units	For cooling ice packs and vaccines. To be installed at a place where gas and electricity supply is difficult.
Vaccine Carrier	2,000 units	For vaccine transport and for small lots of stock
Vaccine Carrier	150 units	For vaccine transport
Voltage Regulator	200 units	For electric refrigerators. To be installed in a place where power supply is unstable.
Thermometer	2,000 pieces	For temperature control for vaccines
LPG cylinder	700 pieces	For existing absorption type refrigerators
LPG Regulator	600 pieces	For existing absorption type refrigerators
Plastic tray	1,500 pieces	For vaccine sorting in refrigerator

Chapter 2 Contents of the Project

2-1 Objectives of the Project

The objective of this Project is to reinforce and expand the vaccination system of Bolivia by procuring the vaccines, syringes and cold chain equipment necessary for vaccination that is indispensable for improvement and maintenance of the health of children.

2-2 Basic Concept of the Project

(1) Basic Concept

The government of Bolivia considers the reinforcement of countermeasures against infection as one of the three important issues in the health and medical field. In this concept, they plan to reinforce the PAI-II and set their target for vaccination to 90% in 2002. To achieve this target, it is indispensable to procure the required quantity of vaccines and develop the cold chain network to expand the vaccination system to the national level.

This Project is intended for procuring part of the quantity under the vaccine procurement plan for 1999 in the PAI-II program and the syringes required for vaccination as well as for renewal of the obsolete equipment out of the freezer and refrigerator facilities for cold chain that have been deployed throughout the country.

(2) Contents and Scale

① Vaccines and Syringes

The vaccinated, the required quantities of vaccines and the procured quantities under the vaccine procurement plan for 1999 in the PAI-II program are described in Table 6.

Table 6. Contents of the vaccine procurement plan and the procured quantities

Type	Times of vaccination	Population to be vaccinated ①	Population to be vaccinated ②	Required quantity ①+② (doses)	Loss rate %	Require quantity including Loss	Procured quantity from Japan
BCG	1	249,723 (1)	94871 (a)	344,594	100	689,188	172,297
Pentavalent DPT/HB/HIB	3	249,723x3 (1) 749,169	0	749,169	0	749,169	187,292
OPV	4	249,723x4 (1) 998,892	189743 (b)	1,188,635	30	1,545,226	386,306
MMR	1	243,164 (2)	141110 (c)	384,274	30	499,556	124,889
DT	2	1,0060,000 (3) 2,120,000	0	2,120,000	30	2,756,000	689,000
Yellow fever	1	2,500,000 (4)		2,500,000	30	3,250,000	812,500
Total				7,286,672		9,489,139	2,372,284

Notes:

(1) Infants of less than one year old

(2) Infants of 12 to 22 months old

(3) Population capable of pregnancy in dangerous areas (800,000) + pregnant and nursing mothers (260,001)

(4) 99% of population in contaminated areas (yellow fever infected areas)

(a) 10% of infants of one to 3 years old

(b) 20% of infants of one to 3 years old

(c) 20% of infants of 2 to 3 years old

* BCG vaccine is 20 doses/vial, so that the loss rate is set to 100%.

* The 5-type mixed vaccine is 1 dose/vial, so that the loss rate is not available.

* The actual procurement quantity of each vaccine is counted as the fractions not lower than 100 are raised to the unit of 1000.

In the PAI-II, as described above, the required quantity of each vaccine is counted from the population to be vaccinated. The loss counted herein includes broken vials and the vaccine opened once that are disposed at the end of a day. For instance, when only one child visiting with its mother is vaccinated in a day, the remaining 19 doses of BCG vaccine are disposed of and counted as a loss. The quantity of each vaccine to be procured from Japan is 25% of the required quantity including loss.

The PAI-II plans to procure 1.25 times of the required quantity of each vaccine including loss in the vaccine procurement plan for 1999. 25% of the reserve procurement is prepared for any unexpected situation such as delay of the vaccination schedule for 2000 or any case of abrupt occurrence of infection. The procurement plan includes Bolivia, the World Bank, Belgium and Japan that vaccines are to be procured from. Therefore, the quantity of procurement from Japan is approximately 20% of the total quantity of procurement.

The required quantity of syringes to meet the planned quantity of vaccine procurement as described above is shown in Table 7.

Table 7. Procured Quantity of Syringes

Type	Vaccine	Quantity	Total	Required Quantity	Loss Rate	required Quantity including Loss	Procured Quantity
0.05ml	BCG	344,594	344,594	86,149	1%	87,011	88,000
0.5ml	MMR	384,274	5,753,443	1,438,361	1%	1,452,745	1,453,000
	Yellow Fever	2,500,000					
	Pentavalent	749,169					
	DT	2,120,000					
Total		6,098,037	6,098,037	1,524,510		1,539,756	1,541,000

In this Project, it is also planned to procure the safety boxes in the quantity for all the procured quantity of syringes (100 syringes per box) in order to safely dispose of used syringes.

② Cold Chain Equipment

It is also planned to procure the equipment and materials requiring urgent renewal based on the study on the present conditions of existing equipment all over the country that has been made by PAHO as described above. A deployment schedule table by city or town has been drawn up for these equipment and materials (as attached materials). The equipment and materials that are short in connection with the cold chain network are also planned as follows:

- | | | |
|-----|---|--------------|
| 1) | Icelined Refrigerator & Icepack Freezer | 300 units |
| 2) | Icelined Refrigerator | 80 units |
| 3) | Icelined Refrigerator | 100 units |
| 4) | Refrigerator | 100 units |
| 5) | Solar Refrigerator System | 15 units |
| 6) | Vaccine Carrier | 2,000 units |
| 7) | Vaccine Carrier | 150 units |
| 8) | Voltage Regulator | 200 units |
| 9) | Thermometer | 2,000 pieces |
| 10) | LPG cylinder | 700 pieces |
| 11) | LPG Regulator | 600 units |
| 12) | Plastic tray | 1,500 pieces |

2-3 Basic Design

In the basic design of this Project, the contents of the PAI-II, the conditions of support by the international organizations or each country of procurement, the existing cold chain system and the natural and social conditions of Bolivia will be considered and the basic design will be carried out in accordance with the policy as described below:

2-3-1 Design Concept

This Project is promoted in the framework of the Phase II of the "Programa Ampliado de Inmunizacion" (PAI-II) that Bolivia started in 1999. The concrete activities are to procure parts of the planned quantities of vaccines and syringes required for vaccination in the first year of the PAI-II respectively, and to procure the freezers/refrigerators and other equipment to be renewed in high urgency in the cold chain system improvement and reinforcement plan to renew obsolete cold chain equipment and materials.

