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FOURTH AMENDMENT
TO THE
PROJECT GRANT AGREEMENT
BETWEEN
THE UNITED REPUBLIC OF TANZANIA
AND
THE UNITED STATES OF AMERICA
FOR
THE TANZANIA AIDS PROJECT

Fiscal Data:

APP: 72X1095
BPC: GCDX-97-21621-KG13
OBL: PRO-AG-621-0177-93-04
Project: 621-0177.00
RCN #: T976009
Amount: \$5,000,000

FUNDS AVAILABLE

Office of the Comptroller U.S. ID/TANZANIA

Date 05/30/97 05/30/97

FOURTH AMENDMENT TO THE PROJECT GRANT AGREEMENT

for

THE TANZANIA AIDS PROJECT

between

The United Republic of Tanzania ("Grantee")

and

The United States of America, acting through
The Agency for International Development ("USAID")

WHEREAS, the Government of the United Republic of Tanzania ("Grantee"), acting through the Ministry of Finance, and the Government of the United States of America, acting through the Agency for International Development ("USAID") entered into a Project Grant Agreement dated July 27, 1993, as amended ("the Agreement"); and

WHEREAS, the Grantee and USAID wish to amend the Agreement further to increase the Grant by an additional U.S. \$5,000,000, to extend the Project Activity Completion Date and to revise the project description and budget;

NOW THEREFORE, the Parties agree to amend the Agreement as follows:

1. Section 2.1, entitled "Definition of Project", is hereby amended by adding before the penultimate sentence the following: "After the completion of AIDSCAP, implementation will continue through cooperative agreements or similar mechanisms."

2. Section 3.1(a), entitled "The Grant," is deleted in its entirety and the following is substituted:

"SECTION 3.1(a). The Grant. To assist the Grantee to meet the costs of carrying out the Project, USAID, pursuant to the Foreign Assistance Act of 1961, as amended, agrees to grant the Grantee under the terms of this Agreement, an amount not to exceed six million, eight hundred forty thousand United States Dollars (U.S. \$6,840,000) ("the Grant")."

3. Section 3.3(a) is amended by deleting the Project Assistance Completion Date (PACD) and substituting "September 30, 2000."

4. The Illustrative Summary of Costs by Expenditure Category and Source of Funds is deleted in its entirety and the new Illustrative Summary (Attachment 1 hereto) is substituted for it.

5. Annex 1, the Project Description, is amended by adding the Supplementary Description in Attachment 2 hereto.

Except as amended herein, the Agreement remains in full force and effect.

IN WITNESS WHEREOF, the Governments of the United Republic of Tanzania and the United States of America, each acting through its duly authorized representatives, have caused this amendment to be signed in their names and delivered as of the date last written below.

GOVERNMENT OF THE UNITED REPUBLIC OF TANZANIA

BY: *H/S/Cha*

NAME: *P. J. Nibema*

TITLE: *Assistant Commissioner, External Finance*

DATE: *6th June 1997*

UNITED STATE OF AMERICA

BY: *G. William Anderson*

NAME: G. WILLIAM ANDERSON

TITLE: ACTING DIRECTOR

DATE: JUNE 10, 1997

Attachment 1 to Project Agreement Amendment 4
Tanzania AIDS Project
USAID Project No. 621-0177

USAID/Tanzania Bilateral Obligations*
(\$000's)

<u>Expenditure Category</u>	<u>Prior Obligations</u>	<u>FY 97 Funding</u>	<u>Obligated To Date</u>	<u>Planned Obligations</u>
Management Assistance	1000	0	1000	
Commodities	400	0	400	
Training	140	0	140	
Evaluation & Audit	200	0	200	
Contingency	100	0	100	
Technical** Assistance	0	5000	5000	
=====				
TOTAL MISSION OBLIGATIONS	1840	5000	6840	8800

USAID/Washington Field Support for Tanzania AIDS Activities***

(000's)

<u>Expenditure Category</u>	<u>Funding Provided Through FY 96</u>	<u>FY 97 Funding</u>	<u>Obligated To Date</u>	<u>Planned Obligations</u>
Implementing Agency	12100	0	12100	
Other Technical	250	0	250	
Condom Procurement	2800	0	2800	
=====				
TOTAL USAID/W OBLIGATIONS	15150	0	15150	15500

*Either party may, with prompt notice to the other, unilaterally adjust the line items in this illustrative budget to a maximum of 15% per line item, provided, however, that the total amount obligated to date is not exceeded.

