

Ministry of Health and Social Welfare  
The United Republic of Tanzania

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

July 2008

**JAPAN INTERNATIONAL COOPERATION AGENCY**  

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**O.P.C.CORPORATION**

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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 the Basic Design Study on the Project for HIV/AIDS Control in the United Republic of Tanzania and entrusted the study to the Japan International Cooperation Agency (JICA).

JICA sent to the United Republic of Tanzania a study team from 18<sup>th</sup> February 2008 to 7<sup>th</sup> March 2008.

The team held discussions with the officials concerned of the Government of the United Republic of Tanzania, 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 two countries.

And 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 team.

July, 2008

KUROKI Masafumi  
Vice-President  
Japan International Cooperation Agency

## Letter of Transmittal

We are pleased to submit to you the basic design study report on the Project for HIV/AIDS Control in the United Republic of Tanzania.

This study was conducted by OPC Corporation, under a contract to JICA, during the period from January 2008 to July 2008. In conducting the study, we have examined the feasibility and rationed of the project with due consideration to the present situation of Tanzania and formulated the most appropriate basic design for the project under Japan's Grant Aid Scheme.

Finally, we hope that this report will contribute to further promotion of the project.

Very truly yours,

Masami Tsuyuki  
Project manager,  
Basic design study team on  
The Project for HIV/AIDS Control  
in the United Republic of Tanzania  
OPC Corporation

## Summary

The United Republic of Tanzania (as so calling “Tanzania”) is the continent side and Zanzibar combined, is 88.4 thousand km<sup>2</sup>, which is approximately 2.5 times as wide as Japan. It is located in the sub-Saharan region of East Africa along the coast line of the Indian Ocean, and shares the border with Kenya and Uganda in the north, Rwanda, Burundi and Congo in the west, and Zambia, Malawi and Mozambique in the south.

President Mkapa declared that the Republic of Tanzania had an intention that controlled the expansion of HIV infection as for the policy of putting the emphasis on prevention until 2006 at the United Nations in July 2001 and requested for support of U.N. member states. The Government of Tanzania formulated the National Multi-Sectral Strategic Framework on HIV/AIDS 2003-2007(NMSF) to encourage the national efforts towards the strengthening of the multi-sectoral infection prevention measures, and established the Tanzania Commission for AIDS(TACAIDS) under the Prime Minister’s office.

The efforts of budget increase to the measure against HIV/AIDS, though it is in the situation for which external support considerably is necessary in order to take a required measure from the importance and urgency of HIV/AIDS problems.

The cooperation is part of the Japan-US partnership for infection disease control, base on the project formulation survey conducted in 2001 under the Japan-US Common Agenda (HIV/AIDS, infections with population, and health”.

So far, in 2007, Tanzania requested the project to the Government of Japan to conduct the Basic Design Study on the Project for HIV/AIDS Control Project for from 2009 to 2010.

This project is highly requested to procure the laboratory equipment and materials, HIV rapid kits, Syphilis RPR test kits, STIs Drugs, towards promoting HIV/AIDS prevention/control activities and enhancing STIs drugs treatment during the three year period of 2009-2011. The aim in this project is to strengthen the system of VCT and enhancing the treatment for STIs drugs.

### (1) Item provided : HIV rapid test kit (for the first test)

The item is strongly needed in order to promote voluntary counseling and testing at VCT Center and necessary HIV rapid test kits for checking individuals with positive or negative in the first test for HIV infection.

The estimated number of the total quantity for procurement can make an analysis of figures trend through the total quantity of HIV Test Kits provided in 2005 ,and the necessary number of tests to be calculated is 1,326,281 in 2009, 1,366,106 in 2010, 1,407,241 in 2011 for the tests, respectively.

The Government of Japan determines the quantity for the necessary kits to be provided 875,335 in 2009, 541,017 in 2010, 92,882 in 2011.

### (2) Item provided: HIV rapid test kit (for the second test)

Due to the guide lines by the Government of Tanzania, the second test is conducted only on

individuals, with positive result in the first test, and it is the most essential test to make the accurate result for HIV/AIDS infection.

The estimated number of the total quantity for procurement can make an analysis of figures trend through the total quantity of HIV Test Kits provided in 2005, and the necessary number of tests to be calculated is 503,200 in 2009, 518,300 in 2010, 533,900 in 2011 for the tests, respectively.

The Government of Japan determines the quantity for the necessary kits to be provided 251,600 in 2009, 155,490 in 2010, 26,695 in 2011.

### (3) Item provided: Syphilis RPR Test Kit

The Syphilis Test Kit is the item for potential patients infected with syphilis same as HIV Test Kit to judge the result if positive or negative, and designed to provide it at VIC center and STIs clinic in great demand.

The number of Syphilis-infected people is 36,879 in 2005. Based on this calculation mentioned above, multiplied by 5 % annually, the number of new Syphilis-infected people sums up to 44,849 in 2009, 47,091 in 2010, 49,446 in 2011 respectively.

Therefore, the government of Japan will procure the total amount in procurement object year (2009~2011) 1,719,194, 1,805,154, 1,895,412 for each.

### (4) Item provided: STIs drugs

The STIs is a general disease name infected with sexual intercourse, in detail, syphilis, urethral discharge syndrome (UDS), vaginal discharge syndrome (VDS), genital ulcer disease (GUD) pelvic inflammatory disease (PID)

The necessary amount for syphilis test kits can be calculated, based on Algorithm specified by Government of Tanzania

Therefore, the Government of Japan procures the number of STIs drugs mentioned in the table for list of major equipment and materials

Direct Effect is as follows;

- HIV rapid test will be conducted on an estimation of 750 thousand people in 2007. The number of people will increase
- Patients with positive results on HIV test were 140 thousand people in 2007.
- The number of people will increase
- The number of syphilis RPR test be conducted will increase.
- The number of patients with positive results on STIs test will be decreased.
- HIV counseling at VCT centers will contribute to provide appropriate HIV test and counseling to the clients according to the results (either positive or negative) in 2011.
- Patients with various STIs, estimated incidence to be between 40,000 to 90,000 cases per year, will be treated in VCT centers and STI clinics at hospitals.

And indirect Effect is the risk of HIV and STIs infection will be reduced by enriched VCT services, hence it will contribute to reduce the HIV infection and poverty, and promote the

nation's welfare for all Tanzanian people estimated 43 million in 2011.

Finally, recommendations is due to the transportation of goods from the place of handover (Central MSD in Dar es Salaam) to Zonal MSD, VCT Centers and STI Clinics is essential to contribute to the reduction of HIV/AIDS prevalence, people related to the project operation, and people of MOHSW should understand thoroughly the project operation plan.

Due to the transportation of goods from the place of handover (Central MSD in Dar Es Salaam) to Local MSD, VCT Centers and STI Clinics is essential to contribute to the reduction of HIV/AIDS prevalence, people related to the project operation, and people of MOHSW should understand the project operation plan.

Japanese Government will reduce equipment procurement, according their exit strategy. However, consensus building about sustainable support between Japanese Government and Tanzanian Government should be necessary until the end of this project in 2011. Japanese Government will conduct sustainable support which will promote self-support to reduction HIV/AIDS risk, for example application of Japan Overseas Cooperation to accomplish Tanzanian final goal to the HIV/AIDS program.

