

AIDE MEMOIRE

SAMOA HEALTH SECTOR PROGRAM (Health SWAp) Joint Review Mission March 2-14, 2015

INTRODUCTION

1. The Joint Review Mission took place from March 2-14, 2015. It comprised of representatives from the Government of Samoa (GoS), the Australian Department of Foreign Affairs and Trade (DFAT), the New Zealand Ministry of Foreign Affairs and Trade (NZ MFAT), the World Bank (WB), and the World Health Organization (WHO).
2. The Mission members thank the staff of the Ministries of Health (MoH) and Finance (MoF), and the National Health Services (NHS) for their time and cooperation with the Mission. In particular Ms. Peseta Noumea Simi (ACEO, Aid Coordination/ Chairperson Health Program Advisory Committee, Ministry of Finance – MoF) for chairing the meetings and her kind cooperation during the mission, and Leausa Toleafoa Dr. Take K. Naseri (Director General of Health/CEO, MoH) for leading discussions with the sector.
3. The Health SWAp has about nine months left of implementation, closing on December 18, 2015, following approval of an extension primarily to complete the infrastructure component of the project. The objectives of the mission were to: (a) discuss achievement of the Project Development Objectives (PDO); (b) sector performance and National Health Strategic Plan and Policies; (c) implementation status; and (d) post-SWAp health sector priorities.

KEY MISSION FINDINGS and NEXT STEPS

- a) The Orthotics and Prosthetics building is well underway and will be completed within the allocated timeframe. The Pharmaceutical Warehouse and Savaii MTII Hospital building contracts will be signed by April 2015 with construction commencing with the acceptance by the selected construction firms of the letters of offer from MoH. The Primary Health Care (PHC) Clinic will be a rehabilitation project rather than a new construction with the old Maternity Ward being refurbished for this purpose. All above construction/rehabilitation falls within budget. Meeting the deadlines will require close monitoring and management of the implementation plan in Annex B.
- b) A pharmaceutical management system (PhMS) was proposed for procurement instead of a bar coding system originally envisaged. The newly proposed PhMS is an entirely new system to improve efficiency of procurement, prevent out of stock situations, reduce wastage, and get better value for money with improved quality of service and medications offered. This development will be in parallel with the construction of the new warehouse. The TOR of this new development will be tabled with the HIS E-health Taskforce for endorsement to ensure its alignment with overall HIS development being negotiated.
- c) A number of health policies will come to term during 2015/2016. There is an opportunity to consolidate these policies which impact each other (for example nutrition, NCDs, primary care), in conjunction with the review of the National Development Strategy (SDS).
- d) There is a clear shift in policy direction to increase focus on Primary Health Care and the budget will need to reflect increased allocation for primary care versus tertiary care.
- e) Maintenance and asset management is priority issue, given the investments made under the SWAP and one in which additional donor assistance may be required.

- f) Development of an integrated Health Information System (HIS) is a high priority for the health sector. The Ministry of Health will consult the final draft of the HIS Strategy Plan before its finalization with relevant health stakeholders. Work towards realizing the development and operationalization of an integrated “one health system” through an operational road map will continue with the technical assistance from WHO. Development of a new HIS will allow for critical realization of improved service delivery through the monitoring of health indicators and in time enables the refining of core indicators when necessary.
- g) The Health Program Advisory Committee (HPAC) meets regularly and is a forum to further engage in partner coordination and collaboration on policy dialogue. It is recommended to increase the participation of non-government stakeholders in this forum to further support achievement of Health Sector Plan outcomes.
- h) Communication and sector coordination will be improved through compliance with agreed lines of communication pathways between development partners, MoH and MoF including using the HPAC to present on the progress of different donor initiatives, both bilateral and regional, through ensuring that any requests for donor assistance from the health sector are channeled through MOH to MOF.
- i) The MoH prepared a draft Implementation Completion Report (ICR) (it is recommended that the ICR report be ten pages or less; if more than 10 pages, an executive summary would need to be added to the report). Comments were requested from Development Partners (DPs) which should be sent to the MoH by end April 2015. The Bank will prepare separately an ICR which is the end of project evaluation which would take place once the project closes and within the following six months. This would be shared with government and partners for comments.
- j) Post-Swap design has started with DPs in ongoing dialogue with the sector and the MoF on future investment, with partners committed to work in support of the sector going forward.
- k) The proposed NCD study was reviewed by the MoH and comments were communicated to the World Bank and DFAT who has revised the proposal based on the comment received and sent to the Ministry of Health on April 22, 2015.

