No.

BASIC DESIGN STUDY REPORT
ON
THE PROJECT FOR
THE INFECTISOU DISEASES CONTROL PHASE II
IN
THE UNITED REPUBLIC OF TANZANIA

APRIL 2004

Japan International Cooperation Agency

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PREFACE

In response to a request from the Government of the United Republic of Tanzania, the Government of Japan decided to conduct a basic design study on the Project for the infectious Diseases Control Phase II and entrusted the study to the Japan International Cooperation Agency (JICA).

JICA sent to Tanzania a study team from February 12 to February 28, 2004.

The team held discussions with the officials concerned of the Government of Tanzania, and conducted a field study at the study area. After the team returned to Japan, further studies were made, then the present report was finalized.

I hope that this report will contribute to the promotion of the project and to the enhancement of friendly relations between our two countries.

I wish to express my sincere appreciation to the officials concerned of the Government of the United Republic of Tanzania for their close cooperation extended to the study team.

April 2004

Yasuo MATSUI

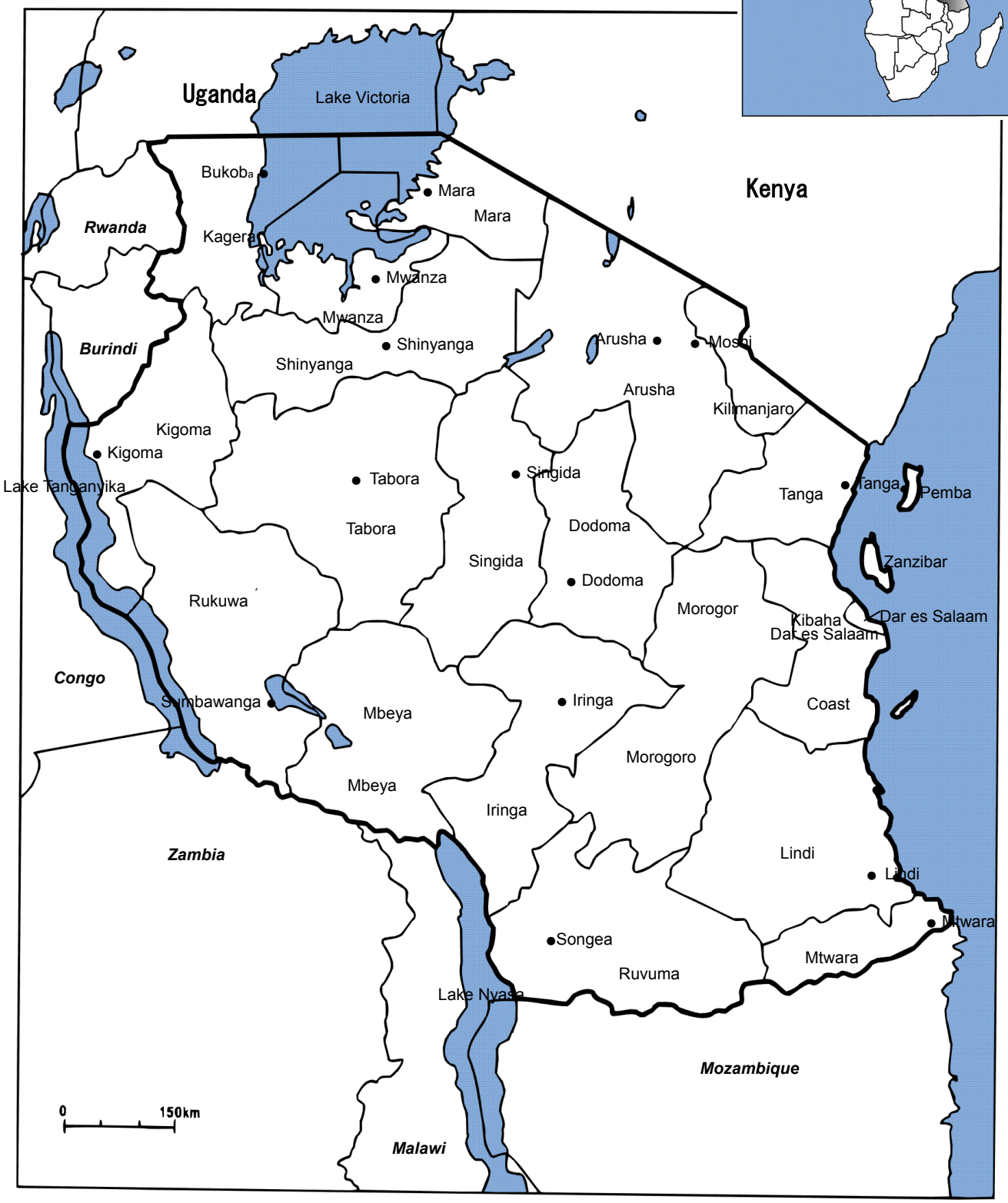
Vice-President

Japan International Cooperation Agency

Abbreviations

AIDS	Acquired Immuno-Deficiency Syndrome
AMREF	African Medical and Research Foundation
BHN	Basic Human Needs
CDC	Center for Disease Control
DHMIS	District Health Management Information System
DHMT	District Health Management Team
DMC	District Management Committees
EU	European Union
GTZ	Deutsche Gesellschaft fur Technische Zusammenarbeit (German Agency for International Development)
HIV	Human Immunodeficiency Virus
MTEF	Medium Term Expenditure Framework
MOH	Ministry of Health
MO	Medical Officer
MSD	Medical Stores Department
MTP	Medium Term Plan
NACP	National AIDS Control Programme
NMSF	National Multi-Sectoral Strategic Framework on HIV/AIDS
NORAD	Norwegian Agency fro Development Cooperation
STD	Sexually Transmitted Diseases
STI s	Sexually Transmitted Infections
TACAIDS	Tanzania Commission for AIDS
UNDP	United Nations Development Programme
UNAIDS	Joint United Nations Programme on AIDS
USAID	United States Agency for International Devlelopment
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

Location Map



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Chapter 1 Background of the Project

To improve the serious situation caused by the increase in number HIV positive patients, President Mkapa announced his decision to promote policies focusing on prevention of HIV infection until 2006 in order to control the expansion of HIV infection, and solicited assistance from the international community in his speech at the United Nations assembly in July 2001. As the successor to the Medium Term Plan (MTP)-III terminating in 2002, the Ministry of Health has formulated and launched the "Health Sector HIV/AIDS Strategy for Tanzania 2003-2006," which aims to ensure HIV testing of blood transfusion, reinforce counseling and HIV test at voluntary counseling and testing (VCT) facilities, implement routine (regular) HIV tests among pregnant women to prevent mother-to-child transmission, and reduce HIV infection risk through treatment of STIs.

EU, which had been procuring and supplying STI drugs, decided in 2000 to terminate this procurement. Following vigorous negotiation with the EU, the Ministry of Health won the promise that the procurement of STI drugs would continue for 2 years until the end of the MTP-III program. However, no prospective donor was found as regards the cooperation in procurement for 2003 and on. In fact, the Ministry of Health has been conducting the procurement of HIV test kits and other materials, as well as staff training, using its own budgets and a common basket fund (an attempt to provide assistance by pooling the funds from multiple donors in a special account for the specific purpose). Japan also conducted a project formulation study in 2001 under the Japan-US common agenda in the health sector, and later supported equipment procurement through the implementation of the grant aid for infectious diseases control (Project for Infectious Diseases Control Phase 1, 1/2), which was conducted in cooperation with USAID that supported a reform of logistics in this sector. Despite these efforts, the needs for VCT services has been increasing so rapidly that not a few laboratories (VCT facilities and hospitals) cannot conduct tests according to the standards of the Ministry of Health.

