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Report No: PAD3913

INTERNATIONAL DEVELOPMENT BANK FOR RECONSTRUCTION AND DEVELOPMENT

PROJECT APPRAISAL DOCUMENT

ON A

PROPOSED INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT LOAN
IN THE AMOUNT OF US\$20 MILLION

TO

THE REPUBLIC OF TRINIDAD AND TOBAGO

FOR

TRINIDAD AND TOBAGO: COVID-19 EMERGENCY RESPONSE PROJECT

UNDER THE
COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PROGRAM (SPRP)

USING THE MULTIPHASE PROGRAMMATIC APPROACH (MPA)
WITH A FINANCING ENVELOPE OF

UP TO US\$6 BILLION

APPROVED BY THE BOARD ON APRIL 2, 2020

Health, Nutrition & Population Global Practice

Latin America And Caribbean Region

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CURRENCY EQUIVALENTS

Exchange Rate Effective June 26, 2020

Currency Unit = Trinidad & Tobago Dollar

TT\$6.76 = US\$1.00

FISCAL YEAR

January 1 - December 31

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ABBREVIATIONS AND ACRONYMS

BFP	Bank Facilitated Procurement
COVID-19	Coronavirus Disease
CPF	Country Partnership Framework
CTB	Central Tenders Board
DA	Designated Account
E&S	Environmental and Social
ESCP	Environmental and Social Commitment Plan
E&S	Environmental and Social Risks
ESMF	Environmental and Social Management Framework
ESMPs	Environmental and Social Management Plans
ESS	Environmental and Social Standard
FTCF	Fast Track COVID-19 Facility
FM	Financial Management
FMM	Financial Management Manual
GDP	Gross Domestic Product
GHG	Greenhouse Gas
GNI	Gross National Income
GoRTT	Government of the Republic of Trinidad and Tobago
GRM	Grievance Redress Mechanism
GRS	Grievance Redress Service
HEIS	Hands-On Expanded Implementation Support
HDU	High Dependency Unit
IBRD	International Bank for Reconstruction and Development
ICU	Intensive Care Unit
IDA	International Development Association
IDB	Interamerican Development Bank
IFRs	Interim Financial Reports
IHR	International Health Regulations
IMF	International Monetary Fund
IT	Information Technology
LAC	Latin America and the Caribbean
LMP	Labor Management Procedures
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MPA	Multiphase Programmatic Approach
NEU	National Epidemiology Unit
NGO	Non-governmental Organization
PAD	Project Appraisal Document
PAHO	Pan American Health Organization
PDO	Project Development Objective
PIU	Project Implementation Unit



PPE	Personal Protective Equipment
PS	Permanent Secretary
RHA	Regional Health Authority
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SDGs	Sustainable Development Goals
SEP	Stakeholder Engagement Plan
SPRP	Strategic Preparedness and Response Program
STEP	Systematic Tracking of Exchanges in Procurement
UNDP	United Nations Development Programme
UHC	Universal Health Coverage
USA	United States of America
TTO	The Republic of Trinidad and Tobago
WBG	World Bank Group
WHO	World Health Organization



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DATASHEET

BASIC INFORMATION

Country(ies)	Project Name	
Trinidad and Tobago	Republic of Trinidad and Tobago: COVID-19 EMERGENCY RESPONSE PROJECT	
Project ID	Financing Instrument	Environmental and Social Risk Classification
P173989	Investment Project Financing	Substantial

Financing & Implementation Modalities

<input checked="" type="checkbox"/> Multiphase Programmatic Approach (MPA)	<input type="checkbox"/> Contingent Emergency Response Component (CERC)
<input type="checkbox"/> Series of Projects (SOP)	<input type="checkbox"/> Fragile State(s)
<input type="checkbox"/> Performance-Based Conditions (PBCs)	<input checked="" type="checkbox"/> Small State(s)
<input type="checkbox"/> Financial Intermediaries (FI)	<input type="checkbox"/> Fragile within a non-fragile Country
<input type="checkbox"/> Project-Based Guarantee	<input type="checkbox"/> Conflict
<input type="checkbox"/> Deferred Drawdown	<input checked="" type="checkbox"/> Responding to Natural or Man-made Disaster
<input type="checkbox"/> Alternate Procurement Arrangements (APA)	<input type="checkbox"/> Hands-on Enhanced Implementation Support (HEIS)

Expected Project Approval Date	Expected Project Closing Date	Expected Program Closing Date
30-Jun-2020	31-Dec-2021	31-Mar-2025

Bank/IFC Collaboration

No

MPA Program Development Objective

The Program Development Objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness

MPA Financing Data (US\$, Millions)



MPA Program Financing Envelope	4,303.59
with an additional request to IDA	87.24

Proposed Project Development Objective(s)

To detect and respond to the threat posed by COVID-19 and to strengthen the national health system for the emergency response to the COVID-19 pandemic.

Components

Component Name	Cost (US\$, millions)
Emergency Response to COVID-19	19.75
Project Management and Monitoring	0.25

Organizations

Borrower: Republic of Trinidad and Tobago

Implementing Agency: Ministry of Health

MPA FINANCING DETAILS (US\$, Millions)

Board Approved MPA Financing Envelope:	4,216.35
MPA Program Financing Envelope:	4,303.59
of which Bank Financing (IBRD):	2,278.60
of which Bank Financing (IDA):	2,024.99
of which other financing sources:	0.00

PROJECT FINANCING DATA (US\$, Millions)**SUMMARY**

Total Project Cost	20.00
Total Financing	20.00
of which IBRD/IDA	20.00



Financing Gap	0.00
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DETAILS

World Bank Group Financing

International Bank for Reconstruction and Development (IBRD)	20.00
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Expected Disbursements (in US\$, Millions)

WB Fiscal Year	2020	2021	2022
Annual	0.00	16.00	4.00
Cumulative	0.00	16.00	20.00

INSTITUTIONAL DATA

Practice Area (Lead)

Health, Nutrition & Population

Contributing Practice Areas

Climate Change and Disaster Screening

This operation has been screened for short and long-term climate change and disaster risks

SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

Risk Category	Rating
1. Political and Governance	● Moderate
2. Macroeconomic	● Moderate
3. Sector Strategies and Policies	● Moderate
4. Technical Design of Project or Program	● Moderate
5. Institutional Capacity for Implementation and Sustainability	● Substantial
6. Fiduciary	● Substantial
7. Environment and Social	● Substantial



8. Stakeholders	● Moderate
9. Other	
10. Overall	● Substantial
Overall MPA Program Risk	● High

COMPLIANCE

Policy

Does the project depart from the CPF in content or in other significant respects?

Yes No

Does the project require any waivers of Bank policies?

Yes No

Have these been approved by Bank management?

Yes No

Is approval for any policy waiver sought from the Board?

Yes No



Environmental and Social Standards Relevance Given its Context at the Time of Appraisal

E & S Standards	Relevance
Assessment and Management of Environmental and Social Risks and Impacts	Relevant
Stakeholder Engagement and Information Disclosure	Relevant
Labor and Working Conditions	Relevant
Resource Efficiency and Pollution Prevention and Management	Relevant
Community Health and Safety	Relevant
Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Not Currently Relevant
Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Currently Relevant
Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Not Currently Relevant
Cultural Heritage	Not Currently Relevant
Financial Intermediaries	Not Currently Relevant

NOTE: For further information regarding the World Bank’s due diligence assessment of the Project’s potential environmental and social risks and impacts, please refer to the Project’s Appraisal Environmental and Social Review Summary (ESRS).

Legal Covenants

Sections and Description

Schedule 2. Section I. Implementation Arrangements

A. Institutional Arrangements

1. The Borrower, through the MOH, shall operate and maintain, throughout Project implementation, a PIU within MoH, with functions, staffing and resources acceptable to the Bank, as described in the Project Operations Manual.

Sections and Description

Schedule 2. Section I. Implementation Arrangements

A. Institutional Arrangements

2. The Borrower, through the MOH, shall no later than thirty (30) days after the Effective Date hire the following additional staff as part of the PIU: (i) a Project manager; (ii) a financial management specialist; (iii) a procurement



specialist; and (iv) a social and environmental specialist; all with qualifications and functions acceptable to the Bank, to be described in the Project Operations Manual.

Sections and Description

Schedule 2. Section I. Implementation Arrangements

A. Institutional Arrangements

The Borrower, through the MOH, shall no later than thirty (30) days after the Effective Date, establish and thereafter operate and maintain, throughout Project implementation, a committee (the Committee) with functions, responsibilities and composition acceptable to the Bank, including the Project oversight responsibility, as further described in the Project Operations Manual.

Sections and Description

Schedule 2. Section I. Implementation Arrangements

Section B. Project Operations Manual

The Borrower shall no later than thirty (30) days after the Effective Date, through MoH, adopt a manual (the Project Operations Manual) satisfactory to the Bank, and thereafter carry out the Project in accordance with said manual, containing, inter-alia: (i) specific provisions on detailed arrangements for the carrying out of the Project; (ii) the composition, qualifications, and responsibilities of the PIU and the Committee; (iii) the procurement, financial management and disbursement requirements; (iv) the coordination mechanisms with RHAs; (v) the Personal Data collection and processing requirements in accordance with good international practices; (vi) the performance indicators; and (vii) the Anti-Corruption Guidelines.

Sections and Description

Schedule 2. Section I. Implementation Arrangements

Section B. Project Operations Manual

The Borrower, through MoH, shall not amend, waive, or fail to enforce any provision of the Project Operations Manual without the Bank's prior written approval. In case of any conflict between the terms of the Project Operations Manual and those of this Agreement, the terms of this Agreement shall prevail.

Sections and Description

Schedule 2. Section I. Implementation Arrangements

Section C. Environmental and Social Standards

The Borrower, through MoH, shall ensure that the Project is carried out in accordance with the Environmental and Social Standards, in a manner acceptable to the Bank.

