No.

BASIC DESIGN STUDY REPORT
ON
THE PROJECT FOR HIV/AIDS CONTROL
IN
THE UNITED REPUBLIC OF TANZANIA

July 2005

Japan International Cooperation Agency

(JICA)

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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 HIV/AIDS Control and entrusted the study to the Japan International Cooperation Agency (JICA).

JICA sent to Tanzania a study team from March 6 to March 22, 2005.

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.

July 2005
Seiji KOJIMA
Vice-President
Japan International Cooperation Agency

Location Map

Abbreviations

AIDS	: Acquired Immuno-Deficiency Syndrome
ART	: Antiretroviral Treatment
CDC	: Center for Disease Control and Prevention
HIV	: Human Immunodeficiency Virus
MOH	: Ministry of Health
MSD	: Medical Stores Department
NACP	: National AIDS Control Programme
NGO	: Non Governmental Organization
STIs	: Sexually Transmitted Infections
USAID	: United States Agency for International Devlelopment
VCT	: Voluntary Counselling and Testing
WHO	: World Health Organization

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Chapter 1　Background of the Project

In 1999, the Tanzanian president declared HIV/AIDS a “national disaster”, and the government released “National Policy on HIV/AIDS” in 2001 to implement multi-sectoral measures. Based on “National Multi-Sectoral Strategic Framework on HIV/AIDS”, the Ministry of Health formulated “Health Sector HIV/AIDS Strategy for Tanzania 2003-2006” and is now fortifying the HIV/AIDS control program in the health sector by implementing blood safety, offering counseling services, providing treatment for sexually transmitted infections (STIs), etc. WHO’s “3 by 5 Initiative” aims to provide three million people living with HIV/AIDS throughout the world, including Tanzania, with antiretroviral treatment (ART) by the end of 2005. According to “3 by 5 Initiative”, in Tanzania WHO endeavors to provide ART to 130,000 of the estimated 260,000 people in need of treatment, albeit only 1,650 people are being treated as of June 2004. Since ART begins with detection of HIV infection at Voluntary Counseling and Testing (VCT) centers, expansion of ART will lead to an increase of visitors to VCT centers, which the Government of Tanzania is also planning to expand and upgrade.

To assist the Government of Tanzania in implementing HIV/AIDS control and achieving the target, the Government of Japan has implemented a grant aid project titled “Project for Infectious Diseases Control” for a three-year period starting in FY 2002 to provide HIV test kits, laboratory equipment, STI drugs, and other supplies. This assistance was part of the Japan-US cooperation for infectious disease control based on the project formulation study conducted in 2001 on the Japan-US Common Agenda on Global Challenges (HIV/AIDS, infectious diseases, population, and health), under which USAID was to review the logistics in the health sector, and Japan was to provide goods for HIV/AIDS control.

The number of HIV-infected people is still rising in Tanzania. As it was unlikely for Tanzania to become able to afford necessary goods or receive adequate support from other donors after 2006, the government of Tanzania requested grant aid to the government of Japan for funds necessary to procure HIV test kits and other items for a three-year period between 2006 and 2008.

Chapter 2　Contents of the Project

2-1 Basic Concept of the Project

"Health Sector HIV/AIDS Strategy for Tanzania 2003-2006", which was formulated based on "National Multi-Sectoral Strategic Framework on HIV/AIDS", intends to implement HIV/AIDS control in the health sector from three different angles of "Care, Treatment and Support," "Prevention," and "Cross Cutting Issues". The strategy addresses the treatment and prevention of STIs and the enforcement of blood safety as means to promote the "Prevention", and the enhancement of VCT activities to tackle the "Cross Cutting Issues."

The objective of this Project is to reduce the risk and prevent the spread of HIV infections in Tanzania by supporting the enhancement of VCT activities and blood safety in alignment with the Health Sector HIV/AIDS Strategy through the procurement of test kit as well as STI drugs, that are essential for controlling HIV/AIDS and STIs.

This Project is to provide funds necessary for procuring HIV test kits, syphilis test kits, STI drugs, and related supplies for three phases as a continuation of the Project for Infectious Diseases Control, a grant aid project implemented by the Government of Japan for a three-year period from FY 2002.

2-2 Basic Design of the Requested Japanese Assistance

2-2-1 Design Policy

(1) Basic Policy

1) Target Area and Facilities

This Project will be extended to all hospitals, health centers, dispensaries, and other medical facilities that have a voluntary counseling and testing center, laboratory, STI clinic, and/or ANC clinic throughout Tanzania, except Zanzibar.　However, certain facilities, which are to be provided with similar goods by the Global Fund Project Round-3, will be excluded from this Project.

The main targets of this Project are VCT centers, which the Government of Tanzania plans to establish at 645 locations in 2006 and 726 in 2007.　Since the plan for 2008 is unknown, the same 726 locations is assumed for 2008.　Taking into account the Global Fund Project that plans to assist 33 VCTs in 7 districts in Phase I of this Project (provision of goods to be used 2006), 17 districts in Phase II (goods for 2007), and 31 districts in Phase III (goods for 2008); this Project will cover 612 VCTs in Phase I, 624 VCTs in 104 districts in Phase II, and 540 VCTs in 90 districts in Phase III.

2) Items and Quantities to Procure

The contents of this Project were determined based on the guidelines for HIV testing and the STIs Treatment Manual recommended by the Ministry of Health.

① HIV Test Kit

This Project will procure HIV test kits, which has been verified for reliability through a joint evaluation test by the Government of Tanzania and CDC.　Currently, the Ministry of Health is in the process of revising the guidelines for HIV testing and plans to introduce new test kits in 2007.　Thus, this Project will procure HIV test kits (Capillus for the first test and Determine for the second) in Phase I, and the new type of test kits

(Determine for the first test and Uni-Gold for the second) in Phase II and thereafter to be consistent with the revision of the guidelines.

The required quantity of the HIV test kits was determined based on the estimated number of HIV tests to be conducted for blood donors and visitors to VCTs for counseling. The number of tests to be conducted for blood safety was first determined by estimating the number of blood donors (150,000) based on Tanzania's annual blood requirement record in 2002 and 2003, and then adding the number of HIV infected patients derived from 8.8% of the average infection rate among blood donors. Since the annual blood requirement is essentially the same every year, the same number of units will be procured in each phase of this Project.

The number of HIV test kits to be used at VCTs was estimated based on the number of visitors to each VCT in each phase, which was estimated at 500 based on the 2004 record (each VCT employs an average of 2.5 counselors, each of whom sees an average of 200 visitors). The number of kits needed for the second test was calculated based on the average HIV infection rate (17.8%) among VCT visitors during a three-year period starting in 2002.

Estimations of the required quantities of HIV test kits are shown in the tables below.

