

**BASIC DESIGN STUDY REPORT  
ON  
THE PROJECT FOR HIV/AIDS CONTROL  
IN  
THE REPUBLIC OF KENYA**

**July 2007**

**JAPAN INTERNATIONAL COOPERATION AGENCY**

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**JAPAN INTERNATIONAL COOPERATION SYSTEM**

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## Preface

In response to a request from the Government of the Republic of Kenya, the Government of Japan decided to conduct the Basic Design Study on the Project for HIV/AIDS Control in the Republic of Kenya and entrusted the study to the Japan International Cooperation Agency (JICA).

JICA sent to the Republic of Kenya a study team from March 4th to 24th, 2007.

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

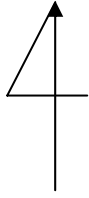
I hope that this report will contribute to the promotion of the Project and to the enhancement of friendly relations between our two countries.

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

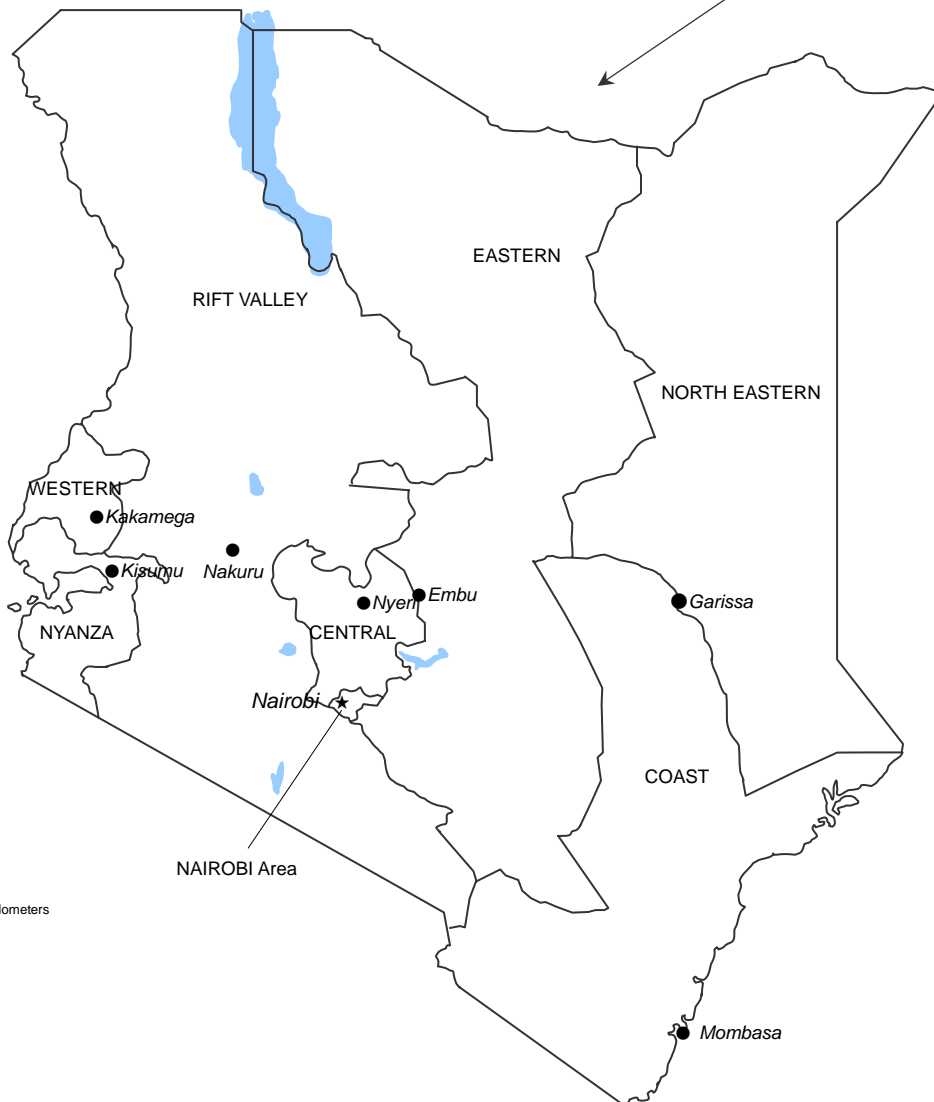
July 2007

KUROKI Masafumi  
Vice-President  
Japan International Cooperation Agency

# Location Map



Map of Africa



Map of project site (Target area : throughout Kenya)

## Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
ART	Antiretroviral Treatment
BCC	Behavior Change Communication
CDC	Centers for Disease Control and Prevention
DASCO	District AIDS and STD Coordinator
DFID	Department For International Development
DMLT	District Medical Laboratory Technologist
DTC	Diagnostic Testing and Counseling
GDP	Gross Domestic Product
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GNI	Gross National Income
HIV	Human Immunodeficiency Virus
IDU	Injection Drug User
IEC	Information Education Communication
IP-ERS	Investment Programme for the Economic Recovery Strategy for Wealth and Employment Creation
JSI	John Snow Inc.
LMU	Logistic Management Unit
KEMRI	Kenya Medical Research Institute
KEMSA	Kenya Medical Supplies Agency
KMTC	Kenya Medical Training College
MDGs	Millennium Development Goals
MSH	Management Sciences for Health
MTEF	Medium Term Expenditure Framework
NACC	National AIDS Control Council
NASCOP	National AIDS and STD Control Programme
NGO	Non Governmental Organization
PASCO	Provincial AIDS and STD Coordinator
PEP	Post Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PLWHA	People Living With HIV/AIDS
PMLT	Provincial Medical Laboratory Technologist
PMTCT	Prevention of Mother To Child Transmission
SDP	Service Delivery Point
STIs	Sexually Transmitted Infections
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
WRAIR	Walter Reed Army Institute of Research

## Table of Contents

Preface	
Location Map	
Abbreviations	
<b>Chapter 1 Background of the Project</b>	<b>1</b>
<b>1-1 Basic Concept of the Project</b>	<b>1</b>
<b>1-2 Environment and Social Considerations</b>	<b>1</b>
<b>1-3 Natural Environment</b>	<b>2</b>
<b>Chapter 2 Contents of the Project</b>	<b>3</b>
<b>2-1 Basic Concept of the Project</b>	<b>3</b>
<b>2-2 Basic Design of the Requested Japanese Assistance</b>	<b>3</b>
<b>2-2-1 Design Policy</b>	<b>3</b>
<b>2-2-2 Basic Plan (Equipment Plan)</b>	<b>5</b>
<b>2-2-3 Implementation Plan</b>	<b>8</b>
<b>2-3 Obligations of Recipient Country</b>	<b>10</b>
<b>2-4 Project Operation Plan</b>	<b>11</b>
<b>2-5 Project Cost Estimation</b>	<b>11</b>
<b>2-5-1 Initial Cost Estimation</b>	<b>11</b>
<b>2-5-2 Operation and Maintenance Cost</b>	<b>12</b>
<b>2-6 Other Relevant Issues</b>	<b>12</b>
<b>Chapter 3 Project Evaluation and Recommendations</b>	<b>13</b>
<b>3-1 Project Effect</b>	<b>13</b>
<b>3-1-1 Direct Effect</b>	<b>13</b>
<b>3-1-2 Indirect Effect</b>	<b>13</b>
<b>3-2 Recommendations</b>	<b>13</b>
<b>3-2-1 Challenges to be overcome by the Kenyan side / Recommendations</b>	<b>13</b>
<b>3-2-2 Technical Cooperation / Partnership with Other Donors</b>	<b>14</b>
 {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. References	