In addition, WHO is now promoting the “the 3 by 5 Initiative” program aiming to supply HIV drugs (antiretroviral drugs) to 3 million persons by 2005. With the intention to utilize this initiative, the Ministry of Health in Tanzania is preparing to start treating HIV positive patients in the country. The HIV positive patients who want treatment will be obligated to receive re-tests, and testing at VCT facilities will be a necessary condition to obtain medication. When this policy is put in place, it is expected that many patients would visit VCT facilities and the provision of increased quantities of test kits and other supplies would be needed. However, there is no prospect of obtaining the needed fund.

Based on the above-mentioned facts, Tanzania has requested assistance from Japan for the effective implementation of HIV/AIDS control, which is one of the urgent and most highly prioritized issues in the country.

Chapter 2 Contents of the Project

2-1 Basic Concept of the Project

In 2001, Tanzania prepared a sectoral Medium Term Expenditure Framework (MTEF) that defined the outline of budgets for 3 years focusing on 8 priority areas including HIV/AIDS and basic health. At present, the country is developing the MTEF for fiscal 2004. In 2003, the country formulated the Health Sector HIV/AIDS Strategy for Tanzania 2003-2006 to follow past HIV/AIDS control programs, MTP-I, II, and III, for the purpose of further prevention of expansion of HIV/AIDS infection. This strategy includes plans to ensure HIV testing of blood transfusion, reinforce voluntary counseling and testing (VCT) services, implement routine (regular) HIV tests among pregnant women to prevent mother-to-child transmission, and reduce HIV infection risk through treatment of STIs.

Based on the Health Sector HIV/AIDS Strategy for Tanzania, this project intends to prevent expansion of HIV infection through procurement of necessary equipment to support the achievement of the goal of the program in Tanzania.

2-2 Basic Design of the Requested Japanese Assistance

2-2-1 Design Policy

(1) Basic Policy

i) Target Areas and Facilities

The target area of this project is VCT facilities, STIs clinics and obstetric clinics within hospitals, health centers and dispensaries throughout Tanzania.

ii) Items to be Procured

This project has been formulated according to the HIV test guidelines and STIs treatment

manual of the Ministry of Health. While the original request from Tanzania included 36 items, we excluded items if the phase 1 (1/2 and 2/2) project ensured procurement of sufficient quantities (required quantities for 1 year means quantities for 1 year plus buffer stock for 3 months), if the calculation of the needed quantities was not well-grounded and the frequency of use was not confirmed by the monitoring survey, or if there would be problems in procurement. The remaining 16 items will be covered by this project. Table 2-1 shows the list of equipment attached to the Minutes. The items covered by this project are indicated by color, and those excluded from procurement in this project are provided with the reason for exclusion.

Table 2-１ List of Requested Equipment Indicating Excluded Items and Reason for Exclusion

No.	Item	Priority	Qty. Requested	Carry-overs from 2004	Reason for Exclusion
1	CAPILLUS HIV-1/HIV-2	A	3,452 kits		
2	Determine HIV-1/2	A	1,168 kits		
3	Vironostika HIV UNI-FORM II plus O	B	200 kits	14,614	There are sufficient carry-overs and detail of past use was not confirmed in this study.
4	Enzygnost Anti－HIV1/2 Plus with supplementary kit	C	157 kits		This reagent is used only in Mbeya Province, but Vironostica is also used in Mbeya. Basis for calculation of quantities is unclear.
5	Syphilis RPR test kit	A	5,194 kits		
6	Blood Lancet	A	520,000 boxes	3,901,981	Carry-overs are sufficient.
7	Yellow Tips (for micropipette)	C	116,800 pcs	677,441	Carry-overs are sufficient.
8	Vacuum Blood Collecting Tube 5ml	A	31,000 pcs		
9	Vacuum Blood Collecting Tube 10ml	C	460,000 pcs		Detail of past use was not confirmed in this study.
10	Vacuum Blood Collecting Needle	A	491,000 pcs		
11	Disposable Pasteur Pipette 3ml	A	7,000 pcs		Basis for calculation unclear.
12	Cryotube 1.8～2ml	C	7,000 pcs	86,336	Carry-overs are sufficient.
13	Latex Examination Glove L size	A	17,640 boxes		
14	Latex Examination Glove M size	A	1,764 boxes		
15	White Overall with long sleeves L size	C	4,250 pcs		Detail of past use was not confirmed in this study.
16	White Overall with long sleeves M size	C	4,250 pcs		Detail of past use was not confirmed in this study.
17	Biohazard Discard Bag (Autoclavable)	C	9,250 pcs	84,590	Carry-overs are sufficient.
18	Biohazard Discard Bag (Standard)	C	187,750 pcs	61,241	Carry-overs are sufficient.
19	Safety Box	B	197,200 pcs		Purpose of use after procurement is unclear, since detail of past use was not confirmed in this study.
20	Disposable Syringe with Needle 10ml	A	50,665 pcs		
21	Benzathine Benzylpenicillin injection 2.4MU	A	308,898 vials		
22	Erythromycin Tablet 250mg (or 500mg) tablet	A	1,462,782 tabs		
23	Clotrimazole Pessary or vaginal tablets	A	258,233 boxes		
24	Ciprofloxacin 500mg Tablet	A	1,010 bottles	304,117	Carry-overs are sufficient.
25	Doxycycline 100mg Capsule	A	14,666 bottles		
26	Metronidazole 400mg Tablet	A	3,872,848 tabs		
27	Ceftriaxone 250mg injection	A	145,941 vials		
28	Tetracycline Eye Ointment 0.1% 5g	A	129,598 vials	197,705	Carry-overs are sufficient.
29	Erythromycin powder for oral suspension 125mg / 5ml	B	1,851 vials	15,972	Carry-overs are sufficient.
30	Clotrimazole Cream Tube 1% 20g	B	5,500 tubes		Basis for calculation unclear.
31	Podophyline 10% 60ml	B	2,400 vials		Excluded as in phase I because of problems in procurement and replaceability with another item.
32	Spectinmycin 2g Vials	A	2,500 vials	32	
33	Co-trimoxazole 400/80mg tablets	A	3,780 bottles	6,934	Carry-overs are sufficient.
34	Siver Nitrate 85～90% Single Use Tip	B	4,000 pcs	1,888	There are carry-overs and detail of past use was not confirmed in this study.
35	Water for injection 10ml	A	470,353 vials		
36	Cold Box	A	pcs		Purpose of use after procurement is unclear, since detail of past use was not confirmed in this study.

In particular, the reagents for the ELISA method (items No. 3 and 4) were excluded because the calculation basis of requested quantities was not clear, only 4 facilities in Tanzania are equipped with the instruments for ELISA assays and can perform this method; and it is supposed that the needed quantities are so small that is capable to be procured within the budget of the Ministry of Health. While the cold boxes (item No. 36) were requested for the first time in this project, they were excluded because there has been no past experience in the use of cold boxes at the target facilities and it is not clear whether there are freezers in place to freeze ice packs for cold boxes or not.

iii) Quantities to be Procured

The calculation of the needed quantities of test kits was performed as follows according to purpose.