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# Location Map

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





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## Abbreviations

|         |  |
|---------|--|
| AIDS    | Acquired Immune-Deficiency Syndrome                                  |
| BHN     | Basic Human Needs  |
| CDC     | Center for Disease Control and Prevention                            |
| HIV     | Human Immunodeficiency Virus   |
| ILS     | Integrated Logistics System  |
| JSI     | John Snow Incorporated   |
| MOHSW   | Ministry of Health and Social Welfare                                |
| MSD     | Medical Stores Department  |
| NACP    | National HIV/AIDS Control Program                                    |
| NGO     | Non Governmental Organization  |
| NNMS    | National Multi-sectoral Strategic Framework on HIV/AIDS<br>2003-2007 |
| PRS     | the Poverty Reduction Strategy                                       |
| STIs    | Sexually Transmitted Infections                                      |
| SCMS    | Supply Chain Management System                                       |
| TACAIDS | Tanzania Commission for AIDS   |
| TNDV    | Tanzania National Development Vision 2025                            |
| UNAIDS  | Joint United Nations Program on AIDS                                 |
| USAID   | United States Agency for International Development                   |
| VCT     | Voluntary Counseling and Testing                                     |

## Chapter 1 Background of the Project

## Chapter 1 Background of the Project

### 1-1 Basic Policy of HIV/AIDS

President Mkapa declared that the Republic of Tanzania had an intention that controlled the expansion of HIV infection as for the policy of putting the emphasis on prevention until 2006 at the United Nations in July 2001 and requested for support of U.N. member states. The Government of Tanzania formulated the National Multi-Sectoral Strategic Framework on HIV/AIDS 2003-2007(NMSF) to encourage the national efforts towards the strengthening of the multi-sectoral infection prevention measures, and established the Tanzania Commission for AIDS(TACAIDS) under the Prime Minister's office.

On the other hand, the number of HIV-infected people in the adult (15-49 years old) in 2005 is assumed to reach 1.4 million. The infection rate occupies 2nd place of the cause of an adult death by 6.5%. An orphan population in which parents are lost by AIDS is 1.1 million.

Moreover, since the spread of HIV/AIDS shortened people's life expectancies with 51 years old (From statistics in 2002). And has had serious influence to the economic activities, strengthening the system of VCT<sup>1</sup> and enhancing the treatment of STIs are placed to the priority policy in the "Tanzania National Development Vision2025 (TNDV)" and the Poverty Reduction Strategy (RPS) in 2010-2025.

In the RPS, the financial budget to the health and medical sphere per person has been improving (US\$3.46 in 1995, US\$6.00 in 2000, US\$9.00 in 2006, and further to US\$12.00 in 2003/2004.) The annual appropriation of health and medical sphere has reached 14% of the national budget in the fiscal year of 2004.

Moreover, Ministry of Health and Social Welfare (MOHSW) is making an effort to the improvement of public health and life expectancy by reserving appropriate finances for the following infection prevention measure.

- National HIV/AIDS Control Program (NACP)

The government of Tanzania set up NACP in MOHSW. A provisional initial plan was scheduled in the period of 1985–1986. Afterwards, it is continuously succeeded as five-year plan (1987- 1991, 1998- 2002, 2003- 2007).

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<sup>1</sup> The total number of VCT centers provided in 2004 is 573 compared with 480 in 2003 (19% increase compared with the previous year), 805 in 2005 (41% increase compared with the previous year), and 12,024 in 2007 (double increase compared with the previous year).

•NMSF on HIV/AIDS (2008-2012)

The Tanzanian policy to HIV/AIDS measures is shown in NMSF, and strengthening of Voluntary Counseling and Testing (VCT) service is advanced.

The clients of VCT receive HIV/AIDS counseling and HIV test beforehand, and accept HIV test voluntarily. The follow-up counseling is also provided based on the results. VCT is related to all of the prevention of transmission, treatment, and caring support, Thus, VCT is the specializing facility where a series of process for HIV/AIDS measures is offered.

The use results of the VCT service were 420,000 people from July to September 2005 (over 320,000 people received HIV test), and the number of HIV tests provided in the year 2006 is presumed in over 680,000.

## 1-2 Current Situations

In Tanzania, the order of the equipment and materials for supplying pharmaceutical and medical goods to domestic related facilities is strengthened and logistic side is attained for HIV/AIDS control measures. Under the United State Agency for International Development(USAID)supported technical cooperation project "DELIVER", the integrated logistics system called Integrated Logistics System (ILS) of the health service at large is improving and the distribution and transportation from the Central MSD to the Zonal MSD, VCT centers, STI clinics, etc. is smoothly carried out.

The number of people given HIV test in 2007 is 750,000. The number for which HIV test is necessary is predicted 1.4 million people at the future, and the continuous measures are required.

The Government of Tanzania continues to put the efforts of budget increase to the measure against HIV/AIDS, though it is in the situation for which external support considerably is necessary in order to take a required measure from the importance and urgency of HIV/AIDS problems.

90 percent of the required fund of the measure against HIV/AIDS is based on foreign support as of 2006. Tanzania is in the situation for which support from other donor countries for the procurement of HIV related equipment and materials is necessary for prevention because new assistance of a large sum of United States that supports it in this values medical treatment.

The Government of Tanzania is now making efforts for preventive measures by using Global Fund etc. to procure the equipment and materials such as HIV rapid test kits, Syphilis RPR test kits, and the STIs treatment drugs, though it is in difficulty securing the necessary budget due to in sufficient support from other donors.

### 1-3.Natural Condition

The total land area of Tanzania, the continent side and Zanzibar combined, is 88.4 thousand km<sup>2</sup>, which is approximately 2.5 times as wide as Japan. It is located in the sub-Saharan region of East Africa along the coast line of the Indian Ocean, and shares the border with Kenya and Uganda in the north, Rwanda, Burundi and Congo in the west, and Zambia, Malawi and Mozambique in the south.

There are 21 provinces, 122 Districts are consisted of city area and town.

The climate of the lowland in the coastal region is tropical with high temperature and heavy rainfall, being the rainy season from March to May and the dry season from July to October.

The central plateau has a savannah climate with low precipitation, and the inland mountainous region has a torrid highland climate with small annual range of temperature and a moderate amount of rainfall. The annual mean temperature in the capital city of Dar es Salaam is 25.8°C, and the annual mean precipitation is 1,137mm.

### 1-4 Environmental and Social Consideration

The one that influences harmfully to the environment around the object facilities is not included in the equipment and materials procured in this project. However, HIV rapid test kits, vacuum blood collecting tubes and blood collecting needles, etc. must be carefully disposed like the way the infectious waste is treated in Japan, since HIV is infected considering blood as a medium. Therefore, special consideration is needed for the storage, conveyance, processing, and disposal in order to prevent secondary infection from spreading.

It is necessary to persist in appropriate keeping, abandonment, and incineration for blood polluted equipment like used HIV rapid test kits, the vacuum collecting blood tubes, and the collecting blood needles, etc. at all facilities involved with HIV measures such as VCT centers, and STIs clinics in Hospitals and Health Centre.

## Chapter2 Contents of the project

## Chapter 2 Contents of the Project

### 2-1. Basic concept of the Project

The objective of the project is to contribute to the strengthening of HIV/AIDS prevention and control activities in Tanzania and also to aim to halt the spread of HIV infection by reducing potential risk of HIV infection.

This project is highly requested to procure the laboratory equipment and materials, HIV rapid kits, Syphilis RPR test kits, STIs Drugs, towards promoting HIV/AIDS prevention/control activities and enhancing STIs drugs treatment during the three year period of 2009-2011. The aim in this project is to strengthen the system of VCT and enhancing the treatment for STIs drugs.

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

#### 2-2-1. Design Policy

Pursuant to a request by the MOHSW in Tanzania for fund raising applicable to procurement of equipment and materials, HIV rapid test kits, Syphilis RPR test kits, STIs drugs.

It is planned to treat as the Japanese Grant Aid, non reimbursable funds, to implement this project.

#### (2) Item provided : HIV rapid test kit (for the first test)

The item is strongly needed in order to promote voluntary counseling and testing at VCT center and necessary HIV rapid test kit for checking individuals with positive or negative in the first test for HIV infection.

Namely SD Bioline as a brand for HIV rapid test kit to be used is determined by Algorithm in Tanzania. The quantity plan for HIV rapid test kit to be procured is calculated, based on the estimated number of the test for Japan to be procured, minus, the estimated number of amount presented for Tanzania during 2009 – 2011 respectively. That is planned to implement this project.

#### A) All Necessary quantity for procurement (2009-2011)

The total quantity for procurement in the actual result is 851,600 in 2005, and 975,000 in 2006 for the tests respectively. USAID and Global Fund delivered 12,000,000 of HIV rapid test kits as an urgent aid to Tanzania that was in great demand for the individual tests with HIV infection because of “HIV Test Campaign for 4 million persons Target” in taking his initiative by the President of Tanzania.