Sections and Description

Schedule 2. Section I. Implementation Arrangements

Section C. Environmental and Social Standards



Without limitation upon paragraph 1 above, the Borrower, through MoH, shall ensure that the Project is implemented in accordance with the Environmental and Social Commitment Plan (“ESCP”), in a manner acceptable to the Bank. To this end, the Borrower, through MoH, shall ensure that:

- (a) the measures and actions specified in the ESCP are implemented with due diligence and efficiency, and provided in the ESCP;
- (b) sufficient funds are available to cover the costs of implementing the ESCP;
- (c) policies and procedures are maintained, and qualified and experienced staff in adequate numbers are retained to implement the ESCP, as provided in the ESCP; and
- (d) the ESCP, or any provision thereof, is not amended, repealed, suspended or waived, except as the Bank shall otherwise agree in writing, as specified in the ESCP, and ensure that the revised ESCP is disclosed promptly thereafter.

Sections and Description

Schedule 2. Section I. Implementation Arrangements

Section C. Environmental and Social Standards

The Borrower shall, through MoH, ensure that:

- (a) all measures necessary are taken to collect, compile, and furnish to the Bank through regular reports, with the frequency specified in the ESCP, and promptly in a separate report or reports, if so requested by the Bank, information on the status of compliance with the ESCP and the environmental and social instruments referred to therein, all such reports in form and substance acceptable to the Bank, setting out, inter alia: (i) the status of implementation of the ESCP; (ii) conditions, if any, which interfere or threaten to interfere with the implementation of the ESCP; and (iii) corrective and preventive measures taken or required to be taken to address such conditions; and
- (b) the Bank is promptly notified of any incident or accident related to or having an impact on the Project which has, or is likely to have, a significant adverse effect on the environment, the affected communities, the public or workers, in accordance with the ESCP, the environmental and social instruments referenced therein and the Environmental and Social Standards.

Sections and Description

Schedule 2. Section I. Implementation Arrangements

Section C. Environmental and Social Standards

The Borrower, through MoH, shall establish, publicize, maintain and operate an accessible grievance mechanism, to receive and facilitate resolution of concerns and grievances of Project-affected people, and take all measures necessary and appropriate to resolve, or facilitate the resolution of, such concerns and grievances, in a manner acceptable to the Bank.

Conditions





I. PROGRAM CONTEXT

1. **This Project Appraisal Document (PAD) describes the emergency response to the Republic of Trinidad and Tobago (TTO) under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the World Bank’s Board of Executive Directors on April 2, 2020 (PCBASIC0219761) with an overall Program financing envelope of up to US\$6.00 billion.**

A. MPA Program Context

2. **An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China.** Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spread across the world. As of June 28, 2020, the outbreak had resulted in an estimated 9.83 million cases and over 495,000 deaths in 215 countries¹.

3. **COVID-19 is one of several emerging infectious diseases outbreaks in recent decades that have emerged from human contact with animals, resulting in major outbreaks with significant public health and economic impacts.** The last moderately severe influenza pandemics were in 1957 and 1968; each killed more than a million people around the world. Although countries are now far more prepared than in the past, the world is also far more interconnected, and many more people today have behavior risk factors such as tobacco use² and pre-existing chronic health problems that make viral respiratory infections particularly dangerous.³ With COVID-19, scientists are still trying to understand the full picture of the disease symptoms and severity. Reported symptoms in patients have varied from mild to severe, and can include fever, cough and shortness of breath. In general, studies of hospitalized patients have found that about 83 to 98 percent of patients develop a fever, 76 to 82 percent develop a dry cough and 11 to 44 percent develop fatigue or muscle aches. Other symptoms, including headache, sore throat, abdominal pain, and diarrhea, have been reported, but are less common. While 3.7 percent of the people worldwide confirmed as having been infected have died, the World Health Organization (WHO) has been careful not to describe that as a mortality rate or death rate. This is because during an unfolding epidemic it can be misleading to look simply at the estimate of deaths divided by cases so far. Hence, given that the actual prevalence of COVID-19 infection remains unknown in most countries, it poses unparalleled challenges with respect to global containment and mitigation. These issues reinforce the need to strengthen the response to COVID-19 across all IDA/IBRD countries in order to minimize the global risk and impact posed by this disease.

4. **This Project is prepared under the global framework of the World Bank COVID-19 Response financed under the Fast Track COVID-19 Facility (FTCF).**

¹ <https://covid19.who.int/>

² Marquez, PV. 2020. “Does Tobacco Smoking Increases the Risk of Coronavirus Disease (Covid-19) Severity? The Case of China.” <http://www.pvmarquez.com/Covid-19>.

³ Fauci, AS, Lane, C, and Redfield, RR. 2020. “Covid-19 — Navigating the Uncharted.” *New Eng J of Medicine*, DOI: 10.1056/NEJMe2002387.



B. Updated MPA Program Framework

5. **Table 1 provides an updated overall MPA Program framework.**

Table 1. MPA Program Framework

Phase	Project ID	Sequential or Simultaneous	Phase’s Proposed DO	IPF, DPF or PforR	Estimated IBRD Amount (US\$ million)	Estimated Approval Date	Estimated Environment & Social Risk Rating
1	P173989 TTO: Emergency Response COVID-19 Project	Sequential	Prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness	IPF	20	June 30, 2020	Substantial

C. Learning Agenda

6. **The proposed TTO Project under the MPA Program will support adaptive learning throughout project implementation, as well as from such organizations as the WHO, Pan American Health Organization (PAHO), Inter-American Development Bank (IDB), International Monetary Fund (IMF), United States Center for Disease Control and Prevention (CDC), and others.** Given the limited experience with this pandemic, the exchange of information across countries, facilitated by international partners such as the World Bank, will be instrumental for TTO in terms of managing their response to COVID-19. Learning needs to include methods on supply chain approaches during times of emergencies and disrupted global supply chains, including assessments for timely distribution of medicines and other medical supplies. Another area of learning is how to implement appropriate policies for testing, triage and isolation of patients. The World Bank and other partners will provide continuous support to facilitate learning on good practices learned through their experience with other countries. The TTO Project under the MPA Program will also benefit from the early lessons of COVID-19 project implementation in other countries. The Project has been designed to allow for flexibility to adapt to emerging evidence throughout its implementation.

II. CONTEXT AND RELEVANCE

A. Country Context

7. **The Republic of Trinidad and Tobago is a high-income economy with a population of 1.4 million.** TTO’s Gross National Income (GNI) per capita rose from less than US\$4,000 in the early 1990s to about US\$16,900 in 2019. As a small island state economy, TTO is vulnerable to exogenous shocks and disproportionately affected by the COVID-19 pandemic. The economic growth of the twin-island state has been mostly tied to exogenous factors, especially global oil and gas prices, since the oil and gas production alone accounts for almost 40 percent of the Gross Domestic Product (GDP)⁴. While Trinidad’s economy is mainly based on revenues from the energy sector, the much smaller island Tobago (with a population of just about 60,000 according to the last census in

⁴ <http://www.energy.gov.tt/our-business/oil-and-gas-industry/>



2011⁵) strongly relies on tourism, fishing, and the government sector. After expanding at an annual average rate of 7.8 percent between 1995 and 2007, the country's economy has been on the decline due to developments in the energy sector. Notably, real GDP contracted on average by 2.2 percent between 2016 and 2019. As a result, TTO had a double-digit fiscal deficit in 2016 and 2017 (10.5 and 11.1 percent, respectively), while the fiscal deficit was smaller in 2018 and 2019 (6.0 and 3.7 percent, respectively). Government debt increased during that period and was at 63.2 percent of GDP in 2019⁶. The economy is expected to further decline in 2020 given disruptions in the global energy and tourism sectors. The fallout in economic activities and increased spending to contain and mitigate the impact of the pandemic on livelihoods is expected to impair the already weak fiscal position and increase indebtedness.

8. With a Human Capital Index Score of 0.61, TTO ranks in the second quartile of countries regarding its ability to mobilize the human capital potential of the country's citizens but has worse health outcomes than comparably ranked countries. In comparison to countries with a similar Human Capital Index Score,⁷ TTO performs well with respect to the number of learning-adjusted years of school that children complete (9.1 years) and harmonized test scores that students achieve (a score of 458), but it performs poorly regarding the adult survival rate until ages older than 60 (83 percent) and the probability of survival until age five (97 percent). In addition, issues with data quality and timeliness limit the ability to assess distributional issues and the effectiveness of surveillance and policymaking in the country.⁸ Data on poverty and inequality for TTO are outdated. The latest household survey data is from 2012,⁹ when the head-count ratio of poverty stood at 3.5 percent and extreme poverty at 1.3 percent. In 1992, the Gini index for TTO was high at 40.3.¹⁰

B. Sectoral and Institutional Context

9. Life expectancy at birth in TTO has increased from 70 to 73 years from 1990 to 2017¹¹ and TTO's population has been aging steadily over the same time period. In 2018, it was estimated that around 13 percent of the population was over 60 years old.¹² Reflecting the population's age profile, TTO has among the highest prevalence rates in Latin America and the Caribbean (LAC) for many non-communicable diseases, including diabetes, hypertension, asthma, and selected cancers, which are underlying factors for high morbidity and mortality due to COVID-19, especially among the elderly.¹³ The prevalence of heart disease in TTO (289 per 100,000 population) is double that in North America, and with a diabetes prevalence rate of 14.5 percent of the population, TTO ranks second among all countries in the Americas.¹⁴ The demographic and health profiles of the population put TTO at a higher risk of experiencing an elevated number of COVID-19 cases that become severe

⁵ https://www.undp.org/content/dam/trinidad_tobago/docs/DemocraticGovernance/Publications/TandT_Demographic_Report_2011.pdf.

⁶ IMF World Economic Outlook, April 2020.

⁷ Countries with a Human Capital Index Score of 0.60-0.62: Albania, Bosnia and Herzegovina, Costa Rica, Malaysia, Montenegro, Oman, Argentina, Georgia, Mexico, Qatar, Trinidad and Tobago, Azerbaijan, Ecuador, Romania, Thailand, Uruguay.