(1) Cooperation with Donor Organizations and Countries

The development of the Health & Medical Sector in Bolivia has been made in support and cooperation offered by many international organizations and countries. For the PAI-II itself, the World Bank and the PAHO has participated in and after the planning stage and the contents of the development program have been determined on the condition that donors will offer cooperation in various plan fields.

Therefore, the procurement of vaccines and syringes in this Project is planned to be shared by the World Bank, the Belgian Government and Japan. The procurement of cold chain equipment and materials covers those of the equipment and facilities requiring urgent improvement in the "Cold Chain Improvement and Reinforcement Program", and the central and prefectural vaccine refrigerator facilities expansion and new building program to improve the facilities will be undertaken by the World Bank. The design of this Project will be made in full consideration of this background.

(2) Transportation and Delivery

The delivery place of the equipment and materials to be procured in this Project will be the La Paz city, Bolivia. The procured vaccines and syringes will be kept in temporary storage in the central refrigerating warehouse for biological preparation and other equipment and materials in the medical supplies warehouse owned by the

Ministry of Health and Social Provision. The central refrigerating warehouse is rather small, but its expansion work will be carried out under the support of the World Bank, and completed in July to August in 1999. The delivery for this Project will come after completion of the expansion work, causing no problem.

Transportation to the delivery place of vaccines will be made by air to the La Paz airport, where those will be delivered to the Bolivia side, and the goods to be procured domestically will be delivered to the place in the city of La Paz as designated above. Other equipment and materials will be transported by sea and landed on the Arica port in Chile because Bolivia, an inland country, is authorized to use part of the Arica port under an agreement between both Governments. The landed goods will be transported by land to the city of La Paz and delivered to the designated place of delivery in the city.

(3) Procured Items

The items to be procured in this Project are listed in Table 8. As to spare parts, spare parts for the freezers/refrigerators, refrigerators and solar-type refrigerators except ordinary refrigerators will be procured. The quantity of spare parts as deemed to be appropriate will be determined in consideration of the conditions of the local areas and prepared to be made available at costs of 1% to 2% of the prices of the above equipment. The solar-type refrigerator using a number of electronic parts will be liable to have a higher failure rate than the ordinary refrigerator, so that 2.4% of the parts in use will be supplied.

(4) Suppliers

The equipment and materials to be procured in this Project are vaccines, syringes and cold chain equipment and materials. The design policies in regard to the suppliers of those items are as follows:

① Vaccines

No vaccine is manufactured in Bolivia. In the case of procuring vaccines from any international organization such as WHO, qualified suppliers are to be selected from the list of qualified vaccine suppliers (suppliers pre-qualified by the UN agency), that includes vaccine makers in OECD countries including Japan, India, Indonesia and Croatia. Therefore, vaccines to be procured in this Project will be supplied by some qualified suppliers (UN registered suppliers) in conformance with

the above regulation, and the suppliers will be from Japan and any third country.

② Syringes

The syringes to be procured in this Project are two disposable types of 0.05 cc for BCG vaccination and of 0.5 cc for other vaccines. As both types of syringes are not manufactured in Bolivia and in Japan, the supplier will be from any third country.

③ Safety box

In consideration of safe disposal of used syringes, this Project will procure safety boxes. The quantity of safety boxes for all syringes counted at a rate of 100 syringes per box will be procured. Since such safety box is not manufactured in Bolivia, the suppliers of safety boxes will be from Japan and any third country.

④ Cold chain equipment and materials

The equipment and materials requiring urgent renewal will be supplied in accordance with the cold chain system improvement plan prepared by the PAHO. The freezers/refrigerators will be CFC-free products.

- Cold chain-dedicated freezer/refrigerator

The cold chain dedicated refrigerators are not manufactured in Bolivia, and the product for developing countries to conform to the WHO standard or the equivalent is not manufactured also in Japan. Therefore, this equipment will be supplied from any third country.

- Vaccine Carrier

The vaccine Carriers manufactured in Bolivia and in Japan are not authorized, and those will be supplied from any third country.

- Ordinary refrigerator

Ordinary refrigerators have been requested by the smallest units of the cold chain network for their easy maintenance and convenience in use. Such refrigerators are not produced in Bolivia, but imported from the third countries and sold in Bolivia as ordinary home appliances. In considering the maintenance after introduction of the ordinary refrigerators, the products that are commercially available will be supplied in Bolivia.

- LPG cylinder and LPG Regulator

The gas cylinders and LPG Regulators used in Bolivia are the products qualified by the National Gas Supply Public Corporation. Therefore, they will be supplied in Bolivia.

- Plastic tray

The plastic tray will be used to sort and preserve vaccines in refrigerators. The plastic trays of reliable quality are commercially available in Bolivia at low costs. Therefore, they will be supplied in Bolivia.

(5) Equipment Specifications

① Vaccines

The required quantity of each type of vaccine and the number of persons to be vaccinated will be calculated from the statistics of population. This vaccination project is not intended for a campaign of vaccination, but for operation of ordinary vaccination, and the loss rate will be counted. The BCG vaccine is prepared in 20-dose vials, so that its loss rate will be higher than other types of vaccine. Therefore, the loss rate of the BCG vaccine is counted to be 100%. The pentavalent vaccine has no loss because it is single-dose vial. The loss rate of other types of vaccine is counted to be 30%. Vaccine procurement will be shared by Japan and other donor organizations, and 25% of the required quantity of each type of vaccine including the loss rate will be procured by Japan.

② Syringes

Disposable syringes will be procured in consideration of the infection risk, and safety boxes will also be procured for safe disposal of used syringes. The safety box is a robust box dedicated to disposal of syringes and it is of the standard size that is able to contain more than 100 syringes of 0.5 ml capacity.

③ Cold chain equipment

Of the cold chain equipment, the freezer/refrigerator to be selected for this Project is mainly intended for storing vaccines and designed for use in developing countries (where availability of electricity is poor.) Therefore, the products conforming to the WHO standard or having the equivalent performance will be procured.

2-3-2 Basic Design

(1) Entire Plan

The specifications and uses of the equipment and materials that are planned to be procured in this Project are as described in Table 8 below.