The estimated number of the total quantity for procurement can make an analysis of figures trend through the total quantity of HIV rapid test kits provided in 2005, and the necessary number of tests to be calculated is 1,326,281 in 2009, 1,366,106 in 2010, and 1,407,241 in 2011 for the tests, respectively.

B) Procurement Plan for HIV rapid test kits by the Government of Tanzania and other donors (2009-2011)

The actual figures of procurement for mentioned above, by the government of Tanzania and other donors are 241,100 in 2005, 396,500 in 2006 for all tests. It shows the trend of increase to the number of quantity. The number of quantity on the actual basis in 2007 increased a lot to 12,000,000 for the tests by the Campaign as an urgent aid.

However, the trend to its increase in the figure is assumed to be almost the same in the past two years so that the Government of Japan plans to procure 990,390 of necessary HIV rapid test kits to cover the part insufficient quantity by Tanzania. The government of Tanzania strongly requests the increase in budget and assistance for this project towards the HIV/AIDS prevention/control activities, to relevant organizations.

USAID plans to deliberately support on procurement of HIV rapid test kits not as the same way of the previous assistance for an urgent aid. The Government of Japan determines the quantity for the necessary kits to be provided, according to the plan by USAID.

Table-1 The amount of HIV rapid test kit (for first test) procurement planning

| Year | a. Total Amount | b. Government of Tanzania and Other Donors | c. Government of Japan (a. - c.) |
|------|-----------------|--|----------------------------------|
| 2009 | 1,326,281       | 450,947                                    | 875,335                          |
| 2010 | 1,366,106       | 825,089                                    | 541,017                          |
| 2011 | 1,407,241       | 1,314,360                                  | 92,882                           |

(3) Item provided : HIV rapid test kit (for the second test)

Due to the guide lines by the Government of Tanzania, the second test is conducted only on individuals, with positive result in the first test, and it is the most essential test to make the accurate result for HIV/AIDS infection. The brand of Determine, specified on Algorithm in Tanzania, is used in the second test. The plan for the necessary quality of HIV rapid test kits is calculated, based on the total estimated quality to be procured during 2009 – 2011 same as SD



Bioline and then minus, the estimate number of quantity presented to Tanzania. That is planned to implement this project.

A) All Necessary quantity for procurement (2009–2011)

The total necessary quantity for HIV rapid test kits is calculated based on the quantity mentioned above for the first test, in compliance with algorithm by the Government of Tanzania. According to the calculation, the ratio of use for HIV rapid test kits in the second test is 28.74% through a result in the necessary quantity for the first test. In addition, the extra quantity for quality control and for buffer stock to ensure a continuous test shows 503,200 in 2009, 518,300 in 2010, and 533,900 in 2011 for the tests respectively.

B) Procurement plan for HIV rapid test kits by Tanzania and other donors  
(2009 – 2011)

The achievement of quantity in procurement of test kits provided by the Government of Tanzania and other donors are on the increase, 303,300 in 2005 and 351,100 in 2006 in the test respectively. The quantity insufficient to procurement, 284,600 for the test is supposed to implement by the Government of Japan. The table figures mentioned in the list 2-3, is expected to be implemented. Therefore, the Government of Japan commits covering the insufficient quantity of procurement for HIV rapid test kits for the sake of the Government of Tanzania and other donors.

Table-2 HIV rapid test kit (for second test) Calculation Formula (2009)

|   |  |                  |
|---|--|------------------|
| A | HIV rapid test kit(for first test)           |                  |
| B | HIV rapid test kit (for second test) (28.7%) | $A \times 0.287$ |
| C | Buffer (25%)                                 | $B \times 0.25$  |
| D | Buffer for the Maintenance Test (7%)         | $B \times 0.07$  |
| E | Total  | $B+C+D$          |

Table-3 The amount of procurement planning of HIV rapid test kit (for second test) (unit : test)

| Year | a .Total amount | b .Government of Tanzania and Other Donor | c.Government of Japan ( a .-b.) |
|------|-----------------|---|---------------------------------|
| 2009 | 503,200         | 251,600                                   | 251,600                         |
| 2010 | 518,300         | 362,810                                   | 155,490                         |
| 2011 | 533,900         | 507,205                                   | 26,695                          |

(4) Item provided : Syphilis RPR Test Kit

The Syphilis RPR test kit is the item for potential patients infected with Syphilis same as HIV rapid test kit to judge the result if positive or negative, and designed to provide it at VIC center and STIs clinic in great demand. The quantity plan for Syphilis RPR test kits to be procured is calculated, based on the estimated number of the test to be procured, minus, the estimated number of amount presented to Tanzania during 2009 – 2011 respectively.

A) All necessary quantity for procurement (2009-2011)

The number of people having Syphilis RPR test kits is almost same as the number of new Syphilis-infected people. It is considered that the new Syphilis-infected people and HIV-infected people have relation to figures in the table so that the ratio of increase for Syphilis-infected people and for HIV-infected people are approximately at the same level. The forecast on the ratio of increase for Syphilis-infected people is 5% annually almost same level as the increasing number of HIV-infected people as the government of Tanzania presumes the ratio of increase by 5 % for HIV-infected people after in the year of 2009.

The number of Syphilis-infected people is 36,879 in 2005. Based on this calculation mentioned above, multiplied by 5 % annually, the number of new Syphilis-infected people sums up to 44,849 in 2009, 47,091 in 2010, 49,446 in 2011 respectively. Therefore, the required number of Syphilis RPR test kits is equivalent to the number of new Syphilis-infected people. The quantity for the test in each year are calculated, based on Algorithm by Tanzania, to 1,719,194 in 2009 , 1,805,154 in 2010, 1,895,412 in 2011, respectively.

B) Procurement plan for Syphilis RPR test kit by Tanzania and other donors (2009 – 2011)

By making VCT center and STI clinic completed, the government of Tanzania aims to supply the continual care after the test, and it has procurement results of Syphilis RPR test.

The most precedence problems for the government of Tanzania are the development of human resources who work as health manpower, and procurement of the facility of the healthcare center and medical equipment. And it is difficult to secure the necessary amount of Syphilis RPR test kits by themselves, cause of its financial situation. Therefore, the Government of Japan will procure the total amount in procurement object year (2009~2011) 1,719,194、1,805,154、1,895,412 for each.

Table-4 Algorithm of Syphilis RPR test kit (year 2009)

|   |  |          |  |
|---|--|----------|--|
| K | Estimation of Syphilis patients in 2009 from number of syphilis patients in 2005           |          | (Number of patients in 2005 5% growth annually)=44,849 |
| L | Estimation of syphilis test in 2009 from positive results of syphilis test in 2005(person) | $K/0.03$ | $44,849/0.03=1,494,951$                                |
| M | Buffer for maintenance test of medicine(15%)   | $L*0.15$ | $1,494,951*0.15=224,243$                               |
| N | Total  | $L+M$    | $1,494,951+224,243=1,719,194$                          |

Table-5 The amount of Procurement planning of Syphilis RPR test kit (unit : test)

| Year | Government of Tanzania and Other Donors | Government of Japan |
|------|---|---------------------|
| 2009 | 0                                       | 1,719,194           |
| 2010 | 0                                       | 1,805,154           |
| 2011 | 0                                       | 1,895,412           |

(5) Item provided : STIs drugs

STIs is a general disease name infected with sexual intercourse, in detail, Syphilis, Urethral Discharge Syndrome (UDS), Vaginal Discharge Syndrome (VDS), Genital Ulcer Disease (GUD), Pelvic Inflammatory Disease (PID). In order to have a proper medical examination for such infected people, STIs drugs are most essential to be used. Patients need a long treatment for the disease. The quantity of procurement for STIs drugs can be calculated, based on the record of number of patients ,minus, the estimated number of amount presented to Tanzania during 2009- 2011

A) Total necessary quantity of Kits (2009 – 2011)

The necessary quantity for STIs drugs is calculated in accordance with the number each patient, in 2005 (57,009 for urethral discharge syndrome, 86,607 for vaginal discharge syndrome, 69,704 for genital ulcer disease, 76,039 for pelvic inflammatory disease, 36,879 for Syphilis ) The number of patients for. STIs and new HIV-infected people have relation to the figure in the table The Government of Tanzania presumes that the ratio of increase in patients for STIs is 5% as HIV-infected is the same level as STIs.