1. For Blood Transfusion

A	Estimated number of blood units needed in a year		150,000
B	Number of donors requiring tests	A×1.3×0.96	187,200
C	Buffer stock for 3 months	B×0.25	46,800
D	After addition of allowance for quality control and other purpose (10%)	B×0.1	18,720
E	Total・・・・・・①	B+C+D	252,720

2. VCT

A	Estimated number of persons receiving counseling	No. of clients per VCT site in 2003	631
B	Number of 1st tests using Capillus	A×420	265,020
C	Buffer stock for 3 months	B×0.25	66,255
D	After addition of allowance for quality control and other purpose (10%)	D×0.1	26,502
E	Total・・・・・・②	B+C+D	357,777
	Grand Total（①＋②） (100tests/kit)		6,105
F	Number of 2nd tests using Determine (30%)	B×0.30	79,506
G	Buffer stock for 3 months	F×0.25	19,877
H	After addition of allowance for quality control and other purpose (10%)	F×0.1	7,951
I	Total（No. of test）	F+G+H	107,333
J	Average per-site number of needed Determine tests at 420 VCT sites is rounded up and converted to the number of kits (100 tests/kit)	I÷420÷100	3
K	Because expiration date will be half a year after arrival at sites, twice as much quantity is needed in a year	J×420×2	2,520

3. Antenatal Clinic (Syphilis)

A	Number of patients diagnosed positive in 2003		22,612
B	Number of test recipients estimated from the 4.0% lowest percentage of positivity	A/0.004	565,300
C	After addition of allowance for quality control and other purpose (15%)	B*0.15	84,795
D	Total	B+C	650,095
	Number of Kit (100test/kit)		6,500

4. Calculation of Drugs for STIs

		Unit	Total Tabs / injec. Needed	Formula considering unit packaging size.	**Qty. considering unit packaging size**
Benzathine Benzylpenicillin	2.4MU	50	P＋(Syphilis×3)	(P+Syphilis)/50	**2,646**
Erythromycin	500mg	1000	21(0.1P+0.1R)	2.1(P+R)/1000	**278**
Doxycycline	100mg	1000	14Q+7R+28S	7(2Q+R+4S)/1000	**3,804**
Ceftriaxone	250mg	1	0.1Q+0.1R+0.1S	(Q+R+S)/10	**23,173**
Metronidazole	400mg	1000	0.5Q+0.5R+12S	(0.5Q+0.5R+12S)/1000	**966**
Clotrimazole	100mg	6	4R	2R/3	**45,231**
Spectionomycin	2g	1	0.01Q	Q/100	**900**
Syringe	10ml	100	P+0.1(Q+R+S)+0.01Q	P+0.11Q+0.1R+0.1S/100	**886**

P=No.of GUD,M+F(Genital Ulcer Disease)	**64,487**
Q=UDS(Urethral Discharge Syndrome)	**89,995**
R=VDS(Vaginal Discharge Syndrome)	**67,846**
S=PID (Pelvic Inflammatory Disease)	**73,889**
No.Shyphilis＋	**22,612**

The calculation concerning STI drugs was done according to the calculation of needed drug quantities as described in the treatment manual. The estimation of the number of patients, first of all, refers to the number of patients in Dar es Salaam in the NACP surveillance report "HIV/AIDS/STI Surveillance Report January-December 2001." This figure was converted to the number of patients per 100,000 persons, then the estimated number of patients in each province was calculated from the population of each province. The results were summed up to obtain the estimated number of patients in the country. The estimated number of patients was put into the calculation formula in the treatment manual to determine the needed quantities of drugs for a year. Then, the quantities for 3 months were added as buffer stocks to the yearly needed quantities. Finally, the quantities to be procured were adjusted considering the unit packaging size of each medicinal item.

The quantities of HIV-related items to be procured, including drugs and other items, and the basis for calculation was shown as Table 2-2.

Table 2-2 Quantities of Items to be Procured and Basis for Calculation

	Item	Planned Quantity	Locations			Basis for Planning and Calculation
			Hospital (Labo., STIs Clinic)	VCT	Health Center & Dispensary	
1	Capillus HIV1 / HIV2	6,105 kits	86	420	0	Donor test kits for about 150,000 units of blood for transfusion collected at 86 hospitals and HIV test kits for 265,020 persons used at 420 VCT sites
2	Determine HIV- 1/2	2,520 kits	0	420	0	HIV re-tests for about 30% of 265,020 test recipients plus buffer stock, adjusted for distribution of whole kits to 420 VCT sites
3	RPR Syphilis Test kit	6,500 kits	86	0	0	Number of RPR syphilis test kits: tests for 565,300 recipients estimated from the number of patients diagnosed positive in 2003 and 4.0% positivity plus 15% for quality control
4	Vacuum Blood Collecting Tube 5ml	591 packs	86	420	0	Tubes for 265,020 test recipients at VCT sites and those used at labs simultaneously performing syphilis and HIV tests
5	Vacuum Blood Collecting Needle G21	591 packs	86	420	0	Needles for 5-mL vacuum blood collection tubes
6	Latex Examination Glove L size	13,670 boxes	86	420	0	Gloves for blood collection, HIV tests, and RPR tests at 506 VCT sites and hospitals: 12 pcs/day, 225 days/year, rounded up to packaging units
7	Latex Examination Glove M size	13,670 boxes	86	420	0	Gloves used for blood collection, HIV tests, and RPR tests at 506 VCT sites and hospitals: 12 pcs/day, 225 days/year, rounded up to packaging units
8	Disposable Syringe with Needle	165,400 pieces	86	0	2,859	Drugs to treat 64,487 patients with genital ulcer disease, 89,995 with urethral discharge syndrome, 73,889 with vaginal discharge syndrome, and 22,612 with positive syphilis tests. Quantities calculated according to the STIs treatment manual of Tanzania plus buffer stocks for 3 months
9	Benzathine Benzylpenicillin 2.4MU injection	165,400 vials	86	0	2,859	
10	Erythrimycin 250mg tablet	348 bottles	86	0	2,859	
11	Clotrimazole 100mg Pessary / tablet	56,600 boxes	86	0	2,859	
12	Doxycycline 100mg Capsule or Tablet	4,800 bottles	86	0	2,859	
13	Metronidazole 400mg tablet	1,200 bottles	86	0	2,859	
14	Ceftriaxone 250mg injection	29,000 vials	86	0	2,859	
15	Spectinomycin 2g injection	1,200 vials	86	0	2,859	
16	Water for injection 10ml	195,600 packs	86	0	2,859	

(2) Policies on Natural Conditions

All equipment will be delivered to the Central MSD in Dar es Salaam. HIV test kits and syphilis test kits will be shipped by air, because they require temperature management and have short shelf life. Vacuum blood collecting tubes will be made of glass, because plastic products are likely to suffer distortion at 30°C or higher temperatures and also prone to deterioration of coagulation accelerator coated on the inner surface of the tube. Because they are sensitive to heat, they will be shipped under appropriate temperature management during the land transport from unloading to the delivery site in the same manner as test kits.

(3) Policies on the Operating and Maintenance Capabilities of the Implementing Organization

While HIV test kits, syphilis test kits, and other items such as vacuum blood collection

tubes used in combination with these kits are available in several different brands, different products have different specifications and require different methods of use. To avoid misuse and confusion arising from the difference of products, the products to be procured will be the ones that have conventionally been recommended by the Ministry of Health as standard products.

(4) Policies on Methods of Work and Procurement and the Term of Work

This project involves no installation work.

Because the expiration dates of HIV and syphilis test kits are about 1 year after production, the remaining shelf life of these items at the time of arrival at the final site of use (VCT facilities and hospital laboratories) is expected to be about 6 months. It is therefore impractical to procure the quantities once a year. Instead, sufficient length of shelf life at the site of use will be ensured by procuring and shipping portions of the needed quantities plus 3 month buffer stocks at 4 month intervals, allowing for shipment delays and losses during shipment.

2-2-2 Basic Plan

(1) Equipment Plan

Details of equipment have been planned as shown in Table 2-3 according to the above-mentioned design policies.