STATUS OF IMPLEMENTATION

Project Development Objective (PDO)

4. The PDO is to *improve access to, and utilization of effective, efficient and quality health services to improve the health status of the Samoan population*. Progress continues to be made to achieve the PDO. SWAp activities are being sustained, with General Practitioners who continue their support by working at the district level and providing services to outlying areas, deployment of auxiliary nurses, strengthened service delivery, increased communication of effective health messages, and outreach.

5. Surveillance, improved identification and screening has seen an increase in indicator status for certain areas. For example HIV/AIDS incidence rose from 7/100,000 in 2007 to 12/100,000 in 2014; prevalence of STIs rose from 720 lab confirmed cases in 2009 to 2156 in 2011 and down to 1495 in 2013 due to improved screening and case management (screening is now free of charge thereby increasing access), in addition to new equipment which is more sensitive; and maternal mortality rate has been reduced from 7 maternal deaths in 2010 down to 2 in 2011.

6. The core indicator data set for the MOH would benefit from clearer baseline and target indicator definitions: for example the definition for “current” drinkers needs to be explicit (e.g. what does “current” mean in this context), and making reference to the data source), adding a column to reflect the calculation on trends (between baseline and current status), and comments/explanation on changes in measurements to further inform analysis of the data. The core set of indicators will benefit from inclusion of facility

level data (for example for NCDs) to reflect the measures being undertaken in service delivery programs, as well as data that is collected annually. Both the Household Income Expenditure Survey (HIES) and the Demographic and Health Survey (DHS) data have been collected and are under analysis. The DHS will be available in June 2015 (data collection completed in December 2014 with tabulation and analysis being done in-country). The results are planned to be presented at the next HPAC and to key stakeholders, and will be useful for the next Annual Health Review scheduled for November 2015.

7. The sector is engaged in improving its health information system. Implementing a Health Information System (HIS) is a part of a more comprehensive National Monitoring and Evaluation (M&E) Framework. The current Health Sector M&E Manual has not been updated and recommendations from the March 2012 aide-memoire may be pertinent to consider (see below excerpt).

- Recommendations for a costing process to release budgets and resources for the M&E functions.
- M&E organizational structure, comparing the status quo to what might be needed, and recommending a process of roll-out.
- M&E capacity building considerations, processes and skills analysis recommendations.
- An advocacy, communication and culture plan, to gain support and momentum from all stakeholders.
- Routine data management protocols for the Health Sector Program. This should include all elements of the data management chain – sourcing, collecting, collating, analyzing, reporting, and using. There should be a clear description of how data flows, when, from whom and to whom. There needs to be clear links to the HIS. Report contents and outlines for each stakeholder should be tabulated, as well as possible information dissemination approaches. A current assessment of data definitions, what is being collected, what is not being collected, and how to close the data collection gaps, needs to be carried out.
- Data auditing processes, to ensure data quality.
- Partnership management processes, to ensure maintenance of good relationships, and proper flow of information.
- Commentary on the approach to and types of surveys to be conducted during the program and financing requirements (both in financial and in human resources).
- A tabulation of the approach to evaluating the program at various stages, including where possible agreements on the research approach and agenda.
- Recommendations on how the data generated is to be used to inform current and future policy and program development and implementation.

8. The sector is heavily engaged in improving its HIS. Government has recognized that health information is crucial to produce relevant and quality information to support decision making for improved health outcomes has approved the establishment of the HIS E-Health Taskforce to (1) lead direct, and advocate for the development of an integrated Ehealth for Samoa; (2) ascertain effective partners in order to provide necessary fund and support for the development of HIS in the broader health system strengthening agenda; and (3) advise government on the necessary and appropriate avenues, mechanisms and processes in efforts to ensure HIS development and growth for Samoa. The MoH agreed during the mission to a final round of consultation on the Strategy. The World Health Organization (WHO) will provide technical assistance in mapping the necessary operationalization and realization of this strategy.

