Date: October 13, 2009  
Country: Trinidad and Tobago  
Project Name: HIV/AIDS Prevention and Control Project  
Project ID: P075528  
Team Leader: Shiyan Chao  
Sector Manager/Director: Keith E. Hansen  
Country Director: Yvonne Tsikata  
Environmental category: B  

Borrower: Trinidad and Tobago  
Responsible agency: Ministry of Finance  

Revised estimated disbursements (Bank FY/US$m)  

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Original closing date: 12/31/2008  
Revised closing date [if applicable]: 09/30/2010  

Does the restructured project require any exceptions to Bank policies? x No  
Have these been approved by Bank management? x No  
Is approval for any policy exception sought from the Board? x No  

Project Development Objectives (Original version in Loan Agreement):  
To assist the Borrower in controlling the HIV/AIDS epidemic through: (a) the scaling up of programs for the prevention, care and control of the epidemic targeted in particular to HIV/AIDS high-risk groups; (b) the heightening of awareness in respect to HIV/AIDS infection and prevention, amongst the Borrower’s population; and (c) the strengthening of the institutional capacity of the Borrower’s related agencies and civil society organizations to ensure the effectiveness and the sustainability of the project.  

Revised Project Development Objectives:  
To assist the Borrower in controlling HIV/AIDS epidemic through the: (a) scaling up of prevention services for vulnerable groups and the general population; (b) expanding and strengthening of treatment, care and support services for People Living with HIV/AIDS; and (c) strengthening the institutional capacity of the Ministry of Health, other Government agencies and civil society organizations to ensure an effective multi-sectoral response to the HIV/AIDS epidemic.  

Does the restructured project trigger any new safeguard policies? No.  

Revised Financing Plan (US$m)  

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I. INTRODUCTION

1. The US$20.00 million Loan for the Trinidad and Tobago HIV/AIDS Prevention and Control Project was approved on June 27, 2003 and became effective on December 23, 2003. The Closing Date for the Loan has been extended once from December 31, 2008 to December 31, 2009.

2. The proposed restructuring will: (a) revise the Project Development Objective statement to better reflect the outputs and outcomes that are achievable and attributable to the Project; (b) revise the results framework to align indicators with the revised Project Development Objective; (c) establish a Special Account for the Loan under the Office of the Prime Minister and an Operational Project Account under the Ministry of Health; and (d) revise Schedule 1 of the Loan Agreement to: (i) include a new category ‘sub-projects’ for financing subprojects for civil society organizations and (ii) reallocate resources among categories of expenditure to take account of the actual costs of project activities and to reflect the funding needs to support the revised project objectives and activities in the future; and (e) extend the project closing date from December 31, 2009 to September 30, 2010.

II. BACKGROUND AND REASONS FOR RESTRUCTURING

A. The HIV/AIDS Epidemic in Trinidad and Tobago

3. The Caribbean is the region most affected by HIV/AIDS after Sub-Saharan Africa. The estimated adult prevalence of HIV in the Caribbean in 2007 was 1.1 percent. An estimated 230,000 people are living with HIV, of whom 20,000 were infected in the previous year alone. An estimated 14,000 people died of AIDS-related illnesses in the same year. AIDS is the leading cause of death among adults aged 25 to 44 years. The epidemic is still largely transmitted through heterosexual contact, with unprotected sex between sex workers and clients as a significant factor. Transmission between men having sex with men is a smaller but important factor that remains hidden because of stigma and discrimination. Trinidad and Tobago has an estimated HIV/AIDS prevalence of 1.5 percent of the population aged 15-49 years (UNAIDS 2008, MOH, GorTT 2007). It is concentrated in high risk and vulnerable groups rather than generalized in the population. The predominant mode of transmission is heterosexual. Seventy seven percent of all AIDS cases reported are among the 15-49 age group and of these, 56 percent are males. Risky social behavior, such as multiple concurrent partnering is a major factor for spread of the disease. Both stigma and discrimination are widespread.