Table 2-３ Details of the Equipment to be Procured

No.	Item	Content (Number of Uses, Size), Purpose	Quantity
1	Capillus HIV1 / HIV2	HIV test kits for screening, classified as a rapid test 1kit for 100tests (100 persons)	6,105 kits
2	Determine HIV- 1/2	HIV test kits for screening, classified as a rapid test 1kit for 100tests	2,520 kits
3	RPR Syphilis Test kit	Kits for serological diagnosis of syphilis. RPR cards, antigen, 0.03 microliter capillaries, dispensing syringes, positive and negative control sera, instructions, etc	6,500 kits
4	Vacuum Blood Collecting Tube 5ml	Glass vacuum tubes, 5 ml. Used for blood collection during HIV testing at VCTs. 1,000 pieces / pack	591 packs
5	Vacuum Blood Collecting Needle G21	Injection needles 0.8×38mm, Used with vacuum blood collecting tubes. 1,000pieces / pack	591 packs
6	Latex Examination Glove L size	Sterilized latex gloves, size L, 100 pieces / box, For prevention of secondary transmission	13,670 boxes
7	Latex Examination Glove M size	Sterilized latex gloves, size M, 100 pieces / box, For prevention of secondary transmission	13,670 boxes
8	Disposable Syringe with Needle	Disposable syringe. Used for benzathine benzylpenicillin and other injections for treating STIs	165,400 pieces
9	Benzathine Benzylpenicillin 2.4MU injection	Injection preparation containing 2.4 MU benzathine benzylpenicillin per vial. Used for treating genital ulcers due to syphilis and herpes.	165,400 vials
10	Erythrimycin 250mg tablet	250mg tablet. 1,000 tablets per bottle(or can) Used when penicillin is not useful against syphilis.	348 bottles
11	Clotrimazole 100mg Pessary / tablet	Pessary. 6 tablets/case. For treatment of viginitis due to candida, chlamydia, trichomonas etc.	56,600 boxes
12	Doxycycline 100mg Capsule or Tablet	100mg per capsule. Used for urethritis due to chlamydia, genital ulcers due to syphilis, herpes, etc.	4,800 bottles
13	Metronidazole 400mg tablet	400mg per tablet. Used for trichomonas vaginitis, urethritis due to chlamydia, etc	1,200 bottles
14	Ceftriaxone 250mg injection	Cefriaxone disodium salt 250mg per vial. Used for urethritis due to chlamydia, etc	29,000 vials
15	Spectinomycin 2g injection	1g per vial Used for urethristis due to chalmydia, genital ulcersdue to syphilis, herpes, etc.	1,200 vials
16	Water for injection 10ml	Water for injection in 10ml plastic container	195,600 packs

(2) Distribution of Each Item

Each facility submits the requests for HIV-related items to the Central MSD 4 times a year according to the number of patients and quantities consumed. The Central MSD examines the requests, determines the allocation to each facility, and conducts delivery.

2-2-3 Implementation Plan

2-2-3-1 Implementation Policy

The sources of items to be procured will be Japan, Tanzania, and third countries. The procurement will be conducted by public competitive tender with a Japanese corporation

acting as the supplier. Items procured from a third country will basically be subjected to preshipment inspection commissioned to a third-party inspecting agency. Pharmaceuticals and other items requiring special quality management will be subjected to preshipment and predelivery inspections conducted by the procurement supervisor.

NACP of the Ministry of Health will be responsible for the domestic distribution and maintenance of procured items. The actual delivery of equipment will be conducted by the MSD.

2-2-3-2 Implementation Conditions

The delivery of items requiring temperature management must be conducted in such a way to avoid adverse effects on the quality of products, ensuring appropriate packaging, quick transport, and prompt predelivery inspection. HIV test kits and other items with short shelf life need expedited treatment by the Tanzanian government, such as speedy customs clearance and distribution after arrival in Tanzania.

2-2-3-3 Scope of Works

The division of procurement and work responsibilities between Tanzania and Japan is shown in Table 2-4. This project involves no installation work.

Table 2-4 Scope of Work

Scope	Description
Japan	Procurement of equipment Shipment of equipment to the site of delivery (Central MSD in Dar es Salaam)
Tanzania	Distribution of equipment from the site of delivery (Central MSD in Dar es Salaam) to target facilities

2-2-3-4 Consultant Supervision

In accordance with the time of equipment delivery, one person from the procuring supplier will be dispatched as the on-site procurement manager to take charge of inspection and

delivery of the procured equipment in Tanzania.

2-2-3-5 Procurement Plan

The expected sources of major items are as shown in Table 2-5.

Table 2-5 Sources of Equipment

	Item	Source (Procurement)		
		Tanzania	Japan	3rd Country
1	Capillus HIV1 / HIV2			○
2	Determine HIV- 1/2			○
3	RPR Syphilis Test kit			○
4	Vacuum Blood Collecting Tube 4-5ml			○
5	Vacuum Blood Collecting Needle G21			○
6	Latex Examination Glove L size			○
7	Latex Examination Glove M size			○
8	Disposable Syringe with Needle 10ml			○
9	Benzathine Benzylpenicillin 2.4MU injection			○
10	Erythrimycin 250mg tablet			○
11	Clotrimazole 100mg Pessary			○
12	Doxycycline 100mg Capsule			○
13	Metronidazole 400mg tablet			○
14	Ceftriaxone 250mg injection			○
15	Spectinomycin 2g injection			○
16	Water for injection 10ml			○
	Percentage (%)	0.00%	0.00%	100.00%

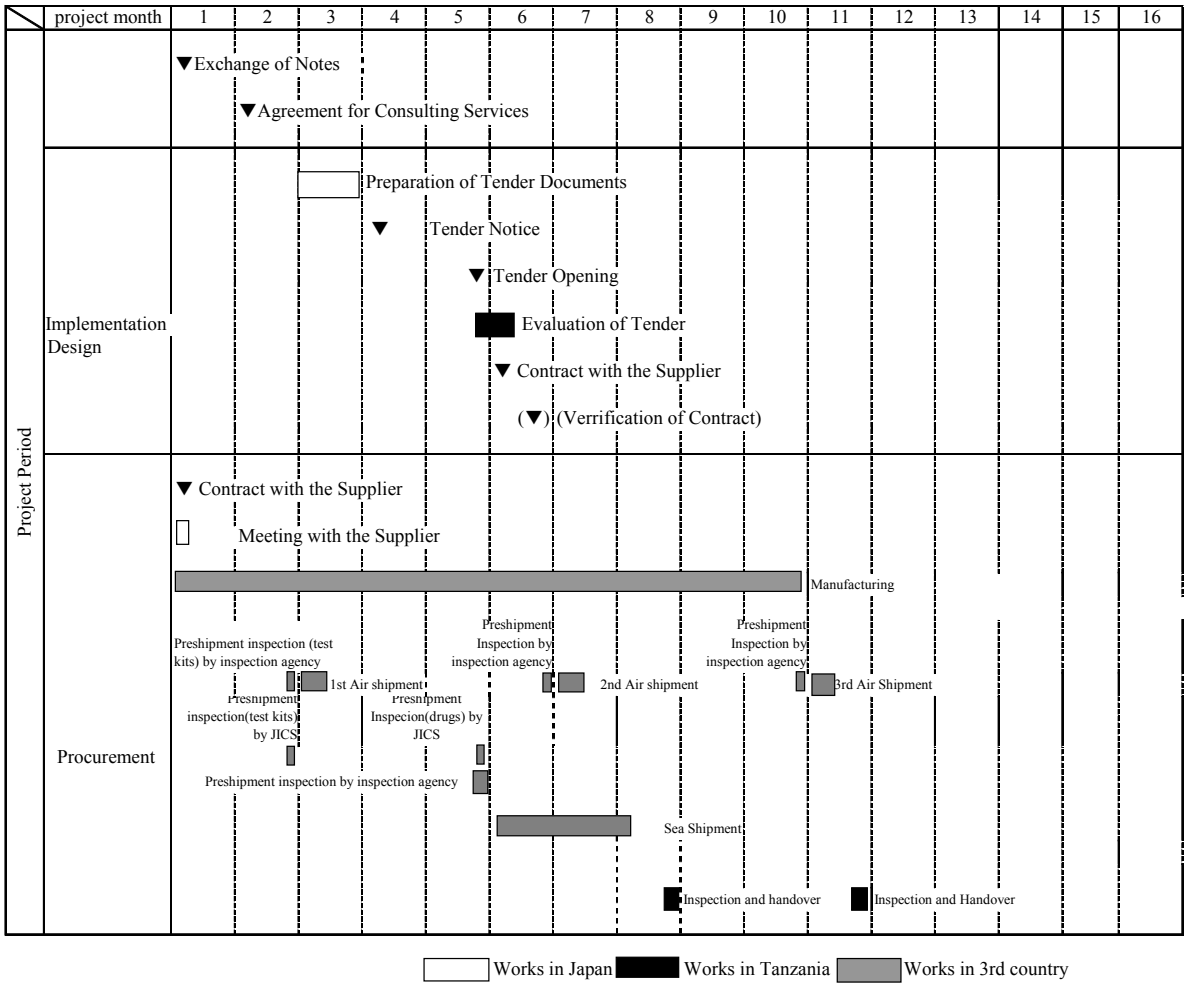
Because the 2 types of HIV test kits need to be the products of specific brands, these will be procured from the respective manufacturers. Syphilis test kits are not manufactured in Japan, but in many other countries. Considering the reliability in product quality, these will be procured from a DAC member country. Because laboratory equipment are manufactured by no or only a few manufactures in Japan, third countries are included in the possible sources of procurement. Drugs for STIs are not manufactured in Tanzania, and Japanese products with equivalent specifications are either nonexistent or without English labeling. To ensure the minimal warranty of quality as pharmaceuticals, drugs will be procured from manufactures holding Good Manufacturing Practice (GMP) accreditation of the manufacture country.