Phase I

1. For blood transfusion

A	Estimated number of blood units needed in a year		150,000
B	Number of donors requiring tests	A×1.088	163,200
C	Screening for a rapid test(75%)	B×0. 75	122,400
D	A rapid test, buffer stock for 3 months	C×0. 25	30,600
E	Additional allowance for quality control and other purpose (10%)	C×0. 1	12,240
F	Total・・・・・①	C+D+E	165,240
G	Screening for ELISA reagent (25%)	B×0. 25	40,800
H	ELISA reagent, buffer stock for 3 months	G×0. 25	10,200
I	Additional allowance for quality control and other purpose (10%)	G×0. 1	4,080
J	Total・・・・・・②	G+H+I	55,080

2. VCT [The first test (Capillus), the second test(Determine)]

A	Estimated number of people receiving counseling		306,000
B	The first test, Capillus	A	306,000
C	Buffer stock for 3 months	B×0. 25	76,500
D	Additional allowance for quality control and other purpose (10%)	B×0. 1	30,600
E	Total・・・・・③	B+C+D	413,100
F	Grand total Needed qty. of Capillus (①+③)÷100	Number of kits	5,783
G	The second test (17. 8%)	A×0. 178	54,468
H	Buffer stock for 3 months	G×0. 25	13,617
I	Additional allowance for quality control and other purpose (10%)	G×0. 10	5,447
J	Total (Number of tests)	G+H+I	73,532
K	Average needed number of Determine per site for 612 VCT sites	J÷612÷100	1.2
L	Number of kit, if expiration date will be half a year after arrival at sites	K×612×2	1,469
M	The third test ELISA reagent (25%)	G×0. 25	13,617
N	ELISA reagent buffer stock for 3 months	M×0. 25	3,404
O	Additional allowance for quality control and other purpose (10%)	M×0. 10	1,362
P	Total・・・・・④	M+N+O	18,383
Q	Grand total Needed qty. of ELISA reagent (②+④)÷192	Number of kits	383

Phase II

1. For blood transfusion

A	Estimated number of blood units needed in a year		150,000
B	Number of donors requiring tests	A×1.088	163,200
C	Screening for a rapid test(75%)	B×0. 75	122,400
D	A rapid test, buffer stock for 3 months	C×0. 25	30,600
E	Additional allowance for quality control and other purpose (10%)	C×0. 1	12,240
F	Total・・・・・①	C+D+E	165,240
G	Screening for ELISA reagent (25%)	B×0. 25	40,800
H	ELISA reagent, buffer stock for 3 months	G×0. 25	10,200
I	Additional allowance for quality control and other purpose (10%)	G×0. 1	4,080
J	Total・・・・・・・②	G+H+I	55,080

2. VCT [The first test (Determine), the second test(Uni-gold)]

A	Estimated number of people receiving counseling		312,000
B	The first test, Capillus	A	312,000
C	Buffer stock for 3 months	B×0. 25	78,000
D	Additional allowance for quality control and other purpose (10%)	B×0. 1	31,200
E	Total・・・・・③	B+C+D	421,200
F	Grand total Needed qty. of Capillus (①+③)÷100	Number of kits	5,864
G	The second test (17. 8%)	A×0. 178	55,536
H	Buffer stock for 3 months	G×0. 25	13,884
I	Additional allowance for quality control and other purpose (10%)	G×0. 10	5,554
J	Total (Number of tests)	G+H+I	74,974
K	Average needed number of Determine per site for 624 VCT sites	J÷624÷20	6
L	Number of kit, if expiration date will be half a year after arrival at sites	K×624×2	7,500
M	The third test ELISA reagent (25%)	G×0. 25	13,884
N	ELISA reagent buffer stock for 3 months	M×0. 25	3,471
O	Additional allowance for quality control and other purpose (10%)	M×0. 10	1,388
P	Total・・・・・④	M+N+O	18,743
Q	Grand total Needed qty. of ELISA reagent (②+④)÷192	Number of kits	384

Phase III

1. For blood transfusion

A	Estimated number of blood units needed in a year		150,000
B	Number of donors requiring tests	A×1.088	163,200
C	Screening for a rapid test(75%)	B×0．75	122,400
D	A rapid test, buffer stock for 3 months	C×0．25	30,600
E	Additional allowance for quality control and other purpose (10%)	C×0．1	12,240
F	Total・・・・・①	C+D+E	165,240
G	Screening for ELISA reagent (25%)	B×0．25	40,800
H	ELISA reagent, buffer stock for 3 months	G×0．25	10,200
I	Additional allowance for quality control and other purpose (10%)	G×0．1	4,080
J	Total・・・・・・・②	G+H+I	55,080

2. VCT [The first test (Determine), the second test(Uni-gold)]

A	Estimated number of people receiving counseling		270,000
B	The first test, Capillus	A	270,000
C	Buffer stock for 3 months	B×0．25	67,500
D	Additional allowance for quality control and other purpose (10%)	B×0．1	27,000
E	Total・・・・・③	B+C+D	364,500
F	Grand total Needed qty. of Capillus (①＋③)÷100	Number of kits	5,297
G	The second test (17．8%)	A×0．178	48,060
H	Buffer stock for 3 months	G×0．25	12,015
I	Additional allowance for quality control and other purpose (10%)	G×0．10	4,806
J	Total (Number of tests)	G+H+I	64,881
K	Average needed number of Determine per site for 540 VCT sites	J÷540÷20	6
L	Number of kit, if expiration date will be half a year after arrival at sites	K×540×2	6,491
M	The third test ELISA reagent (25%)	G×0．25	12,015
N	ELISA reagent buffer stock for 3 months	M×0．25	3,004
O	Additional allowance for quality control and other purpose (10%)	M×0．10	1,202
P	Total・・・・・④	M+N+O	16,221
Q	Grand total Needed qty. of ELISA reagent (②＋④)÷192	Number of kits	371

② STI Drugs

The quantities of STI drugs were estimated by projecting the number of patients of each type of disease based on the 2003 records (41,427 cases of genital ulcer disease, 47,365 cases of urethral discharge syndrome, 50,764 cases of vaginal discharge syndrome, 42,527 cases of pelvic inflammatory disease, and 20,611 cases of other STIs) and taking into account the increase/decrease rate of each disease and the population growth rate from 2002. The total number of patients in Tanzania was projected by estimating the number of patients per 100,000 population based on the record of Dar es Salaam. The annual requirement of each drug was then derived by inserting the estimated number of patients in the formula provided in the STIs Treatment Manual. The quantity of each pharmaceutical item to be procured in each phase of this Project was determined by adding a buffer stock for three months to the annual requirement and adjusting the sum to the standard package size of each item. The quantities of water for injection and disposable syringes were adjusted to the required quantities of injection drugs. Estimations of STI drugs requirements are shown in the tables below.

Phase I

Item		Calculation	Needed qty. (tab./vial)	Needed qty. ＋ buffer (3months)
Benzathine Benzylpenicillin	2.4MU	P + (U x 3)	125,688	157,110
Erythromycine	250mg	21(0.1P+0.1R)x 2	606,564	758,205
Ciprofloxacin	500mg	Q+R+S	215,193	268,991
Ceftriaxone	250mg	0.1Q+0.1R+0.1S	21,519	26,899
Clotrimazole Pessary or tablet	100mg	4R	273,972	342,465
Spectinomycine	2g	0.01Q	820	1,025
Clotrimazole Cream	1%	0.1Q	8,203	10,254
Silver Nitrate Single Use Stick	75～95%	0.15T	4,820	6,025

P=No.of GUD,M+F（genital ulcer disease）	75,927
Q=UDS（urethral discharge syndrome）	82,032
R=VDS（vaginal discharge syndrome）	68,493
S=PID（Pelvic inflammatory disease）	64,668
T=Others	32,132
U= Number of Syphilis positive	16,587

Phase II

Item		Calculation	Needed qty. (tab./vial)	Needed qty. ＋ buffer (3months)
Benzathine Benzylpenicillin	2.4MU	P + (U x 3)	120,875	151,094
Co-trimoxazole	400mg/80mg	30P	2,334,840	2,918,550
Erythromycine	250mg	21(0.1P+0.1R) x 2	586,542	733,178
Ciprofloxacin	500mg	Q+R+S	213,215	266,519
Doxycycline	100mg	14Q+7R+28S	3,386,551	4,233,189
Ceftriaxone	250mg	0.1Q+0.1R+0.1S	21,322	26,653
Metronidazole	200mg	(0.5Q+0.5R+12S)x 2	1,583,878	1,979,848
Clotrimazole Pessary or tablet	100mg	4R	247,300	309,125
Spectinomycine	2g	0.01Q	918	1,148
Erythromycin dry powder for oral suspension	125mg	0.1R	6,183	7,729
Clotrimazole Cream	1%	0.1Q	9,180	11,475
Silver Nitrate Single Use Stick	75～95%	0.15T	4,669	5,836