B. Trinidad and Tobago HIV/AIDS Response

4. In September, 2004, the Government launched a comprehensive HIV/AIDS Prevention, Treatment and Care Strategic Plan (NSP) for the 2004-2008 period. The implementation of the current NSP has been extended to 2009 and a new NSP is under development for the 2010-2014 period.
period. The Trinidad and Tobago HIV/AIDS Prevention and Control Project is part of the Caribbean Multi-Country HIV/AIDS Prevention and Control Adaptable Program Lending approved in June, 2001. In order to support the Government’s Five-Year National HIV/AIDS Strategic Plan, the original Project Development Objective, as stated in the Loan Agreement, was to assist the Borrower in controlling the HIV/AIDS epidemic through: (a) the scaling up of programs for the prevention, care and control of the epidemic targeted in particular to HIV/AIDS high-risk groups; (b) the heightening of awareness in respect to HIV/AIDS infection and prevention, amongst the Borrower’s population; and (c) the strengthening of the institutional capacity of the Borrower’s related agencies and civil society organizations to ensure the effectiveness and the sustainability of the Project.

C. Project Performance to Date

5. During the first two years, project execution was slow due to delays in requests for reimbursement, initial capacity constraints, and inflexible internal Government procedures. By the Mid-Term Review (MTR) of the Project in March 2006, the Bank had reimbursed only US$3.9M (20%) out of the $20 million Bank loan. The MTR mission agreed with the Government on a range of actions to expedite project implementation and disbursements. The Government confirmed that it needed all the Loan resources in order to effectively implement its national HIV/AIDS program. Subsequently, the implementation improved and disbursements notably increased. The Closing Date has been extended once from December 31, 2008 to December 31, 2009. As of September 30, 2009, the Bank had disbursed US$15.5 million (77.7% of the Bank loan).

6. The Project has contributed to the strengthening of the national response to the HIV/AIDS epidemic. With project support, 5924 HIV/AIDS patients were under care as of December 31, 2008. Of these, 3172 patients, or 54 percent, were on antiretroviral treatment. This includes 192 children who were under care, while 145 children were on antiretroviral treatment. The provision of pharmaceutical supplies remains the best performing activity of the project. The project is the main source of external resources for pharmaceuticals for people living with HIV/AIDS (PLWHA) including antiretroviral drugs, condoms and pharmaceuticals for management of opportunistic infections. The management of pharmaceutical stocks and reagents in the country has been strengthened and no significant stock-outs have been reported, partly due to the project support. The Project has so far supported 88 sub-projects run by civil society organizations (CSOs) to carry out activities addressing stigma and discrimination, prevention, care and support. A number of capacity building and networking activities have been undertaken to support schools, CSOs and line ministries to conduct peer education activities and parenting programs. The project also supported policy changes such as revising the HIV Testing and Counseling Policies and conducting assessments of laws affecting PLWHAs and other vulnerable groups. Over the last five years, Trinidad and Tobago has seen a decrease in the number of babies born to HIV positive women each year because the HIV positive mothers and the exposed babies are receiving treatment under the Prevention Mother to Child Transmission (PMTCT) programs.

7. Civil works, however, continued to pose serious obstacles as there were delays in key Government decisions. Thus, it was agreed that the Bank would finance only those civil works activities that could be realistically completed before the closing date of the Loan. As some of the constraints to implementation persisted, the Government submitted a letter in June 2007, seeking to restructure the project and to amend the loan agreement. The restructuring process itself was then delayed by staffing challenges in the National AIDS Coordinating Council (NACC) -- key project staff were lost to promotion (the former NACC director is now the Minister of Social Development) and death (the former deputy NACC director passed away last year). Two other key slots were also vacant for most of last year, despite good faith efforts by the
Government to fill them. Only until recently, four key positions (Technical Director, Deputy Technical Director, Communications Officer, and Procurement Management Officer) at the National AIDS Coordinating Committee (NACC) Secretariat have been filled. The technical director has been on board since January 2, 2009 and is providing needed leadership for project implementation. The most recent position filled was that of Procurement Management Officer who came on board on September 1, 2009. Having the Procurement Officer on board now offers the Project the much needed capacity to be able to effectively monitor the activities to be implemented during the extension period.