Table 8. List of Equipment and materials

No.	Equipment	Specifications	Use	Quantity
1	Icelined Refrigerator & Icepack Freezer	40l,220VAC 50Hz, up to +2.1°C	For cooling ice packs and vaccines, to be installed in a place where power supply is available for 10 hours per day or more.	300 units
2	Icelined Refrigerator	169l,220VAC 50Hz, up to +3°C	For cooling ice packs and vaccines, to be installed in a place where power supply is available for 10 hours/day or more	80 units.
3	Icelined Refrigerator	20l, 220VAC 40Hz, up to +2.6°C	For cooling ice packs and vaccines, to be installed in a place where power supply is available for 10 hours/day or more	100 units.
4	Refrigerator	340l, 220VAC 50Hz	For cooling ice packs and vaccines and for preserving vaccines for a short time, to be installed in a place where power supply is stabilized.	100 units.
5	Solar Refrigerator System	38l, 12VDC, up to +6.9°C	For ice packs and vaccines, to be installed in a place where gas and electricity supply is difficult.	15 units
6	Vaccine Carrier	1.7l, polyethylene-made, empty weight 2.5kg	For transport and stock of small lots of vaccines	2,000 units
7	Vaccine Carrier	20.7l, polyethylene-made, empty weight 17kg	For transport of vaccines	150 units
8	Voltage Regulator	Input 144–277VAC, output 200–240VAC, 0.5kW	For electrical refrigerators, to be installed in a place where power supply is unstable.	200 units
9	Thermometer	-30 to +50°C, alcoholic type, 100 pieces/box	For vaccine temperature control	20 boxes

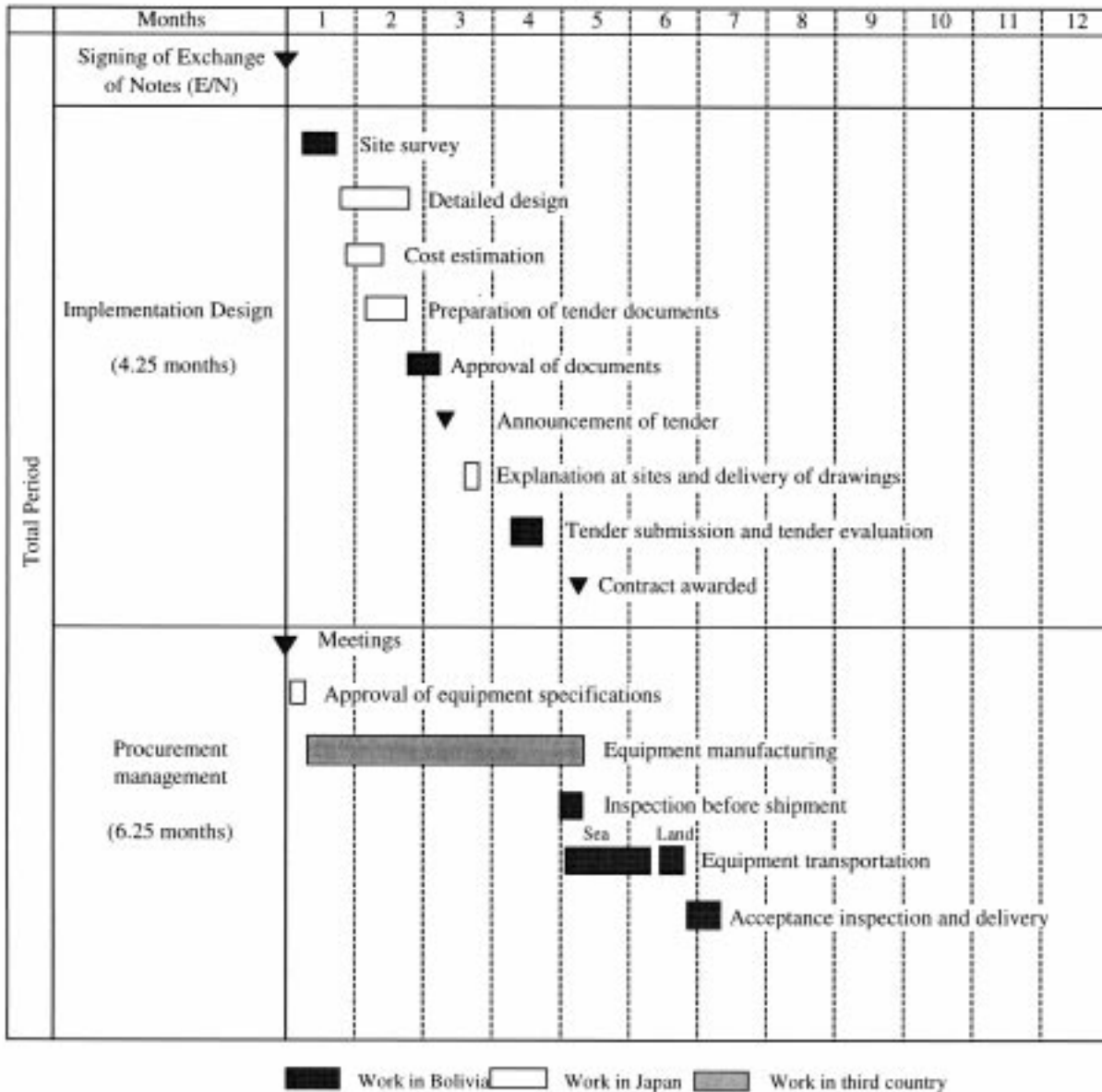
No.	Equipment	Specifications	Use	Quantity
10	LPG cylinder	Inner capacity 10kg	For existing absorption type refrigerators	700 units
11	LPG Regulator	For 10kg LPG cylinders, with hose	For existing absorption type refrigerators	600 units
12	Plastic tray	325 x 195 x 45 mm	For sorting vaccines in refrigerator	1,500 pieces
13	BCG Vaccines	20-dose vial, 50 vials/box	For vaccination for infants of less than one year old and 10% of infants of one to 4 years old	173 boxes
14	Pentavalent Vaccines	1-dose vial, 2-1,000 vials/box	For three times of vaccination for infants of less than one year old	188 boxes
15	OPV Vaccines	10-dose vial, 100 vials/box	For four times of vaccination for infants of less than one year old and for one time of vaccination for 20% of infants of one to 4 years old.	387 boxes
16	MMR Vaccines	10-dose vial, 100 vials/box	For two times of vaccination for infants of 12 to 23 months old and one time of vaccination for 20% of infants of 2 to 4 years old.	125 boxes
17	DT Vaccines	10-dose vial, 100 vials/box	For two times of vaccination for women capable of pregnancy in dangerous areas and pregnant and nursing mothers	689 boxes
18	Yellow Fever Vaccines	10-dose vial, 100 vials/box	For one time of vaccination for all persons in contaminated areas	813 boxes
19	Syringes (0.05ml)	0.05 ml, 1,000 pieces/box	For vaccination (BCG)	88 boxes
20	Syringes (0.5ml)	0.5 ml, 1,000 pieces/box	For vaccination (other vaccines)	1,453 boxes
21	Safety Box	5l, capacity of 100 syringes, 10 boxes/carton	For disposal of used syringes	1,541 boxes

Chapter 3 Implementation Plan

3-1 Implementation Plan

3-1-1 Implementation Schedule

Table 9. Diagram of Implementation Schedule



3-1-2 Obligation of the Recipient Country

The obligations of Bolivia in implementing this Project are as described below.