P=No.of GUD,M+F（genital ulcer disease）	77,828
Q=UDS（urethral discharge syndrome）	91,796
R=VDS（vaginal discharge syndrome）	61,825
S=PID（Pelvic inflammatory disease）	59,594
T=Others	31,127
U= Number of Syphilis positive	14,349

Phase III

Item		Calculation	Needed qty. (tab./vial)	Needed qty. ＋ buffer (3months)
Benzathine Benzylpenicillin	2.4MU	P + (U x 3)	110,882	138,603
Co-trimoxazole	400mg/80mg	30P	2,267,790	2,834,738
Erythromycine	250mg	21(0.1P+0.1R) x 2	539,612	674,515
Ciprofloxacin	500mg	Q+R+S	202,261	252,826
Doxycycline	100mg	14Q+7R+28S	3,189,942	3,987,428
Ceftriaxone	250mg	0.1Q+0.1R+0.1S	20,226	25,283
Metronidazole	200mg	(0.5Q+0.5R+12S)x 2	1,399,066	1,748,833
Clotrimazole Pessary or tablet	100mg	4R	211,544	264,430
Spectinomycine	2g	0.01Q	973	1,216
Erythromycin dry powder for oral suspension	125mg	0.1R	5,289	6,611
Clotrimazole Cream	1%	0.1Q	9,734	12,168
Silver Nitrate Single Use Stick	75～95%	0.15T	4,285	5,356

P=No.of GUD,M+F（genital ulcer disease）	75,593
Q=UDS（urethral discharge syndrome）	97,340
R=VDS（vaginal discharge syndrome）	52,886
S=PID（Pelvic inflammatory disease）	52,035
T=Others	28,569
U= Number of Syphilis positive	11,763

- Tetracycline Eye Ointment: 80,500 tubes (Phase I), 74,300 tubes (Phase II), 65,000 tubes (Phase III)
  The quantity of the eye ointment to procure in Phase I was calculated by first estimating the number of neonates (643,904) to be cared by health workers at hospitals, health centers, and other medical facilities in 2006 based on the actual number of births in 2003, and then adding a three-month buffer stock and adjusting the sum to the standard package size. Likewise, the quantities for Phases II and III were calculated based on the estimated numbers of neonates being 594,320 and 519,811 respectively.

③ Quantity of Other HIV-Related Goods

- Syphilis RPR Test Kit: 6,360 kits (Phase I), 5,500 kits (Phase II), 4,600 kits (Phase III)
  The procurement quantity for Phase I was calculated by estimating the number of kits needed based on the estimated number of people taking the test (552,900 people), which was derived from the number and ratio (3.0%) of patients tested positive in 2003, and then adding extra 15% for quality control purposes. Quantities for Phases II and III were similarly estimated based on the projected numbers of people to take the test during these phases being 478,300 and 392,100 respectively. Each kit package contains 100 tests.
- Lancet: 830 boxes (Phase II and Phase III)
  No lancets will be procured in Phase I, as leftovers from previous projects will satisfy the requirement for this phase.
  Phases II and III will procure lancets in the quantities necessary for taking blood for transfusion to be screened by HIV rapid test.
- Vacuum Blood Collecting Tube, 5ml:
  4,135 packs (Phase I), 4,215 packs (Phase II), 3,645 packs (Phase III)
  5-ml tubes will be needed for taking blood from VCT visitors in Phases I, II, and III estimated at 306,000, 312,000, and 270,000 respectively. The quantity to procure in each phase was then derived by adjusting the required quantity to the standard package size of 100 tubes per pack.
- Vacuum Blood Collecting Tube, 10ml:
  7,095 packs (Phase I), 6,240 packs (Phase II), 5,225 packs (Phase III)
  Phase I will require 10-ml tubes in the quantity needed to collect blood samples from estimated numbers of 552,900 people for syphilis test and 54,417 people for HIV test using ELISA. Required quantities for Phases II and III were calculated based on the numbers of people for syphilis test in Phases II and III estimated at 478,300 and 392,100 respectively, as well as estimated numbers of people HIV test using ELISA estimated at 54,684 and 52,815, respectively. The quantities to procure were then derived by adjusting the requirements to the standard packaging size of 100 tubes per pack.
- Vacuum Blood Collecting Needle:
  11,230 packs (Phase I), 10,455 packs (Phase II), 8,870 packs (Phase III)
  These needles will be attached to and used with 5-ml and 10-ml vacuum blood collecting tubes. The procurement quantities were calculated based on the standard packaging size of 100 needles per pack.
- Holder for Vacuum Blood Collecting System): 8,000 holders (Phase III)

These holders will be procured as replacements for existing ones. The procurement quantity was calculated based on the Phase III plan to provide two holders for each VCT and ANC clinic and by adjusting the figure to the standard packaging size of 1,000 holders per box.

- Cryotube: 165 packs (Phase III)
  Cytotubes will be procured as replacements for existing ones in the quantity needed to take 163,200 blood samples for transfusion and adjusted to the standard packaging size of 1,000 tubes per pack.
- Box for Cryotube: 125 boxes (Phase III)
  As replacements, 5 boxes each will be procured for 25 hospitals.
- White Overall with Long Sleeves: 1,500 (large), 1,000 (medium) (Phase III)
  As replacements, five overalls for each hospital and two for each VCT will be procured. The quantity to procure was calculated based on this distribution plan in round numbers. The large/medium-size ratio was set at 60/40 according to the present status in Tanzania.
- Latex Examination Glove, large size:
  35,900 boxes (Phase I), 36,000 boxes (Phase II), 31,700 boxes (Phase III)
  Latex Examination Glove, medium size:
  12,000 boxes (Phase I), 12,000 boxes (Phase II), 10,600 boxes (Phase III)
  Assuming that each hospital and VCT will be using 12 pairs a day, 245 days a year to prevent secondary infections during HIV and RPR tests, the required quantities were calculated and rounded up to the packaging size of 100 pairs per box. The large/medium ratio was set at 75/25 based on the present status in Tanzania.
- Safety Box: 9,800 boxes (Phase I), 9,500 boxes (Phase II), 8,600 boxes (Phase III)
  Needed quantity was calculated to provide six boxes per year for each hospital and VCT to prevent secondary infections from blood-tainted needles, etc.

(2) Policy on Climatic Conditions

Vacuum blood collecting tubes will be made of glass, as plastic materials tend to distort above 30˚C and might alter the additive applied to the inner tube. Since they are susceptible to high temperature, their inland transportation from the port of discharge to the site of handover needs to be done under proper temperature control as with the test kits.

(3) Policy on Operation and Maintenance by the Implementing Agency

Different brands or models of HIV test kits, vacuum blood collecting tubes, and certain other items have different specifications and methods of use. To avoid confusion and misuse, this Project will chose the products that the Ministry of Health has been recommending as standard models.

(4) Policy on Procurement Method and Term of Procurement

This Project will require no installation work.

HIV and syphilis test kits will be transported by air, as they require temperature control and expire in

relatively short periods of time. HIV and syphilis test kits expire about one year after the date of manufacture, and their remaining shelf life at the time of delivery to the final destinations, such as the hospital labs and VCTs, will be around six months. To secure sufficient shelf life at the final destinations, one-year supply of these items will not be procured at once, but instead procured and shipped in every four months with a three-month buffer stock to prepare for possible delay or loss during transportation.