D. Reasons for Project Restructuring

8. The main reasons for restructuring the Project are as follows:

(a) Need to Align the Loan Agreement with the Project Appraisal Document (PAD). The Loan Agreement and the PAD had different Project Development Objectives (PDOs). The PDO stated in the Loan Agreement was to assist the Borrower in controlling the HIV/AIDS epidemic through: (a) the scaling up of programs for the prevention, care and control of the epidemic targeted in particular to HIV/AIDS high-risk groups; (b) the heightening of awareness in respect to HIV/AIDS infection and prevention, amongst the Borrower’s population; and (c) the strengthening of the institutional capacity of the Borrower’s related agencies and civil society organizations to ensure the effectiveness and the sustainability of the Project. However, the PAD states that the Project is focused on attaining the following specific priority area outcomes (Development Objectives) in five years: (a) Prevention: curb the spread of new HIV infections; (b) Treatment, care and support: reduce the morbidity and mortality attributed to HIV/AIDS; (c) Advocacy and Human Rights: Increase the quality of life of People living with HIV/AIDS; and (d) Surveillance, Research and Management: build sustainable institutional capacity for managing HIV/AIDS prevention and control activities for the long-term. A disconnect exists between these two Bank documents in terms of the stated Project Development Objectives. Moreover, both documents tended to reflect the broader objectives and targets of the National Program rather than achievable and measurable project objectives.

(b) Need to have appropriate indicators to measure project performance and impact. The original Results Framework has too many indicators, many of which did not have baseline data and targets, while some had unrealistic targets. Several of these indicators have also proven difficult for the Project to measure during the course of implementation given the monitoring and evaluation capacity of local agencies and the lack of an established “monitoring and evaluation culture” in the country. Therefore, the M&E framework and indicators need to be revised in order to be realistic and measurable, taking into account the existing local information system and institutional capacity.

(c) Need to establish a Special Account for the Loan under the Office of the Prime Minister and an Operational Project Account under the Ministry of Health. At the time the Trinidad and Tobago HIV/AIDS Prevention and Control Project was approved by the Board in June 2003, the state of the economy of Trinidad and Tobago was such that the government did not foresee the need for establishing a Special Account (or Designated Account using current terminology). During the preparation of the project an understanding was reached that the Government would pre-finance all the expenditures that were not due to suppliers or service providers in the form of direct payments and subsequently seek reimbursement from the Bank. As project implementation has proceeded and the amplitude of expenditures has increased, together with the advent of the financial crises, the increased demand on Government resources has necessitated the establishment of a designated
account to facilitate project implementation. The absence of a Special Account was one of the main reasons for slow disbursements. Having a Special Account for the Loan under the Office of the Prime Minister and an Operational Project Account for the MoH would help facilitate the flow of funds.

(d) **Need to provide a separate “sub-projects” category to continue to support CSOs' activities.** The separate category would allow the Project to continue to support activities being carried out by CSOs, but would ease the administration and disbursements of these funds since these funds would no longer be disaggregated into the Project's existing expenditure categories, but would instead be financed directly through a specific “sub-projects” category.

(e) **Need to reallocate loan proceeds to reflect the actual expenditure and future needs of the Project.** The Government had exceeded its expenditure allocation for pharmaceuticals and requested more funds to be reallocated to this category. Since some civil works such as the construction of the National Blood Transfusion Unit (NBTU) building (estimated at about US$2 million) would not be able to completed within the project life time, the Government has agreed to use its own funds to finance such civil works and the loan proceeds will be reallocated to finance other project priorities such as medical supplies.

(f) **Need to extend the Project Closing date from December 31, 2009 to September 30, 2010 to allow for the completion of a number of priority activities.** Due to the financial crisis and the limited budget allocation in this fiscal year, an extension would allow the project to fully utilize the remaining US$4.5million before the project closes on September 30, 2010. The government sent a letter on August 25, 2009 requesting a nine-month extension to allow for the Project funds to be fully utilized in support of the following priority activities: (i) the refurbishment of the medical laboratory for the installation of the viral load machine, (ii) purchase of ancillary viral load equipment, (iii) purchase of CD4 and Viral Load Reagents, (iv) purchase of antiretroviral medication, (v) procurement of consulting services to undertake clinical monitoring of Mt. Hope, (vi) consultancies, including for condom social marketing and NGO support, and purchase of goods including condoms and reprinting of FAQ booklet.