2-2-3-6 Implementation Schedule

On the premise that the period of E/N will be extended, the overall work period of this project will be 17 months, and the delivery will be completed within fiscal year 2006. The implementation schedule is given in Table 2-6.

Table 2-6 Implementation Schedule

Total period of work (from E/N to delivery)	:	17.0 months
From E/N to Contract of the Supplier	:	6.0 months
Time of delivery(from Contract of the Supplier to delivery)	:	11.0 months



2-3 Obligations of the Recipient Country

In implementing this project, the Tanzanian side must bear responsibility in the followings.

① To issue the Government Notice needed for appropriate and speedy customs clearance of

procured equipment promptly

② To secure the warehouses and refrigerators needed for the storage of procured equipment

③ To conduct the distribution of procured equipment from the storage warehouse to the final destination in the country promptly

④ To bear the notification fees for the Authorization to Pay (A/P) issued based on the Banking Arrangements (B/A) for the implementation of this project

⑤ To make necessary budgetary measures and secure personnel for appropriate operation and maintenance of procured equipment, secure refrigerators for storing HIV test kits that require refrigerated storage, and endeavor to maintain the quality of equipment.

2-4 Project Operation Plan

USAID has been supporting a reform of the logistic system and it completed district-level training in March 2003. The results of the monitoring survey conducted by the USAID-JICA joint team in February 2003 indicated that basically no items faced stock-out during the period from October 2003 to December 2003, and no problems were identified in the equipment management and delivery systems.

Conventionally, the MSD has been employing a pushing system, in which it determines the quantities of items sent to each medical facilities based on the numerical data for the consumption of each item at each site of final use, as reported by NACP, and considering the quantities in stock at the MSD. However, it has been decided that a switch to an indent system will be implemented in 2004 in response to the request from the Ministry of Health. In the new system, items will be delivered in quantities according to the order forms (order quantities) submitted directly to the MSD. The Ministry of Health has already completed training of the personnel about the new system at the district health level in 12 provinces, and plans to complete the district-health-level training throughout the country by the end of March 2004.

It has also been decided that the Ministry of Health will secure the budget to cover the cost

for the delivery of these HIV-related items, and therefore no problems are expected in relation to this cost. While the delivery cost will be billed for every 1,000 kg and varies depending on the combination of items, the 2 types of HIV test kits requiring the most complicated transport means (requiring temperature management such as the use of cold boxes and air transport to local warehouses) would cost about US$ 4.1 per smallest unit package; the transport of the HIV test kits in this project to district-level facilities is estimated to cost approximately US$ 35,362 in total.

The final destinations of the distribution of equipment are provincial and district hospitals and VCT facilities, and these sites are staffed with health personnel who are organized and trained for the implementation of HIV/AIDS control. Although many of the planned items are consumables and items such as test kits and drugs require special knowledge and quality control skills, no problems are therefore expected in the maintenance of such items.

2-5 Cost of Estimation for the Project

2-5-1 Cost of Estimation for the Project

The total project cost needed for the implementation of this project will be 302 million yen. According to the division of responsibilities between Japan and Tanzania, the amounts of cost to be borne by the two countries are estimated as follows, assuming the calculation parameters shown in (3) below. This cost estimate is provisional and would be further estimated by the Government of Japan for the approval of the Grant.

(1) Cost to be Borne by the Japanese Side:

Estimated total project cost: approx. 302 million yen

Item	Cost Estimate (million yen)
Equipment	277
Implementation Design/Procurement and Supervision/Technical Guidance	25
Total	302

Note) Exchange rate 1 US$ = 108.07 yen
1 EUR = 133.26 yen

(2) Cost to be Borne By the Tanzanian Side:

Estimated cost of transport of HIV test kits to districts: approx. US$ 35,362

(3) Parameters of Calculation

① As of April 2004

② Exchange Rate: US$ 1 = 108.07 yen, 1EUR = 133.26 yen

③ Duration The duration of detailed design and equipment procurement is as shown in the Implementation Schedule.

④ Other: This Project will be implemented according to the framework of the Japanese grant aid

2-5-2 Operation and Maintenance Costs

The total amount and allocation of the budget of the Ministry of Health and the TACAIDS budget (see Table 2-7) indicate that the cost for purchasing drugs, laboratory equipment, and HIV test kits including delivery cost has been secured in these budget, and the allocation of budget to this cost has been increasing in percentage. The amount of the TACAIDS budget has also been increasing. Thus, the budget for the operation and maintenance of HIV/AIDS program has been secured.

In addition, NACP has been receiving assistance from UNAIDS, USAID, Denmark, Belgium, Italy, and the Netherlands to improve operational support such as the supply of HIV test kits and drugs for STIs, the establishment of the management and delivery systems in the MSD, and the improvement of local equipment storage warehouses in cooperation with NGOs. Recently, it has been providing support to the HIV/AIDS control program using the basket fund.

Finally, because the HIV/AIDS control program is given the highest priority among national programs, no problems are expected in terms of operation and maintenance.