- (1) To provide the data and materials necessary for implementing the Project.
- (2) To secure the safety at project sites.
- (3) To pay the commissions arranged by the bank.
- (4) To promptly carry out the unloading and the customs clearance of the procured equipment and materials including vaccines and other equipment in Bolivia and to bear the expenses and charges required for these procedures.
- (5) To smoothly implement inland transportation after unloading the procured equipment and materials in Bolivia, and to bear the expenses and charges thereof.
- (6) To keep vaccines, equipment and materials in proper storage.
- (7) To make the most of the equipment for preservation and transportation, and to secure the expenses and personnel necessary and enough for maintenance management of the procured equipment and materials.
- (8) To secure the personnel necessary and enough for implementing the campaign
- (9) To try to raise the shortage of the fund necessary for implementing the campaign.
- (10) To take the measure for tax exemption for the articles to be carried in Bolivia by the personnel from Japan who are admitted into Bolivia for or in connection with the procurement of the equipment and materials and provision of services under the approved contract.

Chapter 4 Project Evaluation and Recommendation

4-1 Project effect

The PAI-II program that this Project is based on has been planned as a result of the primary vaccination expansion program with the cooperation of the World Bank, the WHO and the US Development Bank and it will be implemented in and after 1999. The PAI-II program is aimed at enhancing the vaccination rate and the practical effect of vaccination and improving the environment of health and sanitation mainly for babies and infants as well as pregnant and nursing mothers through various action plans such as vaccine procurement, improvement of the cold chain system, consolidation of the administrative and operational system, reinforcement of the surveillance system and training of human resources.

This Project will be the first year of work by going shares with the World Bank and Belgium

in procuring part of the required quantity of vaccines and with the World Bank in procuring necessary equipment and materials.

In the background as mentioned above, this Project is not an independent project, but constitutes a part of the action plans that the PAI-II will execute, and participates in the program of reinforcement of vaccination, widely development of the health and sanitation sector in Bolivia to which many international organizations and countries are offering organization and support.

Thus, this Project will greatly contribute to maintaining and improving the health of children in Bolivia and it is considered to be appropriate and reasonable as the project to which Japan should offer a grant aid.

4-2 Technical Cooperation and Relationship with Other Donors

As described above, the development in the health and medical field in Bolivia has been made in cooperation with many donors so far. On the occasion of implementing this Project, it is desirable that the cooperation and support offered by our country for the concerned sector will be more continuous and consistent by keeping closer relationship with other donor organizations and countries through mutual communications promoted at coordination meetings.

4-3 Recommendation

1) Distribution of cold chain equipment

The delivery of the cold chain equipment to be granted in this Project will be finished when it is delivered to the warehouse in La Paz owned by the Ministry of Health and Social Prevision. The equipment will be distributed to the cities and towns throughout the country as determined as the result of the study made by PAHO last year and to which the Ministry of Health and Social Prevision shall transport it to the planned destinations. Therefore, at the time of site study, the Study Team shall in advance appropriate the costs accruing from the distribution of the equipment by the Ministry of Health and Social Prevision, and they shall promptly distribute the equipment on receipt of it.

In the stage of operation, the time of delivery of the equipment into La Paz shall be finally settled and the consultant shall make efforts to have the Ministry of Health and Social Prevision take necessary procedures for the distribution so that the equipment is

distributed to the planned cities and towns without delay after delivery.

2) Monitoring of use of cold chain equipment

It is an indispensable matter for implementation of the PAI-II program that the procured equipment and materials will be effectively used. The problems of the existing cold chain network have been studied and reported so that various improvement plans can be executed for effective use of the network. This Project will cover mainly the renewal of obsolete equipment and materials, while the PAI-II will undertake the improvement of maintenance ability and training of users. In particular, the improvement of operation and management ability in the center to the smallest units of the public organization will be undertaken by USAID, and the training of maintenance specialists and the training of equipment users in each prefecture as well as cities, towns and villages have been started with support of the PAHO engineers.

From the matters as described above, the use conditions of the procured equipment and materials shall be monitored in Bolivia.

1. Member List of the Survey Team

	Name	Assignment	Institute
1)	Seiichi KINJO	Team Leader	Deputy resident representative JICA Bolivia Office
2)	Akeshi MORI	Equipment plan	JICS
3)	Takeshi MATSUO	Operation plan	JICS
4)	Shigeru IRIE	Interpreter	JICE

2. Survey Schedule

No.	Date		Survey Schedule
1	Jan. 9	Sat.	11:00 Narita(NH010) → 09:15 New York
2	Jan. 10	Sun.	18:00 New York (AA1485) → 21:19 Miami 23:30 Miami(AA923) →
3	Jan. 11	Mon.	06:54 La Paz Courtesy call to JICA, Courtesy call to Dep. of External Resources, Ministry of Finance
4	Jan. 12	Tue.	Meeting with PAHO and USAID, Courtesy call to Ministry of Health and Social Prevision
5	Jan. 13	Wed.	Meeting with Dep. of Health Service (with PAHO), Survey of central cold room
6	Jan. 14	Thu.	Meeting with Dep. of Health Service (with PAHO)
7	Jan. 15	Fri.	Meeting with Dep. of Health Service (with PAHO)
8	Jan. 16	Sat.	Collecting data, Meeting
9	Jan. 17	Sun.	Meeting
10	Jan. 18	Mon.	Meeting with Dep. of Health Service (with PAHO)
11	Jan. 19	Tue.	Meeting with Dep. of Health Service (with PAHO) Signing Minutes of Discussion, Site survey and marketing
12	Jan. 20	Wed.	Marketing, Meeting
13	Jan. 21	Thu.	Marketing, Report to Embassy of Japan
14	Jan. 22	Fri.	08:00 La Paz(AA922) → 15:45 Miami 17:20 Miami(AA860) → 20:21 New York
15	Jan. 23	Sat.	11:00 New York(NH009) →
16	Jan. 24	Sun.	14:50 Narita