# **Chapter 1 Background of the Project**

## **1-1 Basic Concept of the Project**

The Ministry of Health of the Republic of Kenya is currently implementing a health strategy formulated in line with the United Nations Millennium Development Goals (MDGs), and for HIV/AIDS control, which aims to achieve the target of the MDGs “to halt, and begin to reverse the spread of HIV/AIDS by 2015” . Particularly, the Voluntary Counseling and Testing (VCT) service is the core of HIV/AIDS prevention measures, and the provision of both counseling and HIV testing is expected to be the key to the prevention of infection, and the provision of care and support. The formulation of the National VCT Guidelines and the development of VCT counselor training courses have led to a rapid expansion of VCT services, and the number of VCT centers have increased from only 3 centers to 860 centers from the year 2000 to 2006. Moreover, the “National HIV/AIDS Strategic Plan 2005/6-2009/10” formulated in 2005, sets the goals to strengthen or expand services for the prevention of mother to child transmission (PMTCT) and for diagnostic testing and counseling (DTC), and proposes to develop counseling and testing services even further. The goals stipulated in the Strategic Plan include, i) reducing the infection rate of the infants born to HIV-infected women to less than 23%, ii) providing HIV testing and appropriate treatment to more than 90% of STI patients, and iii) providing HIV testing to more than 95% of suspected cases of TB, among others.

Offering HIV testing by strict adherence to guidelines, and ensuring constant availability of services to those requesting the services are essential elements of the provision of counseling and testing services. However, new service developments and the increasing number of facilities are resulting in the lack of HIV test kits, leading to difficulties in providing constant and reliable services.

Until now, HIV test kits have been procured by the support of the Department for International Development (DFID), Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) etc., and in case of emergency, such as sudden stock-out, the test kits had been procured by Japan International Cooperation Agency (JICA), John Snow Inc., and by the Government of Kenya itself. However, DFID terminated the support in 2006, furthermore the continuation of GFATM support after the fiscal year 2008 is yet to be determined, there is no prospect for the procurement of HIV test kits after the fiscal year 2008.

In this crisis of counseling and testing service operation, a request to support the procurement of HIV rapid test kits was put forward by the Ministry of Health of Kenya to the Government of Japan. The procurement quantities requested at the time of proposal submission were for the period of fiscal years from 2006/7 to 2009/10, but was revised to a one-year project for the fiscal year 2008/9<sup>1</sup>, based on the result of this study.

## **1-2 Environment and Social Considerations**

This project is unlikely to have any adverse environmental impact in the target area and its vicinity, however, the disposal of used equipment must be ensured in order to prevent secondary transmission, due to

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<sup>1</sup> The quantity necessary for the period of July 2008 to June 2009, the Kenyan fiscal year, will be provided.

the fact that HIV can be contracted through blood. It is recommended that all facilities involved in HIV/AIDS control, including medical institutions such as hospitals and health centers as well as VCT centers, ensure appropriate disposal or incineration of used HIV rapid test kits, capillary tubes, lancets and other supplies and equipment contaminated with blood.

### **1-3 Natural Environment**

Kenya is a country which lies across the equator in the Eastern Africa, and is bordered by Ethiopia and Sudan to the north, Somalia and the Indian Ocean to the east, Uganda to the west, and Tanzania to the south. The total land area is 582,646 km<sup>2</sup> (including 13,600 km<sup>2</sup> of an inland lake), approximately 1.5 times that of Japan<sup>2</sup>, with the population of 34.3 million (as of 2005)<sup>3</sup>. The climate varies by region: the coastal region is hot and humid with an average temperature of 27~32°C, but the central region including the capital city of Nairobi and the western highlands have a temperate climate with an average temperature of 10~28°C. There is a long dry season from July to September and a short dry season from January to February, and a long wet season from April to June and a short wet season from October to December. Annual rainfall also differs in various parts of the country, with less than 200mm in the semi-desert area of the north eastern region, more than 1,000mm in the coastal region, and around 700~800mm in Nairobi.

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<sup>2</sup> Source: Website of the Embassy of the Republic of Kenya (May 2007)

<sup>3</sup> Source: World Bank 2006 statistical data

## Chapter 2 Contents of the Project

### 2-1 Basic Concept of the Project

This project will aim to achieve one of the targets of the MDGs, the international strategy mentioned in 1-1 above, which is to “halt, and begin to reverse the spread of HIV/AIDS by 2015”. Support will be provided to achieve the targets stated in the National HIV/AIDS Strategy, such as the reduction of infection rate from pregnant women to their newborns (prevention of mother to child transmission), and the promotion of HIV testing among STI/TB patients.

By procuring HIV rapid test kits, the project aims to contribute in providing appropriate counseling and HIV testing as well as to strengthen the services, making HIV-patient detection and their management (provision of care/treatment, prevention of the spread of infection) possible, hence preventing the spread of HIV infection.

The project will procure 3 types of HIV rapid test kits which are necessary for the VCT, PMTCT and DTC services provided throughout Kenya, in order to achieve the overall goal.

This grant aid project will be implemented as a one-year project of the Japanese fiscal year 2007.

### 2-2 Basic Design of the Requested Japanese Assistance

#### 2-2-1 Design Policy

##### 2-2-1-1 Basic Policy

###### 1) Target area and target population

The project will cover the entire country, targeting all facilities providing counseling and testing services for VCT, PMTCT, and DTC. The target population will be all those who will use the services. The services, facilities and the target population are summarized in Table 2-1.

Table 2-1 Target service providers

Services	Service providers	Target population
VCT	VCT center Mobile VCT	All visitors who agree to take HIV testing
PMTCT	Antenatal clinic of medical institutions	All pregnant women who receive group counseling during antenatal care, and agree to take HIV testing.
DTC	All medical institutions	Those who agree to take HIV testing, among all the patients who have/are suspected of having TB, or AIDS symptoms. It is planned to extend the target population to STI patients and inpatients in the future.

###### 2) Items to be procured under the project

The Ministry of Health has been procuring registered HIV test kits, after conducting price and technical evaluation. The selected brands are adopted for national use for the meantime. The brands of the three test kits currently being used, have also been requested for this project: Determine for the first test, SD Bioline for the second test, Unigold for the third confirmation test. It was considered appropriate to specify those



brands for procurement, due to the following reasons:-

- The test kits procured in Kenya are all procured / distributed by the Government of Kenya, and all facilities use the same test kits.
- Other donors are also procuring the test kits by specifying the brands, and a request to procure the government-selected brands for this project was submitted to the study team by the National AIDS and STD Control Programme (NAS COP).
- Introduction of different test kits may cause confusion in the distribution system, or result in erroneous diagnosis.

A testing kit will include the test device and other materials (lancets, capillary tubes, and buffer solution) which are necessary for the testing.

### 2-2-1-2 Policy Concerning Natural Conditions

There are no particular natural conditions that need to be taken into consideration, for the basic design study of equipment procurement for this project.

### 2-2-1-3 Policy Concerning the Operation and Management Abilities of Implementing Organization

All the equipment has been procured by the implementing organization over a number of years in the past, with sufficient support provided to all relevant donors. Therefore, special considerations in terms of operation and management abilities will not be necessary.

### 2-2-1-4 Policy Concerning the Grading of Facilities and Equipment

All of the 3 brands of test kits, which are planned to be procured under this project, satisfy the requirements set by the Government of Kenya. The features of the test kits are summarized in Table 2-2.