9. With the assistance of the DPs the MoH will restructure, coordinate and revive Public Health within the next two years. Work to undertake this important aspect of the health sector reforms has been integrated into the Institutional Learning Program (ILP) with Queensland Health, commencing with the first mission to Samoa by the end of April 2015 to further assess and realize this process. It is also anticipated that the ILP will provide an opportunity to strengthen and review other areas of the health system if needed.

10. The mission had fruitful discussions with the MoH and MoF regarding the existing policies that govern the health sector. A number of policies will be coming to term in 2015/2016. The MoH is reflecting on whether consolidation of policies is warranted to better integrate these policies for a more effective primary health care focus and public health agenda. In the period 2015-2016, the MoH will also reflect on the work that is required to align the development of the National Health Strategy post 2018 to the new National Development Strategy (NDS), currently in consultation phase. The MoH also expressed

the need to shift the focus from curative care to increased emphasis on primary health care. The MOF highlighted that the budget allocation for primary health care would need to increase to show this shift in priority. Further efforts will be engaged in consolidating planning, policy, program, and resources allocation, with clear prioritization.

11. The Health Program Advisory Committee (HPAC) has been meeting regularly, and is the forum to coordinate the sector. The last HPAC meeting in February 2015 considered expansion of members to a wider range of health stakeholders, more comprehensively mapping sector interventions (including the breadth of donor initiatives) to better inform decisions critical to the sector, and revisiting the terms of reference to improve the effectiveness of this forum. The opportunity could be broached during the next HPAC meeting.

Implementation Progress

12. Implementation is progressing, albeit with some delays noted on the infrastructure front. The construction program has faced some difficulties on redesign, clarity of requirements, and the need to relaunch the procurement processes due to non-responsiveness. The Orthotics building is 70% completed and on target for completion by end May 2015. The mobility equipment has been ordered and will be installed once the building is completed. The selection of construction firms for both the Pharmaceutical Warehouse and the MTT 2 Hospital in Savaii has been approved by Cabinet and construction is expected to be launched in April 2015. The remaining infrastructure, rehabilitation of the Primary Health Care building (refurbished old Maternity Ward), is not yet fully designed. The MoH will work with the NHS to complete the floor layouts and design as well as fast track the tender process to ensure refurbishment is completed within the SWAp period. If this is not feasible, the GoS and DPs will need to consider next steps.

13. The health sector focus on infrastructure under the SWAp raised issues surrounding the need for a maintenance strategy for the investments put in place (or to be put in place). Therefore, the MOH/NHS has taken effort to address both maintenance and asset management. A maintenance policy and strategy has been developed for the NHS. Though the MoH has an asset registry, the sector would benefit from establishing an overarching asset management framework that links everything from procurement to maintenance. This can be supported outside of the SWAp if desired through a request, via MoF to Development Partners (DPs). This should not prevent each institution from creating its own internal asset management and maintenance policies and plans. A number of other areas will need to be revisited and tested to ensure robustness of the current system (implementing the medical and biomedical equipment maintenance). It would be useful to reactivate the various committees that oversee these areas, as well as develop a disposal and maintenance policy, while progress has been made on establishing other committees (infrastructure control committee, operating theatre committee, drug and therapeutic committee, etc.).

14. Relative to that the current national systems are in place for assets in line with the recent Treasury Instructions for purchasing. In addition is the e-system register under Finance One and write off of Capitals. This same system can be used for donor funded projects for the Ministry once the projects are completed and handed over to government. Financing of maintenance for MoH capitals is provided for mainly by government. The development and monitoring of the sector assets management framework will be a new responsibility for the current Projects Finance Manager, once his new job description is endorsed by the Public Service Commission (PSC).

15. The pharmaceutical management system is in the process of being procured. Technical specifications needed to be developed by the NHS with the assistance of MoH, enabling procurement to commence. This system (to be established between May/June to mid-December 2015) will assist the sector by improving the procurement of drugs and medical supplies, reducing the use of emergency procurement, enabling better warehouse management, quantification and distribution of drugs.