⁸ Trinidad And Tobago 2018 Article IV Consultation, IMF Country Report No. 18/285.

⁹ Central Statistics Office of Trinidad and Tobago.

¹⁰ World Development Indicators, retrieved on May 03, 2020.

¹¹ World Development Indicators, retrieved on May 03, 2020.

¹² https://cso.gov.tt/cso_statistics/mid-year-estimates-of-population-by-age-group/.

¹³ <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>.

¹⁴ Hospedales, C. James. Burden of the NCD Epidemic in the Caribbean: Implications for Universal Health Coverage, Presentation UHC Meeting, October 22-23, 2012 NCD Prevention & Control, PAHO/WHO.



or result in death than other countries in the region with younger populations and a lower burden of disease.¹⁵

10. Access to public healthcare services in TTO is free of charge, but out-of-pocket expenditures for healthcare make up about 40 percent of total health expenditure (for the use of private healthcare services and medicines), indicating limitations in the benefit package. The Ministry of Health (MOH) is responsible for financing, regulation, and governance; monitoring of population health; setting policies; and enacting legislation. The delivery of services in the public sector has been decentralized to five Regional Health Authorities (RHAs), four in Trinidad and one in Tobago. About 70 percent of the population primarily use public health services, while the other 30 percent primarily frequent private providers.¹⁶ Public health care services are delivered through a network of 96 health centers. Following the recent completion of three major hospital projects, there is a ratio of 3.1 beds per 1,000 population, significantly higher than the 2.2 beds per 1,000 population in LAC. However, human resource density is at 1.8 physicians and 3.5 nurses and midwives per 1,000 people, lower than the LAC average of 2.1 physicians and 4.7 nurses and midwives per 1,000 people. While TTO has an adequate normative framework for health emergencies with the highest possible International Health Regulation compliance and a Global Health Security Index¹⁷ score of 100,¹⁸ there are significant gaps in terms of medical countermeasures and personnel deployment (0 score since basic measures are not in place/information is not available), access to healthcare (score of 27), and the general capacity to prevent (score of 28), detect (score of 14), and respond (score of 43) to health emergencies. There is a significant vulnerability of the system with regard to management of zoonotic diseases (score of 8.6, ranked 138 of 195 countries) and laboratory systems (score of 16.7, ranked 161 of 195 countries), two areas that the Project will support.

11. TTO reported its first case of COVID-19 on March 12, 2020.¹⁹ On March 22, the country closed its borders to everyone including TTO nationals and health workers. Despite being a twin-island state, TTO is at high risk for the spread of COVID-19 due to a high volume of travel: intra-country for education and employment; inter-regional, serving as a hub for Caribbean Community (CARICOM) regional travel; and internationally to North America, mainly with New York, one of the pandemic hotspots in the United States.²⁰ On May 9, the Government of the Republic of Trinidad and Tobago (GoRTT) announced a six-phase reopening plan for the country.²¹ As of June 8, the country entered phase four of the reopening plan, triggering the full reopening of public sector activities. In total, as of June 26, 2020, there have been 123 cases of COVID-19 detected in TTO and eight deaths.

12. In TTO, non-nationals have access to emergency medical services at all levels of care, including the full spectrum of primary health care services and public health services such as immunization and treatment of

¹⁵ United Nations, Policy Brief: The impact of COVID-19 on older persons, May 2020. <https://unsdg.un.org/sites/default/files/2020-05/Policy-Brief-The-Impact-of-COVID-19-on-Older-Persons.pdf>.

¹⁶ The World Bank, 2018 Public Expenditure Review.

¹⁷ Global Health Security Index. Retrieved on May 14, 2020.

¹⁸ The Global Health Security Index is expressed as a percentage, where 100 percent is the highest score possible for a given category and 0 percent is the lowest.

¹⁹ Ministry of Health Media Release Update # 106 April 15, 2020. <http://www.health.gov.tt/>.

²⁰ *Becoming an Immigration Magnet: Migrants' Profiles and the Impact of Migration on Human Development in Trinidad and Tobago*, UN Migration IOM, <http://www.acpmigration-obs.org/TnTImpactstudy>.

²¹ In phase 1 (May 11-23), some businesses were allowed to reopen such as food establishments, restaurants, vendors, and hardware stores, with restricted operating hours and social distancing rules. In phase 2 (May 24-May 31), the manufacturing sector was reopened, and public sector construction resumed. In phase 3 (June 1-7), all public servants returned to work with flexible schedules where possible, and private sector construction recommenced. In phase 4 (started on June 8), malls and beaches reopened, and cinemas will be reopened in phase 5. In phase 6, the country's borders are expected to be reopened. Schools will remain closed until September.



communicable diseases and high-risk infectious diseases. There is no charge/fee for services for the diagnosis and treatment of COVID-19. An estimated 40,000 Venezuelans²² are in TTO (making up 2.86 percent of TTO's population). Their access to health services is based on the national "Policy for Treating Non-Nationals with respect to the Provision of Public Health Care Services", approved in 2019. With the downturn in the economy in Venezuela over the last three years, there has been a significant increase in migrants. As of June 26, 2020, no Venezuelan has tested positive for COVID-19 in TTO. However, extensive testing has not been carried out thus far (as of June 8, 2020, a total of about 3,421 tests in the country have been conducted).²³ In the event contact tracing would be required among the migrant community, the MOH will collaborate with non-governmental organizations (NGOs) that are working closely with the migrant communities. Spanish-speaking contact tracers have already been identified, and NGOs with which the GoRTT works are providing food for the migrant population.

13. **TTO has prepared a comprehensive COVID-19 Preparedness and Response Plan, which is aligned with the WHO's Strategic Preparedness and Response Program.** The Plan is aimed at reducing serious illness and overall deaths and at minimizing societal disruption among citizens of TTO as a result of the pandemic. The plan has guided the multisectoral response to address the public health and socioeconomic challenges resulting from the pandemic and recognizes the needs of vulnerable populations, including the elderly, the impoverished, the health workforce, migrants, differently abled, socially displaced, and children and youth. The Government has requested financial support from the World Bank to support the appropriate and timely implementation of key activities under its Preparedness and Response Plan, including the provision of specific supplies to contain and mitigate the epidemic through early detection and for an adequate treatment of COVID-19 patients to minimize the morbidity and mortality from COVID-19. Regardless of the country's high-income status, the role of health as a global public good reinforces the importance of supporting the country's response to the pandemic to limit the spread of the disease.

14. **The National Task Force that guides and oversees the response to COVID-19 includes a representative of the Tobago House of Assembly.** The National Task Force is a multi-sectoral committee that is chaired by the Chief Medical Officer from the MOH. It has the mandate to lead the development and implementation of integrated and multisectoral activities and to monitor and evaluate those activities for the COVID-19 response. It reports to the Ministers of Health and of National Security. The Tobago House of Assembly is the autonomous legislative body responsible for the island of Tobago which was established in 1980 to rectify some of the disparities between the two islands. As in the case of all national health projects and initiatives, all RHAs,²⁴ including the Tobago RHA, are included in the operational planning to ensure that each RHA's needs get considered.

15. **The MOH is implementing a two-pronged strategy for the prevention of and response to COVID-19: (i) contain imported cases of the disease; and (ii) isolate the treatment of COVID-19 patients and the support for those patients that tested positive but do not require inpatient care from the rest of healthcare provision.** Identification, isolation and quarantining of positive cases have been supplemented by an increase in the Government's contact tracing capacity. The Government is also faced with the need to expand testing. Initially,

²² <https://www.refugeesinternational.org/reports/2019/1/27/forced-into-illegality-venezuelan-refugees-and-migrants-in-trinidad-and-tobago>. 40,000 is the common estimate of the number of Venezuelans in TTO.

²³ <https://uwi.maps.arcgis.com/apps/opsdashboard/index.html#/c03c7be737f74c6dba30ad2d84d5c57a>.

²⁴ Regional Health Authorities - as established under TTO's Regional Health Authorities Act, Chapter 29:05 - are semi-autonomous from the MOH and function as the agencies in charge of service provision and oversight at the local level.



testing was only available at the Caribbean Public Health Agency (CARPHA) reference laboratory located in Port of Spain, which serves over 20 countries in the Caribbean region, including TTO. As of May 1, 2020, testing for SARS-CoV-2 virus (which causes the COVID-19 disease) is now also available in two national laboratories. In addition to the 278 beds available at the Caura Hospital and the recently commissioned Couva Hospital, 150 additional hospital beds can be made available as needed at two other community hospitals (Arima and Augustus Long). In Tobago, the public hospital in the capital Scarborough is prepared to admit COVID-19 patients. Providing facilities for the isolation of recovering patients is an important aspect of the strategy for treatment and care. The strategy is being complemented by extensive public communications to increase social awareness about the COVID-19 epidemic and encourage behavior change. In addition, the response to COVID-19 includes an emphasis on the mental health of patients, the health care workforce, and the general population, including attention to gender-based violence.

16. **The MOH is in charge of the nationwide coordination of surveillance, control and treatment activities and works in close collaboration with the RHAs, the County/Regional Corporations (local government), and international partners such as PAHO/WHO, the United Nations Development Programme (UNDP), and the IDB.** The response to the pandemic has prompted the authorities to reprioritize the government budget towards the health sector²⁵ and mobilize additional support from international partners (see Table 2).

17. **The proposed World Bank Project will finance and procure needed pharmaceuticals, equipment and supplies in a context of a distressed global market and supply chains and support the GORTT in improving the quality of COVID-19 related care.** The IDB has been supporting the health sector broadly and also provides the MOH with support for its COVID-19 response plan. The existing IDB-financed investment project (Health Services Support Program, TT-L1039) focuses on strengthening the organizational and institutional capacity of the health system to address the challenges of the sector. As a response to the COVID-19 pandemic, the IDB-financed project also provides funding to the MOH for the procurement of medical equipment and supplies (see Table 2). The World Bank and the IDB will work during implementation to ensure that procurement plans are complementary and well-aligned so that they help meet the needs of the GoRTT and avoid redundancies. For this purpose, the IDB and World Bank have appointed focal points that will coordinate with each other to ensure that all procurement activities are well aligned. In addition, it has been agreed that the WB-financed Project will in particular procure pharmaceuticals needed for the treatment of COVID-19 patients. Amid a pandemic, the proposed WB-financed Project would provide needed additional financing for the public good of health security and increase the GORTT's opportunity to procure essential medical equipment and supplies in a context of a distressed global market and supply chains. As an important fast-track measure at the request of the Government, Bank-facilitated procurement (BFP) can be used to facilitate the direct contracting with manufacturers and suppliers and expedite sourcing and contracting.