Table 2-2 Features of HIV test kits

Features	Specifications	Government requirement	Determine	SD Bioline	Unigold	Considerations for test kit selection
Storage	Refrigerated					For test kits requiring refrigerated storage, appropriate storage and transportation system shall be necessary.
	Room temperature	○	○	○	○	
Samples	Whole blood	○	○	○	○	For plasma/serum measurements, the collected blood must be separated. Test kits for whole blood testing are preferable, particularly in developing countries.
	Blood plasma Blood serum		○	○	○	
HIV types	HIV1+2	○	○		○	HIV can be classified into, HIV1 and HIV2 according to the characterization of protein in the virus. Most kits will react to both HIV1 and HIV2, but some only react to HIV1.
	HIV1,2	○		○		
	HIV1					
Method of analysis	Agglutination	Not specified				Test result of agglutination method can be difficult to assess, depending on the degree of
	Enzyme-antibody		○	○	○	

Features	Specifications	Government requirement	Determine	SD Bioline	Unigold	Considerations for test kit selection
	technique					reaction. There is less reading error with enzyme-antibody technique.
Performance	Sensitivity (%)	99.5-100	100	100	100	Proportion (%) of true-positives among positively tested samples.
	Specificity (%)	99-100	99.75	99.8	99.7	Proportion (%) of true-negatives among negatively tested samples.
Antigen	Recombinant protein	Not specified	○	○	○	Antigens of the test kits are derived from living organisms or are synthetic compounds. The compound used and their extraction method varies by each brand. In rare occasions, they would react specifically with patient blood component; therefore, different test kits are used to confirm the diagnosis.
	Synthetic peptide		○			

### 2-2-1-5 Policy concerning Procurement method and Implementation Period

As it is the prerequisite condition to procure the three types of HIV test kits that are specified as HIV testing algorithm by the implementing organization, the kits will be procured by nominating those particular brands.

Moreover, with a relatively short shelf life of approximately one year, HIV test kits will be delivered in three portions to ensure use before expiry date.

### 2-2-2 Basic Plan (Equipment Plan)

The initial request was to purchase enough quantities of test kits to cover the period up to the fiscal year 2009/10. However, since test kit procurement plan and the activities of other donors for the fiscal year 2009/10 had not yet been determined at the time of the study, there were too many uncertainties to accept this request. Therefore, after due consultation with NASCOP, the decision was for the project to cover the quantity required for the fiscal year 2008/9.

In Kenya, HIV testing is conducted in three stages: first test, second test, and confirmation. Three different test kits are used for each stage. There are two methods of testing: a parallel testing, where the patient undergoes the first and the second tests at the same time, and a serial testing, where only those who tested positive in the first test will undergo the second. In Kenya, parallel testing is employed in mobile VCT, and serial testing is employed in other facilities<sup>4</sup>. The testing methods are indicated in Figure 2-1.

<sup>4</sup> A mobile VCT is a one-day outreach activity of a counsellor from a VCT centre, done only once in several months. Test results must be produced rapidly; therefore, a parallel testing is employed.

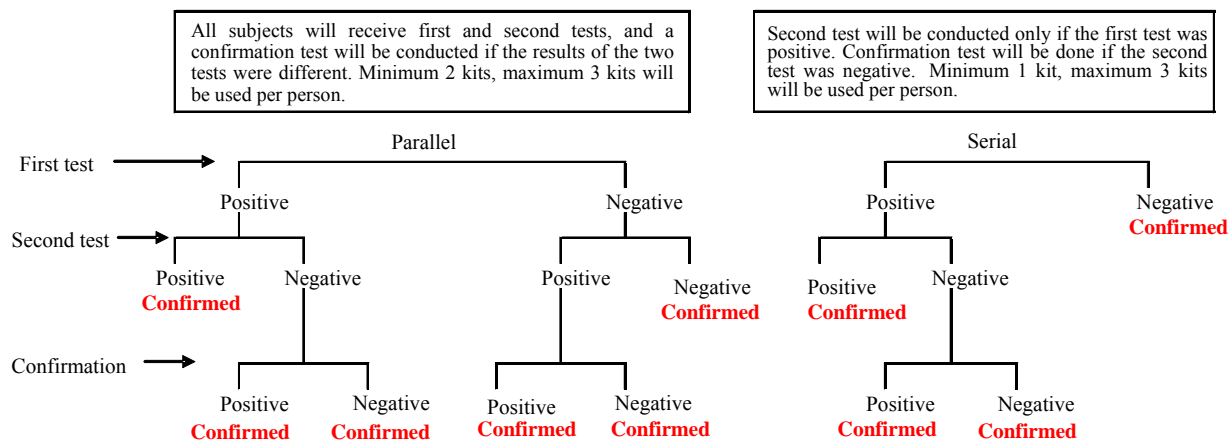


Figure 2-1 Testing methods using HIV test kits

The requested quantity was calculated based on NASCOP’s estimation of the number of users of counseling/HIV testing services, between the fiscal years 2007/8 and 2010/11, with the above mentioned testing methods taken into consideration. The conditions of estimation are as follows:

- In order to achieve the target “to establish more than 3 VCT centers in each of the 474 districts, by 2010”, the annual increase in the number of VCT users was calculated at approximately 144,000 users/year. Hence, the number of VCT users in the fiscal year 2008/9 was estimated at 1,169,638.
- For PMTCT service users, the number of pregnant women receiving antenatal care (ANC) in the fiscal year 2008/9 was estimated based on 3% population growth rate, and by taking the target of 93% implementation rate set by NASCOP for the fiscal year 2008/9, the number of PMTCT service users was estimated at 936,283.
- As for DTC, which started in 2005, there are hardly any results to refer to. Furthermore, from the fiscal year 2007/8, NASCOP is planning to expand the target population of DTC from TB patients and inpatients with AIDS symptoms, to all inpatients and STI patients. Therefore, the number of DTC users was estimated at 738,332, based on the target implementation rate (60% of target population, 80% of TB patients) for 2008/9, which was calculated from the implementation target for 2010 (80% of target population).

HIV testing achievements and future plans submitted by NASCOP are summarized in Table 2-3.

Table 2-3 HIV testing service users: achievements and future plans (Unit : people)

Services	Achievement		Plan			
	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11
VCT Center	795,299	881,725	1,025,681	1,169,638	1,313,594	1,457,550
PMTCT	538,448	823,167	879,690	936,283	1,005,850	1,068,068
DTC	—	260,122	608,514	738,332	875,889	1,021,581
Total	1,333,747	1,965,014	2,513,885	2,844,253	3,195,333	3,547,198

The number of people receiving HIV testing in the fiscal year 2008/9 was calculated for the first, second and confirmation tests, for each type of test kit used. The required quantities of test kits are indicated in Table 2-4.

Table 2-4 Estimated quantity of test kits required for FY 2008/9 (Unit : tests)

Test stage	Brands	Target population (Number of tests)						Quality management ※1		Losses ※2		Total
		VCT			PMTCT	DTC	Total	%	Quantity	%	Quantity	
		Serial	Parallel	Total	(Serial)	(Parallel)						
First	Determine	818,747	350,891	1,169,638	936,283	738,332	2,844,253	10	284,425	10	284,425	3,413,103
Second	SD Bioline	245,624	350,891	596,515	280,885	221,500	1,098,900	15(serial) 10(parallel)	147,290	10	109,890	1,356,080
Confirmation	Unigold	4,912	10,527	15,439	5,618	4,430	25,487	100	25,487	10	2,549	53,523

\*1 Quality management: In order to maintain the quality, a fixed quantity (a proportion determined by past results) of test kits for each testing method must be kept aside for quality testing purposes.

\*2 Losses: Test kits which cannot be used. A fixed quantity must be kept to allow for losses of expired test kits, damaged test kits, test kits used to train counseling and testing service providers, test kits used in case of shortage in stock of test kits for blood transfusion.