16. Given the constraints on the national budget, the ability of the sector to increase quality and access to primary health care services becomes important moving forward. The emphasis on primary health care is increasing, especially in light of the continuing issues of communicable diseases and the increasing rise of non-communicable diseases. One area of progress is replacing the current Rheumatic Heart Disease screening program with a Rheumatic Heart Fever Program, including more emphasis on health professional training and transfer of knowledge. This reflects the MoH's increased focus on primary prevention more broadly and fits in increasing primary and secondary prevention of NCDs as Cardio Vascular Disease is increasingly a priority.

17. The status of some key areas per component are outline below:

Component 1: Health Promotion and Prevention is fully completed.

- The Healthcare Waste Management Plan was signed in 2014 and was received by the mission.
- The mission will work closely with the MoH on obtaining the results of the dental study that was completed in 2013 to serve as a baseline for the dental program.
- A number of programs initiated under the SWAp are being sustained (strengthening health promotion and prevention programmes, continuous integration of health programmes to ensure value for money and systemic impact, continuation of the pediatric cardiac disease program; improving transportation systems for hard to reach populations; revenue generation by revisiting areas where additional funds can be identified; national campaign to promote fruit and vegetables with a formal collaboration with the Ministry of Agriculture in relation to promotional programs; reduction in prevalence of dengue and filariasis cases with increased information campaigns and mitigation measures; reducing tobacco smoking prevalence through promotion and work with development partners on support programs to quit smoking, and legislation, promoting healthy lifestyles by nurturing buy-in by public and private sector agencies...).
- The Health Promotion Foundation Act 2015 was in its final passage through Parliament during the time of the mission. The Act reflects government's support and commitment towards Prevention as a long term strategy to counter NCDs and for financing in health care.

Component 2: Enhancement of Quality Health Care Service Delivery.

- The Phase A medical equipment installation is completed. Phase B medical equipment is being installed and staff trained on use of the equipment.
- A new pilot protocol for triage by nurses for category 1-3 patients has been introduced which leaves doctors more time to focus on priority cases.
- An asset management plan for all infrastructure has been established but needs to link with a clinical service plan.
- A program to increase access to health services by populations living in more remote areas and increasing access for women to receive maternal health services has been implemented as a pilot program and is seeing success.
- The MoH will review the NCD and primary health care policies to ensure that a more coherent approach is implemented, and toward a more community-oriented approach on NCD management.
- Surveillance has increased and is instrumental in tackling emerging epidemics, along with improved cross-collaboration with other sectors.
- The MoH will work on reengaging with the Womens' Committees at village level, and increasing increase knowledge and community ownership in healthy outcomes.

Component 3: Strengthening Policy, Monitoring and Regulatory Oversight of the Health System is completed.

- A number of policies have been developed to guide the sector and a review of the policies will be undertaken during the course of 2015/16. The MoH will consider potential to consolidate linked policies.
- HIS and Monitoring and Evaluation (M&E) will continue to be strengthened with support from other development partners, and a number of strategies to reinforce M&E are being considered which will improve evidence informed decision making.

18. A follow-up Joint Assessment mission will be tentatively planned for November 2015 to coincide with the Annual Health Sector Review to take place during that time.

Procurement and Financial Management

19. **Procurement.** The procurement plan has been updated with a few activities to be completed (discussed above). Key dates are:

- ❖ Design and Supervision of the infrastructure which will also cover the defects liability for the Pharmaceutical Warehouse, the Orthotics and Prosthetics Building, the Primary Health Care Centre to August 30, 2016;
- ❖ The construction of the Orthotics and Prosthetics building will be completed by end May 2015.
- ❖ The construction of the warehouse has received Cabinet approval on the evaluation report on February 16, 2015. The signing of the contract is planned for March 31, 2015, with 8 months construction period bringing the completion to mid February 2016 and liability period of 12 months to mid February 2017.
- ❖ The Primary Health Care Centre will be a renovation of the old maternity buildings and is expected to be completed by March 15, 2016.
- ❖ Design and Supervision of the infrastructure for MTII Savaii Hospital will include the defects period to June 30, 2016.
- ❖ The construction of the MTII Savaii Hospital is planned for completion by mid December 2015.
- ❖ Procurement of the pharmaceutical management system will be launched through shopping procedures, with signing of contract expected by June 30, 2015 and to be established by end November 2015. The initial period of three months implementation will depend on responses from bidders and their counter proposal for installation of the system in the warehouse and the National Hospital, with a second phase for peripheral hospital health facilities. Post-SWAp activity will be the transfer of the management system to the new Warehouse once completed.