The necessary amount for Syphilis RPR test kit can be calculated, based on Algorithm specified by Government of Tanzania

B) Procurement Plan by the government of Tanzania and other donors (2009 – 2011)

The Government of Tanzania plans that a continuous assistance for counseling and caring even after the test can be given to infected people with the disease in VCT center and STIs clinic by strengthening well-organized function in both places. They have an actual result in procurement of STIs to be provided. The aim in this project by the Government of Tanzania is to train medical staff, to maintain facilities, and to procure medical equipment and materials, however it is in difficulty procuring the necessary quantity of STIs drugs.

Therefore, the Government of Japan procures the number of STIs drugs mentioned in the table for list of major equipment and materials

Table-6 The algorithm of therapeutic product for STIs (year 2009)

| Type of SYIs Syndrome |                                  | Estimated Patients in 2009 | Remarks   |
|-----------------------|----------------------------------|----------------------------|---|
| P                     | No.of GUS,M+F(Genital Ulcer))    | 83,960                     | Number of patients in 2005(69,074) 5% increase annually   |
| Q                     | Urethral Discharge Syndrome      | 69,295                     | Number of patients in 2005(57,009) 5% increase annually   |
| R                     | VDS (Vaginal Discharge)          | 105,271                    | Number of patients in 2005(86,607) 5% increase annually   |
| S                     | PID (Pivic Inflammotory Disease) | 92,426                     | Number of patients in 2005(76,039) 5% increase annually   |
| T                     | Condylomata                      | 5,165                      | Number of patients in 2005(4,249) 5% increase annually<br>※OTHER Diseases in 2005(37,269) 11.4% |
| U                     | Syphlis                          | 44,849                     | Number of patients in 2005(36,897) 5% increase annually   |
| O                     | Number of Birth                  | 1,711,433                  | Number of patients in 2005(1,408,000) 5% increase annually                                      |

|       | Name of Medicine              | Strength      | Calculation formula | Requiremental Quantity (tablets/vials/tube) | Buffer (25%) |           |
|-------|-------------------------------|---------------|---------------------|---|--------------|-----------|
| 3)-1  | clotrimazole                  | 100mg         | 4R                  | 4X105,271=                                  | 421,085      | 105,271   |
| 3)-2  | Doxycycline                   | 100mg         | 14Q+7R+28S          | 14x69,294.7+7x105,271+28x92,426=            | 4,294,951    | 1,073,738 |
| 3)-3  | Erythromycin,tablet           | 250mg         | 21 (0.1P+0.1R) × 2  | 21X(0.1x83,960+0.1 × 105,271)X2=            | 794,771      | 198,693   |
| 3)-4  | Metronidazole                 | 100mg         | (0.5Q+0.5R+12S) × 2 | (0.5x69,295+0.1x105,271+12x92,426)X2=       | 2,392,787    | 598,197   |
| 3)-5  | Ciprofloxacin                 | 500mg         | Q+R+S               | 69,295+105,271+92,426=                      | 266,992      | 66,748    |
| 3)-6  | Erythromycin                  | 125mg/2ml     | 0.1R                | 0.1 × 105,271=                              | 10,527       | 2,632     |
| 3)-7  | Oxy-tetracycline eye ointment | 0.1%          | R × (0.43+0.10) /10 | 105,271x(0.43+0.1)/10=                      | 5,579        | 1,395     |
| 3)-8  | Benzathine penicillin         | 2.4MU         | P+(U × 1)           | 83,960+ (44,849 × 1)=                       | 128,808      | 32,202    |
| 3)-9  | Cefriaxone for injection      | 100mg         | 0.1Q+0.1R+0.1S      | 0.1x69,295+0.1x105,271+0.1x93,272           | 26,699       | 6,675     |
| 3)-10 | Spectinomycin for injection   | 2mg           | 0.01Q               | 0.01 × 69,295=                              | 693          | 173       |
| 3)-11 | Disilled water for injection  | 50ampule/box  | (3)-8+3)-9+3)-10=)  | 128,808+26,699+693=                         | 156,200      | 39,050    |
| 3)-12 | Clotrimazole cream            | 1%            | 0.1Q                | 0.1 × 92,426=                               | 9,243        | 2,311     |
| 3)-13 | Podophylin                    | 100ml         | (30 × 5/100) × T    | 1.5 × 5,165=                                | 7,747        | 1,937     |
| 3)-14 | Acyclovir                     | 30tablet200mg | 4.2 × 0.1S          | 4.2 × 92,426=                               | 388,189      | 97,047    |

※Number of patients in 2005 : 「HIV/AIDS/STI Surveillance Report 2005」(NACP)

Table-7 The amount of procurement planning for STIs

| No.   | Name of Item                  | Unit   | 2009      | 2010      | 2011      | Total      |
|-------|-------------------------------|--------|-----------|-----------|-----------|------------|
| 3)-1  | Clotrimazole                  | tablet | 526,356   | 552,660   | 580,320   | 1,659,336  |
| 3)-2  | Doxycycline                   | tablet | 5,368,689 | 5,637,124 | 5,918,980 | 16,924,793 |
| 3)-3  | Erythromycin, tablet          | tablet | 993,464   | 1,043,000 | 1,095,000 | 3,131,464  |
| 3)-4  | Metronidazole                 | tablet | 2,990,984 | 3,141,000 | 3,298,000 | 9,429,984  |
| 3)-5  | Clotrimazole                  | tablet | 333,740   | 350,000   | 368,000   | 1,051,740  |
| 3)-6  | Erythromycin, tablet          | tablet | 13,151    | 13,800    | 14,500    | 41,451     |
| 3)-7  | Oxy-Tetracycline eye ointment | tube   | 6,974     | 7,300     | 7,700     | 21,974     |
| 3)-8  | Benzathine Penicillin         | vial   | 161,011   | 169,100   | 177,500   | 507,611    |
| 3)-9  | Cefriaxone for injection      | vial   | 33,374    | 35,000    | 36,800    | 105,174    |
| 3)-10 | Spectinomycin for injection   | vial   | 866       | 900       | 950       | 2,716      |
| 3)-11 | Disilled water for injection  | vial   | 195,250   | 205,000   | 215,250   | 615,500    |
| 3)-12 | Clotrimazole cream            | tube   | 11,553    | 12,131    | 12,738    | 36,422     |
| 3)-13 | Podophylin                    | bottle | 9,684     | 10,168    | 10,676    | 30,528     |
| 3)-14 | Acyclovir                     | tablet | 485,236   | 509,490   | 534,960   | 1,529,686  |

### 2-2-2. Basic Plan

Based on the above design policy, the procurement plan of equipment and materials was finalized as indicated in Table-8.

Table-8 Procurement plan of equipment and materials

| No.  | Name of item                  | Unit   | Q'ty   | Procurement (Q'ty) |           |           |
|------|-------------------------------|--------|--------|--------------------|-----------|-----------|
|      |                               |        |        | Year 2009          | Year 2010 | Year 2011 |
| 1-1  | SD Bioline HIV 1/2 3.0        | kit    | 50,308 | 29,178             | 18,034    | 3,096     |
| 1-2  | Determine HIV 1/2             | kit    | 4,338  | 2,516              | 1,555     | 267       |
| 2    | Syphilis RPR test kit         | kit    | 54,199 | 17,192             | 18,052    | 18,955    |
| 3-1  | Clotrimazole                  | box    | 27,656 | 8,773              | 9,211     | 9,672     |
| 3-2  | Doxycycline                   | bottle | 1,693  | 537                | 564       | 592       |
| 3-3  | Erythromycin, tablet          | bottle | 3,131  | 993                | 1,043     | 1,095     |
| 3-4  | Metronidazole                 | bottle | 9,430  | 2,991              | 3,141     | 3,298     |
| 3-5  | Ciprofloxacin                 | bottle | 1,052  | 334                | 350       | 368       |
| 3-6  | Erythromycin, granule         | bottle | 829    | 263                | 276       | 290       |
| 3-7  | Oxy-Tetracycline eye ointment | box    | 220    | 70                 | 73        | 77        |
| 3-8  | Benzathine Penicillin         | box    | 5,076  | 1,610              | 1,691     | 1,775     |
| 3-9  | Ceftriaxone for injection     | box    | 1,052  | 334                | 350       | 368       |
| 3-10 | Spectinomycin for injection   | box    | 54     | 17                 | 18        | 19        |
| 3-11 | Distilled water for injection | box    | 12,310 | 3,905              | 4,100     | 4,305     |
| 3-12 | Clotrimazole cream            | tube   | 36,422 | 11,553             | 12,131    | 12,738    |
| 3-13 | Podophylin                    | bottle | 30,528 | 9,684              | 10,168    | 10,676    |
| 3-14 | Acyclovir                     | bottle | 50,990 | 16,175             | 16,983    | 17,832    |

### 2-2-3. Basic Design Drawing

The Project involves no item requiring installation work.