3. List of Party Concerned

- 1) Embassy of Japan
 - Katuomi OKITSU Counselor
 - Tomio SHIMOKAWA Second Secretary
 - Tomoko NOMURA Second Secretary

- 2) JICA Bolivia office
 - Miki SEKIGUCHI Assistant Representative

- 3) Ministry of Health and Social Prevision
 - Dr. Guillermo Cuentas Yañez Minister
 - Dr. Fernando Cisneros del Carpio Director Dep. of International relation
 - Dr. Roberto Urquizo Director Dep. of Infant disease
 - Dr. Virgilio Prieto B. Director Dep. of Epidemiology
 - Dr. Oscar Landivar Zambrana Director Dep. of Health service
 - Dr. Guido Villa Gomes Director La Paz gastronomic Hospital
 - Dr. Justo Cortez Representative AIEPI
 - Dra. Rosario Quiroga P.A.I. Coordinator
 - Sr. Alberto Coca E. Dep. of Epidemiology
 - Dr. Erik Machicao Dep. of Epidemiology

- 4) Ministry of Finance
 - Sr. Victor Hugo Bacarreza Ch. Director Dep. of External resources

- 5) PAHO (OPS) Pan American Health Organization
 - Ing. Juan Guillermo Orozco Consultant Field of Health, environment
 - Dr. Oswaldo Barrezueta C. Consultant Field of Immunology
 - Ing. Victor Gomez Serna Consultant Field of Cold Chain
 - Dr. Percy Halkyer Consultant

- 6) USAID
 - Sr. Paul G. Ehmer Director Sector of Health

MINUTA DE ACUERDO

ESTUDIO DEL PROYECTO DE APOYO A LA SALUD DE NIÑOS
(PROGRAMA AMPLIADO DE INMUNIZACION)
EN LA REPUBLICA DE BOLIVIA

En respuesta a la solicitud de la República de Bolivia, el Gobierno de Japón decidió llevar a cabo el Estudio del Proyecto de Apoyo a la Salud de Niños (Programa Ampliado de Inmunización), denominado en lo sucesivo " el Proyecto", encargando esta responsabilidad a la Agencia de Cooperación Internacional del Japón (JICA). Del 11 al 22 de enero de 1999, JICA envió a la República de Bolivia una Misión de Estudio del Proyecto de Apoyo a la Salud de Niños, denominado en lo sucesivo "La Misión".

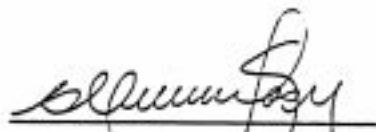
La Misión sostuvo una serie de deliberaciones con personeros del Gobierno de Bolivia y visitas de campo a una de las zonas objeto del Proyecto.

Como resultado de estas deliberaciones y estudios realizados, ambas partes dan su conformidad a los puntos descritos en el Documento Adjunto.

La Paz, 21 de enero de 1999



Lic. Seiichi KINJYO
Jefe de Misión de Estudio
Proyecto de apoyo a la Salud de Niños
JICA



Dr. Guillermo Cuentas Yañez
Ministerio de Salud y Previsión
Social
República de Bolivia



Lic. Alberto Valdés
Vice-ministro de Inversión
Pública Y Financiamiento
Externo,
Ministerio de Hacienda
República de Bolivia

DOCUMENTO ADJUNTO

1. OBJETIVO

El presente Proyecto tiene como objetivo contribuir al mejoramiento de la Salud de Niños en la República de Bolivia y al funcionamiento del sistema de vacunas.

2. AREAS OBJETO DE L PROYECTO

El área objeto de este Proyecto comprende todo el territorio de la Republica de Bolivia.

3. ENTIDAD RESPONSABLE Y EJECUTORA

La Entidad Responsable y Ejecutora de este Proyecto es el Ministerio de Salud y Previsión Social.

4. SOLICITUD DEL GOBIERNO DE BOLIVIA

Luego de las deliberaciones sostenidas con la Misión de Estudio, se presentó la solicitud de cooperación descrita en anexo 1. Los componentes incluidos, serán objeto de un análisis posterior en el Japón para su aprobación definitiva.

5. SISTEMA DE COOPERACION FINANCIERA NO REEMBOLSABLE DEL JAPON

- 1) El Gobierno de Bolivia tomó conocimiento del sistema de Cooperación Financiera No Reembolsable expuesta en el anexo 2, a través de la explicación dada por la Misión de Estudio.
- 2) El Gobierno de Bolivia, en caso de aprobarse la implementación del Proyecto bajo el sistema de Cooperación Financiera No Reembolsable, se compromete a asumir las responsabilidades descritas en el anexo 3, a fin de lograr una buena ejecución del Proyecto.

6. OTROS ASUNTOS RELACIONADOS

La parte japonesa y boliviana dan su confirmidad a los puntos que se detallan a continuación:

- 1) El Gobierno de Bolivia solicitó inicialmente cooperación en la adquisición de vacunas DPT, anti-hepatitis B, Hib, en forma separada; sin embargo, resolvió luego utilizar la vacuna pentavalente que incluya las anteriores en una sola. En caso de no ser aprobada la vacuna pentavalente por el Gobierno de Japón, ésta será eliminada de la lista de solicitud de vacunas. (anexo 1)
- 2) En caso de que el Gobierno de Japón apruebe la ejecución del Proyecto, el Ministerio de Salud y Previsión Social se compromete a realizar el monitoreo del mismo y a presentar informes periódicos al Gobierno de Japón.
- 3) El personal descrito en el anexo 4, será el responsable de la administración y mantenimiento de los equipos y materiales entregados.

LISTA DE EQUIPOS Y VACUNAS SOLICITADAS

1. CADENA DE FRIO		CANTIDAD	PRIORIDAD
1.1	Refrigeradora / congeladora tipo compresión	300	A
1.2	Refrigerador tipo compresión	80	A
1.3	Solar refrigerado- ice pack freezer	15	A
1.4	Estabilizador de voltage	200	A
1.5	Porta vacunas pequeño	2,000	A
1.6	Porta vacunas grande	150	A
1.7	Termómetro	2,000	A
1.8	Refrigerador doméstico	100	A
1.9	Cilindro de gas propano	700	A
1.10	Regulador de gas con manguera	600	A
1.11	Caja Plástica	1,500	A
1.12	Refrigerador por compresión icelined	100	A
1.13	Repuestos de 1.1, 1.2, 1.3, 1.12,		C

2. VACUNAS		CANTIDAD	
		(dosis)	
2.1	B.C.G	172,297	B
2.2	Pentavalente (DPT/Hepatitis B/Hib)	187,292	B
2.3	OPV	386,306	B
2.4	MMR	124,889	B
2.5	DT	689,000	B
2.6	Antiamarilica	812,500	B

3. Jeringas

3.1	0.05 cc (para BCG)	87,000	B
3.2	0.5 cc (otros)	1,440,000	B

SISTEMA DE LA COOPERACION FINANCIERA NO REEMBOLSABLE DEL JAPON

1. Procedimiento de la Cooperación Financiera No Reembolsable del Japón

El procedimiento de la Cooperación Financiera No Reembolsable del Japón es el siguiente.