²⁵ <https://www.opm.gov.tt/post-cabinet-media-briefing-thursday-26th-march-2020/>.



Table 2: Support Provided by International Partners under the COVID-19 Response Plan of the GoRTT

Partner	Support Offered	Intervention Areas
PAHO/WHO	<ul style="list-style-type: none"> Screening and diagnostic tools Training human resources 	<ul style="list-style-type: none"> Laboratories Laboratories and general health systems strengthening
Government of People’s Republic of China	<ul style="list-style-type: none"> Diagnostic test kits 	<ul style="list-style-type: none"> Laboratories
UNDP	<ul style="list-style-type: none"> Personal protective equipment (PPE) 55 nurses 	<ul style="list-style-type: none"> Service delivery
United States Agency for International Development	<ul style="list-style-type: none"> Surveillance technical support 	<ul style="list-style-type: none"> Epidemiological surveillance and control
IDB	<ul style="list-style-type: none"> Resources for contact tracing Medical equipment and supplies Contracted personnel – doctors, nurses, non-medical staff for health facilities and specialist skills e.g. Mechanical engineer Resources for education campaign 	<ul style="list-style-type: none"> Laboratories Epidemiological surveillance and control Communications
Government of Cuba*	<ul style="list-style-type: none"> 11 intensive Care unit nurses 	<ul style="list-style-type: none"> Service delivery

*Financed by the GoRTT

18. **As a small twin-island state in the Caribbean, TTO’s ability to respond to COVID-19 can be exacerbated by the observed and anticipated impacts of climate change.** Climate projections indicate a rise in mean annual temperature of 1.5 degrees Celsius by 2050, changes in precipitation patterns, and a rise in sea levels. It is also vulnerable to other expected impacts of climate change, such as increased frequency and intensity of hurricanes and tropical storms, hillside erosion, and loss of coastal land. Even though TTO is not located in the main Atlantic hurricane belt, one of the new natural hazard scenarios considered for the country is the increased potential to be hit by tropical storms. These climate impacts have clear links to human health through direct exposure (e.g., heat waves, floods, and droughts) as well as indirect pathways (climate impacts on water, food, and air quality). Increased intensity of extreme events, for instance, can lead to increased destruction of health care infrastructure and service facilities, sometimes disabling them completely at times when their services are most required. Rising temperatures can increase the range and prevalence of vector-borne diseases such as malaria and dengue fever, while increased drought and changes in rainfall patterns can increase the incidence of water-borne illnesses due to reduced water quality and flooding. TTO’s most vulnerable populations are at particular risk from these impacts, and the emergency of COVID-19 as well as the exposure to climate change impacts is exacerbating currently observed risks and vulnerabilities.²⁶

C. Relevance to Higher Level Objectives

19. **The Project is aligned with World Bank Group (WBG) strategic priorities and the mission to end extreme poverty and boost shared prosperity. The Program is focused on preparedness, which is critical to achieving Universal Health Coverage (UHC).** It is aligned with the World Bank’s support for national plans and global commitments to strengthen pandemic preparedness through three key actions under Preparedness: (i) improving national preparedness plans including organizational structure of the government; (ii) promoting adherence to the International Health Regulations (IHR); and (iii) utilizing international framework for monitoring and evaluation of IHR. The economic rationale for investing in the MPA interventions is strong, given

²⁶ Sources: Climate Change Knowledge Portal; Trinidad and Tobago’s Intended National Communication to the UNFCCC.



that success can reduce the economic burden suffered both by individuals and countries. The Project complements investments in health systems strengthening, disease control and surveillance, attention to changing individual and institutional behavior, and citizen engagement. The Project contributes to the implementation of IHR (2005), Integrated Disease Surveillance and Response, and the World Organization for Animal Health international standards, the Global Health Security Agenda, the Paris Climate Agreement, the attainment of UHC and of the Sustainable Development Goals (SDG), and the promotion of a One Health approach.

20. **The WBG remains committed to providing a fast and flexible response to the COVID-19 epidemic, utilizing all WBG operational and policy instruments and working in close partnership with government and other agencies.** Grounded in One-Health²⁷, which provides for an integrated approach across sectors and disciplines, the proposed WBG response to COVID-19 will include emergency financing, policy advice, and technical assistance, building on existing instruments to support IDA/IBRD-eligible countries in addressing the health sector and broader development impacts of COVID-19. The WBG COVID-19 response will be anchored in the WHO's COVID-19 global SPRP outlining the public health measures for all countries to prepare for and respond to COVID-19 and sustain their efforts to prevent future outbreaks of emerging infectious diseases.

21. **The Project is aligned with the World Bank's Human Capital Project²⁸, which calls for countries to make more and better investments in health and education to increase the productive capacities of their populations. The COVID-19 health emergency has elevated the priority of protection of health and human capital of vulnerable and poor population.** The Project is also closely aligned with the SDGs, which emphasize the importance of achieving UHC and financial protection. Additionally, the Project is consistent with the Priority Directions of the Health, Nutrition, and Population Global Practice 2016-2020. Finally, the Project is in line with the World Bank climate change commitments, particularly by incorporating climate change considerations throughout the Project design that reduce observed vulnerabilities of TTO's population and enable the health system to adapt to climate induced changes while effectively responding to COVID-19 related risks.

22. **Since 2010, the engagement of TTO with the WBG has been mainly through its participation in WBG regional technical assistance initiatives. In the context of a pandemic, the proposed operation supports the GORTT with providing an important public good, namely health security.** Recent regional initiatives include the conduct of a National Risk Assessment developed by the Financial Action Task Force and a Public Expenditure Review in 2018 covering key sectors including health which was carried out as a Reimbursable Advisory Services (RAS) agreement. TTO accessed IBRD financing in the past, anchored in Country Assistance Strategies, with the last covering the period 1999-2009.²⁹ Subsequently, the country's IBRD borrowing decreased and ended in 2010 after the closure of the HIV/AIDS Prevention and Control Project (P075528), which focused on the provision of public goods (i.e., access to treatment of HIV/AIDS and improved prevention of disease contagion). This FCTF operation to support the country's COVID-19 response, which addresses an important global public good, will be a first Investment Project Financing (IPF) in TTO after a long hiatus. Currently there is no Country Partnership Framework in place. The Project supports the country with basic health system functions such as the

²⁷ As defined by the One-Health Initiative Task Force (OHITF), One-Health is "the collaborative efforts of multiple disciplines working locally, nationally, and globally, to attain optimal health for people, animals and our environment"
https://www.avma.org/KB/Resources/Reports/Documents/onehealth_final.pdf

²⁸ <https://www.worldbank.org/en/publication/human-capital>

²⁹ Report Number 19052 - Trinidad & Tobago - Country Assistance Strategy 1999-2009.



procurement of needed pharmaceuticals, equipment and supplies and also touches upon the issue of improving the quality of COVID-19 related care for patients.

III. PROJECT DESCRIPTION

A. Development Objectives

23. The Project Development Objective (PDO) is to detect and respond to the threat posed by COVID-19 and to strengthen the national health system for the emergency response to the COVID-19 pandemic.

24. **PDO-level indicators.** The PDO will be monitored through the following PDO-level outcome indicators: i) Percentage of COVID-19 patients hospitalized in critical care units that are treated as per national clinical practice guideline; ii) Percentage of the persons, included in the Government's COVID-19 testing strategy, who receive a virology test for COVID-19.

B. Project Components

25. **The proposed Project would finance critical medical and laboratory equipment, personal protective equipment (PPE), medical and laboratory supplies, medicines, vaccines for COVID-19 or medicines for its treatment (if vaccines or such medicines become available during the Project implementation period), and the training of medical staff on the appropriate use of equipment and supplies, where needed.** In alignment with the Project's focus on the procurement of goods for the immediate response to COVID-19, the Project duration is short (18 months). The Project will aim to strengthen disease detection capacity through the provision of laboratory equipment and supplies to ensure prompt testing and diagnosis. By procuring equipment and medical supplies needed for the provision of intermediate and intensive care services in response to COVID-19, the Project will support critical aspects of health service provision in order to mobilize surge response capacity. The Project will support a flexible procurement approach to maximize chances of success in procuring items that are hard to procure in strained global supply chains. The Project will use UNDP as the primary procurement agent to act on behalf of the GoRTT and BFP as a complementary approach, whenever it adds value for the Government.

26. **The proposed Project has two components to support the Government's capacity to detect and respond to the threat posed by COVID-19.** Specifically, it will support the identification and treatment of patients with COVID-19 to minimize disease spread, morbidity, and mortality. The proposed Project would include climate-change adaptation and mitigation measures when possible and address gender issues by ensuring nondiscrimination and wide access to COVID-19-related health care services.

27. **Component 1: Emergency Response to COVID-19 (US\$19.75 million).** This component will provide immediate support to respond to the COVID-19 pandemic through the procurement of key medical equipment and supplies for the detection and treatment of COVID-19. The component will finance critical inputs for infection control in health facilities as well as the investigation of suspected cases (see the description under the Sub-Components). The Component will finance safe working conditions for health staff treating COVID-19 patients through the provision of PPE, training on their safe use and disposal, training on the safe operation of equipment for the treatment of COVID-19 patients, pharmaceutical products for the response to COVID-19, and vaccines (if any become commercially available during Project implementation). The activities under this



Component will prioritize energy-efficient goods and services and ensure the use of climate-smart technologies in medical supplies and medical devices to treat COVID-19 cases.