Table 2-7 Budget Allocation of the Ministry of Health and the TACAIDS Budget

Expenditure Item	Expenditure in 2002		Budget for 2004	
	Amount (million US$)	%	Amout (million US$)	%
Purchase of drugs (incl. transport cost)	19.6	11.4%	36.4	12.8%
Purchase of essential medical equipment (incl. transport cost)	0.5	0.3%	7.7	2.7%
Purchase of medical equipment for district hospitals (incl. transport cost) (HIV test kits, cold chain equipment, etc.)	1.4	0.8%	8.4	2.9%
Kerosene for EPI	0.5	0.3%	1.5	0.5%
Utility cost incl. water and gas	1.0	0.6%	0.3	0.1%
Reinforcement of secondary and tertiary medical services (ex. preparation of new treatment manuals)	6.5	3.8%	17.5	6.1%
Reinforcement of referral functions (ex. ability development of secondary and tertiary medical staff)	25.1	14.6%	17.4	6.1%
Cost for HIV/AIDS education programs	5.9	3.4%	Detail unknown	-
Other	111.8	64.9%	Detail unknown	-
Total budget of the Ministry of Health	172.3	100.0%	284.9	100.0%
TACAIDS budget	4.5	-	58.7	-

(Source: Data from the World Bank)

2-6 Points to be Noted in Implementing the Project

HIV test kits are evolving reflecting the progress of studies to develop test methods covering new types of HI viruses and to improve sensitivity and accuracy of virus detection. As a result, discontinuation of the production of existing products and introduction of new products are expected in the future. A change from a type of test kit to another may result in a change in the methods of use and storage. In the case that the product used for testing according to the Ministry of Health guidelines will be switched, and it would be necessary to conduct training of the new method to users (laboratory technicians and assistants) thoroughly.

Chapter 3 Project Evaluation and Recommendations

3-1 Project Effect

1) Direct Effect

- Blood donor tests, VCT services, and STIs control measures will be reinforced nationwide.
- Adequate treatment of STIs will be available to an increased number of patients.

2) Indirect Effect

- The risk for HIV infection by means of blood transfusion will be reduced.
- Implementation of counseling appropriate for the HIV status (positive or negative) of clients will be facilitated.
- The risk for mother-to-child HIV transmission will be reduced.

3-2 Recommendations

While the capabilities of the Ministry of Health in implementing this project are considered high, it is desirable to take the following considerations:

1) While laboratories performing HIV tests are generally employing means for prevention of secondary infection, such as the use of gloves, not a few laboratories are found to lack the provision of alcohol or other disinfectant to remove accidental contamination of test benches and tables. Appropriate instructions should be given to ensure the adequate practice of disinfection in all laboratories.
2) Autoclaves and incinerators to sterilize items contaminated with the blood of HIV positive patients, such as used test kits and pipettes, should be installed in facilities performing HIV tests, such as VCT facilities and health centers.

3) Used vacuum blood collection tubes are washed and reused for urine collection for biochemical assays in many facilities. Through education of personnel to prevent reuse should be conducted and assistance should be given in the procurement of equipment for other tests, such as biochemical assays.

4) Technical guidance should be given in the renewal, maintenance, and repair of ELISA instruments and the training of engineers should be further promoted.

[Appendices]

1. Member List of the Study Team

2.Study Schedule

3. List of Parties Concerned in the Recipient Country

4.Minutes of Discussions

5.Reference

1. Member List of the Study Team

Team leader	Mr. Hiroyuki KINOMOTO	JICA Tanzania Office
Equipment Planner	Ms. Kyoko GOTO	Japan International Cooperation System
Procurement Planner	Ms. Naoko NODA	Japan International Cooperation System

2. Study Schedule

No.	Date		Equipment Planner	Procurement Planner	Accomodation
1	2/11	Wed	Narita → Amsterdam		In flight
2	2/12	Thu	Amsterdam → Dar es Salaam		Dar es Salaam
3	2/13	Fri	Visit JICA, Courtesy call on Embassy of Japan Meeting with NACP		Dar es Salaam
4	2/14	Sat	Meeting with NACP		Dar es Salaam
5	2/15	Sun	Dar es Salaam → Mwanza	Dar es Salaam → Mbeya	Mwanza / Mbeya
6	2/16	Mon	Courtesy Call on Regional Medical Office in Mwanza Monitoring for Phase I	Courtesy Call on Regional Medical Office in Mbeya Monitoring for Phase I	Mwanza / Mbeya
7	2/17	Tue	Monitoring for Phase I		Mwanza / Mbeya
8	2/18	Wed	Monitoring for Phase I		Mwanza / Mbeya
9	2/19	Thu	Monitoring for Phase I		Mwanza / Mbeya
10	2/20	Fri	Report to Regional Medical Office in Mwanza Mwanza → Dar es Salaam	Report to Regional Medical Office in Mbeya Mbeya → Dar es Salaam	Dar es Salaam
11	2/21	Sat	Courtesy Call on Ministry of Health		Dar es Salaam
12	2/22	Sun	Internal Meeting (Result of Monitoring)		Dar es Salaam
13	2/23	Mon	Discussion on Minutes Meeting with NACP		Dar es Salaam
14	2/24	Tue	Meeting with MOH、Meeting with USAID		Dar es Salaam
15	2/25	Wed	Donor Meeting	Stakeholder Meeting	Dar es Salaam
16	2/26	Thu	Meeting with NACP and USAID Meeting about Minutes with JICA Office		Dar es Salaam
17	2/27	Fri	Signing Minutes Report to Embassy of Japan		In flight
18	2/28	Sat	Dar es Salaam → Amsterdam		In flight
19	2/29	Sun	→ Narita		

3. List of Parties Concerned in the Recipient Country

1．Embassy of Japan in Tanzania

Name	Position
Kazumi DEKIBA	Ambassador

2．JICA Tanzania Office

Toshimichi　AOKI	Representative
Hiroyuki KINOMOTO	Deputy Representative
Takahiro MORIYA	Assistant Resident Representative

3．Ministry of Health in Tanzania

Dr. G. L. Upunda	Chief Medical Officer
Michiko TAJIMA	Health Cooperation Planning Advisor（JICA Expert）
Dr. R. O. Swai	NACP Programme Manager
Dr. Mwita Nyanganyi	Head, STI unit, NACP
Zevina Msumi	Head, Counseling and Social Support unit, NACP
Khalid Hanar	Laboratory Coordinator, NACP
Vincent M. Mgaya	Head, Laboratory

4．MSD　(Medical Stores Department)

Christopher W. Msemo	Director, Pharmaceutical and Technical Services
Cosmas Mwaifuwani	Customer Services Manager
Beatus A. Msoma	Integrated Program Manager
Per Kronslev	Senior Logistical Advisor

5．USAID

Barry Chovit	Logistical Advisor（JSI）
Rebecca Copeland	Technical Advisor（DELIVER）

6．District Medical Office in Mwanza City

Daniel Batare	District Medical Officer, Mwanza City
Edda E. Mahawi	Health Officer
Reward e Moshi	Chief Pharmacist, Mwanza City
Asia Suoedi	HZ
Alindwe Ndosi	Assistant CSHPC
Bonytilla Manoko	DACC
Mary Tibaijuka	Assitant CRCHCO
Alodia Festo	CRCHCO
Amri M Ugumba	CCCO
Saibul	AIDS Coordinator, Mwanza City

7．TANESA（Tanzania Essential Stratyies Aginst Aids）

Venance Myonyo	Program Officer
Benarp Kingunae	Program Accountant
Wlier Mazzuk	Program Officer
Anicet sambahe	ditto
Jommo Watae	ditto
Jonarda Ngissa	ditto
M. S. Lybubo	ditto

8．Bugando Referral Hospital

Jaohet M Gilfoma	Acting Director
Richard Masamja	Chief Engineer
Job Batakyanaga	Pharmacist
Nursing Officer	Senior nursing officer

9．Sekuture District Hospital

Kajiru Mhaneb	Director
M Laui	Assistant Medical Officer
Deogarjres Manyanga	Laboratory Officer