1) Solicitud (Presentación de una solicitud oficial por el país receptor)

Estudio (Estudio de Diseño Básico conducido por JICA)

Evaluación y Aprobación (Evaluación del Proyecto por el Gobierno del Japón y aprobación por el Gabinete)

Decisión de Realización (Firma del Canje de Notas por ambos gobiernos)

Realización (realización del Proyecto)

2) En la primera etapa, el Gobierno del Japón (el Ministerio de Relaciones Exteriores) estudia la solicitud formulada por el país receptor si el Proyecto es apropiado para la Cooperación Financiera No Reembolsable. Si se confirma que la solicitud tiene alta prioridad como Proyecto para la Cooperación Financiera No Reembolsable, el Gobierno del Japón ordena a JICA a efectuar el Estudio.

Luego viene la segunda etapa, que se refiere al Estudio de Diseño Básico; JICA realiza este estudio, en principio, contratando una compañía consultora japonesa.

En la tercera etapa, la Evaluación y la Aprobación, el Gobierno del Japón evalúa y confirma que el Proyecto es apropiado para la Cooperación Financiera No Reembolsable, en base al informe de Diseño Básico elaborado por JICA en la segunda etapa, luego envía el contenido del Informe al Gabinete para su aprobación.

En la cuarta etapa, la Decisión de Realización, el Proyecto aprobado por el Gabinete se firma un Canje de Notas por los representantes del Gobierno del Japón y del Gobierno receptor.

Durante la realización del Proyecto, JICA extenderá ayudas necesarias al Gobierno receptor en los procesos de licitación, contrato, etc.

2. Estudio de Diseño Básico

1) Contenido del Estudio

El Estudio de Diseño Básico conducido por JICA está destinado a proporcionar el documento básico necesario para que el Gobierno del Japón evalúe si el Proyecto es viable o no para el sistema de la Cooperación Financiera No Reembolsable del Japón. El contenido del Estudio incluye;

a) confirmación de los antecedentes, el objetivo, la eficiencia del Proyecto, y la capacidad de la organización responsable para la administración y mantenimiento del Proyecto.

- b) examen de la viabilidad técnica y socio-económica.
- c) confirmación del concepto básico del Plan Óptimo del Proyecto a través de la mutua deliberación con el país receptor.
- d) preparación del Diseño Básico del Proyecto.
- e) estimación del costo del Proyecto.

El contenido del Proyecto aprobado arriba mencionado no necesariamente coincide totalmente con la Solicitud original, sino que se confirma en consideración al esquema de la Cooperación Financiera No Reembolsable.

Al realizar el Proyecto bajo la Cooperación Financiera No Reembolsable, el Gobierno del Japón desea que el Gobierno del país receptor tome todas las medidas necesarias para promover su auto-suficiencia. Esas medidas deberán asegurarse aunque estén fuera de la jurisdicción de la entidad ejecutora del Proyecto en el país receptor. Por lo tanto, la ejecución del Proyecto es confirmada por todas las organizaciones relevantes en el país receptor mediante las Minutas de las Discusiones.

2) Selección de la compañía consultora

Al realizar el Estudio, JICA selecciona una de las compañías consultoras - entre aquellas registradas en JICA - mediante una licitación en la que presentan sus propuestas. La compañía seleccionada realiza el Estudio de Diseño Básico y elabora el Informe bajo la supervisión de JICA. Después de la firma de Canje de Notas, con el fin de asegurar coherencia técnica entre el Diseño Básico y el Diseño Detallado, y tomando en cuenta que no hay tiempo suficiente para seleccionar la compañía consultora nuevamente, JICA recomienda al país receptor emplear la misma compañía consultora que se hizo cargo del Diseño Básico para el Diseño Detallado y supervisión de la realización del Proyecto.

3. Esquema de la Cooperación Financiera No Reembolsable

1) Cooperación Financiera No Reembolsable

La Cooperación Financiera No Reembolsable consiste en la donación de fondos que no requiere la obligación de reembolso por parte de los países receptores, y permiten a través del fondo adquirir equipos, materiales y servicios (técnicos, transportes, etc.) necesarios para el desarrollo económico y social de los países, bajo las normas siguientes y las leyes relacionadas del Japón. La Cooperación no se extiende a donaciones en especie.

2) Firma de Canje de Notas

En la realización de la Cooperación Financiera No Reembolsable, se necesita el acuerdo y la firma del Canje de Notas (C/N) entre ambos gobiernos. En el C/N se aclaran el objetivo, el período efectivo de la donación, las condiciones de realización y el límite del monto de la donación.

3) Período de ejecución

El período efectivo de la donación debe ser dentro del mismo año fiscal del Japón (del 1 de abril hasta el 31 de marzo del siguiente año) en el que el Gabinete aprobó la cooperación. Durante este período debe concluirse todo el proceso desde la firma del C/N hasta el contrato con la compañía consultora o constructora, incluyendo el pago final.

Sin embargo, en el caso de un retraso en el transporte, instalación o construcción por la condición de clima u otros, existe la posibilidad de prolongar a lo más por un año (un año fiscal) previa consulta entre ambos gobiernos.

4) Adquisición de los productos y servicios

La Cooperación Financiera No Reembolsable será utilizada apropiadamente por el Gobierno del país receptor para la adquisición de los productos japoneses o del país receptor y los servicios de nacionales japoneses y nacionales del país receptor para la ejecución del Proyecto: (El Término "nacionales japoneses" significa personas físicas japonesas o personas jurídicas japonesas controladas por personas físicas japonesas.)

No obstante, lo arriba mencionado, la Cooperación Financiera No Reembolsable podrá ser utilizada, cuando los dos Gobiernos lo estimen necesario, para la adquisición de productos de terceros países (excepto Japón y el país receptor) y los servicios para el transporte que no sean de los nacionales japoneses ni de nacionales del país receptor.

Sin embargo, considerando el esquema de la donación del Japón, los contratistas principales para la ejecución del Proyecto como consultores, constructores y proveedores deberán ser nacionales japoneses.