9. **Proposed Project Restructuring.** The proposed project restructuring will:

(a) **Revise the Project Development Objective (PDO) to better reflect the outputs and outcomes that are achievable and attributable to the Project.** The original Project Development Objective, as stated in the Loan Agreement, was to assist the Borrower in controlling the HIV/AIDS epidemic through: (a) the scaling up of programs for the prevention, care and control of the epidemic targeted in particular to HIV/AIDS high-risk groups; (b) the heightening of awareness in respect to HIV/AIDS infection and prevention, amongst the Borrower’s population; and (c) the strengthening of the institutional capacity of the Borrower’s related agencies and civil society organizations to ensure the effectiveness and the sustainability of the project. The proposed revised Project Development Objective is to assist the Borrower in controlling HIV/AIDS through the: (a) scaling up of prevention services for vulnerable groups and the general population; (b) expansion and strengthening of treatment, care and support services for People Living with HIV/AIDS; and (c) strengthening of the institutional capacity of the Ministry of Health, other Government agencies and civil society organizations to ensure an effective multisectoral response to the HIV/AIDS epidemic.
(b) **Revise the results framework** to align indicators with the revised Project Development Objective. The revised results framework is attached as Annex I of this paper. Progress towards the achievement of the PDO will be tracked through the Project’s results framework.

(c) **Establish a Special Account** for the Loan under the Office of the Prime Minister and an Operational Project Account under the Ministry of Health to help facilitate the flow of funds.

(d) **Revise Schedule 1 of the Loan Agreement to include a new category for ‘sub-projects’ for financing CSOs activities.** This does not constitute a change in the Project’s description because support for CSOs (NGOs and faith-based organizations) has been included in Components A, B and C under the Project Description of the Project Appraisal Document (PAD), and Project Operational Manual (POM). In particular, the Project will finance CSO proposals for activities under components 1 to 3 of the Project. Schedule 1 of the Loan Agreement would be amended to include a new ‘sub-projects’ category under which CSO activities would be allowed as expenditures to be financed from the proceeds of the Loan under Part A, “Prevention/Promotion of Activities to Reduce Spread of HIV/AIDS”, Part B, “Access to Treatment and Care”, and Part C of the Project, “Advocacy”. Establishing a separate ‘sub-projects’ category as per the Government’s request, will facilitate ease of administration of these funds instead as they will no longer have to be disaggregated by existing expenditure categories such as consulting services and training. We propose that the “sub-projects” category for CSOs also include financing their operational cost, instead of financing their operational cost under the Operating Cost Category in order to facilitate the flow of disbursements. The team recommends 90% of the Bank financing for the “sub-projects” Category. The funding mechanism, selection criteria and procedures have been developed and incorporated to the Project’s Operational Manual, Annex 5.

(e) **Extend the Loan’s Closing Date from December 31, 2009 to September 30, 2010.** This would be the second extension of the Closing Date. The main reason for another extension is that the government has agreed to use its own funds to complete the design and expansion of the National Blood Transfusion Unit (NBTU), which would take more than eighteen months. The project funds would need to be reallocated to support other priority areas, which have been specified in paragraph 8(f) and which can be completed by the end of the Client’s fiscal year, September 30, 2010. For this reason, a nine month extension has been requested. Given the global financial crisis and its impact on the country’s economy, the Government is interested in fully utilizing the Loan to support its National AIDS program. With the restructuring and extension, the project will be able to achieve its revised PDO. If this extension is approved, it would bring the total extension period in the life of the Project to twenty one months. The Project has submitted a revised work-plan and the Bank team found it satisfactory.

(f) **Review the Bank Financing Percentages.** The government has requested the Bank to increase its financing percentage to 100% to all Categories except Category 5, Operating Costs, and to simplify the declining financing percentages and their related trigger amounts for Category 3 and Category 5. However, the HIV/AIDS Prevention and Control Project is the only project the Bank has in Trinidad and Tobago at this time and the Bank has not established a Country Financing Parameter (CFP). Without a CFP, the Bank financing cannot be increased to 100% and financing for recurrent costs cannot be simplified unless a waiver is obtained. Considering the amount of the loan remaining ($5 million) and the fast approaching closing date of the project, the Bank team, after having consulted with the Government team, agreed that the project can fully utilize the remaining US$5 million...
within the extension period. In light of this, establishing a CFP in order to increase the Bank financing percentage may not be necessary. Therefore, the Bank team recommends seeking an extension and the percentage of Bank financing in Schedule 1 will remain unchanged.

10. The Project’s main components remain the same with the exception of one change being introduced under Component 2: “development and dissemination of the clinical care protocol”. This activity was planned during project preparation and is in the Project Appraisal Document, but was not reflected in the Loan Agreement. The revised Component 2 now reads as follows:

11. “Access to Treatment and Care: Strengthening of the Borrower’s health network to improve the diagnosis of HIV/AIDS and other opportunistic infections, including: (a) the provision of laboratory equipment for diagnostic and confirmatory HIV testing; (b) the provision of training to medical staff (including epidemiologists), health workers and pharmacy staff in the areas of HIV/AIDS treatment and care; (c) the provision of anti-retroviral drugs (to patients outside the mother-to-child transmission preventive program referred to in Part A.4 above); (d) the refurbishing of selected health and pharmacy service facilities; (e) the provision of community and home care; and (f) development and dissemination of the clinical care protocol.”