**This is a new line item to support technical assistance procured directly by USAID/Tanzania through appropriate mechanisms.

***Funds have been directly transferred to the central AIDS Technical Support Project for implementation services, including social marketing. Funds are also directly allocated as needed to the central Contraceptive Procurement Project for national condom requirements. The Grantee is notified of these transfers through its collaboration in review of the annual agency workplan.

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Attachment 2 to Project Agreement Amendment 4
Tanzania AIDS Project
USAID Project No. 621-0177

I. USAID Tanzania's Strategic Objective 1:

USAID assistance to the health sector in Tanzania is focused on achieving the strategic objective "increased use of family planning/maternal and child health (FP/MCH) and HIV/AIDS Preventive Measures." This strategic objective is being realized through activities seeking to achieve these results: (1) increased knowledge and availability of FP/MCH services and (2) increased knowledge and availability of HIV/AIDS information and services. USAID plans to direct its assistance in Tanzania to achieve the strategic objective and results outlined above through the year 2003.

II. Project Description

The purpose of the Tanzania AIDS Project (TAP) is to increase knowledge and availability of HIV/AIDS information and services among Tanzanian women and men of reproductive age. In order to achieve this result, the TAP will implement activities and be responsible for increasing knowledge of men and women citing at least two acceptable ways of protection from HIV infection, increasing the number of Salama condoms distributed annually and increasing the number of health providers trained to screen and manage sexually transmitted diseases. The goal of the project is to initiate sustained sexual health practices among men and women that protect them from HIV infection including, abstinence, maintaining one sexual partner, or consistent condom use.

The TAP Project involves several key partners, The National AIDS Control Programme of the Ministry of Health, Population Services International, Family Health International, and numerous local non-governmental organizations (NGOs). The combined efforts of these partners will support the mission in achieving its Intermediate Result in HIV/AIDS.

Under the present amendment project activities will incur **no substantial change** in focus. However, in support of the Ministry of Health's efforts to better integrate the provision of health services, this project may develop a broader focus on reproductive health, including the provision of family planning services. Discussions will occur during the next year between the MOH and USAID about how to better integrate reproductive health activities as part of health sector reform. In addition, the structure of the funding mechanism will change due to the close out of AIDSCAP. Project activities will be carried out under two separate cooperative agreements: PSI for a three year period (1997-2000), and, FHI for a seventeen month duration (May 1997 - September 1998).

A. PSI Cooperative Agreement

Under the PSI Cooperative Agreement the activity's purpose will be to increase the use of reproductive health products in Tanzania. PSI activities will continue to center on condom promotion, distribution and sales and IEC efforts to support these endeavors. Pending the outcome of a review by the Ministry of Health, PSI may be given approval to market family planning products as well. Indicators which support the SO1 intermediate results for HIV/AIDS and achievement of the strategic objective will be:

- (i) Male condom sales total 64.4 million, (includes two brands of condoms) May 1997 to April 2000;
- (ii) Female condom sales total 75,000, 1997 to 2000;
- (iii) 60% of those who report casual sex in the last three months report using a (male or female) condom in their last sexual intercourse with a casual partner.
- (iv) Oral Contraceptive Sales of 1 million
- (v) Injectable Contraceptive Sales of 1 million
- (vi) 20% of condom use is reported for family planning

All of these indicators capture the critical behavior change which is increased practice of responsible and protected sex. By the end of the three year Cooperative Agreement period (2000) PSI expects the following project outputs.

- (i) **Increased access to condoms.** Indicators measure the extent to which PSI increases the availability of project condoms in non-traditional outlets (bars, nightclubs, street vendors) and rural areas:
 - 80% of general stores (*dukas*) carry project condoms by 2000 (up from approximately 70% in 1997);
 - 70% of drug stores (*duka la dawas*) carry project condoms by 1/2000 (up from approximately 60% in 1997);
 - 30% of other non-formal outlets carry project condoms by 1/2000 (up from approximately 15% in 1997);
 - 50% increase in the number of CBD agents selling project condoms in rural areas, from 1997 to 2000.
- (ii) **Condom use marketed aggressively to target populations**
Indicators have been selected to measure not only the extent to which target populations recall project messages and materials, but also the degree to which their attitudes have been changed. The impact of these changes on behavior is measured by the Purpose level indicators.
 - 90% of urban males and females aged 16 to 40 years recall recent *Salama* and/or other marketed brand of condom advertising message;
 - 45% of males aged 16-30 approve partner initiation of condom use.