### 2-2-4. Implementation Plan

#### 2-2-4-1. Implementation Policy

The equipment and materials for this project will be procured from Tanzania, Japan and the third countries. A consultant will entrust an independent inspection agency to conduct

pre-shipment inspections on all goods procured from the third countries including ① collation of the equipment list against the shipping documents, ② confirmation of the equipment (quantity) against the specification sheets, and ③ checking of the packing condition.

Additionally, receiving check work and inspections of all procured equipment and materials is to be carried out by the Tanzanian enforcement body, the Japanese consultant and the equipment supply contractor at the Central MSD prior to the delivery.

#### 2-2-4-2 Implementation Conditions

In consideration of being the uncompensated financial assistance project of the Government of Japan, opinions for this project are to be exchanged sufficiently by the Tanzanian execution organization, the consultant, and the equipment supply contractor, and smooth progress of the project is attempted while maintaining close relationship.

#### 2-2-4-3. Scope of Works

The scope of work for the Government of Japan will be until delivery at Central MSD in the city of Dar es Salaam. The distribution of the equipment and materials from the place of handover to the final destination will be under the responsibility of the Government of Tanzania. There will be no installation works involved in this project.

There are origins of procurement shown below Table-9 and Table-10 for each.

Table-9 Scope of works

| Country  | Works  |
|----------|--|
| Japan    | <ul style="list-style-type: none"> <li>▪ Procurement of equipment and materials</li> <li>▪ Transportation of goods to the place of handover (Central MSD in Dar Es Salaam)</li> </ul>  |
| Tanzania | <ul style="list-style-type: none"> <li>• Maintain at Central MSD such as material stock, pharmacy benefit management, stock and management</li> <li>• Transportation of goods from the place of handover (Central MSD in Dar Es Salaam) to Zonal MSD, VCT Centers and STI Clinics</li> </ul> |

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

##### (1) Arrangement with Supply Contractor

Prior to 3 times annual deliveries (from one ship up to three ships), a consultant makes arrangement with the procurement contractor(s) to confirm the plan for pre-shipment inspection, equipment transportation, pre-delivery inspection and handover.

##### (2) Pre-shipment Inspection

Product inspection (the style of packing, quantity, the packing condition, the contents of equipment and materials, the manufactured dates, the situation of stickers, etc.) along with specifications shall be conducted at the shipment place by inspectors of the zonal office of independent inspection agency that the consultant consigned.

##### (3) Pre-delivery Inspection and Handover

When the procured equipment and materials are delivered to Central MSD, the consultant inspects the damage of products and the adjustment with specifications on the person-in-charge presence of the implementing agency together with the contractor for equipment procurement. When the content of goods is different from specifications, restoration or exchange, etc. are immediately directed to the procurement contractor(s). When attendance is completed, a completion report and the delivery book shall be issued if satisfactory.

#### 2-2-4-5 Quality Control Plan

- With regard to HIV rapid test kits and other items with relatively short shelf life, Tanzanian side is requested to expedite custom clearance and distribution procedures after their arrival in Tanzania. Syphilis RPR test kits which require temperature control by refrigeration must be transported swiftly in appropriate packaging and pre-delivery inspections must be conducted without delay, so as not to affect their quality.
- Procured equipment and materials are properly managed and stored. The Central MSD which is the enterprise of the MOHSW jurisdiction takes charge of the delivery to the Zonal MSD, VCT center, and STI clinic, etc. in the whole country after handing over the procured products.



#### 2-2-4-6 Procurement Plan

The prospective procurement sources of equipment and materials are shown in the Table-10.

Table-10 Procurement sources of equipment and materials

| No.                    | Name of Item                  | origin   |       |                 | Remarks |
|------------------------|-------------------------------|----------|-------|-----------------|---------|
|                        |                               | Tanzania | Japan | Third Countries |         |
| 1-1                    | SD Bioline HIV 1/2 3.0        |          |       | ○               | S.Korea |
| 1-2                    | Determine HIV 1/2             |          | ○     |                 |         |
| 2                      | Syphilis RPR test kit         |          |       | ○               | England |
| 3-1                    | Clotrimazole                  |          |       | ○               | India   |
| 3-2                    | Doxycycline                   |          |       | ○               | Cyprus  |
| 3-3                    | Erythromycin,tablet           |          |       | ○               | Cyprus  |
| 3-4                    | Metronidazole                 |          |       | ○               | India   |
| 3-5                    | Ciprofloxacin                 | ○        |       |                 |         |
| 3-6                    | Erythromycin,granule          | ○        |       |                 |         |
| 3-7                    | Oxy-Tetracycline eye ointment |          |       | ○               | India   |
| 3-8                    | Benzathine Penicillin         |          |       | ○               | China   |
| 3-9                    | Ceftriaxone for injection     |          |       | ○               | India   |
| 3-10                   | Spectinomycin for injection   |          |       | ○               | Italia  |
| 3-11                   | Distilled water for injection |          |       | ○               | Italia  |
| 3-12                   | Clotrimazole cream            |          |       | ○               | Kenya   |
| 3-13                   | Podophylin                    | ○        |       |                 |         |
| 3-14                   | Acyclovir                     |          |       | ○               | India   |
| Percentage of Purchase |                               | 18 %     | 6 %   | 76 %            |         |