2-2-2 Basic Plan

(1) Goods Plan

Based on the above design policies, the contents of the goods were finalized as shown in Table 2-1 below.

Table 2-1: Contents of the Goods Plan

No.	Item	Content (Specification, Size, etc)・Use	Unit	Quantity		
				Phase I	Phase II	Phase III
1	Capillus HIV-1/ HIV-2	1kit for 100tests(= for 100 people), Store temperature (2-8℃) HIV test kit for screening, the first test at VCT in Phase I	kit	5,785	0	0
2	Determine HIV-1/2	1kit for 100tests(= for 100 people), Store temperature (2-30℃) HIV test kit for screening, the second test at VCT in Phase I and the first test in Phase II & III	kit	1,470	5,865	5,300
3	Uni-Gold HIV	1kit for 20tests(= for 20 people), Store temperature (2-27℃) HIV test kit for screening, the second test at VCT in Phase II & III	kit	0	7,500	6,495
4	ELISA Vironostika Uniform II HIV 1/2 plus O	1kit for 192tests For confirmation test and blood transfusion	kit	385	385	375
5	Syphilis RPR test kit	RPR Card, antigen, 0.03 microliter capillaries, dispensing syringe, positive and negative control, instructions, etc, 100tests/kit, store temparature (2-8℃) Syphilis RPR test kit for pregnant women	kit	6,360	5,500	4,600
6	Lancet	Stainless steel, sterilized, 200pcs/box For blood collection	box	0	830	830
7	Vacuum Blood Collecting Tube 5ml	Glass tube 4～5ml、100pcs/pack For blood colleciton for HIV screening at VCT	pack	4,135	4,215	3,645
8	Vacuum Blood Collecting Tube 10ml	Glass tube 9～10ml、100pcs/pack Blood collection for ELISA and Syphilis screening	pack	7,095	6,240	5,225
9	Vacuum Blood Collecting Needle	21G、38mm、Used with No.7, 8, 100pcs／pack Used with Vacuum Blood Collecting Tube	pack	11,230	10,455	8,870
10	Holder for Vacuum Blood Collecting System	Used with No.7・8, Standard type Holders for fixing vacuum blood collecting tubes and needles	pcs	0	0	8,000
11	Cryotube	Self-standing、External thread cap, Plastic, 1,000pcs/pack For storing sera	pack	0	0	165
12	Box for Cryotube	10×10tube, Plastic, with lid For store cryotube in a refrigeratored storage	box	0	0	125
13	Latex Examination Glove L size	Ambidextrous gloves, pre-powdered, 100pcs/box For prevention of secondary transmission	box	35,900	36,000	31,700
14	Latex Examination Glove M size	Ambidextrous gloves, pre-powdered, 100pcs/box For prevention of secondary transmission	box	12,000	12,000	10,600
15	White Overall with long sleeves L size	Front open、cotton mixture For prevention of secondary transmission	pcs	0	0	1,500
16	White Overall with long sleeves M size	Front open、cotton mixture For prevention of secondary transmission	pcs	0	0	1,000
17	Safety Box	Flammable box type, place on the floor 5L For prevention of secondary transmission	box	9,800	9,500	8,600
18	Disposable Syringe with Needle	21G/38mm, attached needle, Luer, Individual package Used for injection	pcs	186,000	179,000	166,000

No.	Item	Content（Specification, Size, etc）・Use	Unit	Quantity		
				Phase I	Phase II	Phase III
19	Benzathine Benzylpenicillin injection	Powder for injection, 2.4MU per vial For treatment of Syphilis and genital ulcer diseases	vial	157,200	151,100	138,700
20	Erythromycin Stearate Tablet	250mg tablet, 1,000tablets per bottle For treatment of genital ulcer diseases and vaginal discharge syndrome	tablet	759,000	734,000	675,000
21	Clotrimazole Pessary or vaginal tablets	vaginal tablet、100mg tablet, 6tablets per case For treatment of vaginal discharge syndrome	box	57,100	51,600	44,100
22	Ciprofloxacin Tablet	500mg per tablet, 1,000tablets per bottle For treatment of genital ulcer diseases, vaginal discharge syndrome and pelvic inflammatory disease	tablet	269,000	267,000	253,000
23	Doxycycline Capsule or Tablet	100mg tablet, 1,000tablets per bottle For treatment of genital ulcer diseases, vaginal discharge syndrome and pelvic inflammatory disease	tablet	0	4,234,000	3,988,000
24	Metronidazole Tablet	200mg tablet, 1,000tablets per bottle For treatment of genital ulcer diseases, vaginal discharge syndrome and pelvic inflammatory disease	tablet	0	1,980,000	1,749,000
25	Ceftriaxone injection	Ceftriaxonedisodium salt 250mg per vial For treatment of genital ulcer diseases, vaginal discharge syndrome and pelvic inflammatory disease	vial	26,900	26,700	25,300
26	Tetracycline Eye Ointment	Tetracycline 1% ointmentcream、5g per tube For treatment of neonatal conjunctivitis	tube	80,500	74,300	65,000
27	Erythromycin powder for oral suspension	Erythromycin 25mg in 1g(1ml)、Powder for oral suspension, dissolved in water For treatment of neonatal conjunctivitis	bottle	0	7,800	6,700
28	Clotrimazole Cream Tube	Clotrimazole cream 10mg in 1g , 20g per tube For treatment of urethral discharge syndrome	tube	10,300	11,500	12,200
29	Spectinomycin injection	2g per vial For treatment of urethral discharge syndrome	vial	1,100	1,200	1,300
30	Co-trimoxazole tablet	Sulfamethoxazole 400mg, Trimethoprim 80mg per tablet, 1,000tablets per bottle For treatment of genital ulcer disease	tablet	0	2,919,000	2,835,000
31	Silver Nitrate Single Use Stick or Pencil	Single use stick or pencil for external use, Silver Nitrate 80%～95% 100 sticks or pencils per box Used for genital warts	box	60	60	60
32	Water for injection 10ml	10ml plastic container, 100pcs per pack Used for dissolution of injection powder	pcs	186,000	179,000	166,000

(2) Distribution of Each Item

The goods will be delivered from the MSD to each medical facility once in every quarter according to their Report/Order Sheet (request form).

2-2-3 Implementation Plan

2-2-3-1 Implementation Policy

The goods for this Project will be procured from Japan, Tanzania, and third countries.

The Procurement Supervisor will contract a third-party agency to conduct a pre-shipment inspection on all goods items, which includes: i) collation of the goods list with the shipping documentation, ii) checking of the goods and the quantity against the specification sheet, and iii) confirmation of packing conditions. With regard to test kits, drugs, and other items that require quality control, the Procurement Supervisor will conduct a pre-shipment factory inspection only before the first lading. Procured goods and supplies will be delivered to the Medical Stores Department (MSD).

2-2-3-2 Implementation Conditions

Temperature-sensitive items need to be inspected and transported swiftly in appropriate packaging so as not

to affect their qualities. With regard to HIV test kits and other items with a relatively short shelf life, the Tanzanian side is advised to expedite the customs clearance and delivery procedures after their arrival in Tanzania.

2-2-3-3 Scope of work

Table 2-2 shows the scope of work for Tanzania and Japan. No installation work will take place in this Project.

Table 2-2: Scope of Work

Country	Work
Japan	Procurement of goods Transportation of goods to the place of handover (MSD in Dar es Salaam)
Tanzania	Transportation of goods from the place of handover (MSD in Dar es Salaam) to the target facilities.