The calculation formulas for the quantity of test kits are as shown below:

First test Both serial / parallel testing: Total target population + Quality control (10%) + Losses (10%)

Second test Serial testing: Total target population × 30% (positive rate) + Quality control (15%) + Losses (10%)

Parallel testing : Total target population + Quality control (target population × 10%) + Losses (10%)

Confirmation Serial testing: Number of second test × 2% (first/second test discordance rate) + Quality control (100%) + Losses (10%)

Parallel testing: Total target population × 3% (first/second test discordance rate) + Quality management (100%) + Losses (10%)

Furthermore, it was confirmed that 2 million test kits will be procured by US President's Emergency Plan for AIDS Relief (PEPFAR) for the fiscal year 2008/9, however, the rest of the donors are not planned for assistance. Therefore, this project will cover the shortfall (Table 2-5).

Table 2-5 Calculation of the necessary quantity, excluding US Group purchase plan (Unit : Tests)

	Required quantity	US Group Purchase quantity	Shortfall	Quantity to be provided <sup>5</sup>
Determine	3,413,103	1,415,431	1,997,673	2,000,000
SD Bioline	1,356,080	562,373	793,707	800,000
Unigold	53,523	22,196	31,327	32,000
Total quantity	4,822,707	2,000,000	2,822,707	2,832,000

### 2-2-3 Implementation Plan

#### 2-2-3-1 Implementation Policy

The equipment and materials will be procured from Japan or third countries, by a Japanese contractor for equipment procurement, selected by a general public bidding. A consultant will be contracted from an independent inspection agency to conduct pre-shipment inspections on all procured goods. The procured goods will be delivered to Kenya Medical Supplies Agency (KEMSA), and on-sight inspection shall be conducted by the procurement consultant and the contractor for procurement together.

#### 2-2-3-2 Implementation Conditions

Since the HIV test kits to be procured have relatively short shelf life, the Kenyan side is requested to expedite transportation, custom clearance and distribution procedures after their arrival in Kenya. Furthermore, as the purchasing brands will be specified for all the items in this project, competitiveness was ensured by issuing a document to the manufacturers requesting to make reasonable quotations to the suppliers.

#### 2-2-3-3 Scope of Works

The responsibilities of Japan and the Kenyan side are as shown in Table 2-6.

Table 2-6 Responsibilities borne by the two countries

Scope	Japan	Kenya
Procurement of equipment and materials	Relevant equipment and materials	—
Transportation of equipment and materials	Transportation of goods from third countries to KEMSA central warehouse in Nairobi, the capital city of Kenya	Distribution of equipment from KEMSA central warehouse to target facilities
Installation	None	None

<sup>5</sup> The quantities are rounded up to the upper three digits.

#### 2-2-3-4 Consultant Supervision

1) Pre-shipment verification of equipment

Pre-shipment verification of equipment will be conducted by an independent inspection agency to check i) the equipment list of the contract against the shipping documents, ii) the delivery date, iii) the quantity of the products, and the packing condition. Inspections will be carried out at the time of all shipments.

2) Inspection upon delivery at the warehouse designated by the Government of Kenya

The equipment and materials procured from Japan or third countries will be stored at KEMSA. The consultant will cooperate with the contractor for equipment procurement to check the specifications, quantities, damages of the delivered goods. The consultant will attend the first and the last (third) deliveries, and the contractor for equipment procurement will conduct all inspections.

#### 2-2-3-5 Procurement Plan

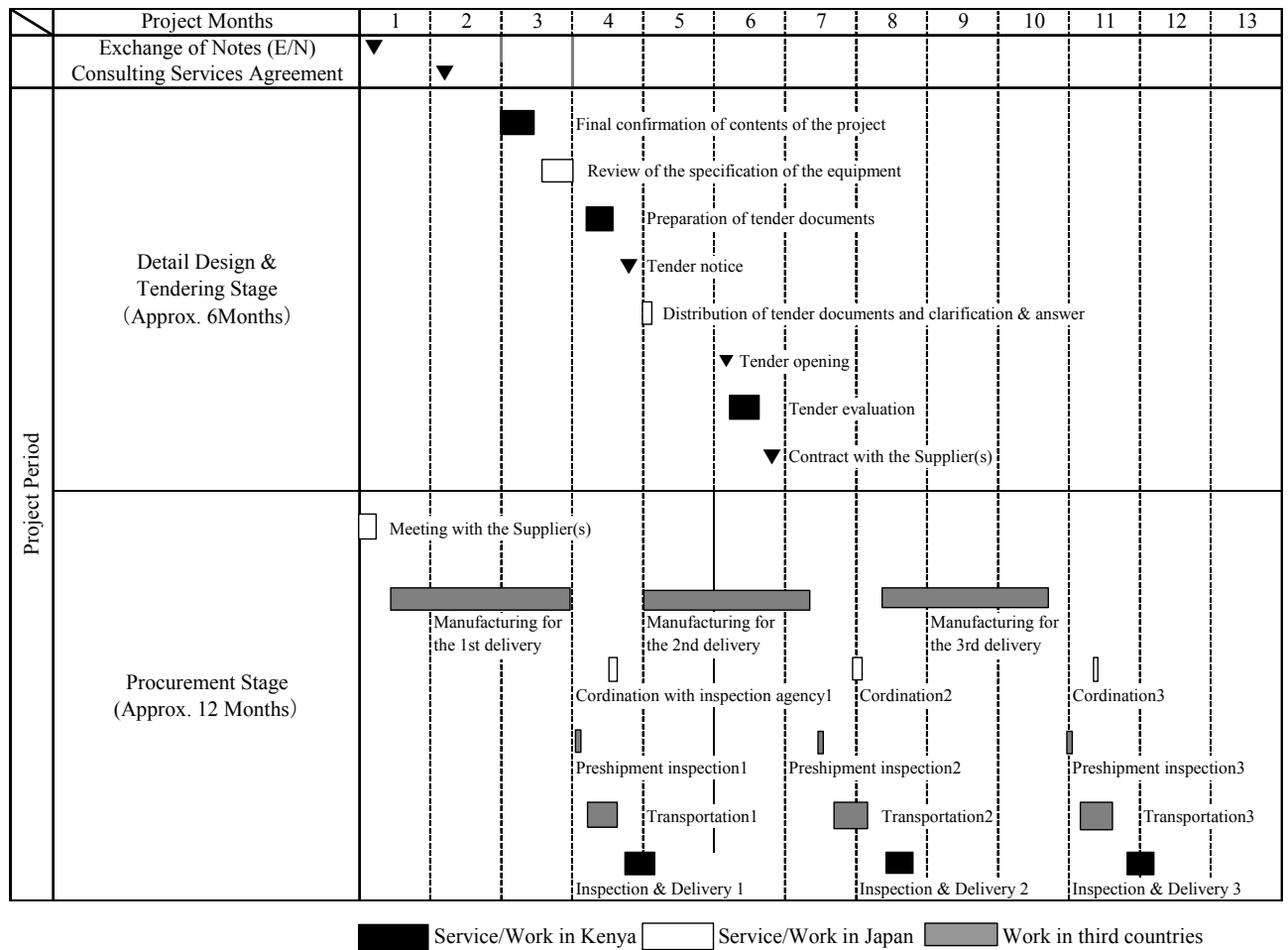
The prospective procurement sources of the equipment and materials are summarized in Table 2-7 below.

Table 2-7 Procurement sources of equipment and materials

Item	Source (Country of origin)			remark
	Kenya	Japan	3 <sup>rd</sup> Country	
HIV Rapid Test kits (Determine HIV-1/2)		○		Japan
HIV Rapid Test kits (SD Bioline 1/2 3.0)			○	Korea
HIV Rapid Test kits (Unigold)			○	Ireland

### 2-2-3-6 Implementation Schedule

The implementation schedule of this project is as shown below.