28. **Sub-Component 1.1: Strengthening Case Detection and Recording (US\$0.5 million).** This sub-component will finance laboratory equipment, training on the correct use of lab equipment, as well as supplies, test kits, and reagents for the diagnosis of COVID-19. The activities and items financed under this sub-component will allow scaling up the testing capacity of the country's public laboratory network. Procurement under this sub-component will prioritize, when possible, the use of climate-smart technologies.

29. **Sub-Component 1.2: Strengthening Case Treatment (US\$19.25 million).** This sub-component will support efforts to strengthen the health care system's capacity to provide a comprehensive range of services for the treatment and care of COVID-19 patients, in accordance with WHO clinical practice guidelines. This subcomponent will finance as needed: (i) essential equipment for disinfection and sterilization procedures including medical supplies, and supplies to ensure safe hospital waste management practices; (ii) key health care delivery inputs, including personal protective equipment and other medical supplies for frontline health workers involved in patient case management; (iii) training of health staff on appropriate clinical care for COVID-19 patients and the safe disposal of medical waste; (iv) medicines, vaccines (if any become available); and (v) equipment for the treatment of COVID-19 patients. Procurement under this subcomponent will prioritize, when possible, the use of climate-smart technologies.

30. **By incorporating observed and anticipated climate change risks into the design of Sub-Components 1.1 and 1.2, the Project will also improve the resilience of the health care system and the ability to respond to future health threats, including climate-related ones.** This will be achieved by providing climate-smart technology and training health facility staff and front-line workers who also cover wider risk mitigation measures, including those related to climate change.

31. **Component 2: Project Management and Monitoring (US\$0.25 million).** This Component will finance the recurrent operational costs of strengthening the Project Implementation Unit (PIU) established under an existing IDB-financed health project at the MOH that will be in charge of overall implementation and supervision of the Bank-financed Project. The main activities of PIU staff to ensure successful implementation of the Bank-financed Project include: (i) project management including monitoring and evaluation; (ii) procurement through UNDP or BFP; (iii) financial management; and (iv) compliance with environmental and social framework requirements.

C. Project Beneficiaries

32. **The Project is expected to benefit several high-risk and vulnerable population groups among TTO's total population of 1.36 million people as of 2019 (with 49.8 percent being female)³⁰ given the nature of the disease.** In particular, the Project will benefit infected people: at-risk populations, such as the elderly, people with chronic conditions, the migrant population; medical and emergency personnel in TTO (roughly 90 percent of nurses being female, while medical doctors being predominantly male); medical and testing facilities; and public health agencies engaged in the response.

IV. IMPLEMENTATION ARRANGEMENTS

³⁰ Review of the Economy 2019, Ministry of Finance.



A. Institutional and Implementation Arrangements

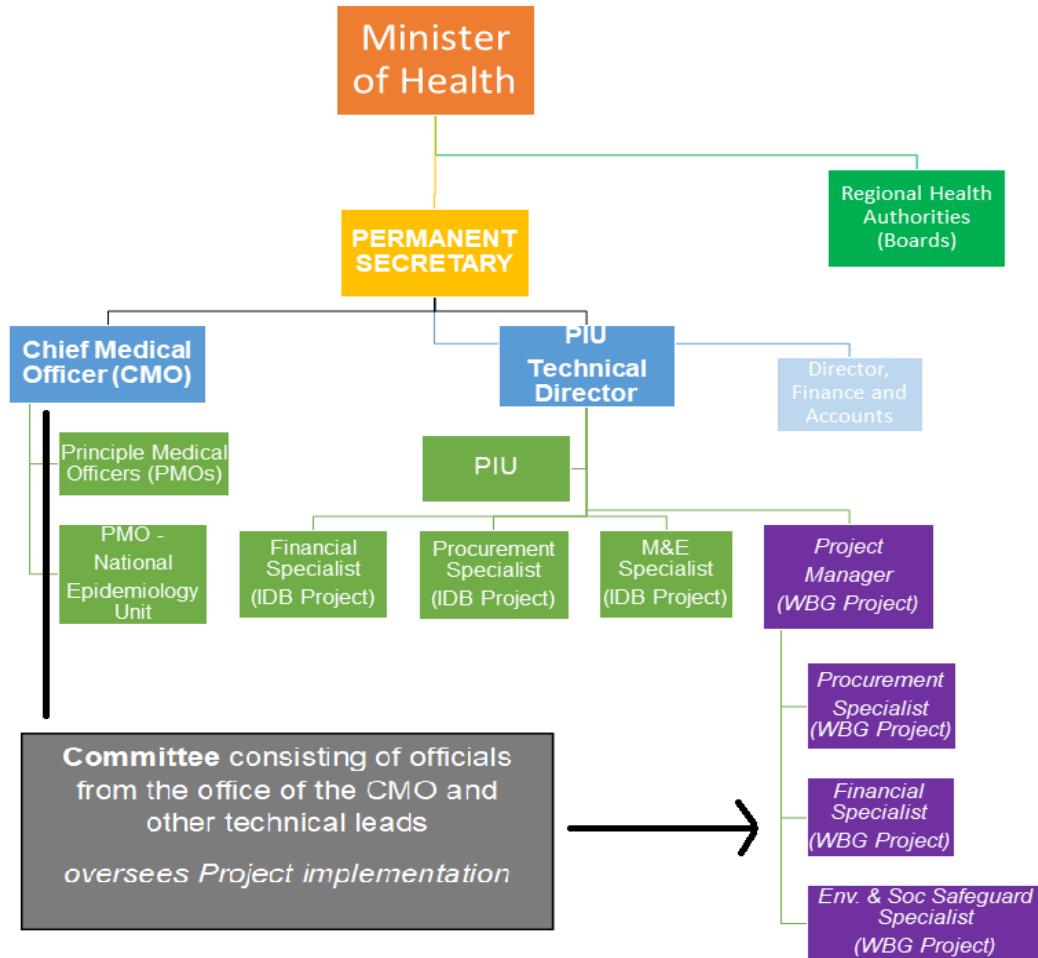
33. **The MOH will have the overall implementation responsibility - including fiduciary, monitoring and evaluation (M&E), environmental and social safeguards - for the proposed Project.** The MOH will rely on the PIU established for the IDB's Health Services Support Program³¹ to implement the Project activities. The PIU reports directly to the Permanent Secretary (PS) of the MOH. Within 30 days of Project effectiveness, the PS will establish a committee consisting of officials from the teams of the office of the Chief Medical Officer as well as other technical leads to oversee Project implementation and ensure its alignment with the MOH's technical policies. This committee will also provide guidance to the relevant departments within the MOH and the RHAs to ensure efficient implementation of the Project. RHAs will ensure that goods procured through the Bank project are distributed to health care facilities and laboratories according to needs. An Operational Manual will be prepared within one month of effectiveness.

34. **The existing IDB-PIU will be strengthened by hiring additional staff focusing exclusively on the World Bank-financed Project.** The existing IDB-PIU will hire four experts (one of them as part-time hire) within 30 days of Project effectiveness. The staff newly hired for the Project will constitute a sub-unit of the PIU (see Figure 1 for an organogram). The sub-unit will share office space with the existing IDB-PIU. A project manager in charge of overseeing the implementation of the proposed Project (including monitoring, evaluation, and reporting), specialist for financial management (one part-time specialist), procurement (one full time specialist), an administrative assistant, and a social and environmental specialist (one full time specialist to cover both areas) will be hired. The World Bank-financed Project will only finance the salaries of the PIU personnel to be hired for its implementation, IT equipment (i.e., one computer per staff hired), and the cost of extending the license of the SAGE50 accounting software to be used for the Bank-financed Project. All other operational costs (e.g., office space) will be covered by counterpart funds. Hereinafter, the sub-unit of the PIU is being referred to as PIU.

³¹ The Project (with Number: TT-L1039) was approved on December 17, 2014 and provides US\$48.4 million for the objective of preventing and controlling risk factors and non-communicable diseases.



Figure 1: Organogram of Roles/Units Relevant for Project Implementation



35. **UNDP will be contracted to act as the procurement agent on behalf of the MOH; and, at the request of the Government, BFP will be used as a complementary approach.** The default procurement approach under the Project will be through UNDP, but the Project design provides the flexibility of using BFP, depending on the market conditions or the procurement performance of UNDP. The Government will contract UNDP by direct selection to support project implementation and undertake procurement using appropriate standard forms between the GoRTT and UNDP. BFP will complement the procurement activities of the UNDP, for example, when BFP allows procurement of items that UNDP cannot procure or when BFP ensures procurement in a faster way, at lower cost, or in greater quantities. Use of BFP allows for greater flexibility in project implementation depending on the country needs and market conditions.



36. **The MOH has a long history of collaboration with UNDP on health care delivery services.** This arrangement will allow the MOH to build on the recent experience of utilizing UNDP to procure COVID-19 related equipment and supplies. Also, this arrangement takes advantage of the fact that there is a UNDP technical adviser located in the MOH. The support by UNDP may include technical assistance to ensure appropriate training and installation of acquired equipment and supplies in addition to the procurement of supplies. The agreement between the MOH and UNDP will detail the responsibilities of both parties for all tasks related to the procurement process.

B. Results Monitoring and Evaluation Arrangements

37. **The PIU at the MOH will be responsible for monitoring project activities, outcomes, and results.** The PIU will be responsible for the collection and consolidation of information required to track progress against the monitoring plan described in the Results Framework. The Project will rely on the country's existing monitoring and evaluation systems. If necessary, technical assistance can be provided through the Project to reinforce existing monitoring and evaluation processes.

38. **The PIU will prepare project reports by consolidating the procurement and financial management information with the technical reports.** Reports will include (among others) information on: (i) compliance with the planned project activities under Components 1.1 and 1.2; (ii) the updated Procurement Plan; (iii) progress on the achievement of indicators as defined in the Results Framework; and (iv) any issue or bottleneck related to Project implementation, including the implementation of the Environmental and Social Framework (ESF). The PIU will submit project reports to the Bank twice a year.