12. While there are no other changes to any of the components, the scale of some activities within particular components has changed. In particular, under the treatment, care and support component, civil works have been significantly scaled down to include only those that can be realistically completed by the end of the project while provision of pharmaceuticals to address opportunistic infections especially for antiretroviral treatment has been scaled up because demand has far exceeded supply during the course of project implementation. This scale down of civil works activities does not affect the achievement of the PDO as this component continues to support point (b) of the PDO which is “strengthening of treatment, care and support services for People Living with HIV/AIDS” through the provision of equipment, training, pharmaceuticals, and care, and funds that have not been used for civil works have been reallocated for procurement of ARVs for treatment. The government is putting its own funds into the planned civil works.

13. Institutional Arrangements for Project Management. The Office of the Prime Minister, through the National HIV/AIDS Coordination Committee (NACC), is the Government institution responsible for the execution of the Project. The NACC advises the Government on HIV/AIDS policies, sets project priorities, and advises on budget parameters and all issues regarding the implementation of the National HIV/AIDS Strategic Plan. A Secretariat of the NACC, which includes a Project Coordination Unit (PCU), is responsible for day-to-day activities of the NACC. It is staffed with administrative and technical staff, including Financial Management and Procurement staff. Day-to-day coordination and facilitation of project activities is the responsibility of the Secretariat. The specific responsibilities of the Secretariat include preparing the project’s work plans, reviewing proposals from CSOs and work plans from Line Ministries, in addition to carrying out project financial management and procurement functions. The institutions above are functional and have some staff with extensive experience working with the Bank. The NACC, however, faced staffing challenges in 2008 which it has already partially addressed through the successful recruitment of its new Technical Director and Deputy Technical Director, who started their assignments on January 2, 2009, as well as recent training of additional project staff in Bank fiduciary procedures. The Government has also agreed to assign short-term help as needed to provide technical or administrative support to the NACC; for example, an assistant accountant was assigned to help process the required documentation for reimbursement requests.

14. Economic and Social Analysis. In the Project Appraisal Document for this Project (Report No. 25939-TR dated June 09, 2003), the economic justification for investment in the
Project is outlined. That justification is still valid. The Caribbean is the region most affected by HIV/AIDS after Sub-Saharan Africa. The estimated adult prevalence of HIV in the Caribbean in 2007 was 1.1 percent. An estimated 230,000 people are living with HIV, of which 20,000 were infected in the previous year alone. An estimated 14,000 people died of AIDS-related illnesses in the same year. AIDS is the leading cause of death among adults aged 25 to 44 years. In Trinidad and Tobago, HIV/AIDS is concentrated in the 15-49 age group; about 77 percent of reported cases belong to this age group. This poses a substantial risk to household incomes and welfare and a potential risk to economic growth, and provides a justification for public sector investment to halt the spread of new infections. Priorities to be financed by the Project are consistent with internationally accepted cost-effective interventions for slowing down the epidemic and mitigating its impact: targeted interventions for high risk groups including men who have sex with men (MSM) and commercial sex workers (CSWs) and interventions for the general public; voluntary counseling and testing (VCT) services; control of sexually transmitted infections (STIs); prevention of mother-to-child transmission (PMTCT); and anti-retroviral treatment (ART).

15. **Environmental Assessment.** The Project was assigned a Category ‘B’ environmental rating, mainly due to the requirements for biomedical waste management and the civil works activities of the Project. The Ministry of Health (Environmental Health Division) conducted a biomedical waste survey, as part of the preparation for this Project in 2003. The Survey showed that there was an adequate level of segregation, in-house handling, treatment and ultimate disposal of most biomedical wastes, although there were gaps in management, equipment, incineration and treatment that presented risks to the integrity of the overall system. This was partly due to the system being derived from the application of general infection control practices, and not seen as a specifically targeted or regulated area of attention. In order to address recommendations from the 2003 biomedical waste survey, the Project has:

(a) Supported the dissemination and use of the code of practice (COP) for biomedical waste management, in consultation with the regional health authorities, and individual health facility managers;

(b) Financed the clarification of management responsibilities for biomedical waste at the health facility level, including training on these responsibilities. The Project is also supporting the strengthening of the biomedical waste committee at the Ministry of Health;

(c) Supported the development of a training manual on biomedical waste management and the carrying out of workshops for training of health care staff on biomedical waste management; and

(d) Financed the assessment of biomedical waste management systems, infrastructure and equipment in the various health facilities in the country, and the development of specifications for recommended equipment. The assessment report was submitted to the Ministry of Health in 2006 and is the basis for the ongoing and planned acquisition of new biomedical waste equipment.