### 2-3 Obligations of Recipient Country

Responsibilities of the Government of Kenya in implementing this project are as follows:

- To expedite appropriate custom clearance procedures for the procured goods, and to bear the costs incurred
- Customs duties on procured goods and procurement operations, as well as tax exemption for domestic transaction
- To manage appropriate storage and quality maintenance of the procured goods, and to bear the costs incurred
- To manage appropriate distribution of the procured goods, and to bear the costs incurred
- To submit semi-annual monitoring reports to Japan, reporting the situation of distribution and the usage of the procured goods.
- To bear the payment commission and to notice the Authorization to Pay (A/P), according to the Banking Agreement (B/A)

## 2-4 Project Operation Plan

The test kits procured by this project will be delivered at the central warehouse of KEMSA in Nairobi. From the central warehouse, local transportation companies commissioned by KEMSA will distribute the goods to the provincial hospitals and medical stores, and each Service Delivery Point (SDP) will collect their allocation from the provincial medical stores. The transportation and storage costs, which amount to approximately 9.4 million Kenyan Shillings<sup>6</sup>, will be borne by the Ministry of Health. This project will utilize the existing management/operation and maintenance systems for the storage and distribution of the procured goods, therefore, no additional inputs will be required apart from the routine storage and transportation costs.

KEMSA has three central warehouses in Nairobi, and the total storage space is approximately 100,000 m<sup>3</sup>. The volumetric capacity required to store the procured test kits is approximately 46 m<sup>3</sup> overall, therefore a bulk storage in KEMSA central warehouse will be possible.

It has been agreed that monitoring reports on the situation of distribution/usage will be submitted twice a year (end of June and December) by the Kenyan side to the Japanese side. With regard to up-scaling of VCT centers and staffing situation, support is provided to NASCOP mainly from PEPFAR; therefore additional operational cost is not anticipated by the provision of the kits.

## 2-5 Project Cost Estimation

### 2-5-1 Initial Cost Estimation

The cost for implementing this project is estimated at approximately 372 million yen, and according to the previously defined scope of work for Japan and Kenya and the parameters of estimation described in section (3) below, the costs to be borne by each country will be as follows. However, this cost estimation 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

Estimated Project Cost: 372.0 million yen

Description	Cost (in million yen)
Equipment	356.0
Working design/ procurement supervision/ technical support	16.0
Total	372.0

#### (2) Estimated Cost to be borne by Kenya

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<sup>6</sup> HIV test kit storage/distribution costs are set at approximately 5% of the equipment cost, based on an agreement between MOH and KEMSA. Therefore, 16,992,000 Japanese yen, 5% of equipment cost (325,968,000 Japanese yen), was converted to Kenyan Shilling. 1 million KSh = 1,810,214 Japanese yen. (Exchange rate, as of 18<sup>th</sup> May, 2007)



Table 2-8 Estimated cost to be borne by Kenya

Description	Project cost estimation(KSh)
Transportation/ storage fee	9.4 million

### (3) Parameters of Estimation

- 1) Time of estimation    March 2007
- 2) Exchange rate        1 USD = 119.63 yen
- 3) Work period            As per Implementation Schedule
- 4) Other                    This Project will be implemented in accordance with the framework of the Grant Aid of the Government of Japan.

### 2-5-2 Operation and Maintenance Cost

The cost of transportation and storage of HIV test kits (approximately 9.4 million Kenyan Shillings) is the only cost that will be covered by the Government of Kenya, and has been agreed that this amount will be secured as a supplementary budget once the project implementation is confirmed. This amount corresponds to approximately 0.6% of the total HIV/AIDS-related budget of the Ministry of Health; therefore, securing the budget should not be a problem. Since this budget includes man power and vehicle expenses etc., no additional costs are to be considered.

### 2-6 Other Relevant Issues

Due to the short shelf life, HIV test kits will be delivered in three deliveries for this project. A well controlled scheduling will be necessary, in order to ensure the appropriate distribution of the test kits and usage before the expiry date. One of the obligations of the Kenyan side is to report the situation of distribution and utilization to Japan twice a year. It is recommended to encourage prompt and accurate submission of the reports, and to check the actual situation of distribution during the 3 occasions of on-sight inspection.

## **Chapter 3 Project Evaluation and Recommendations**

### **3-1 Project Effect**

#### **3-1-1 Direct Effect**

- 1) Appropriate HIV counseling and testing services will be provided to the visitors at SDPs, and the number of those receiving the counseling and testing will increase by securing the community's reliability towards service providers.
- 2) It will be possible to respond to the Kenyan government's plan to increase the number of VCT centers and to expand the coverage of counseling and testing services, and enable more HIV-infected patients to be detected and attended (provide care/treatment, prevent the spread of infection).

#### **3-1-2 Indirect Effect**

- 1) By reducing the risk of HIV infection, the project will contribute to the prevention of new infections, reduction of HIV infection rate, and decrease in the number of HIV/AIDS patients.
- 2) By reducing the HIV infection rate and the number of HIV/AIDS patients, healthcare expenditures and the burden on healthcare workers can be reduced.
- 3) Since many HIV-infected people belong to the highly productive generation that shoulders the economic development of the country, a decrease in the number of HIV-infected people may lead to an increase in work force and productivity.

### **3-2 Recommendations**

#### **3-2-1 Challenges to be overcome by the Kenyan side / Recommendations**

- The HIV test kit distribution quantity, HIV test kit consumption, and the actual number of users who received the services, are being collected separately by KEMSA, NASCOP Logistics Management Unit (KEMSA), and NASCOP respectively. However, the collected information is not being shared among those organizations. Although there are plans to improve this situation through NASCOP structural reinforcement and with the support of Management Sciences for Health (MSH), it is also recommended to promote inter-organizational information sharing and to ensure consistency of information, during the implementation process of Japanese technical cooperation project for the strengthening of monitoring system.
- Capacity building of KEMSA is being supported by MSH and other organizations. Stock-out of Unigold, and the HIV test kit for confirmation was observed during this field study, both in the central and provincial warehouses. It will be necessary to strengthen the capacity of inventory management / stock control, and to implement scheduled procurement and distribution, in order to avoid stock shortage.
- In this project, the quantity of each test kit is calculated based on the HIV testing guideline for

Kenya. Therefore, it will be necessary to keep SDPs informed of the HIV testing policy of the Ministry of Health, in order to ensure appropriate use of the procured equipment and materials.

### **3-2-2 Technical Cooperation / Partnership with Other Donors**

The current Japanese Technical Assistance for HIV/AIDS control provided in Kenya includes “The Project for Strengthening of People Empowerment against HIV/AIDS”, and the assignment of Japan Overseas Cooperation Volunteers (JOCV) for HIV/AIDS control. By implementing this project in addition, it will be possible to provide a comprehensive support in the fight against HIV/AIDS, from technical to material support of HIV/AIDS prevention and testing, down from grass-roots level up to the National level. In particular, a three-year Technical Cooperation project is being implemented from June 2006 to May 2009, with NASCOP as the counterpart, in order to strengthen the government’s role in the monitoring and evaluation of HIV testing. By ensuring consistency of information of distribution and consumption quantities as well as the number of health service users, there are expectations for the improvement of equipment provision and services as well as the government’s operation and management capacities.

Regarding other donors, a group of US organizations is providing assistance mainly in the field of treatment, care and support. Their activities will offer a comprehensive HIV/AIDS measures in Kenya, together with the Japanese assistance in the field of prevention and testing. From this, a greater impact can be expected through cooperation and partnership with the other donors.