39. **Large volumes of personal data, personally identifiable information, and sensitive data are likely to be collected and used in connection with the management of the COVID-19 outbreak, under circumstances where measures to ensure the legitimate, appropriate, and proportionate use and processing of that data may not feature in national law or data governance regulations, or be routinely collected and managed in health information systems.** In order to guard against misuse of that data, the Project will incorporate best international practices, as appropriate, for dealing with said data in such circumstances.

C. Sustainability

40. **In addition to preparing the public health system to respond to the COVID-19 emergency, the activities envisaged under the Project also contribute to strengthening the health system capacity for dealing with future public health emergencies.** For example, the capacity improvement regarding safeguards implementation will lead to greater preparedness to combat any future disease outbreaks and is also pertinent for improving the health sector's day-to-day functioning. There is already a consensus in TTO about the need for strengthening the surge capacity of public hospitals, and some of the investments undertaken by the Project (i.e., in medical equipment) will be sustained even after the Project closes (through proper maintenance). There is growing awareness and priority given to preparedness against health emergencies, partially due to the severe impacts of COVID-19, and this is an agenda that is expected to receive continued and growing support and financing in the future.



V. PROJECT APPRAISAL SUMMARY

A. Technical, Economic and Financial Analysis

41. **Technical Analysis.** As determined by WHO, there are five important stages for successfully addressing epidemics: first is the anticipation of new and re-emerging diseases to facilitate faster detection and response, followed by their early detection of emergency in the second stage. The third stage is the containment of the disease at its early stages of transmission, followed by the control and mitigation of the epidemic during its amplification (the fourth stage), and fifth is the elimination of the outbreak risk or eradication. The first two stages have passed for COVID-19. But, for countries like TTO where the epidemic has progressed to local spread, it is paramount to focus on mitigation measures as well as containment, the third and fourth stage of control and mitigation. The Government's COVID-19 Preparedness and Response Plan focuses on critical activities that are relevant for these third and fourth stages of epidemic control.

42. **Economic Impacts.** Although there are very significant gaps in knowledge of the scope and features of the COVID-19 pandemic, it is apparent that one main set of economic effects will derive from increased sickness and death among humans and the impact this will have on the potential output of the global economy. During the Spanish Influenza pandemic (1918-19), 50 million people died, which represented about 2.5 percent of the global population of 1.8 billion at that time. The most direct impact would be through the effects of increased illness and mortality on the size and productivity of the world labor force. The loss of productivity as a result of illness, which even in normal influenza episodes is estimated to be ten times as large as all other costs combined, will be quite significant.

43. **Another significant economic impact will result from the uncoordinated efforts of private individuals to avoid becoming infected or to survive the results of infection.** The SARS outbreak of 2003 provides a good example. The number of deaths due to SARS was estimated at 800 deaths and it resulted in economic losses of about 0.5 percent of annual GDP for the entire East Asia region. The measures that people took resulted in a severe demand shock for services sectors such as tourism, mass transportation, retail sales, and increased business costs due to workplace absenteeism, disruption of production processes and shifts to more costly procedures. Prompt and transparent public information policy can reduce economic losses. A last set of economic impacts are those associated with governments' policy efforts to prevent the epidemic, contain it, and mitigate its harmful effects on the population. These policy actions can be oriented to the short, medium, or long-term or, in spatial terms to the national, regional, or global levels.

B. Fiduciary

Procurement

44. **Procurement for the Project will be carried out in accordance with the World Bank's Procurement Regulations for IPF Borrowers for Goods, Works, Non-Consulting and Consulting Services, dated July 1, 2016 (revised in November 2017 and August 2018).** The Project will be subject to the World Bank's Anticorruption Guidelines, dated October 15, 2006, revised on January 2011, and as of July 1, 2016. The Project will use the Systematic Tracking of Exchanges in Procurement (STEP) to plan, record and track procurement transactions.



45. **The major planned procurement packages will include:** (i) medical/laboratory equipment and consumables; (ii) PPE for healthcare facilities and triage; (iii) clinical management equipment; (iv) equipment for medical facilities; (v) pharmaceutical products; (vi) vaccines for COVID-19 (if any become available during the Project implementation period); and (vii) expertise for development and training of front-line responders. The Borrower will prepare a streamlined project procurement strategy for development, which has been deferred to implementation. An initial procurement plan for the first three months was agreed upon with the Borrower during Project negotiations and will be updated during implementation.

46. **The proposed procurement approach prioritizes fast track emergency procurement for the emergency goods and services needed.** Key measures to fast track procurement may include: (i) procurement from UNDP enabled and expedited by Bank procedures and templates; and (ii) use of simple and fast procurement and selection methods fit for an emergency situation including direct contracting, as appropriate. If requested by the Borrower, the Bank will provide procurement hands-on expanded implementation (HEIS) support to help expedite all stages of procurement – from help with supplier identification, to support for bidding/selection and/or negotiations, to contract signing and monitoring of implementation.

47. **The Project may be significantly constrained in purchasing critically needed supplies and materials due to significant global disruptions in the supply chain, especially for PPE.** The supply problems that have initially impacted PPE are emerging for other medical products (e.g., reagents and possibly oxygen) and more complex equipment (e.g., ventilators) where manufacturing capacity is being fully allocated by rapid orders from other countries. Therefore, the Project will support a flexible procurement approach in the following way: while the default procurement approach under the Project will be through UNDP, BFP may be used in a complementary method when such an alternative approach warrants better procurement outcomes.

48. **Engagement with UNDP.** It has been agreed with the MOH that the Project will be engaging with UNDP under a standard output-based contract, whereby the Government will be provided with urgent medical equipment and supplies that are needed in response to the current COVID-19 pandemic. Given that the current disruption in the supply chain is an evolving situation, the Project may also engage with other United Nations agencies for urgent medical equipment and supplies that UNDP may not be able to supply.

49. **Upon the Borrower's request, the Bank could provide BFP to assist in accessing existing supply chains for the agreed list of critical medical consumables and equipment needed under the Project.** Under BFP, once the suppliers are identified, the Bank will proactively support the Borrower with negotiating prices and other contract conditions. The Borrower will remain fully responsible for signing and entering into contracts and implementation, including assuring relevant logistics with suppliers, such as arranging the necessary freight/shipment of the goods to their destination, receiving and inspecting the goods, and paying the suppliers with the direct payment by the Bank disbursement option available to them. If needed, the Bank may also provide hands-on support to the implementing agency in contracting to outsource logistics. In providing BFP, the Bank will remain within its operational boundaries and mandate which already include expanded hands-on implementation support to help the Borrower achieve the project's development objectives.

50. **While the procurement of goods and services financed by the Project is being contracted out to UNDP or handled through/supported by BFP, some procurement-related procedures under the Project (i.e., contracting UNDP by direct selection) will be reviewed and approved by the Central Tender Board (CTB) at MOF.** The CTB is responsible for undertaking, on the Government's behalf, all procurement activities estimated to cost more than US\$150,000 for Goods, Works and Non-Consulting Services, and US\$73,000 for Consulting



Services. In the context of the Project, the CTB will be responsible for: (i) approving the contracting of UNDP which will support project implementation and carrying out the actual procurement of goods under the Project; and (ii) approving contracts between the GoRTT and the suppliers identified through BFP. Expedited procurement-related decision making (i.e., the acceptance of offers identified through BFP) and approvals by the Borrower through streamlined procedures for approval of emergency procurement are crucial. The CTB has relevant experience in undertaking IDB-financed procurement activities, especially those related to Consulting Services, but it is not familiar with World Bank Procurement Regulations.

51. **The MOH will be: (i) in charge of contract signing of contracts prepared by the CTB; and (ii) responsible for contract management duties.** To this end, besides technical staff, the existing IDB-financed PIU includes a dedicated Procurement Specialist who performs day-to-day procurement-related work on the MOH side, including reporting responsibility. Since the Procurement Specialist is not familiar with World Bank-financed procurement, an additional international procurement consultant will be hired by the PIU to ensure effective and timely implementation of project procurement activities. All contracts will be signed by the PS of MOH and the procurement specialist at the PIU will support the MOH in carrying out all needed procedures.

52. **Procurement Documents.** Procurement activities under the Project shall entirely be conducted in accordance with the World Bank Procurement Regulations and based on the World Bank Standard Procurement Documents, since the national procurement framework was found too vague and does not clearly outline how procurement processes are to be carried out in the Borrower's country.

53. **Advance Procurement and Retroactive Financing.** The Borrower may advance with the procurement under the above procurement arrangements and may seek the Bank's approval of advance contracting and the recognition of retroactive financing within the parameters set forth in the Loan Agreement.

54. **The procurement risks is assessed as substantial and include:** (i) lack of availability of certain goods due to increased worldwide demand and/or significant price increases or delays in supply; (ii) problems with the timely distribution of all the procured goods; (iii) governance-related issues common in emergency situations; (iv) increase of the workload of the current CTB and PIU procurement staff; and (v) the Borrower's lack of familiarity with the World Bank-financed procurement and contracts. These risks may be mitigated by: (i) enlisting the support of UNDP or other UN agencies for procurement of goods where they have a comparative advantage; (ii) hiring an additional international procurement consultant familiar with World Bank-financed procurement and contracts; (iii) using Hands-On Expanded Implementation Support (HEIS) to support the Borrower on the main contracts with the UNDP; (iv) including procurement processes that will access local and international markets to reserve stock, fix prices, and order the increase of production with local and international suppliers; (v) taking advantage, if requested, of special procurement arrangements to purchase from multiple suppliers and support by the WBG through BFP; (vi) including the distribution of goods as a related service under goods contracts; (vii) publication of all processes, including contracts and purchase orders; and (viii) hiring a third party monitoring agency, which will verify implementation progress and carry out spot checks to assess internal controls, if needed.