16. A report dated January 26, 2006 to the biomedical waste technical sub-committee of the Ministry of Health outlines the actions that have been taken to address the issues raised by the survey of 2003. The review of the legal and regulatory framework in order to recommend improvements is an activity which remains to be addressed during the remaining part of the
project implementation period. The Project will also support a consultant to provide technical
support to the regional health authorities, liaising with them to finalize equipment and supply
needs, as well as conducting an evaluation of the various treatment technologies currently being
used. Although the Project will not finance incinerators, guidelines for environmental assessment
of installation or upgrade of an incinerator are attached as an annex of the updated Operations
Manual for the Project. The status of biomedical waste equipment at various health facilities in
the country is also attached as an annex to the updated Project Operations Manual. Sample
criteria for environmental management of construction activities are also part of the updated
Project Operations Manual. Responsibility for ensuring that the above safeguards in the
Operations Manual are adhered to lies with the NACC Secretariat in coordination with the
Ministry of Health. Since the project has drastically reduced its support to civil works activities,
therefore, requirement for environment assessment for the civil works has been significantly
reduced.

17. **Project Costs and Financing.** The original components of the Project will remain
unchanged. Nevertheless, there has been some reprioritization of Project activities with
reallocating Project resources across categories of expenditure, mainly from civil works to
pharmaceuticals. For example, the Government has decided to finance from other Government
resources the construction costs of the Trinidad Public Health Laboratory, the Queens Park
Counseling Center and Clinic and the National Blood Transfusion Unit. The Bank-supported
project is the largest source of external financing for pharmaceuticals for managing opportunistic
infections. The overall total cost of the Project remains unchanged.

18. There are no outstanding audits.

19. **Outcomes.** The Project’s Results Framework has been revised and its M&E indicators
will be used to measure the results of the Project. The revised Results Framework is attached as
Annex I of this document. The proposed revised Project Development Objective is to assist the
Borrower in controlling HIV/AIDS through the: (a) scaling up of prevention services for
vulnerable groups and the general population; (b) expansion and strengthening of treatment, care
and support services for People Living with HIV/AIDS; and (c) strengthening of the institutional
capacity of the Ministry of Health, other Government agencies, and civil society organizations to
ensure an effective multi-sectoral response to the epidemic.

20. **Benefits and Risks.** The achievement of the Project’s objectives will contribute to the
strengthening of the national response to the HIV/AIDS epidemic. The prevention elements of
the Project will have benefits in averted new infections; the treatment and care activities of the
Project will have benefits related to improved treatment and care; and other elements of the
Project, particularly those involving non-health sector Line Ministries and CSOs will have
benefits in better work and community conditions for those infected and affected by HIV/AIDS.
Benefits will also be realized in the strengthening of the institutional capacity to coordinate,
monitor and evaluate the overall HIV/AIDS response.

21. At this stage of the project, the restructuring is still needed and appropriate because the
revised M&E framework will provide a measurable and realistic assessment of project
achievements taking into account existing local M&E capacity. The special account and
simplification of Schedule 1 will help address financial flow issues, given the country’s budget-
constraints especially due to the declining price of oil (which is one of its main revenue sources)
and the reallocation of funds from activities (mainly civil works-related) that cannot realistically
be completed during the project implementation period to address pharmaceutical needs,
especially antiretroviral treatment. With the restructuring and additional time, the project will be
able to successfully complete the planned activities in order to achieve the revised PDO.
22. One of the main risks to achievement of the Project’s objectives is the lengthy internal approval processes followed by the Government in order to obtain clearances for project related activities. The involvement of the Permanent Secretary, Prime Minister’s Office in approving all transactions undertaken by the Project is just one step in the entire approval process. This procedural/bureaucratic risk is being mitigated by the adoption of an annual work plan and budget approval process by the Office of the Prime Minister, with quarterly reviews. It is further mitigated by the establishment of a Special Account for the Loan under the Office of the Prime Minister and a Project Operational account for the Ministry of Health, which accounts for a majority of the allocated project resources. A designated HIV/AIDS team at the Ministry of Health is now in place to ensure that project activities are given priority among the many competing challenges of the Ministry of Health. A civil works consultant was hired to focus on the Project’s civil works activities in the Ministry of Health. The MOH decided in November 2008 to establish a new civil works unit and appointed a focal person to be responsible for the Bank-financed civil works. The Bank’s supervision team also includes a civil works Consultant to ensure effective supervision in this area. The planned civil works has been reduced significantly and the risk of delays in civil work has been reduced.