2-2-3-4 Consultant Supervision

At the time of delivery of goods to Tanzania, one personnel from the Japanese supplier will be dispatched as a local procurement supervisor to carry out inspections and handover of the goods. At the delivery time of STI drugs and related items that are in larger volume and variety, an additional inspector will be dispatched to handle the more complex work.

2-2-3-5 Procurement Plan

The prospective procurement sources of the main goods items are shown in Table 2-3 below.

Table 2-3: Procurement Source of Goods

Phase I

Item		Source (country of origin)			Remark
		Tanzania	Japan	3rd country	
1	Capillus HIV-1/HIV-2			○	Ireland
2	Determine HIV-1/2		○		
3	ELISA Vironostika Uniform II HIV1/2Plus O			○	Netherlands
4	Syphilis RPR test kit			○	UK
5	Vacuum blood collecting tube 5ml			○	UK
6	Vacuum blood collecting tube 10ml			○	Belgium
7	Vacuum blood collecting needle			○	Spain
8	Latex examination glove L size			○	Malaysia
9	Latex examination glove M size			○	Malaysia
10	Safety box			○	South Africa
11	Disposal syringe			○	Spain
12	Benzathine benzylepenicillin			○	Germany
13	Erythromycine			○	Germany
14	Clotrimazole			○	Italy
15	Ciprofloxacin tablet			○	Germany
16	Ceftriaxone			○	Portugal
17	Tetracycline eye ointment			○	Germany
18	Clotrimazole cream			○	Italy
19	Spectinomycine			○	Italy
20	Silver nitrate single use stick			○	UK
21	Water for injection			○	Germany
Percentage (%)		0.00%	4.35%	95.65%	

Phase II

	Item	Source (country of origin)			Remark
		Tanzania	Japan	3rd country	
1	Determine HIV-1/2		○		
2	Uni-Gold HIV			○	Ireland
3	ELISA Vironostika Uniform II HIV1/2Plus O			○	Netherlands
4	Syphilis RPR test kit			○	UK
5	Lancet			○	DAC
6	Vacuum blood collecting tube 5ml			○	Belgium
7	Vacuum blood collecting tube 10ml			○	Belgium
8	Vacuum blood collecting needle			○	Belgium
9	Latex examination glove L size			○	Malaysia
10	Latex examination glove M size			○	Malaysia
11	Safety box			○	South Africa
12	Disposal syringe			○	Spain
13	Benzathine benzylepenicillin			○	Germany
14	Erythromycine			○	Germany
15	Clotrimazole			○	Italy
16	Ciprofloxacin tablet			○	Germany
17	Doxycycline			○	Belgium
18	Metronidazole			○	Germany
19	Ceftriaxone			○	Portugal
20	Tetracycline eye ointment			○	Germany
21	Erythromycin powder for oral suspension			○	Portugal
22	Clotrimazole cream			○	Italy
23	Spectinomycine			○	Italy
24	Co-trimoxazole tablet			○	Germany
25	Silver nitrate single use stick			○	UK
26	Water for injection			○	Germany
	Percentage (%)	0.00%	24.00%	76.00%	

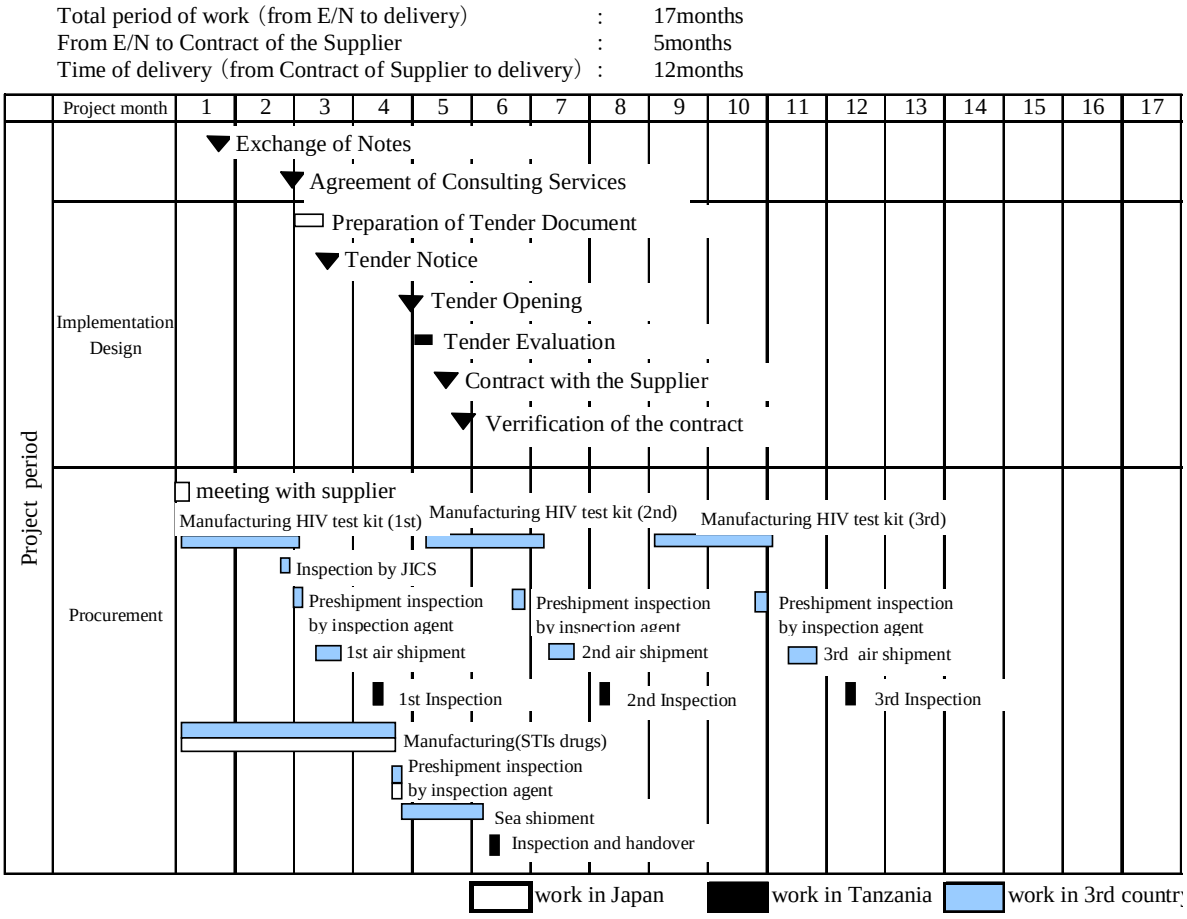
Phase III

	Item	Source (country of origin)			Remark
		Tanzania	Japan	3rd country	
1	Determine HIV-1/2		○		
2	Uni-Gold HIV			○	Ireland
3	ELISA Vironostika Uniform II HIV1/2Plus O			○	Netherlands
4	Syphilis RPR test kit			○	UK
5	Lancet			○	UK
6	Vacuum blood collecting tube 5ml			○	UK
7	Vacuum blood collecting tube 10ml			○	Belgium
8	Vacuum blood collecting needle			○	Spain
9	Holder for vacuum blood collecting system				UK
10	Cryotube				Denmark
11	Box for cryotube		○		
12	Latex examination glove L size			○	Malaysia
13	Latex examination glove M size			○	Malaysia
14	White overall with long sleeves L size		○		
15	White overall with long sleeves M size			○	Netherlands
16	Safety box			○	South Africa
17	Disposal syringe			○	Spain
18	Benzathine benzylepenicillin			○	EU
19	Erythromycine			○	EU
20	Clotrimazole			○	Italy
21	Ciprofloxacin tablet			○	EU
22	Doxycycline			○	Belgium
23	Metronidazole			○	DAC
24	Ceftriaxone			○	Portugal
25	Tetracycline eye ointment			○	Germany
26	Erythromycin powder for oral suspension			○	Portugal
27	Clotrimazole cream			○	Italy
28	Spectinomycine			○	Italy
29	Co-trimoxazole tablet			○	EU
30	Silver nitrate single use stick			○	UK
31	Water for injection			○	EU
	Percentage (%)	0.00%	26.00%	74.00%	

2-2-3-6 Implementation Schedule

Implementation of this Project will take a total of 17 months, 5 months from the signing of E/N to the conclusion of supplier contract, and 12 months therefrom to the handover of the goods. Assuming that the E/N signing will be extended, Phase I will conclude within FY 2006, and Phases II and III during FY 2007 and FY 2008 respectively. The implementation schedule is shown in Table 2-4 below.