20. A number of these activities will extend beyond the current project closing date of December 18, 2015. The Bank will review the implications of this with Bank management and donors in the coming weeks.

Financial Management.

21. As of December 31, 2014, the SWAp disbursed US\$22.1 million out of a total program commitment of US\$32.3 million (68% disbursed). Total donor funding received to date is US\$25.8 million. Meanwhile, projected expenditure forecasts supported by documents backing these projections (e.g. infrastructure contracts, work plan and other key invoices signed/received) will be the basis by which the donors will release funds before June 2015. These documents will need to be reflected in a status report to be submitted to donors by mid-April 2015 at the latest in order for both MFAT and DFAT

to release the funds. Forecast expenditures for the next six months amount to SAT 12.7 million or US\$5.3 million.¹

22. The mission reviewed the December 2014 IFR and following comments from all development partners, the IFR was revised and will be submitted to the Ministry of Finance. The audit report due on December 2014 is overdue and the MoH is following up on this matter. In addition, the IDA 47210 remains undocumented, and will be followed up by the Bank.

23. The table below show committed funds from all donors, amount disbursed to December 31, 2014 and the funds still to be disbursed.)

Donor	Committed Funds (USD)	Amount Disbursed (USD)	Not Yet Disbursed (USD)
GoS	1,828,516	1,828,516	NIL
NZ MFAT	12,771,995	8,854,058	3,917,937
DFAT	15,600,000 ⁽¹⁾	9,847,110	2,752,890 ⁽²⁾
World Bank	6,000,000	4,919,794	1,080,206

(1) Commitment includes USD 3,000,000 provided for Phase B Biomedical Equipment Purchase in 2014 which is outside of the SWAp, but deposited into the pooled account.

(2) DFAT has just approved the disbursement of USD 1,400,000 equivalent in March 2015 which is not yet reflected here, bring the balance of not yet disbursed to USD 1,352,890.

FUTURE PLANNING – POST SWAP

The Development Partners are committed to support the health sector going forward, and will convene around the sector through the HPAC in collaboration toward the priorities of the sector and support for country systems. The interest is high in maintaining and building on the achievements under the SWAp, where coordination will be critical post-SWAp environment. While the World Bank will focus on analytical work and/or through the Development Policy Operations with Government, below are specific areas of focus for both the Australian and the New Zealand governments:

- **Australian Aid:** Australia confirmed that it is committed to continue to support the health sector, particularly in the areas of Health Information Systems and support for over and under nutrition and NCDs. Some of the activities currently being designed include: (i) pilot program to strengthen community level nutrition services; (ii) increasing sexual and reproductive health services including through Samoa Family Health Association; and (iii) establishing an institutional linkages program between Queensland Health and the Ministry of Health. In addition to this Australia is allocating a number of Australia Award scholarships specifically for the health sector valued at over A\$3.0 million over three years. Australia looks forward to further discussions with the sector in coming months on how to ensure that its future support builds on the SWAp activities and is line with health sector plans and priorities.
- **NZ MFAT:** NZ MFAT confirms its commitment to its current activities in Health. These include: the bilateral funded SWAp completion and the Institutional Linkage Programme (ILP) between Counties Manukau District Health Board and the NHS (to be extended to end March 2016 to align with SWAp completion); activities supported through regional organizations (WHO, UNFPA, FHFNZ, PPTC, UNICEF); the University of Auckland's mHealth tobacco cessation

¹ MOH/Finance to provide projected expenditure forecast for the full remaining term of the SWAp by mid-April.