１０．Regional Medical Office in Mbeya Province

Dr. Donan Mmbango	Regional Medical Officer
Dr. Sewangi J. E. A.	Regional Aids Control Coordinator
Dr. Suzanne Mmbando	STI　Coordinator

１１．Zonal MSD in Mbeya

Mr.　Hubila Benjamin	Warehouse Officer

１２．Mbeya Province Hospital

Mr. Ezeyile Tuya	Labo. Technician
Ms. Anna Kipera	ANC Nurse
Ms. Angerina Wavenza	Supply assistant

１３．Mbeya Municipality Health Office

Mr. Mwile Simbeye	Pharmacist

１４．Mbeya District Health Office

Mr. Roland Mgomba	Pharmacist

１５．Ruwanda Health Center, Mbeya Municipality

Ms.Fausta　Massi	VCT　Nurse

１６．Rungwe District Health Office, Mbeya Province

A. A. Mwalupunda	Health Secretary
Margaret　Mwakihwe	Acting District Medical Officer

17. Rungwe District Hospital, Mbeya Province

Mr. Bakari Kipingu	Pharmacist
Mr. E. Mwasamwene	Laboratory Technician

18. Referral Hospital

Mr. Nichombe F. E.	Laboratory Technician
Dr. Jamiz Kajunan	STI Clinic

19. Igoma Dispensary, Mbeya District, Mbeya Province

Mr. Martin	In charge in this dispensary

4. Minutes of Discussions

MINUTES OF DISCUSSION ON THE STUDY ON THE PROJECT
FOR
INFECTIOUS DISEASES CONTROL PHASE II
IN
THE UNITED REPUBLIC OF TANZANIA

In response to a request from the Government of the United Republic of Tanzania, the Government of Japan decided to conduct a study on the project for Infectious Diseases Control Phase II (hereinafter referred to as "the Project") and entrusted the study to Japan International Cooperation Agency (hereinafter referred to as "JICA").

JICA sent the study team (hereinafter referred to as "the Team"), headed by Mr. Hiroyuki Kinomoto, Deputy Resident Representative of JICA Tanzania Office, to Tanzania and is scheduled to stay in the country from February 12 to February 27, 2004.

The Team held discussions with the officials concerned of the Government of Tanzania (hereinafter referred to as "the Tanzanian side") and conducted a field survey at the study area.

In the course of discussions and field survey, both parties confirmed the main items described on the attached sheets. The Team will proceed to further works and prepare the Study Report.

Dar es Salaam, February 26, 2004

木野本 浩之

Mr. Hiroyuki Kinomoto
Leader
Study Team
Japan International Cooperation Agency

Dr. G.L. Upunda

Dr. Gabriel L. Upunda
Acting Permanent Secretary
Ministry of Health
United Republic of Tanzania

Witnessed by

Mapunjo

Ms. Joyce Mapunjo
Commissioner, External Resources
Ministry of Finance

ATTACHMENT

1. Objective of the Project

The objective of the Project is to contribute to the strengthening of the HIV/AIDS control program in Tanzania through the provision of necessary equipment.

2. Project Site

The site of the Project is the whole area of Tanzania.

3. Responsible, Implementing and Administrative Agencies

3-1. The Responsible Agency is the Ministry of Health.

3-2. The Implementing Agency is as follows:

National AIDS Control Program

Medical Stores Department

4. Items requested by the Government of Tanzania

After discussions with the Team, the equipment plan described in Annex-1 was finally requested by the Tanzanian side. However, items to be included and quantity thereof in the Project will be decided after further study in Japan.

5. Japan's Grant Aid Scheme

The Tanzanian side understood the Japan's Grant Aid Scheme explained by the Team, as described in Annex-2 and necessary measures described in Annex-3 for smooth implementation of the Project, as a condition for the Japanese Grant Aid to be implemented.

6. Schedule of the Study

JICA will prepare the study report in English and send it to the Government of United Republic of Tanzania around May 2004.

7. Other relevant issues

7-1. The Tanzanian side ensured of proper issuance of the Government Notice for prompt custom clearance of all items to be procured under the Grant.

7-2. The Tanzanian side ensured allocation of the necessary budget and assignment of personnel for implementation of the Project.

7-3.The Government of United Republic of Tanzania shall properly distribute and utilize the test kits, the equipment and pharmaceuticals. In this regard, it is required to ensure that proper distribution of items through indent system and proper stock management, especially for the test kits which need to be stored in refrigerator at the Project sites.

7-4.In the case where the necessity to alter HIV Rapid Test Kit to be procured will arise, the Tanzanian side should submit to JICA, by the end of June 2004 at latest, the new evaluation report on Rapid HIV Serologic Tests for the use in Tanzania that will be re-evaluated both by the Ministry of Health and Centre for Disease Control.

Annex-1

LISTS OF EQUIPMENT

Item No.	Name of the Item	priority
1	Capillus HIV1/HIV2	A
2	Determine HIV-1/2	A
3	ELISA Vironostika Uniform II HIV 1/2 plus 0	B
4	ELISA Enzygnost HIV1/HIV2 plus 0	C
5	RPR Syphilis Test Kits	A
6	Lancets	A
7	Yellow tips (0-200 microlitre)	C
8	Vacutainer tubes 5ml	A
9	Vacutainer tubes 10ml	C
10	Vacutainer needles G21	A
11	Disposable Pasteur Pipettes 3ml	A
12	Nunc Serum Tubes 1.8ml	C
13	Latex Examination Gloves Size M	A
14	Latex Examination Gloves Size L	A
15	White Overall Size M	C
16	White Overall Size L	C
17	Biohazard Discard Bags (heat resistant for Auto)	C
18	Biohazard Discard Bags (regular)	C
19	Sharps Containers (Hard Paper box)	B
20	Syringes with Needle 10ml	A
21	Benzathine Benzylpenicillin 2.4MU	A
22	Erythromycin 250mg or 500mg tablets	A
23	Clotrimazole 100mg Pessaries	A
24	Ciprofloxacin 500mg Tablets	A
25	Doxycycline 100mg Capsules	A
26	Metronidazole 400mg Tablets	A
27	Ceftriaxone powder (disodium salt) 250mg vials	A
28	Tetracycline Eye Ointment 0.1% 5g Tubes	A
29	Erythromycine dry powder for syrup 125mg/5ml	B
30	Clotrimazole 1% Cream 20g Tubes	B
31	Podophyline 10% 60ml/bottle	B
32	Spectinomycin 2g vials	A
33	Co-trimoxazole 400/80mg tablets	A
34	Silver Nitrate 85~90% Single Use Tip	B
35	Water for injection 10ml	A
36	Cold box	A

Japan's Grant Aid Program

1. Japan's Grant Aid Procedures

(1) The Japan's Grant Aid Program is executed by the following procedures.

Application	(request made by a recipient country)
Study	(Basic Design Study conducted by JICA)
Appraisal & Approval	(appraisal by the Government of Japan and approval by the Cabinet of Japan)
Determination of Implementation	(Exchange of Notes between both Governments)
Implementation	(implementation of the Project)

(2) Firstly, an application or a request for a Grant Aid project submitted by the recipient country is examined by the Government of Japan (the Ministry of Foreign Affairs) to determine whether or not it is eligible for Japan's Grant Aid. If the request is deemed appropriate, the Government of Japan assigns JICA to conduct a study on the request.

Secondly, JICA conducts the study (Basic Design Study), using (a) Japanese consulting firm(s).

Thirdly, the Government of Japan appraises the project to see whether or not it is suitable for Japan's Grant Aid Program, based on the Basic Design Study Report prepared by JICA and the results are then submitted to the cabinet for approval.

Fourthly, the project approved by the cabinet becomes official with the Exchange of Notes signed by the Government of Japan and the recipient country.