Table 2-4: Project Implementation Schedule



2-3 Obligations of Recipient Country

Responsibilities of the Government of Tanzania in implementing this Project consist of the following:

① Delivery of procured goods from MSD to final destinations in Tanzania.

② Implementation of training on the use of new HIV test kit (Uni-Gold) to be introduced from Phase II.

③ Proper storage of HIV test kits and other items that need to be kept in a cool place.

④ Payment of issuance fees for Authorization to Pay according to the Banking Arrangement (B/A).

2-4 Project Operation Plan

The MSD is commissioned by the Ministry of Health to store the goods for HIV/AIDS control and deliver them from Zonal MSD warehouses to each medical facility. With the addition of a new storehouse constructed in Dar es Salaam in 2004, the MSD is now capable of storing larger quantities of the goods. It also has six cold rooms, including a recently added one, of which three rooms are used for storing HIV-related goods, indicating an adequate capacity for storing test kits and other items that need refrigeration.

Under the newly-introduced indent system, each medical facility orders needed quantities of HIV-related goods, which are then delivered directly (or via Zonal MSD warehouse) from MSD. The new system allows each medical facility to maintain supplies in more appropriate quantities. The HIV test kits and other items to be procured by this Project will be used properly at their final destinations, such as hospitals, health centers, and VCTs, as they are staffed with personnel who have been trained on the use of HIV-related goods.

2-5 Estimation of Cost for the Project

2-5-1 Estimation of Cost for the Project

The cost for implementing this Project is approximately estimated at 300 million yen for Phase I, 230 million yen for Phase II, and 220 million yen for Phase III. According to the scope of work defined for Japan and Tanzania, as well as the parameters of estimation as described under section (3) below. The cost to be borne by each country is estimated as follows. It should be noted that this cost estimate is provisional and would be further examined by the Government of Japan for the approval of the Grant.

(1) Estimated Cost to be borne by Japan

Phase I

Estimated project cost: approx. 303.4 million yen

Item	Cost (in million yen)
Equipment	282.2
Working design / procurement supervision/ technical support	21.2
Total	303.4

Phase II

Estimated project cost: approx. 230.4 million yen

Item	Cost (in million yen)
Equipment	209.2
Working design / procurement supervision/ technical support	21.2
Total	230.4

Phase III

Estimated project cost: approx. 222.2 million yen

Item	Cost (in million yen)
Equipment	200.8
Working design / procurement supervision/ technical support	21.4
Total	222.2

(2) Estimated Cost to be borne by Tanzania

Transportation cost of HIV-related goods to each medical facility: (to be paid by each district according to an invoice issued by MSD).

(3) Parameters of Estimation

1. Time of estimation March 2005
2. Exchange rate 1 USD = 105.25 yen, 1 EUR = 137.82yen
3. Work period As per Implementation Schedule
4. Other This Project will be implemented in accordance with the framework of the Grant Aid System of the Government of Japan.

2-5-2 Operation and Maintenance Costs

This Project will not incur maintenance cost, as the goods to be procured, such as HIV and syphilis test kits, latex examination gloves, and other laboratory instruments, as well as STI drugs, are consumable. In addition, HIV/AIDS control is positioned among the top priority agendas by the Government of Tanzania in its national plan and supported by international organizations and other donor countries through the Basket Fund. Therefore, the operation and maintenance of the goods to be procured by this Project will likely be carried out without hindrance.

2-5-3 Points to be Noted in Implementing the Project

In line with the Government of Tanzania's plan to introduce a new type of HIV test kit (Uni-Gold) in 2007, this Project will also procure the new test kit starting from Phase II. Although CDC is planning to provide technical and financial assistance for the introduction of the new test kit, its procurement should preferably be done after confirming the progress of training and other preparatory works prior to the implementation of Phase II. Also, as the National Multi-Sectoral Strategic Framework on HIV/AIDS (2003-2007), to which this Project conforms, ends in 2007, Phase III (cooperation for 2008) would be more appropriately designed and implemented by complying to a new strategy to be formulated based on the progress of HIV/AIDS control program in Tanzania.

Chapter 3 Project Evaluation and Recommendations

3-1 Project Effect

(1) Direct Effect

- Hospitals, etc. will become able to screen blood donors more properly, thereby reducing the risk of HIV infections through blood transfusion。
- VCTs will become more able to conduct HIV tests and offer counseling services for visitors according to the positive/negative test results.
- The number of patients to receive appropriate STI treatment at the STI clinics of hospitals and health centers will increase.

(2) Indirect Effect

- Spread of HIV infections will be slowed down, leading to the reduction of HIV infection rate in Tanzania.

3-2 Recommendations

① Although efforts are being made to prevent secondary infections in examination rooms that conduct HIV tests, more than a few of them are not equipped with alcohol or other disinfectants to deal with contamination of examination beds and desks. Therefore, continued guidance should be given on proper sterilization at every examination room.

② Each facility conducting HIV tests should preferably be equipped with autoclaves and incinerators to properly sterilize used test kits and blood collecting tubes that are contaminated with HIV-infected blood, etc.

③ Fostering of engineers through technical training on the renewal, maintenance, and repair of ELISA machine is recommended.

④ To enable the new distribution system (indent system) to function fully, NACP is advised to continue educating each medical facility under the assistance of USAID.

⑤ It would be more appropriate to design Phase III according to a new HIV/AIDS strategy for Tanzania. Therefore, a further study is desired to monitor and survey the status, policy, and future plans for HIV/AIDS control in Tanzania.

[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

[Appendices]

1. Member List of the Study Team

2.Study Schedule

3. List of Parties Concerned in the Recipient Country

4.Minutes of Discussion

5.Reference

1. Member List of the Study Team

Mr. Hiroyuki KINOMOTO	Team Leader	JICA Tanzania Office
Mr. Satoshi HORIE	Equipment Planner I	Japan International Cooperation System
Ms. Naoko NODA	Equipment Planner II / Procurement and Cost Estimation	Japan International Cooperation System