## Appendices

- 1 Member List of the Study Team
- 2 Study Schedule
- 3 List of Parties Concerned in the Recipient Country
- 4 References

Appendices

1 Member List of the Study Team

Name		Role	Organization and Title	Period
1	Kazuhiko TOKUHASHI	Leader	Deputy Resident Representative JICA Kenya Office	3/05-3/21
2	Takuya OTSUKA	Project Coordinator	Senior Program Officer Health Team Project Management Group II Grant Aid Management Department, JICA	3/15-3/22
3	Yasuo SUMITA	Equipment Planner	Japan International Cooperation System	3/05-3/24
4	Kanako TANIGAKI	Procurement and Cost Planner	Japan International Cooperation System	3/04-3/24

## 2 Study Schedule

DATE		Public Officer		Consultants	
		Kazuhiko TOKUHASHI Leader	Takuya OTSUKA Project Coordinator	Yasuo SUMITA Equipment Planner	Kanako TANIGAKI Procurement and Cost Planner
1	3/04				2040 Leaving Haneda, Tokyo (JL-1319) 2200 Kansai, Osaka 2315 Leaving Kansai (JL-5099)
2	3/05			1005 Leaving London (BA-65) 2120 Arriving at Nairobi	0605 Arriving at Dubai 1005 Leaving Dubai (EK-719) 1415 Arriving at Nairobi
3	3/06	Meeting at JICA Office	1745 Leaving Narita (JL-735) 2150 Arriving at Hong Kong 2350 Leaving Hong Kong (SA-287)	0830 JICA Office 1430 Meeting with a JICA expert	
4	3/07		0710 Arriving at Johannesburg 1355 Leaving Johannesburg (SA-144) 1500 Arriving at Maputo	0900 NACC 1200 CDC 1500 NASCOP	
5	3/08		Participating in other study team	1000 KEMSA, KEMSA Central Warehouse 1615 MSH	
6	3/09			0830 NASCOP 1000 NPHLS 1100 NASCOP 1430 Supply Chain Management Consortium 1600 Embassy of Japan	
7	3/10			Site Survey (Nairobi)	
8	3/11			Site Survey Leaving Nairobi to Kisumu	
9	3/12			Site Survey (Nyanza Province) Provincial Health Office, Kisumu District warehouse, Provincial Hospital, Omega Foundation (VCT Center)	
10	3/13			Site Survey (Nyanza Province) Yala Sub-District Hospital, SPECOOP VCT Center, Siara District Hospital, KESPA VCT Center	
11	3/14			0700 Leaving Maputo (TM-301) 0800 Arriving at Johannesburg 1130 Leaving Johannesburg (KQ-461) 1630 Arriving at Nairobi	Site Survey (Nyanza Province) □ Nyanza Province PASCO Leaving Kisumu to Nairobi
12	3/15		0900 NASCOP 0230 USAID		
13	3/16		0830 NASCOP 1030 CDC 1300 Supply Chain Management Consortium		
14	3/17		Internal Meeting		
15	3/18		Documentation		
16	3/19	0800 Discussion on Minutes of Discussions with NASCOP 1300 KEMSA LMU 1500 KEMSA			
17	3/20	0900 Signing on Minutes of Discussions 1030 DFID 1600 Report to the Japanese Embassy			
18	3/21		1715 Leaving Nairobi (EK-720) 2315 Arriving at Dubai	0800 NASCOP 1100 MOH 1500 KEMSA	
19	3/22		0250 Leaving Dubai (JL-5090) 1640 Arriving at Kansai 1830 Leaving Kansai (JL-1316) 1940 Arriving at Haneda	0800 NASCOP 1400 MOH 1600 NASCOP Gathering information of procurement	
20	3/23			0900 NASCOP 1200 Report to JICA Office 1715 Leaving Nairobi (EK-720) 2315 Arriving at Dubai	
21	3/24			0250 Leaving Dubai (JL-5090) 1640 Arriving at Kansai 1830 Leaving Kansai (JL-1316) 1940 Arriving at Haneda	

### 3 List of Parties Concerned in the Recipient Country

Embassy of Japan	Mr. Tomohiro Ohishi	First Secretary
JICA Kenya Office	Mr. Yoshiaki Kanoh Mr. Ehara Yuhki	Resident Representative Assistant Resident Representative
Ministry of Health	Dr. Hezron O. Nyangito Mr. Peter Momanyi	Permanent Secretary Principal Procurement Officer
Ministry of Health National AIDS/STD, TB and Leprosy Program (NASCOP)	Mr. I. M. Mohamed Mr. James Mwalloh Ms. Carol Ngare Mr. Micah Onenga Anyona Mr. Francis Ndwiga Mr. Walter N. Onchwari Ms. Yuko Takenaka Ms. Sachiko Miyake	Head Program Officer VCT Program Officer ART Pharmacist STI/PMTCT/IDU Program Officer Finance Manager JICA Expert JICA Expert
Ministry of Health National Public Health Laboratory Services (NPHLS)	Dr. Jack Nyamongo Mr. Albert Bnuilasi	Director Laboratory Technologist
National AIDS Control Committee (NACC)	Dr. Francis N. Muu Ms. Caroline Nkatha Kinoti Mr. Laurence Okudo Ms. Florence Birya Samson Mbnthia	Head, Technical Support Division Program Officer Program Officer, Field Operations Head of Finance Division Program Officer, Planning Strategy
Kenya Medical Supply Agency (KEMSA)	Dr. Charles K. Kandie Mr. John Aduda Mr. Joseph Guchmuru Mr. W.S. Akapelwa Mr. Oliver A. Mulama Mr. John Ngaruiya Munyri Mr. David Muttu	Chief Executive Quality Assurance Manager PR Manager Senior Economist Assistant Warehouse Manager Assistant Warehouse Manager Assistant Procurement Manager
Nyanza Provincial Health Office	Dr. Kioko J. K. Jackson Dr. Charles Okal Mr. Jack Omondi	Provincial Medical Officer Provincial AIDS/STI Coordinator Provincial Medical Laboratory Technologist
Kisumu District Health Office	Ms. Christian Avonor Mr. Ibrahim Okari Mokaya Ms. Jane Wesiela Mr. Samwel O. Onjore	District Medical Officer District Warehouse Manager District Store Manager District Medical Laboratory Technologist

Nyanza Provincial Hospital	Mr. Habakuk Awiho Mr. Caren A Omia	Medical Laboratory Technologist Medical Laboratory Technologist
Omega Foundation (Kisumu District VCT Center)	William Mining Judith Adera Gorety India	Medical Laboratory Technologist VCT Counselor VCT Counselor
Siaya District Hospital	Mr. Gilbert Otugi Mr. Tom Onyango	Medical Laboratory Technologist Medical Officer
Yala Sub District Hospital	Dr. Primus Ocheng Ms. Regina Ayuma Ms. Esther Icabre Ambira	Doctor Medical Laboratory Technologist VCT Counselor
Kadenge-Ratuoro Health Center	Mr. Obare Otieno	Nurse
SPECOOP VCT Center (VCT Center in Siaya)	Ms. Mawreen Saolce Mr. Victor Onjoro	VCT Counselor Project Officer
KESPA VCT Center (VCT Center in Siaya)	Mr. Laban Ochieng Ms. Caro ochieng	VCT Counselor VCT Counselor
JSI-KEMSA	Ms. Amanda Ombeva	Logistic Manager
Crown Agent	Mr. Robert Nyamweya	Procurement Manager
GTZ	Mr. Franz Frederichs	Team Leader
USAID	Dr. David B. Elkins	Senior HIV/AIDS Development Officer
CDC	Dr. Jonathan Merimin Dr. Rebecca Bunnell Ms. Dorothy Mbori-ngacha Ms. Catherine Nderi Dr. Isaiah Tanui	Director Director of Global AIDS Program Chief Technical Advisor, PMCT Section VCT Program Coordinator VCT Technical Advisor
MSH	Dr. Michael Thuo	Regional Technical Adviser
DFID	Sandra Erickson	Assistant Health & HIV/AIDS Adviser



MINUTES OF DISCUSSIONS  
ON THE BASIC DESIGN STUDY  
ON THE PROJECT FOR INFECTIOUS DISEASES CONTROL  
(HIV/AIDS CONTROL)  
IN THE REPUBLIC OF KENYA

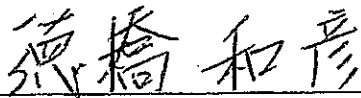
In response to a request from the Government of the Republic of Kenya (hereinafter referred to as "the Kenya"), the Government of Japan decided to conduct a Basic Design Study on the Project for Infectious Diseases Control (HIV/AIDS Control) (hereinafter referred to as "the Project") and entrusted the study to the Japan International Cooperation Agency (hereinafter referred to as "JICA").