#### 2-2-4-7 Operation Guidance Plan

N/A

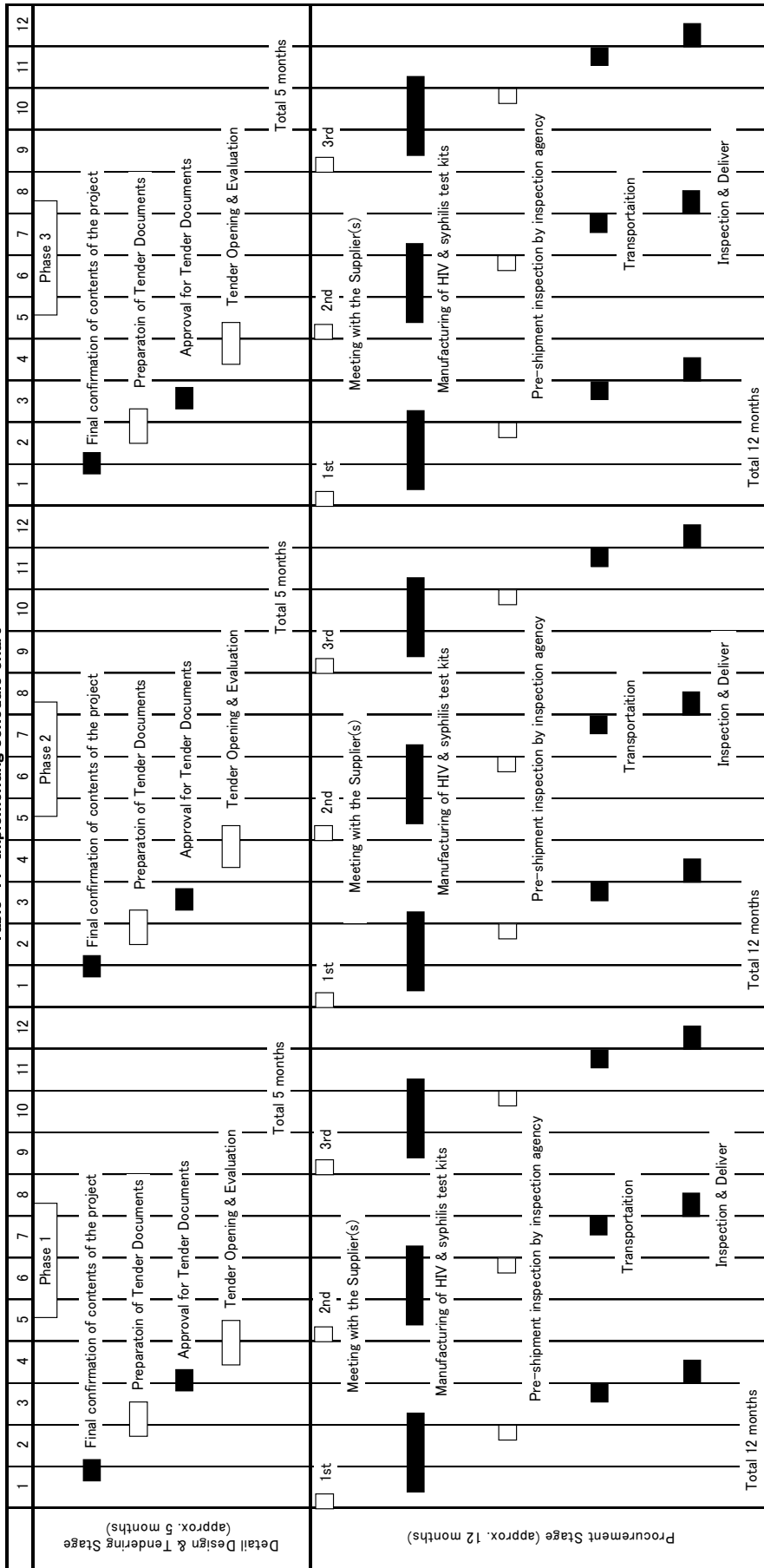
#### 2-2-4-8 Soft Component Plan

N/A

#### 2-2-4-9 Implementation Schedule

- (1) This project carries out the period of 12 months each, and plans a total of 36 months. The detailed meeting of the duties is held within Japan by the consultant and the contractor(s) of procured equipment before each loading for every term.
- (2) The manufacturing period of the procured equipments is assumed to be about 2.5 months/times. The supply from the third countries assumes the Netherlands to be a collection-and-delivery base, and this enables DAC nations to be the supplier for equipment procurement.
- (3) The transportation period and the arrival time are sent off from the nearest airport of the procurement ground, and airlifted to the Dar es Salaam airport. HIV rapid test kits and the syphilis RPR test kits schedule procurement by the batch as details described at 'Delivery Plan'. Moreover, STIs drugs are separately procured, and the work at the time of this transportation assumes 2 times per year.
- (4) The procured equipment and materials from the third country is transported to the Dar es Salaam airport by aircraft, and delivered from the airport to the Central MSD of the city by land transportation. The Central MSD faces the Nierere road which runs from the airport, although it is a non-paved road in part, however, it doesn't become a trouble. The transportation is completed within one hour.
- (5) The period that requires for the inspection and receiving check work, a supply contractor(s) should make the arrangement for inspection preparation work, inspection items, methods, time, etc. The inspection should be executed under the presence of the consultants, personnel in the enforcement organization, when equipments are arrived in the Central MSD.
- (6) Heavy-duty trucks and compact refrigerator loading vehicles are used for inland deliveries from the Central MSD to eight Zonal MSD located in lakeside, northern, western, central, southern highland, eastern and southern areas and to VCT centers and STI clinics. The condition of existing roads becomes the worst in rainy-seasons and influences on inland transportation. Careful attention should be paid for the inland transportation in the rainy season.

**Table-11 Implementing schedule chart**



■ Service/Work in Tanzania □ Service/Work in Japan

## 2-3 Obligations of Recipient Country

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

- Storage of materials, delivery of product, and the allowance of stock management and maintenance supervision expense
- Delivery of procured equipment and materials to Zonal MSD, VCT centers, and STI clinics in Tanzania and its cost
- Advising and payment commission for Authorization to Pay (A/P) according to the Banking Agreement (B/A).

## 2-4 Project Operation Plan

- (1) Equipment and materials procured in the third country are airlifted to the Dar es Salaam airport, and are transported by land up to the Central MSD.
- (2) From the Central MSD to Zonal MSD, VCT centers and STI clinics:

Control and maintenance of the existing roads to eight Zonal MSD located in lakeside, northern, western, central, southern high land, eastern and southern areas and to VCT centers and STI clinics is not necessarily well-managed. The condition of the roads becomes the worst in rainy-seasons and influences on inland transportation.

Heavy-duty trucks and compact refrigerator loading vehicles are used for delivery. It will take about one-way 1-2 day to deliver the equipment and materials to the distant areas such as lakeside and southern parts. The delivery to other areas (northern, western and central parts) and to the suburbs will be completed within one day at the longest.

Low-temperature preservation of the Syphilis RPR test kits is carried out among procured equipment till the dispatch time to a walk-in refrigerator.

Since normal temperature preservation is possible for HIV rapid test kits and STI drugs, they are arranged, tidied up and kept in the predetermined shelf at arrival-of-goods time in the Central MSD warehouse. Dispatch of required quantity is appropriately formed by the ordering request from central MSD using trucks or the small cold-packed warehouse loading vehicles based on the order sheet of Zonal MSD.

10-15 members of NACP executive personnel and the staff specializing in delivery are always stationed and perform control of maintenance as the control-of-maintenance staff of Central MSD.

Moreover, in the VCT center and STIs clinics which are one of the final destinations, the personnel usually arranges two counselors, one inspection technician, one office clerk, and one odd-job person. They perform suitable control of maintenance.

Since the similar control and maintenance system has been carrying out by the Government of Tanzania in the past seven years, it is thought that it can pay satisfactory on this project.

## 2-5. Project Cost Estimation

### 2-5-1 Initial Cost Estimation

#### Abbreviation

#### (1) Estimated Cost to be borne by Tanzania

Under the framework of the project, Government of Japan will bear the cost of delivering the procured equipment and materials to the Central MSD. And after the handover, the goods will be stored in the Central MSD and distributed to each province according to the order placement.

#### (2) Parameters of Estimation

- 1) Time of estimation: March 2008
- 2) Work period: As per Implementation Schedule
- 3) Others: 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 shortage, transportation of equipment and materials to each medical facility from Central MSD is approximately 518.8million Tsh. will be borne by the Government of Tanzania and will be paid out of the budget of the NACP, as refer to Table-12.

Table-12 Costs to be borne by the Government of Tanzania (unit : million Tsh.)

| Content   | Cost   | Remarks<br>(Responsible Department)  |
|---|--------|--------------------------------------|
| Maintain at Central MSD such as Material stock, pharmacy benefit management, stock and management                           | 235.30 | NACP (National AIDS Control Program) |
| Transportation of goods from the place of handover (Central MSD in Dar es Salaam) to Zonal MSD, VCT Centers and STI Clinics | 280.00 | ditto                                |
| Issuance fee (payment commission) according to B/A  | 3.50   | ditto                                |
| Total   | 518.80 |                                      |

## 2-6 Other Relevant Issues

### 2-6 Other Relevant Issues

In the line of the previous projects, it is projected as well that HIV rapid test kits with relatively the shelf life will be delivered into three times utilizing the implementation period to the maximum, thus ensuring the handover of the kits to Tanzania side having as long a shelf life as possible. For this reason, the project must be implemented under careful coordination by the consultants and the contractor(s) for equipment procurement to avoid inconveniences in the procurement schedule.

Moreover, the project implementation period can be maximized by carefully watching the timing of the signing of Exchange of Notes(E/N), and it will be required to conclude the Agreement of Consulting Service at an early stage, in order to allow an early initiation of the project.