5) Necesidad de Aprobación

El Gobierno del país receptor o la autoridad designada por él, concertará contratos, en yenes japoneses, con nacionales japoneses. A fin de ser aceptable, tales contratos deberán ser verificados por el Gobierno del Japón. Esta verificación se debe a que el fondo de Donación proviene de los impuestos generales de los nacionales japoneses.

6) Responsabilidad del Gobierno Receptor

El Gobierno del país receptor tomará las medidas necesarias como sigue:

- a) asegurar la adquisición y preparación del terreno necesario para los lugares del Proyecto, limpiar y nivelar terreno previamente al inicio de los trabajos de construcción.
- b) proveer de instalaciones para la distribución de electricidad, suministro de agua, el sistema de desagüe y otras instalaciones adicionales dentro y fuera de los lugares del Proyecto.
- c) proporcionar los edificios y los espacios necesarios en caso de que el Proyecto incluya la provisión de equipos.

d) asegurar todos los gastos y la pronta ejecución del desembarco y despacho aduanero en el país receptor y en el transporte interno de los productos adquiridos bajo la Cooperación Financiera No Reembolsable.

e) eximir del pago de derechos aduaneros, impuestos internos y otras cargas fiscales que se impongan a los nacionales japoneses en el país receptor con respecto al suministro de los productos y los servicios bajo los Contratos Verificados.

f) otorgar a nacionales japoneses, cuyos servicios sean requeridos en conexión con el suministro de los productos y los servicios bajo los Contratos Verificados, las facilidades necesarias para su ingreso y estadía en el país receptor para el desempeño de sus funciones.

7) Uso Adecuado

El país receptor deberá asegurar que las instalaciones construidas y los productos adquiridos bajo la Cooperación Financiera No Reembolsable sean debida y efectivamente mantenidos y utilizados asignando el personal necesario para la ejecución del Proyecto.

Deberá también sufragar todos otros gastos necesarios, a excepción de aquellos gastos a ser cubiertos por la Donación.

8) Reexportación

Los productos adquiridos bajo la Cooperación Financiera No Reembolsable no deberán ser reexportados del país receptor.

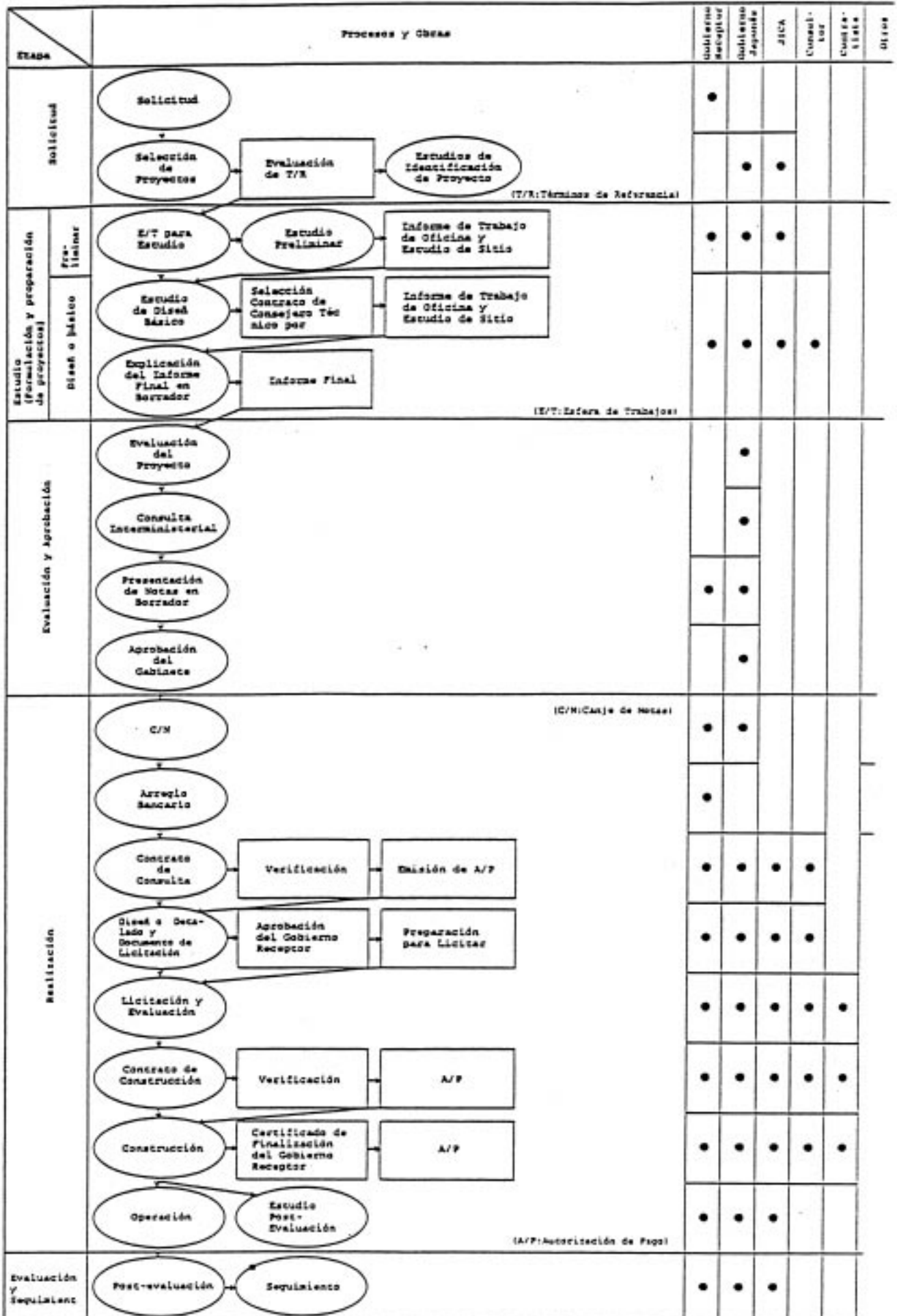
9) Arreglo Bancario

a) El Gobierno del país receptor o la autoridad designada por él deberá abrir una cuenta bancaria a nombre del Gobierno del país receptor en un banco autorizado para el cambio de moneda extranjera en el Japón (en adelante, referido como "el Banco"). El Gobierno del Japón llevará a cabo la Cooperación Financiera No Reembolsable efectuando pagos, en yenes japoneses, para cubrir las obligaciones contraídas por el Gobierno del país receptor o la autoridad designada por él, bajo los Contratos Verificados.

b) Los pagos por parte del Japón se efectuarán cuando las solicitudes de pago sean presentadas por el Banco al Gobierno del Japón en virtud de una autorización de pago (A/P) expedida por el Gobierno del país receptor o la autoridad designada por él.