23. Sustainability of the program depends on institutional arrangements in place, and on the effectiveness of the prevention program, failure of which will lead to higher costs of treatment. If the Government draws down the Bank loan as planned and continues to provide funding in its budget, then its needs would be covered in the short-term. However, it will need to take a strategic view of its options for sustaining its financing thereafter. The Government is already financing the salary costs of the NACC Secretariat and the line ministry coordinators. It will need to reflect on the financing needs of treatment and care when external funds may no longer be available but the HIV/AIDS epidemic will still be a threat to the health and economic productivity of the population.

24. Monitoring and Evaluation (M&E) will continue to be a challenge in the short-to-medium term, particularly while needed surveys are being undertaken and while the different stakeholders such as the line ministries and CSOs, are getting more involved in providing information to inform the M&E process. To mitigate the M&E challenges, the Bank, through the Global AIDS Monitoring and Evaluation Team (GAMET) conducted an assessment of the country’s M&E framework, collaborated with the Government in producing a costed M&E operational plan, and will continue to support the Government in strengthening its M&E capacity during project implementation. It is also working with UNAIDS and other partners on a regional epidemic synthesis to obtain information on the epidemic that could be used for development of the new National Strategic Plan. The Government is also strengthening its NACC M&E working group by establishing a new post of M&E Program Officer to lead the M&E function of the multisectoral response.
## Annex I

### Trinidad and Tobago HIV/AIDS Prevention and Control Project

#### Results Framework

<table>
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<th>Results</th>
<th>Indicators</th>
<th>Baseline and Targets</th>
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<tr>
<td>Scaling up of prevention services for vulnerable groups and the general population</td>
<td>Increased access to prevention interventions</td>
<td>1. No. of men who have sex with men reached by HIV prevention interventions in the last 12 months</td>
<td>2004: 907 2006: 1,796 2007: 3,111 2008: 2,200 2009: 2,400</td>
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<tr>
<td></td>
<td></td>
<td>2. No. of condoms distributed in the last 12 months and financed out of the project funds</td>
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</tr>
<tr>
<td></td>
<td>4. No. of individuals tested and counseled for HIV in the last 12 months</td>
<td></td>
<td>2004: 14,140 2005: 21,932 2006: 27,000 2009: 30,000</td>
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| Expansion and strengthening of treatment, care and support services for PLWHA | 5. % of pregnant women tested for HIV in the last 12 months | 2004: 96%  
2006: 94.4%  
2007: 96  
2008: 96%  
2009: 97% |
|---|---|---|
| Decreased risk of MTCT of HIV | 6. % of HIV positive pregnant women receiving a complete course of antiretroviral therapy to reduce the risk of mother to child transmission in the past 12 months | 2005: 71.4%  
2006: 86%  
2007: data incomplete  
2008: 88%  
2009: 90% |
| Improved coverage of ARV treatment | 7. Annual number of people living with HIV receiving ARV combination therapy | 2004: 443  
2006: 2,961  
2007: 2,592  
2008: 4,000  
2009: 4,500 |
| Enhanced care and support activities for PLWHA | 8. Annual number of people living with HIV reached by CSO providing HIV related care and support | 2004: 101  
2006: 1,186  
2008: 1,500  
2009: 1,600 |
| Strengthen the institutional capacity of the Ministry of Health, other Government agencies and CSOs to ensure an effective multisectoral response to the HIV/AIDS epidemic | 9. HIV/AIDS national policies approved by Cabinet | 2004: none  
2008: 2  
2009: 5 |
| Increased knowledge and skills of HIV program implementers | 10. No. of health care providers receiving HIV related training in the last 12 months | 2004 – 06: no data collected  
2007: 584  
2008: 1,000  
2009: 1,200 |
| Increase HIV-related activities outside of the health sector | 11. No. of line ministries implementing HIV/AIDS related work programs | 2004: 1  
2005: 2  
2006: 3  
2007: 9  
2008: 10  
2009: 10 |
| Improved monitoring and evaluation | 12. No. of CSO proposals funded | 2004: 0  
2006: 35  
2007: 34  
2008: 21 (target)  
2009: 35 (target) |
| 13. % of CSOs funded by the NACC that are providing satisfactory reports to the NACC | 2004:0  
2006: 63%  
2007: 76%  
2008: 80%  
2009: 90% |
| 14. Preparation and implementation of costed M&E roadmap | 2004: none  
2008: costed plan prepared  
2009: implementation initiated |
### Trinidad and Tobago HIV/AIDS Prevention and Control Project