2. Study Schedule

No.	Date		Equipment Planner I	Equipment PlannerII／ Procurement Cost Estimation	Accomodation
1	3/5	Sat	Narita → Amsterdam		Amsterdam
2	3/6	Sun	Amsterdam → Dar es Salaam		Dar es Salaam
3	3/7	Mon	Coutesy call to JICA Tanzania Office and Embassy of Japan, Meeting with JICA Tanzania Office		Dar es Salaam
4	3/8	Tue	Discussion with NACP, Visit Central MSD, To Kilimanjaro	Discussion with NACP, Visit Central MSD	Kilimanjaro / Dar es Salaam
5	3/9	Wed	Regional Medical Office, Pasua Health Center	To Mwanza, Regional Medical Office, Zonal MSD, Sekou-toure Hospital	Kilimanjaro / Mwanza
6	3/10	Thu	Majengo Health Center, Kiwakuki VCT、Same District Hospital, Mwanga district Kiruru Dispensary	Regional Medical Office, Bugando Hospi	Kilimanjaro / Mwanza
7	3/11	Fri	Kilimanjaro Hospital（KCMC）, Zonal MSD, Bondeni Dispensary	Bugando Hospital、Sengrema District Medical Office, Sengrema district Hospital	Kilimanjaro / Mwanza
8	3/12	Sat	Data analysis	Karume Health Center	Kilimanjaro / Mwanza
9	3/13	Sun	Back to Dar es Salaam		Dar es Salaam
10	3/14	Mon	Discussion with CDC and Global Fund		Dar es Salaam
11	3/15	Tue	Discussion with John Snow, Inc (DELIVER) and USAID		Dar es Salaam
12	3/16	Wed	Visit to central MSD		Dar es Salaam
13	3/17	Thu	Discussion with CDC, Meeting with JICA, Market research		Dar es Salaam
14	3/18	Fri	Discussion with NACP, Meeting with JICA		Dar es Salaam
15	3/19	Sat	Data analysis		Dar es Salaam
16	3/20	Sun	Internal Meeting		Dar es Salaam
17	3/21	Mon	Discussion with CDC, Meeting with JICA, Discussion of Minutes with MOH		Dar es Salaam
18	3/22	Tue	Signing Minutes, Report to JICA Tanzania Office, Dar es Salaam→		In flight
19	3/23	Wed	→Amsterdam		In flight
20	3/24	Thu	→ Narita		

3. List of Parties Concerned in the Recipient Country

Dar Es Salaam		
Ministry of Health	Dr. Gabriel L. Upunda	Chief Medical Officer
	Ms. Michiko TAJIMA	JICA Expert
NACP, Ministry of Health	Dr. R. O. Swai	Program Manager
	Dr. Mwaita Nyanganyi	Head, STI Unit
	Dr. Debora KAJIOKA	Officer, STI Unit
	Ms. Mary Mshana	Officer, STI Unit
	Mr. Khalid Hanar	Laboratory Coordinator
	Ms. Peris Urasa	Officer, VCT Unit
Medical Stores Department (Central)	Beatus A. Msoma	Program Manager
	Christine Lissu	Sales Staff
Center for Disease Control and Prevention (CDC)	Dr. Yahya Ipuge	Program Director
Management Sciences for Health (MSH)	Ms. Catherine A. Severo	Advisor
John Snow, Inc (DELIVER)	Mr. Barry Chovits	Logistic Advisor
	Mr. Tim Rosche	Logistic Advisor
U.S. Agency for International Development	Mr. Patrick Swai	Staff HIV/AIDS Division
(USAID)	Mr. Rene A. Berger	Staff HIV/AIDS Division
Kas Medics Limited	Mr. Mehboob K. Poptani	Managing Director
Biocare Health Products Limited	Mr. Bharat V. Rajani	Managing Director
Embassy of Japan	Mr. Katsuya IKEDA	Ambassador
JICA Tanzania Office	Mr. Toshihiro OBATA	Resident Representative
	Mr. Hiroyuki KINOMOTO	Deputy Representative
	Mr. Takahiro MORIYA	Assistant Resident Representative
	Dr. Salli	National Staff
Kilimanjaro Province		
Moshi Municipality		
Regional Medical Office	Dr. H. E. M. Bhwana	Regional Medical Officer
MAWENZI REGIONAL HOSPITAL	Dr. Saganda	Director
	Dr. Megie	STI Doctor
	Dr. E. C. Mosille	Regional AIDS Control Coordinator
MOSHI MUNICIPAL COUNCIL	Dr. Manase Chelangwa	Acting Municipal Medical Officer
	Ms. Catholin Kilewa	Home base care coordinator
PASUA Health Centre	Dr. Minja	Doctor
KILIMANJARO CHRISTIAN MEDICAL CENTRE	Mr. Kisyombe	Head, Laboratory
BONDENI Dispensary	Dr. Vick mlay	in charge of STI
Municipal Council Health Control Coordinator	Pauro Mlaki	District AIDS Control Coordinator
Majengo Health Centre	Hisembia Bhwana	Nurse, STI Clinic
	Cypriara Shirima	Nurse, MCH Clinic
	Hashim Mrutu	Labo Assistant
Zonal MSD	Anuseli Mrema	Acting Director for Zonal MSD
Mwanga District		
KIRURU Dispensary	Zeitun R. Msuya	
Sama Distirct		
Same District Hospital	Dr. K. Semarundu	Director

Mwanza Province

Mwanza municipality		
Regional Medical Office	Dr. Samson Winari	Regional Medical Officer
	Mr. Venance Saibul	Regional AIDS Control Coordinator
Zonal MSD	Mr. Sywester Mataudiko	Director for Zonal MSD
Bugando Hospital (Referral Hospital)	Dr. Charles Maginge	Director
	Ms. Asha Abbas	Nurse, ANC Clinic
	Ms. Sally M. Zoitta	Nurse and VCT Counselor
Sekou-toure Hospital (Regional Hospital)	Dr. Kajiru Mhando	Director
	Mr. John Kalimanzira	Laboratory staff
	Dr. J. Ngalula	Doctor VCT (PMTCT)
	Ms. Ema Mwangonda	Nurse, VCT (General)
Lake Zonal Transfusion Service Center	Mr. Abdul Mahamoud	Manager and Laboratory Staff
Sangrema District		
District Medical Office	Dr. Abraham Mahizo	District Medical Officer
	Mr. Bikemo Stephen	Manager for warehouse
District Hospital	Dr. Sr. D.M. Jose Voeten	Director
	Ms. Evelin Minha	Nurse, STI Clinic
	Dr. Chacha	Doctor, STI Clinic
	Ms. Piensia Kaswahula	Laboratory staff
	Mr. Amosi Watugala	Assistant laboratory
	Dr. Elias Seleli	Doctor, VCT
IGONBE Village		
Karume Health Center	Mr. Godfrey Balyagati	Head, Medical Assistant

MINUTES OF DISCUSSION ON THE STUDY ON THE PROJECT FOR HIV/AIDS CONTROL 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 HIV/AIDS Control (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 March 6 to March 22, 2005.

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, March 22, 2005

木野本 浩之

Mr. Hiroyuki Kinomoto
Leader
Study Team
Japan International Cooperation Agency

Dr. G.L. Upunda

Dr. Gabriel L. Upunda
Chief Medical Officer
Ministry of Health
United Republic of Tanzania

Witnessed by

Mapunjo

Ms. Joyce Mapunjo
Commissioner, External Resources
Ministry of Finance
United Republic of Tanzania

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 the National AIDS Control Programme.

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. Especially, the Tanzanian side requested to purchase following HIV rapid test kits in order to meet the protocol of HIV rapid test in Tanzania;

Year 1: Capillus HIV1/HIV2 for the first test and Determine HIV-1/2 for the second test, and

Year 2 and 3: Determine HIV-1/2 for the first test and Uni-Gold HIV for the second test.

Depending on the schedule of changing the protocol of HIV rapid test in Tanzania, the brand of HIV rapid test kits for Year 2 and/or 3 may be reconsidered in case of need. Particularly for Year 1, the Ministry of Health will communicate with JICA on the algorithm of the HIV rapid test to be used before April 30, 2005 if necessary.

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 August 2005.

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 Project.

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. The Tanzanian side mentioned that a technical assistance to strengthen the medical supply distribution system would continue to be provided under USAID-funded DELIVER project through John Snow Institute for three years more.