(iii) **Female condom established on a trial basis.**
Indicators capture brand awareness and distribution
(sales are measured at the Purpose level):

- 50% of females in the project area aged 16-40 familiar with project brand female condom;
- Project brand female condom available in 50% of urban drug stores and in a number of hair salons in the target area.

(iv) **Increased access to family planning commodities in traditional and non-traditional outlets.**

- 40% of points of sale appropriate to sell oral contraceptive pills and injectable contraceptives have stock
- 40% of urban women are familiar with the brands of contraceptive pills and contraceptive injectables

(v) **Family Planning marketed to target populations**

- 40% of urban population recalls recent family planning social marketing message
- 40% of urban women are familiar with the brands of contraceptive pills and injectable contraceptives

(iv) **Foundations of program sustainability strengthened.**

Indicators reflect the attention that will be paid to both financial and institutional aspects of organizational sustainability:

- Integrated sustainability plan developed with participation of senior staff January 1998;
- 20% of fixed costs are assumed by other products and other donors by 2000;
- Condom revenues represent 20% of donor funding by 2000.

B. FHI Cooperative Agreement

Under the FHI Cooperative Agreement, program activities are divided into three components to support the achievement of the mission's intermediate result and the project purpose. The three components form an integrated community based approach to increasing HIV/AIDS awareness and behavior change.

- 1) Sustainable NGO networks Established;
- 2) Increased knowledge and access to HIV/AIDS/STD information;
- 3) Increased access to quality STD care and prevention.

By the end of the 17 month period, FHI expects to have reached

the following targets:

A. Sustainable NGO Networks Established:

- i. Cluster concept decentralized within the current nine cluster regions to extend coverage to 20 selected districts, 20 wards and 100 villages, involving a network of over 150 NGOs.
- ii. Effective management systems built at the district level with improved communication and documentation facilities and an ability to manage day to day activities.
- iii. Supportive policy environment established in all the nine regions including 20 districts and the wards.
- iv. Access to information and services increased from a pool of skilled community based resource people in Peer Education, Care and Counselling, and condom promotion through TOT training strategy.
- v. Additional training of TOTs and other community resource persons provided in administration of simple tools to monitor, collect and utilize process data for efficient project management.
- vi. Refresher courses for the existing trainers (peer educators, gender, care and counselling, IGA) provided to make on site follow-up visits and provide TA where necessary.
- vii. More regular supervisory visits encouraged, intensified, and decentralized at all levels to ensure orderly and timely implementation of project activities.
- viii. Psycho social support to orphans continued and seed money provided for IGA for orphan support activities.
- ix. Gender component incorporated into all cluster activities.

B. Increase Knowledge of and Availability to HIV/AIDS Information (IEC/BCC).

- i. Pre-material development studies carried out using qualitative methods such as focus group discussions (FGDs), key informant interviews, observations, etc. and pretesting materials.
- ii. Collaboration with NACP and others continued in the production of mass media programs, particularly with

radio and selected print media.

- iii. Nine regional information centers strengthened and community based information centers expanded to 20 districts to ensure each cluster has at least one or two alternative dissemination points for each district.
- iv. Information center staff capacity built in materials management, information dissemination and effective communication.
- v. IEC/BCC strengthened with regard to focus on out of school youth.
- vi. A cumulative of 300 traditional birth attendants trained within the clusters on HIV/AIDS/STD prevention, home based care and counselling and safe delivery.
- vii. Collaboration enhanced between traditional healers and health facilities in carrying out AIDS prevention activities within the communities.
- viii. Capacity of clusters strengthened to develop community based IEC/BCC materials, including community based theater.
- ix. HIV/AIDS/STD messages integrated with reproductive health.
- x. Organized the collection and adaptation of other IEC/BCC materials from other collaborators and partners.

C. Increase access to quality STD care and prevention.

- i. Continued STD training for HCPs in the three training institutions through CEDHA, PHC Iringa and IDC Dar es Salaam.
- ii. Training feed-back system developed through patient encounter forms and shared with NACP and other agencies and donors in order to improve training programs.
- iii. In-service refresher provided to STD trainers based on observations from the field and gaps identified through analysis of patient encounter forms.
- iv. STD awareness campaign carried out in Dar es Salaam, and replicated in all nine cluster regions.
- v. Effective collaboration with public sector at the district and capacity built to supervise STD initiatives at the district level.