## Chapter 3 Project Evaluation and Recommendations

## Chapter3 Project Evaluation and Recommendations

### 3-1. Project Effect

#### (1) Direct Effect

- HIV rapid test will be conducted on an estimation of 750 thousand people in 2007. The number of people will increase
- Patients with positive results on HIV test were 140 thousand people in 2007. The number of people will increase
- The number of Syphilis RPR test be conducted will increase.
- The number of patients with positive results on STIs test will be decreased.
- HIV counseling at VCT centers will contribute to provide appropriate HIV test and counseling to the clients according to the results (either positive or negative) in 2011.
- Patients with various STIs, estimated incidence to be between 40,000 to 90,000 cases per year, will be treated in VCT centers and STI clinics at hospitals.

#### (2) Indirect Effect

Risk of HIV and STIs infection will be reduced by enriched VCT services, hence it will contribute to reduce the HIV infection and poverty, and promote the nation's welfare for all Tanzanian people estimated 43 million in 2011.

### 3-2. Recommendations

Due to the transportation of goods from the place of handover (Central MSD in Dar es Salaam) to Zonal MSD, VCT Centers and STI Clinics is essential to contribute to the reduction of HIV/AIDS prevalence, people related to the project operation, and people of MOHSW should understand thoroughly the project operation plan.

The Government of Japan will reduce equipment procurement, according their exit strategy. However, consensus building about sustainable support between the Government of Japan and the Government of Tanzania should be necessary by the end of this project in 2011. Government of Japan will conduct sustainable support which will promote self-reliant efforts concerning HIV/AIDS measures.



## Appendices

## **【Appendices】**

- 1 Member List of the Field Study Team
- 2 Study Schedule
- 3 List of Parties Concerned in the Recipient Country
- 4 Minute of Discussion (M/D)
- 5 References(List of Data Collection)

## 1 Member List of the Study Team

| No. | Name                    | Assignment  | Organization   | Duration in Tanzania |
|-----|-------------------------|---|--|----------------------|
| 1   | Mr. Koji MAKINO         | Team Leader                                       | Deputy Resident Representative, Tanzania Office<br>JICA                                | 2/18<br>~3/7         |
| 2   | Ms. Sayaka NAKAMURA     | Project Coordinator                               | Staff, Health Team, Project Management Group II, Grant Aid Management Department, JICA | 3/3<br>~3/6          |
| 3   | Mr. Yukihiisa TAKAHASHI | Project Leader/<br>Equipment Planner              | OPC Corporation  | 2/18<br>~3/7         |
| 4   | Mr. Kazuhiko MIYAMORI   | Equipment Procurement Planner/<br>Cost Estimation | OPC Corporation  | 2/18<br>~3/7         |
| 5   | Ms. Mayumi SHOJI        | Field Study Coordinator                           | OPC Corporation  | 2/18<br>~2/29        |

## 2 Study Schedule

|    |      |     | JICA Official  |  | Consultant   |   |   |  |
|----|------|-----|--|--|--|---|---|--|
|    |      |     | Mr.Koji<br>MAKINO:<br>Team<br>Leader   | Ms.Sayaka<br>NAKAMURA:<br>Project<br>Coordinator   | Mr.Yukihisa<br>TAKAHASHI :<br>Project<br>Leader/Equipment<br>Planner   | Mr.Kazuhiko<br>MIYAMORI :<br>Equipment・Procurement Planner/<br>Cost Estimation  | Ms.Mayumi<br>SHOJI: Field<br>Study<br>Coordinator |  |
| 1  | 2/16 | Sat |  |  | Tokyo 20:40(EK6251)→Osaka22:00/23:15(EK317) →  |   |   |  |
| 2  | 2/17 | Sun |  |  | Dubai05:55/10:50(EK725)→Dar es Salaam15:25   |   |   |  |
| 3  | 2/18 | Mon |  |  | Meeting with JICA Officer, Meeting with JDI  |   |   |  |
| 4  | 2/19 | Tue |  |  | Site Survey in Corst Region(VCT,STI, medication center, laboratory) Move                                     | Meeting with MOHSW procurement section, Explanate the inception report to principal physician                                   | Same to project leader                            |  |
| 5  | 2/20 | Wed |  |  | Site Survey in Iringa Region (Dispensary, VCT, STI, medication center ,laboratory)                           | Submit the questionnaire to MOHSW procurement section・NACP・MSD Meeting with MOHSW   | ditto   |  |
| 6  | 2/21 | Thu |  |  | Site survey in Iringa Region(health center of Iringa state,VCT,STI,medicationcenter,laboratory,DMOwarehouse) | Meeting with MSD Submit the questionnaire to donator  | ditto   |  |
| 7  | 2/22 | Fri |  |  | Site survey (Request for answer to STI questionnaire) Move   | Meeting with MOHSW ,Ishijima expert and person in charge of procurement Meeting with NACP (Request for answer to questionnaire) | ditto   |  |
| 8  | 2/23 | Sat |  |  | Request for answer to Questionnaire, Collect the data  |   |   |  |
| 9  | 2/24 | Sun |  |  | Internal Meeting, Preparing report   |   |   |  |
| 10 | 2/25 | Mon | Meeting with JICA(progress report)   | Meeting with MOHSW Meeting with NACP Meeting with MSD, sales section(confirm the data and warehouse management) Meeting with JICA(progress report)   |  |   |   |  |
| 11 | 2/26 | Tue |  | Meeting with MOHSW, procurement section(collect the date) Meeting with NACP, deputy project manager・person in charge of STI (confirm the data information) Meeting with NACP, GF coordinator (confirm the movement of GF・forward planning・data) Meeting with MSD, volunteer of the database management(confirm the data) |  |   |   |  |
| 12 | 2/27 | Wed |  | Meeting with NACP, person in charge of laboratory and epidemiology Meeting with NACP, deputy project manager・person in charge of STI(Requested equipment)  |  |   |   |  |
| 13 | 2/28 | Thu |  | Meeting with NACP, deputy project manager・person in charge of STI(Requested equipment)   |  |   |   |  |
| 14 | 2/29 | Fri |  | Meeting with MSD, sales section(confirm the data, collect the data of procurement, new medicals and agent)   |  |   |   |  |
| 15 | 3/1  | Sat | Tana→Johane→Dar team meeting14:30  | Compose the document, team meeting(consul)   |  |   |   |  |
| 16 | 3/2  | Sun |  | Internal Meeting   |  | Team meeting Dar17:20 →Dubai23:45 →Osaka16:40 →Tokyo19:45   |   |  |
| 17 | 3/3  | Mon | Meeting with JICA, Report to Interim Meeting USAID, Meeting for Minutes of Discussion with NACP  |  |  |   |   |  |
| 18 | 3/4  | Tue | Meeting for Equipment Supply with NACP, Internal Meeting about Equipment Supply                  |  |  |   |   |  |
| 19 | 3/5  | Wed | Sign to minutes, meeting with NACP (objective scheme of equipment plan) ,collect the data of MSD |  |  |   |   |  |
| 20 | 3/6  | Thu | Dar →Dubai →Osaka →Tokyo   | Participate JCC/Presentation of Study  |  |   |   |  |
| 21 | 3/7  | Fri |  | Meeting with NACP, Report to Embassy of Japan, Additional Survey   |  |   |   |  |
| 22 | 3/8  | Sat |  | Dar es Salaam 17:20(EK726)→Dubai 23:45   |  |   |   |  |
| 23 | 3/9  | Sun | /2:50(EK316)→Osaka16:40/18:35(EK6252)→Tokyo 19:45  |  |  |   |   |  |