List of Equipment

No.	Names of the items	priority
1	Capillus HIV-1/HIV-2	A
2	Determine HIV-1/2	A
3	Uni-Gold HIV	A
4	ELISA Vironostika Uniform II HIV 1/2 plus O	A
5	RPR Syphilis Test kit	A
6	Blood Lancet	B
7	Yellow Tips (0-200 microlitre)	C
8	Vacutainer tube 5ml	A
9	Vacutainer tube 10ml	A
10	Vacutainer needles G21	A
11	Holder for vacuum blood collecting system	B
12	Disposable Pasteur Pipette 3ml	B
13	Cryotube 1.8~2ml	B
14	Cyro Boxes 10 x 10 formated	B
15	Tourniquet	C
16	Latex Examination Glove Size L	B
17	Latex Examination Glove Size M	B
18	White Overall with long sleeves L size	B
19	White Overall with long sleeves M size	B
20	Biohazard Discrad Bag (heat resistance)	C
21	Biohazard Discard Bag (regular)	C
22	Safety Box	A
23	Disposal Syringe with Needle	A
24	Benzathine Benzylpenicillin 2.4MU	A
25	Erythromycin 250mg tab	A
26	Clotrimazole 100mg Pessary	A
27	Ciprofloxacin 500mg Tablet	A
28	Doxycycline 100mg Capsule	B
29	Metronidazole Tablet	B
30	Ceftriaxone 250mg vial	A
31	Tetracycline Eye ointment	A
32	Erythromycin dry powder for syrup 125mg	B
33	Clotrimazole 1% Cream 20g	A
34	Spectinomycine injection	A
35	Co-trimoxazole tablet	B
36	Silver Nitrate 95% Single Use Tip	A
37	Water for injection	A

Japan's Grant Aid

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

1. Grant Aid Procedures

Japan's Grant Aid Scheme is executed through 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 Cabinet)
Determination of Implementation	(The Notes exchanged between the Governments of Japan and the recipient country)

Firstly, the application or request for a Grant Aid project submitted by a recipient country is examined by the Government of Japan (the Ministry of Foreign Affairs) to determine whether or not it is eligible for the Grant Aid. If the request is deemed appropriate, the Government of Japan assigns JICA (Japan International Cooperation Agency) 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 Scheme, based on the Basic Design Study report prepared by JICA, and the results are then submitted to the Cabinet for approval.

Fourthly, the project, once approved by the Cabinet, becomes official with the Exchange of Notes (E/N) signed by the Governments of Japan and the recipient country.

Finally, for the smooth implementation of the project, JICA assists the recipient country in such matters as preparing tenders, contracts and so on.

2. Basic Design Study

(1) Contents of the Study

The aim of the Basic Design Study (hereafter referred to as "the Study"), conducted by JICA on a requested project (hereafter referred to as "the Project") is to provide a basic document necessary for the appraisal of the Project by the Government of Japan. The contents of the Study are as follows:

—Confirmation of the background, objectives, and benefits of the requested Project and also institutional capacity of agencies concerned of the recipient country necessary for the Project's implementation.

—Evaluation of the appropriateness of the Project to be implemented under the Grant Aid Scheme from a technical, social and economic point of view.

—Confirmation of items agreed upon by both parties concerning the basic concept of the Project.

—Preparation of a Basic Design of the Project

—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.

The Government of Japan requests the Government of the recipient country to take whatever measures are necessary to ensure its self-reliance in the implementation of the Project. Such measures must be guaranteed even though they may fall outside of the jurisdiction of the organization in the recipient country actually implementing the Project. Therefore, the implementation of the Project is confirmed by all relevant organizations of the recipient country through the Minutes of Discussions.

(2) Selection of Consultants

For smooth implementation of the Study, JICA uses (a) registered consulting firm(s). JICA selects (a) firm(s) based on proposals submitted by 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 the recipient country to also work on the Project's implementation after the Exchange of Notes, in order to maintain technical consistency.

3. Japan's Grant Aid Scheme

(1) Exchange of Notes (E/N)

Japan's Grant Aid is extended in accordance with the Notes exchanged by the two Governments concerned, in which the objectives of the Project, period of execution, conditions and amount of the Grant Aid, etc., are confirmed.

(2) "The period of the Grant Aid" means the one fiscal year which the Cabinet approves the Project for. Within the fiscal year, all procedures such as exchanging of the Notes, concluding contracts with (a) consulting firm(s) and (a) contractor(s) and final payment to them must be completed.However, in case of delays in delivery, installation or construction due to unforeseen factors such as natural disaster, 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.

(3) Under the Grant Aid, in principle, Japanese products and services including transport or those of the recipient country are to be purchased. When the two Governments deem it necessary, the Grant Aid may be used for the purchase of the products or services of a third country. However, the prime contractors, namely, consulting, constructing 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.)

(4) Necessity of "Verification"

The Government of recipient country or its designated authority will conclude contracts denominated in Japanese yen with Japanese nationals. Those contracts shall be verified by the Government of Japan. The "Verification" is deemed necessary to secure accountability to Japanese taxpayers.

(5) 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 and to clear, level and reclaim the land prior to commencement of the construction,
b) To provide facilities for the distribution of electricity, water supply and drainage and other incidental facilities in and around the sites,
c) To secure buildings prior to the procurement in case the installation of the equipment,
d) To ensure all the expenses and prompt execution for unloading, customs clearance at the port of disembarkation and internal transportation 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.

(6) "Proper Use"

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

(7) "Re-export"

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

(8) Banking Arrangements (B/A)

a) The Government of the recipient country or its designated authority should open an account in the name of the Government of the recipient country in a bank in Japan (hereinafter referred to as "the Bank"). The Government of Japan will execute the Grant Aid by making payments in Japanese yen to cover the obligations incurred by the 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 (A/P) issued by the Government of the recipient country or its designated authority.

(9) 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 Grant Aid	To be covered by Recipient Side
1	To bear the following commissions to the Japanese bank 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 port of disembarkation in recipient country		
	1) Marine (Air) transportation of the products from Japan to the recipient	●	
	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 contact, 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 contracts		●
5	To maintain and use properly and effectively the facilities constructed and equipment provided under the Grant		●
6	To bear all the expenses, other than those to be borne by the Grant, necessary for construction of the facilities as well as for the transportation and installation of the equipment		●

(B/A: Banking Arrangement, A/P: Authorization to pay)

5. Reference

No.	Title	Source	Year	original /copy
1	Health Sector HIV/AIDS Strategy for Tanzania 2003 - 2006	MOH	2003	copy
2	HIV/AIDS/STI Surveillnace Report 2003	MOH	2004	original
3	Sexully Transmitted Infections A Manual for Service Provider	MOH	2003	original
4	Surveillance of HIV and Syphilis Among Antenatal Clinic Enrollees	MOH	2001-2002	original
5	Tanzania: Quantification of Drugs for STI Program and HIV Test Kit Requirements 2005-2006 (Draft)	USAID, JSI, Deliver	2005	copy
6	National Voluntary Counselling and Testing (VCT) Guidelines (Electronic data)	MOH	Final renewal	copy
7	Guidelines for Health Workers in the Management of HIV/AIDS in Tanzania (Draft) (Electronic data)	MOH	2005	copy
8	2002 Population and Housing Census (Electronic data)	The National Bureau of Statistics		copy
9	An update of the Assessment of Commitments by Development Partners in Regard to the National Multi-Sectoral Strategic Framework on HIV/AIDS	Stergomena L. Tax and Udo Philipp	2004	copy
10	Annual Report 2003	MOH	2004	copy
11	National Guidelines for Clinical Management of HIV/AIDS	MOH	2002	copy
12	Formulation of Health Sector HIV/AIDS/ STIs 2003 - 2005 Summary of Situation Analysis	MOH	2002	copy
13	Health Statistics Abstract (part)	MOH	2002	copy