initiative; and targeted scholarships alongside Australia. A longer term post SWAP investment in health in Samoa will be designed in the 2015-16 financial year in consultation with Samoa health stakeholders and DPs. This future investment will be slimmer and more targeted than the SWAp, strengthen alignment between NZ MFAT bilateral/regional/partnership activities and GoS priorities, and build on effective partnership approaches. It is likely to include a further phase of an ILP type arrangement with the NHS (NHS has requested a final three year phase). Other potential areas for investment identified during the mission include support to strengthen primary and secondary prevention services in the community and contributing to design and implementation of an integrated health information system with other DPs. New Zealand's Pharmaceutical Management Agency (PHARMAC) has also indicated that it is open to supporting the GoS if requested. NZ MFAT looks forward to continued active engagement in policy dialogue (including design work by other DPs) in partnership with the GoS and other DPs.

NZ MFAT noted that they had received a proposal for the Health extension to Climate Early Warning System (H-CLEWS) (this was provided informally via the Ministry of Health prior to the mission) and requested the MoH to provide the proposal with final costed workplan for funding consideration through the HPAC. The MoH submitted to NZ MFAT during the mission the Health Sector Climate Adaptation Strategy for Health (CASH) and its associated draft Workplan as well as the H-CLEWS Concept Paper for their perusal. This proposal will be considered alongside other priorities in the design of the post-SWAp investment in 2015/16.

LIST OF ANNEXES

Annex A: List of Mission Members and GoS Officials

Annex B: Implementation Plan Infrastructure

List of Mission Members and GoS Officials

MINISTRY OF FINANCE (MOF)	
Peseta Noumea Simi	Assistant Chief Executive Officer, Ministry of Finance Health Advisory Committee Chairperson
MINISTRY OF HEALTH (MOH)	
Leausa Toleafoa Dr. Take K Naseri	Director General, Chief Executive Officer
Frances Brebner	Registrar
Ualesi Falefa Silva	Assistant Chief Executive Officer, HPED & CFP 1
Gaualofa Matalavea Saaga	Assistant Chief Executive Officer, HSCRM
Sarah Faletoese Su'a	Assistant Chief Executive Officer, SDPD & CFP3
Sosefina Talauta Tualaulelei	Assistant Chief Executive Officer, CSD
Rumasina Maua	Assistant Chief Executive Officer for ICT/HIS Division
Lameko Tesimale	Principal Health Care Waste Officer
Darryl Anesi	Program Accountant
Victoria Ieremia Faasili	Principal Component Assistant
Adele Keil	Principal Component Assistant
NATIONAL HEALTH SERVICE (NHS)	
Leota Laki Sio	General Manager
Leilani Galuvao	Manager, ICT/HIS Division
NEW ZEALAND AID PROGRAMME	
Michael Upton	First Secretary Development (Samoa)
Catherine MacLean	Development Manager – Samoa Programme (Wellington)
La-Toya Lee	Development Programme Coordinator (Samoa)
AUSTRALIAN –Aid Program	
Rosemary McKay	Deputy High-Commissioner and Development Counsellor
Rebecca Dodd	Sr. Health Specialist (Canberra)
Kassandra Betham	Health and Disability Program Officer (Samoa)
WORLD HEALTH ORGANIZATION – WHO	
Dr. Yang Baoping	Representative, American Samoa, Cook Islands, Niue, Samoa and Tokelau
Caroline Bollars	Technical Officer, NCD and Health Systems - Samoa
WORLD BANK	
Eileen Brainne Sullivan	Sr. Operations Officer for Health
Dr. R.P. Rannan-Eliya	Consultant
Dr. Wayne Irava	Consultant
Sarah Harrison	Program Assistant
Antonia Wong	Assistant – Samoa