Financial Management

55. **Financial management (FM) for the World Bank-financed Project will be conducted under the overall supervision of the Director, Finance and Accounts in the MOH.** For the first 30 days after effectiveness, FM will

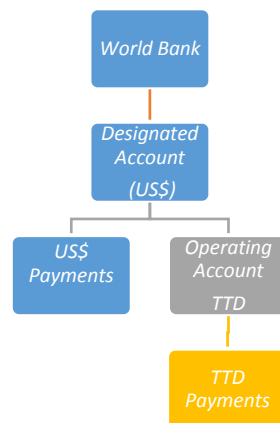


be handled by respective staff of the existing PIU-IDB at the MOH, and afterwards by a financial management officer recruited by the MOH for the PIU, with qualification and experience acceptable to the WBG. Agreed financial management procedures are described below.

56. **Planning and Budgeting.** A budget and workplan for the life of the Project will be prepared by the MOH. It will be revisited periodically and updated as needed to reflect implementation progress. The budget will be approved and included in the Government’s estimates of revenue and expenditures and reflected under MOH’s allocation.

57. **Funds Flow.** The project funds will be disbursed through advances to the Designated Account (DA), Direct Payments, Special Commitments, and Reimbursement. The DA will have a variable ceiling (based on expenditure forecasts for six-month periods), and the minimum value of applications for direct payments will be US\$200,000. Retroactive financing of up to 40 percent of the total loan amount applies for this Project. Advances will be disbursed by the World Bank to a segregated DA, opened at the Central Bank of TTO. The DA account will be used to finance U.S. dollar currency expenditures. Funds will be periodically transferred from the DA to a segregated local currency operating account to finance local currency expenditures (see Figure 2). The operating account will also be opened and maintained at the Central Bank of TTO.

Figure 2: Proposed Flow of Funds under the Project



58. **Accounting and Internal Controls.** Project transactions will be accounted and reported on using the cash basis of accounting. MOH currently uses SAGE50 as the accounting software for the IDB-financed project and it will be used for the World Bank-financed project as well. The project account will be created in SAGE50 with a chart of accounts designed to capture the transactions by components, subcomponent, and activities. The FM tasks and activities will be guided by the financial management manual (FMM), which will include project-specific financial management procedures and processes. The FMM will cover: (i) roles and responsibilities of the FM staff; (ii) internal controls, including procedures to manage and control fixed assets and supplies acquired with loan proceeds; (iii) content and format of the Interim Financial Reports (IFRs) and financial statements; and (iv) auditing arrangements. The FMM will be an integral part of the Project Operational Manual.

59. **Reporting.** Advances will be disbursed based on six-months cash forecast and the PIU will submit quarterly IFRs within 45 days after the end of each quarter in the agreed formats. Variance analysis (actual versus budgeted expenditures) will be included in the IFR. The World Bank will document expenditures from the IFRs



and will also include additional requests for funds based on the next six months cash forecast. The IFRs will contain at least: (i) a statement of sources and uses of funds (with expenditures classified by component) and a cash balance; (ii) a statement of budget execution for each component and subcomponent; (iii) a reconciliation of the Designated Account; and (iv) a fixed assets report, and its reconciliation with accounting records.

60. **External Audit Arrangements.** A single audit report, consisting of audit report, audited financial statements, and management letter will be required covering the entire implementation period. The Project audit shall be conducted following international auditing standards, on the terms of reference agreed with the World Bank and by an auditor acceptable to the World Bank. The audit report will be submitted to the Bank no later than six months after the closing date of the Project. The audit costs will be financed by the Project. The audit report and audited financial statements will be disclosed on the MOH’s website, and the World Bank will also make them available to the public in accordance with the World Bank’s Policy on Access to Information.

61. **FM implementation support will include on-site and off-site supervisions.** At Project inception, (virtually conducted) training sessions will be provided to FM staff on the World Bank FM and disbursement procedures. If circumstances permit, on-site missions will be carried out twice a year and calibrated based on assessed risks and project performance. In case of lack of physical access to project facilities once implementation begins, virtual FM implementation support monitoring will be conducted using information technology (IT) tools. Off-site implementation support will comprise a review of copies of the general ledger and accounts from the accounting software of the MOH, desk review of IFRs and desk review of the audit report presented to the Bank.

62. **Conclusions of the financial management risks and agreed mitigation measures.** This emergency response project entails FM risks due to the client’s lack of experience in implementing World Bank-financed projects and other FM risks, such as ensuring timely and sufficient funds availability and expediting document submission to ensure continuous funds flow and timely provision of procured goods and delivery (and use of funds) for their utilization for the Project’s intended purposes. To mitigate the FM risk, an experienced accounting and finance professional will be hired by the MOH for the project duration so that appropriate internal controls can be applied throughout Project implementation. Such controls will be included in the FMM and agreed with the World Bank. The FM residual risk rating after implementation of the mitigation measures is assessed as Moderate.

C. Legal Operational Policies

	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

D. Environmental and Social Standards

63. **The Project is likely to have positive environmental and social outcomes since it will support improving surveillance, monitoring, and containment of the COVID-19 outbreak.** However, the Project could also cause substantial environment and social risks, including the following identified risks: (i) occupational health and safety risks of medical professionals, laboratory technicians, and other supporting staff involved in the testing and handling of supplies and cleaning of medical facilities; (ii) environmental pollution and community health



and safety issues related to the handling, transportation, and disposal of healthcare waste; and (iii) limited access of marginalized and vulnerable social groups, including migrant workers to facilities and services.

64. **Five Environmental and Social Standards (ESSs) of the World Bank Environmental and Social Framework (ESF) are relevant for the Project.** These are ESS1 Assessment and Management of Environmental and Social Risks and Impacts; ESS2: Labor and Working Conditions; ESS3: Resource Efficiency and Pollution Prevention and Management; ESS4: Community Health and Safety; and ESS10: Stakeholder Engagement and Information Disclosure. A Draft Environmental and Social Commitment Plan (ESCP) has been agreed with the Government, which sets out actions (with adequate resource allocation) required for managing environmental and social risks and impacts at appropriate times during Project implementation.

65. **An Environment and Social Management Framework (ESMF) will be prepared within thirty days of Project effectiveness to manage environmental and social risks following the provisions of relevant environmental and social standards of the World Bank's ESF.** The ESMF will include screening of infection prevention and healthcare waste management, standard provisions for workers and communities' health, and safety and capacity strengthening for social, environment, health, and safety management. In the absence of the finalized ESMF, the MOH has prepared an Interim Environmental and Social Guidance document, which provides reference to the international standards that need to be followed in project implementation to deal with COVID-19 risks and challenges.

66. **A Draft Stakeholder Engagement Plan (SEP) has been developed to ensure that stakeholders are informed about project risks and mitigation measures, information is disclosed properly, communities and local government units are engaged, and preparation has taken place for areas that will host isolation and quarantine cases.** The SEP will be implemented in a way that takes into consideration specific circumstances of vulnerable groups, and the locality's ways of information dissemination and conducting consultations while communities or households may be in quarantine or physical distancing restrictions. The SEP includes details of the grievance redress mechanisms by which people can raise concerns, provide feedback, or make complaints about project related activities. The ESCP and SEP have been disclosed on the World Bank website on June 14, 2020³² and on the Ministry of Health website on June 24, 2020.³³ The SEP and the ESCP will be revisited during project implementation to further tailor them to the needs and requirements of the Project.

67. **In addition, the Project will ensure the application of measures for occupational health and safety** as outlined by WHO to reduce the risk of contagion. These measures were captured under labor management procedures (LMP) included in the interim guidelines that were prepared by the MOH and which will include paid sick leave for project workers. The LMP will become part of the ESMF.

68. **The Project includes the provision of capacity development to reduce the risk of further spread of COVID-19 from the use of medical facilities.** Under Component 1 of the Project, health care professionals will receive training on PPE use and disposal. The medical equipment and supplies financed under Component 1 will

³² <http://documents.worldbank.org/curated/en/612031592157731246/Environmental-and-Social-Commitment-Plan-ESCP-Trinidad-and-Tobago-COVID-19-EMERGENCY-RESPONSE-PROJECT-P173989>

And

<http://documents.worldbank.org/curated/en/590101592157759657/Stakeholder-Engagement-Plan-SEP-Trinidad-and-Tobago-COVID-19-EMERGENCY-RESPONSE-PROJECT-P173989>.

³³ <http://www.health.gov.tt/sitepages/default.aspx?id=311>.



also require that staff and any contractor be trained in their use and receive any certification required. The LMP will also include a GRM for project workers.

VI. GRIEVANCE REDRESS SERVICES

69. **Communities and individuals who believe that they are adversely affected by a World-Bank supported Project may submit complaints to existing project-level grievance redress mechanisms or the Bank's Grievance Redress Service (GRS).** The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the Bank's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of Bank non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the Bank's corporate GRS, please visit: <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

VII. KEY RISKS

70. **The overall project risk is assessed as Substantial, due to fiduciary, institutional capacity, and environmental and social risks.** The respective mitigating measures are described below.

71. **Fiduciary risk is rated Substantial given the substantial Procurement risks.** Procurement risks comprise: (i) a possible lack of availability of certain goods due to increased worldwide demand that may expose weaknesses in the supply chain and/or significant price increases; (ii) problems with the timely distribution of all the procured goods common in emergency situations; and (iii) the Borrower's unfamiliarity with the World Bank procurement rules. These risks will be mitigated through: (i) contracting UNDP for procurement of goods, using HEIS to support the Borrower on the main contracts, and, if requested, using BFP; (ii) including the distribution of goods as a related service under goods contracts; and (iii) hiring an additional procurement specialist under the PIU to work solely on the WB-financed Project.

72. **The risk related to institutional capacity is rated as Substantial.** This risk relates to the PIU's lack of experience in the implementation of the World Bank projects as well as broader institutional capacity and coordination constraints, including at the Ministry of Health. To mitigate this risk, additional specialists for the PIU will be hired. The Project committee consisting of officials from the teams of the Chief Medical Officer, the Principal Medical Officers for Epidemiology and Institutions as well as other technical leads in the MOH will be established to ensure strong coordination.