Slog

ESQUEMA DEL PROCESO DE LA COOPERACION FINANCIERA NO REEMBOLSABLE DEL JAPON



6
Selen

PRINCIPALES MEDIDAS QUE HAN DE TOMAR AMBOS GOBIERNOS

Nº	Elemento	Couvert par la coopération financière non-reimboursable	Couvert par le pays bénéficiaire
1.	Conseguir el terreno		●
2.	Limpia, nivelar y/o terraplenar el sitio del proyecto cuando sea necesario		●
3.	Construir entradas y cercas para el sitio		●
4.	Construir aparcamientos	●	
5.	Construir caminos		
	1) Dentro del sitio	●	
	2) Fuera del sitio		●
6.	Construir edificios	●	
7.	Proveer de instalaciones para distribución de electricidad, suministro de agua, drenaje y otras facilidades concomitantes		
	1) Electricidad		
	a. Línea de distribución hasta el sitio		●
	b. Cableado de conexión y cableado interior	●	
	c. Cortacircuito principal y transformador	●	
	2) Suministro de agua		
	a. Distribución de agua urbana hasta el sitio		●
	b. Sistema de suministro dentro del sitio (tanques de recepción y elevado)	●	
	3) Drenaje		
	a. Cañería urbana de drenaje (aguas torrenciales, cloacas y otros) hasta el sitio		●
	b. Sistema de drenaje (para retrete, aguas residuales ordinarias, aguas torrenciales y otros) dentro del sitio	●	
	4) Suministro de gas		
	a. Cañería de gas urbano hasta el sitio		●
	b. Sistema de suministro dentro del sitio	●	
	5) Sistema telefónico		
	a. Cable de teléfono hasta centralita del edificio		●
	b. Centralita y cableado de extensiones	●	
	6) Muebles y equipo		
	a. Muebles en general		●
	b. Equipo para el proyecto	●	
8.	Pagar las comisiones siguientes en concepto al banco japonés de cambio extranjero de servicios bancarios basados en el A/B		
	1) Comisión de aviso de A/P		●
	2) Comisión de pago		●
9.	Descarga y trámite aduanero en el puerto de desembarque del país receptor		
	1) Transporte marítimo (aéreo) de productos desde el Japón hasta el país receptor	●	
	2) Exención de impuestos y despacho de aduanas de productos en el puerto de desembarque		●
	3) Transporte interno desde el puerto hasta el sitio del proyecto	●	
10.	Otorgar a los nacionales japoneses, cuyos servicios sean requeridos en conexión con el suministro de los productos y servicios estipulados en los contratos verificados, las facilidades necesarias para su ingreso y estadía en el país receptor para el desempeño de sus funciones.		●
11.	Eximir del pago de derechos aduaneros, impuestos internos y otras cargas fiscales que se impongan a los nacionales japoneses en el país receptor con respecto al suministro de los productos y los servicios bajo los contratos verificados		●
12.	Mantener y utilizar adecuada y efectivamente las instalaciones construidas y los equipos suministrados por la cooperación financiera no reembolsable		●
13.	Sufragar todos los gastos necesarios para la construcción de instalaciones así como para la instalación del equipo que no sean cubiertos por la cooperación financiera no reembolsable		●

RESPONSABILIDAD DEL GOBIERNO BOLIVIANO

1. Proporcionar toda la información y datos necesarios para la implementación del Proyecto, por parte del Ministerio de Salud y Previsión Social.
2. Disponer de un ambiente adecuado, para acomodar y utilizar los equipos y materiales entregados bajo el Proyecto.
3. Después que los equipos sean entregados a la parte boliviana en la ciudad de La Paz, el Ministerio de Salud y Previsión Social deberá asumir todos los costos que demande el transporte de los equipos mencionados a sus respectivos destinos. Para tal fin, el Ministerio de Salud y Previsión Social asignará una partida presupuestaria anticipadamente
4. Administrar, operar y mantener los equipos y materiales entregados por el Proyecto, de manera adecuada y eficiente y para tal fin, asegurar el personal necesario.
El Ministerio de Salud y Previsión Social, deberá asumir todos los gastos necesarios para la ejecución del Proyecto, excepto los gastos cubiertos por el Gobierno de Japón.
5. Eximir del pago de tributos de importación al Gobierno del Japón con respecto a la adquisición del equipo y materiales para la ejecución del proyecto. Los gastos del trámite de exención tributaria, así como del almacenaje y servicios prestados, deberán ser asumidas por el Ministerio de Salud y Previsión Social. Además, el Ministerio de Salud y Previsión Social deberá tomar acciones oportunas para los despachos aduaneros del equipo y materiales traídos para el Proyecto .
6. Realizar todos los trámites necesarios para facilitar la entrada y salida de la República de Bolivia de los miembros japoneses, encargados del proyecto y mantener un entorno seguro durante su estadía.
7. Exención del pago de tributos de importación a los efectos personales y menaje importados por el personal japonés que sean necesarios para la implementación de este proyecto, conforme a disposiciones legales en vigencia. El personal japonés asignado al proyecto no estará sujeto al pago de impuestos sobre sus ingresos en territorio boliviano. (Ministerio de Hacienda)
8. Asumir el pago de las comisiones que demanden la apertura de cuentas y gastos de comunicaciones para la autorización de Pago (A/P) de acuerdo con el Acuerdo Bancario (A/B) del presente proyecto. (Ministerio de Salud y Previsión Social)

Jefe National P.A.I. : Dra. Rosario Quiroga M.

PERSONAL RESPONSABLE DE CADENA DE FRIO

1. Departamento

SEDES de PAI :

Departamento	Responsable	Departamento	Responsable
La Paz	Dr. Roberto Diaz	Chuquisaca	Dr. Abundio Baptista
Santa Cruz	Dr. René Bilbao	Tarija	Dr. Armando Pérez
Cochabamba	Dr. Henry Rojas	Pando	Dr. Jesús Justiniano
Beni	Dr. Wilfredo Camargo	Riberalta*	Dra. Leda Azad
Oruro	Dr. Ademar Montaña Terán	Tupiza*	Dr. Felipe Martinez
Potosí	Dr. David Choquetijilla		

* Teritorio Especial

2. Distrito / Area

Encargado : Alcalde de la zona

☆ La estructura de personal descrita se mantiene inalterable aunque existan cambios de personas.