TIMELINES FOR ACTIVITIES ON THE CRITICAL PATH: SWAP							
UPDATED March, 2015 (from November, 2014)							
Contract No.	Activity	No. of days		Date		Planned	
		Planned	Actual	Planned	Actual	Days	Date
QCBS.1	Design & Supervision for PHC, Warehouse, Orthotics: QCBS						
SP6.09.B1							
	Draft contract with Attorney General's office review	10	15		2-May-12		
	Seek cabinet approval	7	14		2-May-12		
	World Bank approval of draft contract	7	10		23-Apr-12		
	Signing of contract	2	21		23-May-12		
	Develop designs & tender documents (3 buildings)	150			7-Apr-14		
	Develop designs & tender documents for MTII Hospital	60			20-Mar-14		
	World Bank approval of bidding documents - Savaii	90	240		16-May-14		20-Jun-14
	Re-design for Primary Health Care & Warehouse - finalized	90	150				1-Jan-14
	seek donors approval	14					23-Jun-14
	Seek cabinet approval						7-Jul-14
	Supervision to cover for defects liability period	12 months					30-Aug-16
SP6.09.B2/2	Construction of the Pharmaceutical Warehouse : NCB for each Lot						
	Publish Invitation to Bid (SPN) - ICB	30			2-Sep-13		7-Aug-14
	Preparation and submission of bids (min 6 wks)	42	49		21-Oct-13	21	28-Aug-14
	Evaluate bids	21		11-Nov-13		14	11-Sep-14
	World Bank approval of evaluation	7		18-Nov-13		-	
	Seek Tenders Board approval of evaluation	5		23-Nov-13		5	16-Sep-14
	Seek Cabinet approval of evaluation	5		28-Nov-13		5	21-Sep-14
	Award and prepare contract	19		17-Dec-13		19	10-Oct-14
	Seek Attorney General's Office for review	30		16-Jan-14		30	9-Nov-14
	Signing of contract	30		15-Feb-14		14	23-Nov-14
	Mobilization	30		17-Mar-14		30	23-Dec-14
		649					
	Construction Period	6/8 months		12-Nov-14		11months	15-Feb-16
	DEFECTS LIABILITY PERIOD	12 months		12-Nov-15			15-Feb-17
	Revised Costruction Period (re-designed)						

		No. of days		Date				
		Planned	Actual	Planned	Actual			
SP6.09.B2/1	Construction of the Orthotics & Prosthetics Workshop : NCB							
	Seek World Bank approval of bidding documents			15-Nov-13	19-Dec-14			
	World Bank approval of bidding documents	7		22-Nov-13	22-Jan-14			
	Publish Invitation to Bid (SPN) - NCB	7		29-Nov-13	23-Mar-14			
	Preparation and submission of bids (min 4 wks)	30		29-Dec-13	7-Apr-14			
	Evaluate bids	21		19-Jan-14	16-Apr-14			
	World Bank approval of evaluation	7		26-Jan-14	6-May-14			
	Seek Tenders Board approval of evaluation	5		31-Jan-14	12-May-14			
	Seek Cabinet approval of evaluation	5		5-Feb-14	20-May-14			
	Award and prepare contract	2		7-Feb-14	22-May-14			
	Seek Attorney General's Office for review	30		9-Mar-14	24-May-14			
	Signing of contract	30		8-Apr-14	30-Jun-14			July 29 2014
	Mobilization	30		8-May-14	1-Jul-14			9-Jun-14
		883						
	Construction Period	12 months		8-May-15	30-Jun-15			29-May-15
	DEFECTS LIABILITY PERIOD	12 months		7-May-16	30-Jun-16			29-May-16
QCBS.1	Design and supervision of MTII Savaii Hospital extension & renovations: SSS							
SP6.09.B7	Negotiations with firm for contract variation #1	5		30-Apr-13	26-Oct-12			
	World Bank approval of Draft contract variation	7	5	2-Nov-12	31-Oct-12			
	Seek Tenders Board approval of contract variation	5		5-Nov-12	11-Nov-12			
	Seek Cabinet approval of contract variation	5		10-Nov-12	16-Nov-12			
	Seek Attorney General's Office review	10		20-Nov-12	15-Dec-12			
	Signing of contract variation	30	282	20-Dec-12	9-Aug-13			
	Negotiations with firm for contract variation #2	30			17-Mar-14			
	Seek Tenders Board approval of contract variation #2				7-Apr-14			
	Seek donors approval of contract variation #2				8-May-14			
	Seek Cabinet approval of contract variation #2				16-May-14			
	Develop designs & bidding documents with variations	120	150	7-Dec-13	20-May-14			
	World Bank approval of bidding documents	7		14-Dec-13	N/A			
		219						
	Supervision to cover for defects period	12 months		30-Jun-16	extension of timing			