JICA sent to the Kenya the Basic Design Study Team (hereinafter referred to as "the Team"), which is headed by Mr. Kazuhiko Tokuhashi, Deputy Resident Representative, JICA Kenya Office, and is scheduled to stay in the country from March 5 to March 23, 2007.

The Team held discussions with the officials concerned of the Government of Kenya and conducted a field survey at the study area.

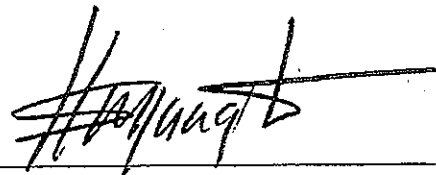
In the course of discussions and field survey, both parties confirmed the main items described on the attached sheets. The Team will proceed to further works and prepare the Basic Design Study Report.

Nairobi, March 20, 2007



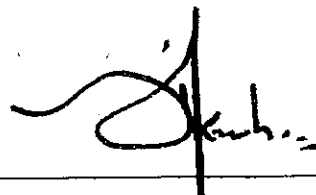
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Mr. Kazuhiko TOKUHASHI  
Leader  
Basic Design Study Team  
Japan International Cooperation Agency



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Dr. Hezron O. NYANGITO  
Permanent Secretary  
Ministry of Health  
Government of Kenya



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Mr. Joseph K. KINYUA  
Permanent Secretary  
Ministry of Finance  
Government of Kenya



## ATTACHMENT

### 1 Objective of the Project

The objective of the Project is to contribute to maintaining and strengthening HIV testing services in Kenya by procuring the rapid HIV test kits.

### 2 Project Site

The site of the Project is whole of Kenya.

### 3 Responsible and Implementing Agency

The responsible and implementing agency is the Ministry of Health.

### 4 Items Requested by the Government of Kenya

After discussions with the Team, the items described in Annex-1 were finally requested by Kenyan side. JICA will assess the appropriateness of the request and will recommend to the Government of Japan for approval.

### 5 Japan's Grant Aid Scheme

5-1 The Kenyan side understands the Japan's Grant Aid Scheme explained by the Team, as described in Annex-2.

5-2 The Kenyan side will take the necessary measures, as 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

6-1 The consultants will proceed to further studies in Kenya until March 23, 2007.

6-2 Based on the Minutes of Discussions and technical examination of the study results, JICA will complete the final report and send it to the Government of Kenya by August 2007.

### 7 Other Relevant Issues

7-1 The Kenyan side requested the Team to procure the other equipment shown in Annex-1 in addition to the rapid HIV test kits by the Project, for the reason that these equipment are quite essential for HIV testing.

7-2 The Kenyan side informed that there is a possibility to change the requested item(s) of rapid HIV test kits (Determine, SD Bioline and/or Unigold) nearly, in accordance with new decision making under the Kenyan regulations for HIV/AIDS control. The Kenyan side will immediately notify the replaced item(s) to the Japanese side, if any changes.



- 7-3 The Kenyan side requested the Japanese side to procure rapid HIV test kits and other related equipment for the Kenyan fiscal year 2008/09 as well as 2009/10. The Japanese side will assess the appropriateness of the request for 2009/10 on further analysis in Japan, and the final conclusion whether the equipment for 2009/10 are included or not in the Project will be informed to the Kenyan side.
- 7-4 Both sides confirmed that each item procured under the Project will be handed over to the Government of Kenya at the Central Warehouse of the Kenya Medical Supply Agency (KEMSA) in Nairobi. And the Kenyan side promised to secure enough space and condition for storage until the distribution.
- 7-5 The Kenyan side promised to allocate necessary budget for storage, distribution, and maintenance of the equipment procured under the Project.
- 7-6 The Kenyan side will ensure prompt execution for the unloading and customs clearance of the equipment procured under the Project at the port of disembarkation and will ensure all necessary expenses.
- 7-7 The Kenyan side shall take necessary measures to exempt Japanese nationals who will be engaged in the Project from all duties and related fiscal charges which may be imposed in Kenya with respect to the import and local procurement of equipment and services supplied under the verified contract.
- 7-8 Both sides understood that it is important to monitor the distribution process of the procured equipment for proper and effective implementation of the Project. And the Kenyan side promised to report on the monitoring results to the Japanese side twice a year (the end of June and December).

Annex-1 Requested Equipment

Annex-2 Japan's Grant Aid Scheme

Annex-3 Major Undertakings to be Taken by Each Government



## Requested Equipment

Items (*1)			Quantities	
			Kenyan Fiscal Year 2008/09	
1	Rapid HIV Test Kit	Determine	approximate	2,000,000 tests
2		SD Bioline	approximate	800,000 tests
3		Unigold	approximate	30,000 tests
Total Quantities of Rapid HIV Test Kits			approximate	2,830,000 tests
4	Other Items Related to HIV Testing (*2)	For Determine	approximate	2,000,000 pieces
5		For SD Bioline	approximate	800,000 pieces
6		For Unigold	approximate	30,000 pieces

\*1: Item No.1 to No.6 may be changed according to change of the algorithms of testing guideline.

\*2: Other items include lancets, capillary tubes and buffer.

## Japan's Grant Aid Scheme

The Grant Aid Program 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. Grant Aid is not supplied through the donation of materials as such.

### 1 Grant Aid Procedure

- 1) Japan's Grant Aid Program is executed through the following procedures.

Application

(Request made by a recipient country)

Study

(Basic Design Study conducted by JICA)

Appraisal and 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)

- 2) 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 Grant Aid. If the request is deemed appropriate, the Government of Japan assigns JICA to conduct a study on the request. If necessary, JICA send a Preliminary Study Team to the recipient country to confirm the contents of the request.

Secondly, JICA conducts the study (Basic Design Study), using Japanese consulting firms.

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, once approved by the Cabinet, becomes official with the Exchange of Notes signed by the Governments of Japan and the recipient country.

Finally, for the 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 (hereinafter referred to as "the Study"), conducted by JICA on a requested project (hereinafter 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:

- a) confirmation of the background, objectives and benefits of the Project and also institutional capacity of agencies concerned of the recipient country necessary for the Project's implementation;
- b) evaluation of the appropriateness of the Project to be implemented under the Grant Aid Scheme from the technical, social and economic points of view;
- c) confirmation of items agreed on by both parties concerning the basic concept of the Project;
- d) preparation of a basic design of the Project; and
- e) estimation of costs 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 through 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 the smooth implementation of the Study, JICA uses a consulting firm selected through its own procedure (competitive proposal). The selected firm participates the Study and prepares a report based upon the terms of reference set by JICA.

At the beginning of implementation after the Exchange of Notes, for the services of the Detailed Design and Construction Supervision of the Project, JICA recommends the same consulting firm which participated in the Study to the recipient country, in order to maintain the technical consistency between the Basic Design and Detailed Design as well as to avoid any undue delay caused by the selection of a new consulting firm.

## 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" means the one fiscal year which the Cabinet approves the project for. Within the fiscal year, all procedure such as exchanging of the Notes, concluding contracts with consulting firms and contractors and 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.

- 3) Under the Grant, 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, contracting 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 the 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. This "Verification" is deemed necessary to secure accountability of Japanese taxpayers.