73. **The environmental and social risks (E&S) are rated as Substantial,** given the occupational health and safety risk to health care and other workers deploying the goods and services procured under the Project, and the medical waste that is generated. This risk rating is in line with the general approach to environmental and social risks under the MPA. These risks will be identified and managed through the Project's ESMF and SEP, development of a Medical Waste Management Plan (including a compliance review of the Code of Practice for



biomedical waste management and a rapid assessment of relevant incinerator facilities), a Community Health and Safety Plan, and capacity strengthening through hiring E&S staff. Prior to the finalization of ESMF and SEP, which will take place within 30 days of the effectiveness date, the Government has adopted interim guidelines for the handling of E&S issues pertaining to infection control and health care waste management.



VIII. RESULTS FRAMEWORK AND MONITORING

Results Framework

COUNTRY: Trinidad and Tobago

Republic of Trinidad and Tobago: COVID-19 EMERGENCY RESPONSE PROJECT

Project Development Objective(s)

To detect and respond to the threat posed by COVID-19 and to strengthen the national health system for the emergency response to the COVID-19 pandemic.

Project Development Objective Indicators

Indicator Name	PBC	Baseline	End Target
Detect and respond to COVID-19 and to strengthen the health system for the emergency response			
Percentage of COVID-19 patients hospitalized in critical care units that are treated as per national clinical practice guideline (Percentage)		90.00	100.00
Percentage of the persons included in the Government’s COVID-19 testing strategy who receive a virology test for COVID-19 (Percentage)		50.00	95.00



Intermediate Results Indicators by Components

Indicator Name	PBC	Baseline	End Target
Subcomponent 1.1 Strengthening case detection and recording			
Public sector laboratories designated for COVID-19 testing that are equipped and functional (Number)		2.00	4.00
Subcomponent 1.2 Strengthening Case Treatment			
Health facilities with an Accident and Emergency Service (A&E) and hospitals designated to treat COVID-19 patients are equipped with PPE as per protocol (Percentage)		75.00	100.00
Staff in the health system, required to wear PPE, trained in Infection Prevention Control (IPC), including use of PPE, as per IPC training plan (Percentage)		75.00	100.00

Monitoring & Evaluation Plan: PDO Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Percentage of COVID-19 patients hospitalized in critical care units that are treated as per national clinical practice guideline	Numerator: Total number of COVID-19 patients admitted to the HDU and the ICU at the Couva hospital treated as per national clinical practice guideline Denominator: Total	Monthly	NCRHA Admission/ discharge records for the HDU and the ICU at the Couva hospital and random	Review of selected medical records by physician for assessment of compliance with the agreed national clinical practice guideline. The national clinical practice guideline is based on the WHO and CDC clinical	NCRHA: Couva Hospital Administration in collaboration with NCRHA Quality Assurance Unit (QAU)



	number of COVID-19 admissions to the HDU and the ICU in the Couva Hospital		sample of medical records	practice guidelines	
Percentage of the persons included in the Government's COVID-19 testing strategy who receive a virology test for COVID-19	Numerator: Number of COVID-19 tests for unique individuals completed by the designated labs in the public sector and by CARPHA, and reported to the NEU Denominator: Estimated number of persons to be tested ,as per the national COVID-19 testing strategy for that period	Monthly	CARPHA, RHA/Hospital lab Records & MOH/NEU COVID-19 database	Review of monthly reports of COVID testing submitted, by CARPHA, and by the labs conducting COVID testing in the public sector, to the CMO and NEU; NEU COVID-19 surveillance reports; Information collected will be verified independently	National Epidemiology Unit (NEU)

Monitoring & Evaluation Plan: Intermediate Results Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Public sector laboratories designated for COVID-19 testing that are equipped and functional	Total number of labs in public sector equipped with COVID-19 testing equipment, compatible supplies and reagents and SOPs which are testing patient samples and reporting to the NEU	Quarterly	RHAs inventory control records in labs designat ed for COVID testing; MOH Asset Inventory	Review MOH Asset Inventory records and the RHA inventory control records; Review NEU records from public labs	MOH/NEU



			database		
Health facilities with an Accident and Emergency Service (A&E) and hospitals designated to treat COVID-19 patients are equipped with PPE as per protocol	<p>Numerator: Number health facilities with an Accident and Emergency Service, and the hospitals designated to treat COVID-19 patients, which are stocked with PPE, at the required level, as per protocol for PPE items to be used by different categories</p> <p>Denominator: total number of health facilities with A&E plus the hospitals designated to treat COVID-19 patients</p>	Monthly	RHA inventory control records, Records of the RHA IPC managers	Review and analysis of RHA inventory control records, based on the protocol for PPE stocks in period under investigation	MOH/Central supplies manager; NCRHA, SWRHA and ERHA CEOs
Staff in the health system, required to wear PPE, trained in Infection Prevention Control (IPC), including use of PPE, as per IPC training plan	<p>Numerator: Total number of staff in the health facilities designated for diagnosis, treatment and care of COVID-19 patients, who are trained in IPC including how to don and doff relevant items of PPE</p> <p>Denominator: Total number of staff, in the health facilities designated for diagnosis, treatment</p>	Monthly	Plans and reports of RHAs' Infection Prevention and Control managers	Review RHA monthly training plans and reports records for numbers expected to be trained each month and the number actually trained in IPC	RHAs HR Training Depts



	and care of COVID-19 patients, who according to the protocol are expected to wear PPE				
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ANNEX 1: Project Costs

COUNTRY: Trinidad and Tobago
Trinidad and Tobago: COVID-19 EMERGENCY RESPONSE PROJECT

COSTS AND FINANCING OF THE COUNTRY PROJECT

Program Components	Project Cost (US\$, millions)	IBRD Financing (US\$, millions)	Trust Funds	Counterpart Funding
Component 1: Emergency COVID-19 Response Efforts	\$19.75	\$19.75	0	0
Subcomponent 1.1 Strengthening Case Detection and Recording	\$0.5	\$0.5	0	0
Subcomponent 1.2. Strengthening Case Treatment	\$19.25	\$19.25	0	0
Component 2. Project Management and Monitoring	\$0.25	\$0.25	0	0
Total Costs	\$20.0	\$20.0		



ANNEX 2: Implementation Arrangements and Support Plan

COUNTRY: Trinidad and Tobago

Trinidad and Tobago: COVID-19 EMERGENCY RESPONSE PROJECT

- 1. The Project will require intensive implementation support and a continuous dialogue with the client.** Implementation support will include: (i) an implementation support mission at least every six months (in case travel restrictions do not permit missions, they will be conducted virtually); (ii) interim technical discussions and field visits by the World Bank (if feasible and potentially also conducted virtually); (iii) reviewing and providing feedback to the PIU on project monitoring reports, including on implementation progress and achievement of results; (iv) annual internal and external financial audits and FM reporting; and (v) periodic procurement post reviews. The implementation support mission will visit randomly selected hospitals and laboratories (if feasible), to assess and physically verify the use and operations of equipment financed by the Project. It is expected that the early implementation phase could face implementation challenges, which will be addressed through virtual supervision missions. Also, the World Bank team will rely on support of a local consultant.
- 2. Implementation support strategy.** The implementation support team will have continuous interaction with all stakeholders of the Project. This will require consistency in the composition of the core implementation support team, technical expertise, and familiarity with country/local situations. The Bank team will also provide hands-on support in the preparation of the Operations Manual.
- 3. Capacity building of the implementation agency.** Training and hands-on support will be required on a technical level in terms of fiduciary and safeguards management, as the PIU has experience with implementing an IDB Project but not with WBG procedures. This will include supporting the PIU in: (i) developing annual works and financial plans, (ii) task planning and task supervision of the PIU; and (iii) coordination with development partners.
- 4. M&E and learning.** Coordination of M&E and the documentation of project outcomes and results will need professional guidance from an M&E expert on the implementation support team.
- 5. Fiduciary assurance support.** The implementation support team will provide hands-on guidance related to review and audit reporting procedures.
- 6. Social and environmental framework.** Identification and mitigation of social risks require expertise on the implementation support team with a good understanding of the culture of the region and health sector. In addition, sufficient staff time and resources will be allocated to review site-specific environmental management measures during the investment planning process. Special emphasis will be placed on the: (i) monitoring of the inclusion of marginal and vulnerable social groups; (ii) bio medical waste management; and (iii) feedback loops to solicit feedback and grievances from the beneficiaries.
- 7. Operations.** The Bank team will provide day-to-day support to all operational aspects of the Project implementation, as well as coordination with the clients.
- 8. Implementation support plan.** The following implementation support plan reflects the preliminary estimates of skill requirements, timing, and resource requirements over the life of the Project. Keeping in mind the need to maintain flexibility over project activities, the implementation support plan will be reviewed

periodically to ensure that it continues to meet the implementation support needs of the Project. Table 2.1 indicates the World Bank team’s implementation support plan and the required skill mix.

Table 2.1. Implementation Support Plan and Skill Mix

Time Needed	Focus	Skills
0–12 months	<ul style="list-style-type: none"> Setting up additional expertise on medical equipment and technical expertise at the PIU, project management systems including fiduciary, safeguards, and M&E capacity building of the Staff of the PIU Medical equipment planning and maintenance 	<ul style="list-style-type: none"> Core team, particularly FM, procurement, environmental and social specialists, M&E, and so on Public health and One-health expert Medical equipment experts

9. **Skill mix.** The skill mix and team composition for supporting project implementation is as proposed in Table 2.2.

Table 2.2. Skill Mix and Team Composition

Skills Needed	No. of Staff Weeks	Number of Missions ³⁴	Comments
Task team leaders	12	Two per year	Staff in Washington, DC
Procurement specialist	3	Two per year including field travel	Staff in Washington, DC
FM specialist	3	Two per year including field travel	Staff in Washington, DC
Environment/Social specialist	3	Two per year including field travel	Staff in Washington, DC
Medical Equipment Expert	3	Two per year including field travel	Consultant (international)
Health Expert	3	Two per year including field travel	Consultant (international)

³⁴ These supervision missions might be carried out virtually, depending on restrictions on traveling.