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

| Organization               | Name                             | Position   |
|----------------------------|----------------------------------|--|
| Embassy of Japan           | His Excellency<br>Mr. Makoto Ito | Ambassador Extraordinary and<br>Plenipotentiary of Japan to the United<br>Republic of Tanzania |
|                            | Mr. Tomita                       | First Secretary  |
| JICA Tanzania              | Mr. Kousaku Makino               | Deputy Director-General  |
|                            | Mr. Naoki Takahashi              | safety management  |
|                            | Mrs. Naoko Nishi                 | service officer  |
|                            | Mr. Shinichi Takenaka            | Chief Adviser  |
|                            | Mr. Hisahiro Ishijima            | CMO Planning Adviser   |
|                            | Mr. Nobuhiro Ishii               | Chief Adviser/ healthcare System   |
|                            | Mr. Pambamaji                    | JICA Local Staff Biochemist  |
| MOHSW                      | Mr. Deo MTYASIWA                 | Chief Medical Officer  |
|                            | Dr. R.O.Swai                     | Program Manager  |
|                            | Mr. Petro Musigula               | Principal Supplies Officer   |
|                            | Mr. Vincent Yusufu<br>Mugaya     | Principal health Laboratory Technologist   |
|                            | Dr. C.G.Massanbu                 | Assistant Director Diagnostic Dept.  |
|                            | Mr. Ndandala                     | Principal Supplies officer   |
| NACP                       | Mr.V.Y.Mgaya                     | Principal health Laboratory Technologist   |
|                            | Ms. Neusta P.Kwesigabo           | Administrator  |
|                            | Dr.M.D.Kajoka MD,MPH             | STI Unit   |
|                            | Dr.Temba                         | STI Unit Global fund   |
|                            | Mr. Khalid                       | Laboratory Unit  |
|                            | Ms. Peris Urassa                 | CSSU VCT Advisor   |
|                            | Dr. Bonita                       | Epidemiology unit  |
| Coast RMO                  | Dr. Singano N. Alliy             | Regional Medical officer   |
| IRINGA RMO                 | Dr. Ezekiel Y. Mpuya             | Regional Medical officer   |
| RHMT                       | Dr. Minuka                       | VCT Supervisor   |
| IRINGA Kijiji Village      | Ms. Edmunda Moshia               | District Research Health   |
| IRINGA<br>Nzihi,Dispensary | Mrs. Kudra Sarmani               | Administration officer   |
| John Snow INC.(JSI)        | Mr. Abdourahmane Diallo          | Country Director for Tanzania)   |
|                            | Mr. Timothy O’Hean               | SCMS Deputy Chief of Party for Tanzania  |
|                            | Mr. Tim Rosche                   | Chief of Party   |
|                            | Dr. Mufume                       | Pharmacist of Chief, Pharmaceutical C.P  |
| MSD                        | Mr. Cosmas Mwaifwani             | Director of Customer Service   |
|                            | Mr. Byekwaso B.Tabura            | Vertical Program Manager   |
|                            | Mr. Isaya Mzoro                  | Director ,Information System   |
|                            | Mr. Hiromi Kuniya                | Member of JOCV PC expert   |
|                            | Ms. Joy D. Palmario              | Administration Manager   |
| SD Africa Ltd              | Ms. Nelliza D. Dimatera          | Laboratory Technician  |

MINUTES OF DISCUSSIONS  
ON THE BASIC DESIGN 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 to Tanzania the study team (hereinafter referred to as "the Team"), which is headed by Mr. Koji Makino, Deputy Resident Representative, JICA Tanzania Office from 17th February to 8th March, 2008.

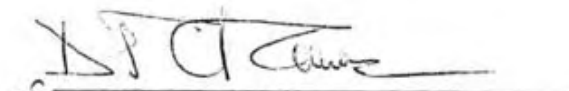
The team held discussions with the officials concerned of the Government of Tanzania (hereinafter referred to as "the Tanzanian side"), and conducted a field survey at the study area.

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 Basic Design Study Report.

Dar es Salaam, 5th March, 2008

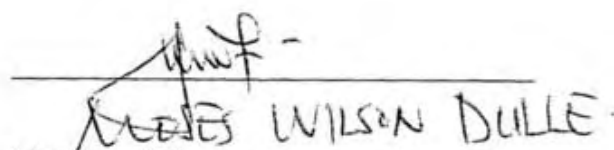


Mr. Koji Makino  
Leader  
Basic Design Study Team  
Japan International Cooperation Agency



Mr. Wilson C. Mukama  
Permanent Secretary  
Ministry of Health and Social Welfare  
United Republic of Tanzania

Witnessed by



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 and Social Welfare.

3-2. The Implementing Agency is the National AIDS Control Programme (NACP).

### 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. Since this project will be phasing out as a part of implementing exit strategy, the quantity will be gradually reduced every 3 years. 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 2008.

### 7. Other relevant issues

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

7-2. Destination Inspection Scheme (DIS) itself will be exempted. If not, only the Destination Inspection procedure will be applied but the cost of DIS shall be exempted.

7-3. The Tanzanian side ensured allocation of the necessary budget and assignment of personnel for implementation of the Project.

7-4. 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.

List of Equipment

| No.   | Names of the items                          | Priority |
|-------|---|----------|
| 1     | HIV Test Kits                               | A        |
| 1-1)  | SD Bioline HIV 1/2 3.0                      | A        |
| 1-2)  | Determine HIV 1/2                           | A        |
| 2     | Syphilis RPR(Rapid Plasma Reagin) Test Kits | A        |
| 2-1)  | RPR Test Kits                               | A        |
| 3     | STIs Drug                                   | A        |
| 3-1)  | Clotrimazole pessary with applicator        | A        |
| 3-2)  | Doxycycline,caps 100mg                      | A        |
| 3-3)  | Erythromycin tab 250mg                      | A        |
| 3-4)  | Metronidazole, tabs 200mg                   | A        |
| 3-5)  | Ciprofloxacin,tabs 500mg                    | A        |
| 3-6)  | Erythromycin granules 125mg                 | A        |
| 3-7)  | Oxy-Tetracycline eye ointment 0.1% tube     | A        |
| 3-8)  | Benzathine Penicillin,fortified 2.4MU       | A        |
| 3-9)  | Ceftriaxone powder for injection 250mg      | A        |
| 3-10) | Spectinomycin 2g powder for injection       | A        |
| 3-11) | Distilled water for injection, 10mL         | A        |
| 3-12) | Clotrimazole cream                          | A        |
| 3-13) | Podophylin                                  | A        |
| 3-14) | Acyclovir                                   | A        |







### 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 & 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 Programme, 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.

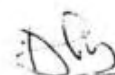
#### 2. Basic Design Study

(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:

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- 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 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 the smooth implementation of the Study, JICA uses a registered consulting firm. The 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 Procurement 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 or installation 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.

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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.

Annex-3

Major Undertakings to be taken by Each Government

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

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DA

5 References(List of Data Collection)

| No | Description of Data  | Configuration | Original/Copy | Published Agency   | Published Date |
|----|--|---------------|---------------|--|----------------|
| 1  | Price Catalogue of Essential Medicines and Hospital Supplies 2007/2008           | Book          | Original      | MSD  | 2007.7         |
| 2  | National Guidelines for Management of Sexually and Reproductive Tract Infections | Book          | Original      | MOHSW (NACP)   | 2007.3         |
| 3  | Main Statistical Tables, Selected from National Regional and District Profiles   | Book          | Original      | Ministry of Planning, Economy and Empowerment                | 2006.4         |
| 4  | Service Provision Assessment Survey 2006 (TSPA)                                  | Book          | Original      | National Bureau of Statistics & Macro International INC. USA | 2007.11        |
| 5  | National AIDS Control Program HIV/AIDS/STI Surveillance Report                   | Book          | Original      | MOHSW  | 2007.3         |
| 6  | Country Health Profile 2007  | Book          | Copy          | MOHSW  | 2007           |
| 7  | Tanzania Commission for AIDS ACT, 2001   | Book          | Copy          | TACAIDS  | 2001           |
| 8  | National multi-sectoral strategic framework on HIV/AIDS 2003-2007                | Book          | Copy          | TACAIDS  | 2003.1         |
| 9  | HIV/AIDS/STI Surveillance Report No.16   | Book          | Copy          | NACP   | 2001           |
| 10 | National health policy   | Book          | Copy          | MOH  | 2003           |
| 11 | Joint external evaluation of the health sector in TANZANIA                       | Book          | Copy          | COWI   | 2007.4         |
| 12 | Health sector HIV and AIDS strategy- II (HSHSP)2008-2012                         | Book          | Copy          | MOHSW  | 2007.6         |
| 13 | National multi-sectional strategic framework on HIV and AIDS(2008-2012)          | Book          | Copy          | TACAIDS  | 2007.5         |
| 14 | Tanzania Country-by-Country Aid Program (Draft)                                  | Book          | Copy          | Ministry of Foreign Affairs                                  | 2007.4         |