- 5) Undertakings required to the Government of the recipient country

- a) to secure a lot of land necessary for the construction of the Project and to clear the site;
- b) to provide facilities for distribution of electricity, water supply and drainage and other incidental facilities outside the site;
- c) to ensure prompt unloading and customs clearance at ports of disembarkation in the recipient country and internal transportation therein of the products purchased under the Grant Aid;
- d) to exempt Japanese nationals from customs duties, internal taxes and fiscal levies which may be imposed in the recipient country with respect to the supply of the products and services under the verified contracts;
- e) to accord Japanese nationals whose services may be required in connection with the supply of the products and services under the verified contracts such as facilities as may be necessary for their entry into the recipient country and stay therein for the performance of their work;
- f) to ensure that the facilities constructed and products purchased under the Grant Aid be maintained and used properly and effectively for the Project; and
- g) to bear all the expenses, other than those covered by the Grant Aid, necessary for the Project.

- 6) "Proper Use"

The recipient country is required to maintain and use the facilities constructed and equipment purchased under the Grant Aid properly and effectively and to assign the necessary staff for operation and maintenance of them 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 shall not be re-exported from the recipient country.

8) Banking Arrangement (B/A)

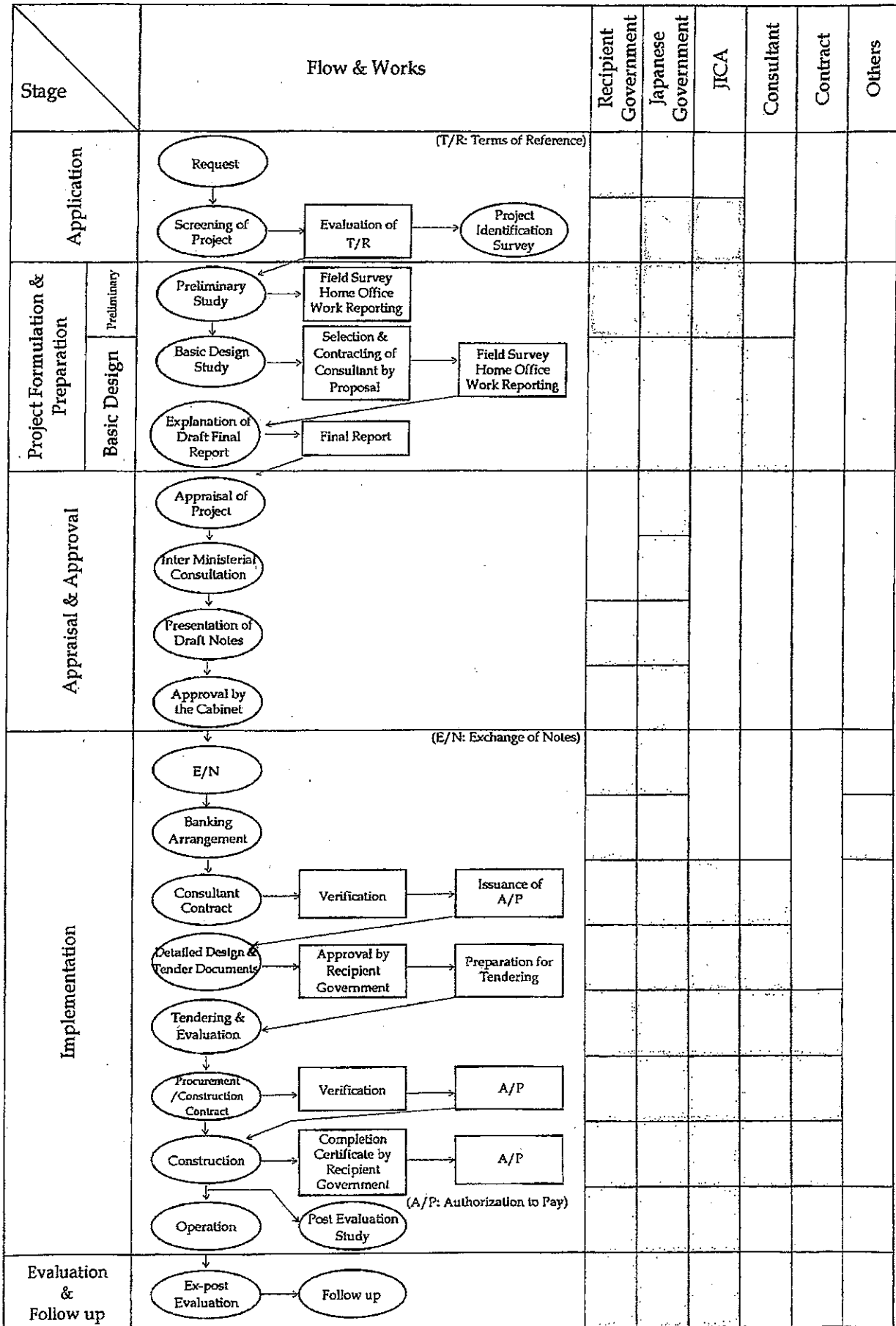
- a) The Government of the recipient country or its designated authority should open an account in the name of the Government of the recipient country in an authorized foreign exchange bank in Japan (hereinafter referred to as "the Bank"). The Government of Japan will execute the Grant Aid by making 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 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 commission to the Bank.



(Attachment) Flow Chart of Japan's Grant Aid Procedures



## 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 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 customs clearance of the products at the port of disembarkation		●
3	3) Internal transportation from the port of disembarkation to the Central Warehouse of the KEMSA	●	
	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 equipment provided under the Grant Aid		●
6	To bear all the expenses deem necessary, other than those to be borne by the Grant Aid, for the transportation of the equipment		●

## 5. References

Title	Resources	Publication date	Title
1	National Guidelines Prevention of Mother-to-Child HIV/AIDS Transmission	NASCOP	2002/12
2	Kenya Demographic and Health Survey 2003	Central Bureau of Statistics	2004/07
3	National Spending for HIV/AIDS 2004	UNAIDS	2004/07
4	Investment Programme for the Economic Recovery Strategy for Wealth and Employment Creation 2003-2007	MoPND	2004/12
5	Health Sector HIV/AIDS Strategic Plan 2005-2010	MoH	2005/06
6	Kenya National HIV/AIDS Strategic Plan 2005/6-2009/10	NACC	2005/06
7	The First Annual Operational Plan AOP I (2005-6)	MoH	2005/06
8	NASCOP Business Plan 2005/2006	NASCOP	2005/07
9	The Second National Health Sector Strategic Plan of Kenya NHSSP II (2005-2010)	MoH	2005/08
10	Service Provision Assessment Survey 2004(HIV/AIDS)	MoH	2005/11
11	Kenya HIV/AIDS Data Booklet 2005	NACC	2005/12
12	Report on the Joint AIDS Programme Review 2005	NACC	2005/12
13	AIDS in Kenya Trends, Interventions and Impact 7 <sup>th</sup> Edition, 2005	NASCOP	2005
14	National Guidelines for Voluntary Counseling and Testing	NACOP	2001 (Revised in 2005)
15	National Quality Assurance Strategy for Voluntary Counseling and Testing	NASCOP	2005
16	Kenya National Strategy for VCT Scale-up	NASCOP	2005
17	A report on the Performance Status 2003 and 2004 Health Management Information System	MoH	2005
18	Reversing the trends The Second National Health Sector Strategic Plan of Kenya Annual Operational Plan 2 2006/07	MoH	2006/06
19	AIDS Epidemic update Dec06	UNAIDS	2006/12
20	Budget Outlook Paper 2007/8-2009/10	MoF	2007/01
21	Health Sector Working Group Report MTEF (2007/8-2009/10)	MoH	2007/03
22	Public Expenditure Review 2007	MoH	2007