#### Project Cost by Expenditure Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount of the Loan Allocated</th>
<th>% of Expenditures to be financed</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Works</td>
<td>197,000</td>
<td>76%</td>
</tr>
<tr>
<td>(2) Goods</td>
<td>6,307,000</td>
<td>85%</td>
</tr>
<tr>
<td>(3) Anti-retroviral drugs</td>
<td>7,871,000</td>
<td>90% until expenditures under this category have reached an amount equivalent to US$1,350,000 and 70% thereafter</td>
</tr>
<tr>
<td>(4) Consultant's services (including audits) and training</td>
<td>4,568,000</td>
<td>90%</td>
</tr>
<tr>
<td>(5) Operating Cost</td>
<td>267,000</td>
<td>20%</td>
</tr>
<tr>
<td>(6) Premia for Interest Rate Caps and Interest Rate Collars</td>
<td>Amount due under Section 2.09 (c) of this Agreement</td>
<td></td>
</tr>
<tr>
<td>(7) Front end Fee</td>
<td>200,000</td>
<td>Amount due under Section 2.4 of this Agreement</td>
</tr>
<tr>
<td>(8) Unallocated</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(9) Sub Projects</td>
<td>590,000</td>
<td>90%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>20,000,000</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Allocation of Loan Proceeds (Original)

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount of the Loan Allocated</th>
<th>% of Expenditures to be financed</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Works</td>
<td>4,700,000</td>
<td>76%</td>
</tr>
<tr>
<td>(2) Goods</td>
<td>6,175,000</td>
<td>85%</td>
</tr>
<tr>
<td>(3) Anti-retroviral drugs</td>
<td>2,700,000</td>
<td>90% until expenditures under this category have reached an amount equivalent to US$1,350,000 and 70% thereafter</td>
</tr>
<tr>
<td>(4) Consultant's services (including audits) and training</td>
<td>5,345,000</td>
<td>90%</td>
</tr>
<tr>
<td></td>
<td>Amount due under Section 2.4 of this Agreement</td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>(5) Operating Cost</td>
<td>430,000</td>
<td></td>
</tr>
<tr>
<td>(6) Premia for Interest Rate Caps and Interest Rate Collars</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(7) Front end Fee</td>
<td>200,000</td>
<td></td>
</tr>
<tr>
<td>(8) Unallocated</td>
<td>450,000</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>20,000,000</td>
<td></td>
</tr>
</tbody>
</table>
## Trinidad and Tobago HIV/AIDS Prevention and Control Project

### Project Cost by Component

<table>
<thead>
<tr>
<th>Component</th>
<th>Original Project Cost</th>
<th>Restructured Project Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prevention of Spread of HIV/AIDS</td>
<td>8.10</td>
<td>9.48</td>
</tr>
<tr>
<td>2. Treatment, Care and Support</td>
<td>11.10</td>
<td>9.76</td>
</tr>
<tr>
<td>3. Advocacy and Human Rights</td>
<td>0.50</td>
<td>0.05</td>
</tr>
<tr>
<td>4. Surveillance and Research</td>
<td>2.50</td>
<td>1.62</td>
</tr>
<tr>
<td>5. Program Management</td>
<td>2.10</td>
<td>3.89</td>
</tr>
<tr>
<td>6. Unallocated</td>
<td>0.50</td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>24.80</strong></td>
<td><strong>24.80</strong></td>
</tr>
<tr>
<td>Front end fee</td>
<td>0.20</td>
<td>0.20</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>25.00</strong></td>
<td><strong>25.00</strong></td>
</tr>
</tbody>
</table>