Finally, for the implementation of the Project, JICA assists the recipient country in preparing contracts and their implementation.

2. Contents of the Study

(1) Contents of the Study

The purpose of the Basic Design Study conducted by JICA on a requested project is to provide a basic document necessary for appraisal of the project by the Japanese Government. The contents of the Study are as follows:

a) confirmation of the background, objectives, benefits of the project and also institutional capacity of agencies concerned of the recipient country necessary for project implementation,

b) evaluation of the appropriateness of the project for the Grant Aid Scheme from a technical, social and economical point of view,

c) confirmation of items agreed on by both parties concerning a basic concept of the project,

d) preparation of a basic design of the project,

e) estimation of cost of the project.

The contents of the original request are not necessarily approved in their initial form as the contents of the Grant Aid project. The Basic Design of the project is confirmed considering the guidelines of Japan's Grant Aid Scheme.

Final project components are subject to approval by the Government of Japan and therefore may differ from an original request. Implementing the project, the Government of Japan requests the recipient country to take necessary measures involved which are itemized on Exchange of Notes.

(2) Selection of Consultants

For smooth implementation of the study, JICA uses (a) registered consulting firm(s). JICA selects (a) firm(s) based on the proposals submitted by the interested firms. The firm(s) selected carry(ies) out a Basic Design Study and write(s) a report, based upon terms of reference set by JICA.

The consulting firm(s) used for the study is (are) recommended by JICA to a recipient country after Exchange of Notes, in order to maintain technical consistency and also to avoid any undue delay in implementation should the selection process be repeated.

3. Japan's Grant Aid Scheme

(1) What is Grant Aid?

The Grant Aid Program provides a recipient country with non reimbursable funds to procure the equipment and services (engineering services and transportation of the products, etc.) for economic and social development of the country under principles in accordance with relevant laws and regulations of Japan. The Grant Aid is not supplied through the donation of materials or such.

(2) Exchange of Notes (E/N)

Both Governments concerned extend Japan's Grant Aid in accordance with the Exchange of Notes in which the objectives of the Project, period of execution, conditions and amount of the Grant Aid etc., are confirmed.

(3) "The period of the Grant Aid" means one Japanese fiscal year which the Cabinet approves the Project for. Within the fiscal year, all procedure such as Exchange of Notes, concluding a contract with (a) consulting firm(s) and (a) contractor(s) and a final payment to them must be completed.

However, in case of delays in delivery, installation or construction due to unforeseen factors such as weather, the period of the Grant Aid can be further extended for a maximum of one fiscal year at most by mutual agreement between the two Governments.

(4) Under the Grant, in principle, products and services of origins of Japan or the recipient country are to be purchased.

When the two Governments deem it necessary, the Grant may be used for the purchase of products or services of a third country.

However the prime contractors, namely, consulting, contractor and procurement firms, are limited to "Japanese nationals". (The term "Japanese nationals" means persons of Japanese nationality or Japanese corporations controlled by persons of Japanese nationality.)

(5) Necessity of the "Verification"

The Government of the recipient country or its designated authority will conclude contracts denominated in Japanese yen with Japanese nationals. The Government of Japan shall verify those contracts. The "Verification" is deemed necessary to secure accountability to Japanese tax payers.

(6) Undertakings Required to the Government of the Recipient Country

In the implementation of the Grant Aid project, the recipient country is required to undertake such necessary measures as the following:

a) to secure land necessary for the sites of the Project,

b) to provide facilities for distribution of electricity, water supply and drainage and other incidental facilities in and around the sites,

c) to secure buildings prior to the installation work in case the project is providing equipment,

d) to ensure all the expenses and prompt execution for unloading, customs clearance at the port of disembarkation of the products purchased under the Grant Aid,

e) to exempt Japanese nationals from customs duties, internal taxes and other fiscal levies which will be imposed in the recipient country with respect to the supply of the products and services under the Verified Contracts,

f) to accord Japanese nationals whose services may be required in connection with the supply of the products and services under the Verified Contracts, such facilities as may be necessary for their entry into the recipient country and stay therein for the performance of their work.

(7) Proper Use

The recipient country is required to maintain and use the facilities constructed and the equipment purchased under the Grant Aid properly and effectively and to assign staff necessary for the operation and maintenance as well as to bear all expenses deemed necessary other than those covered by the Grant Aid.

(8) Re-export

The products purchased under the Grant Aid shall not be re-exported from the recipient country.

(9) Banking Arrangement (B/A)

a) The Government of the recipient country or its designated authority shall open an account in the name of the Government of the recipient country in a bank in Japan. The Government of Japan will execute the Grant Aid by making payments in Japanese yen to cover the obligations incurred by Government of the recipient country or its designated authority under the Verified Contracts.

b) The payments will be made when payment requests are presented by the bank to the Government of Japan under an Authorization to Pay issued by the Government of the recipient country or its designated authority.

(10) Authorization to Pay (A/P)

The Government of the recipient country should bear an advising commission of an Authorization to Pay and payment commissions to the Bank.

Major Undertakings to be Taken by Each Government

NO	Items	To be covered by the Grant	To be covered by the Recipient
1	To bear the following commissions to a bank of Japan for the banking services based upon the B/A		
	1) Advising commission of A/P		●
	2) Payment commission		●
2	To ensure prompt unloading and customs clearance at the port of disembarkation in recipient country		
	1) Marine(Air) transportation of the products from Japan to the recipient country	●	
	2) Tax exemption and custom clearance of the products at the port of disembarkation		●
	3) Internal transportation from the port of disembarkation to the project site	(●)	(●)
3	To accord Japanese nationals whose services may be required in connection with the supply of the products and the services under the verified contract such facilities as may be necessary for their entry into the recipient country and stay therein for the performance of their work		●
4	To exempt Japanese nationals from customs duties, internal taxes and other fiscal levies which may be imposed in the recipient country with respect to the supply of the products and services under the verified contract		●
5	To maintain and use properly and effectively the facilities constructed and equipment provided under the Grant Aid		●
6	To bear all the expenses, other than those to be borne by the Grant Aid, necessary for the transportation and installation of the equipment		●

5. References

No.	Title	Source	Year	Original / Copy
1	Health Sector HIV/AIDS Strategy for Tanzania 2003-2006	MOH	2003	copy
2	National Policy on HIV/AIDS	Prime Minister's Office	2001	copy
3	National Multi-sectoral Strategic Framework on HIV?AIDS 2003-2007	MOH	2003	copy
4	The Functions and Organizaiton Structure of Tanzania Commission for AIDS(TACAIDS)	Civil Service Department President's Office	2002	copy
5	Training Curriculum for Sexually Transmitted Infections	MOH	2003	original
6	Sexually Transmitted Infections; A manual for Service providers	MOH	2003	original
7	Tanzania Joint Health Review(main report)	MOH	2003	copy
8	Second Health Sector Strategic Plan(HSSP) 2003-2008 Volume II Annex	MOH	2003	copy
9	Budget Execution Report Budget for Fiscal Year 2001/2002	Ministry of Finance	2002	copy
10	Health Statsitics Abstract 2002 (part)	MOH	2002	copy
11	HIV/AIDS/STIs Surveillance Report: Report	NACP	2002	copy
12	Quantification of STIs Drugs, HIV Test Kits, and Related Items for 2004-2005, Unapproved Draft for Discussion Only	MOH	2004	copy
13	Joint Monitoring Survery of Infectious Disease Control Project :Report 2004	MOH, JICA, USAID	2004	copy
14	National Guidline for VCT operation (Rough Draft)	MOH	2003	copy
15	Quarterly VCT Reports From the Dsitricts 2003	MOH	2003	copy