SP6.09.B8	Construction of the MTII Hospital extension & renovations : NCB							
	Publish Invitation to Bid (SPN) - NCB	7	10	21-Dec-13	23-May-14		21-Jul-14	Oct-14
	Preparation and submission of bids (mini 4 wks)	30		20-Jan-14	7-Jul-14			1-Dec-14
	Evaluate bids	21		28-Jul-14				19-Dec-14
	World Bank approval of evaluation if required	7		4-Aug-14				20-Aug-14
	Seek Tenders Board approval of evaluation	5		9-Aug-14				2-Feb-15
	Seek Cabinet approval of evaluation	5		14-Aug-14				16-Feb-15
	Award and prepare contract	2		16-Aug-14				19-Mar-15
	Seek Attorney General's Office for review	30		15-Sep-14				20-Mar-15
	Signing of contract	30		15-Oct-14				31-Mar-15
	Mobilization	30		14-Nov-14				1-Apr-15
		167	10					
	Construction Period	8 months		30-Jun-15				15-Dec-15
	DEFECTS LIABILITY PERIOD	12 months		30-Jun-16				15-Dec-16
SP6.09.B13	Supply & Installation of Medical Equipment-Phase B (7 lots) - ICB					Re-bid (some lots) - Shopping		
	Prepare schedule of requirements, specifications & draft bidding documents & forward to World Bank			30-Apr-13	15-Jan-14			
	World Bank approval of bidding documents	7		7-May-13	23-Jul-13	-		
	Publish Invitation to Bid (SPN) - ICB (mini of 6 wks)	2	7	9 May 20113	25-Jul-13			
	Preparation and submission of bids	42	42	21-Jun-13	19-Aug-13			
	Evaluate bids	21	14	5-Jul-13	5-Nov-13			
	World Bank approval of evaluation	7	7	13-Jul-13	19-Dec-13			
	Seek Tenders Board approval of evaluation	5	5	23-Jul-13	17-Feb-14			
	Seek Cabinet approval of evaluation	5	5	28-Jul-13	5-Mar-14			
	Award and prepare contract	2	2	30-Jul-13	7-Mar-14			Jul-14
	Seek Attorney General's Office for review	30	30	29-Aug-13	14-Apr-14			Jul-14
	Signing of contract	2	2	31-Aug-13	16-Apr-14			Aug-14
		123						
	Supply & Installation:	3 months		30-Dec-13	30-Aug-14			Aug-14
	WARRANTY PERIOD / AFTER SALES SERVICES	36 months		30-Dec-16	30-Aug-16			30-Aug-16

New Contract	Renovations of the PHC Services (old Maternity Ward)							
	Publish Invitation to Bid (SPN) - ICB	30		26-Mar-15				
	Preparation and submission of bids (min 6 wks)	30		11-May-15				
	Evaluate bids	21		20-May-15				
	World Bank approval of evaluation	7		post review				
	Seek Tenders Board approval of evaluation	5		25-May-15				
	Seek Cabinet approval of evaluation	5		27-May-15				
	Award and prepare contract	19		19-Jun-15				
	Seek Attorney General's Office for review	30		20-Jun-15				
	Signing of contract	30		30-Jun-15				
	Mobilization	30		30-Jun-15				
		402						
	Construction Period	10months		15-Mar-16				
	DEFECTS LIABILITY PERIOD	12 months		15-Mar-17				
SP6.09.B5	Procurement of the Pharmaceutical Management System							
	Publish Invitation to Bid (SPN) - ICB	2 days		19-Mar-15				
	Preparation and submission of bids (min 6 wks)	4 weeks		20-Apr-15				
	Evaluate bids	7days		29-Apr-15				
	e-health Taskforce and World Bank approval of evaluation	15 days		20-May-15				
	Seek Tenders Board approval of evaluation	3 days		25-May-15				
	Seek Cabinet approval of evaluation	10 days		8-Jun-15				
	Award and prepare contract	2 days		10-Jun-15				
	Seek Attorney General's Office for review	12 days		24-Jun-15				
	Signing of contract	4 days		30-Jun-15				
	Mobilization							
	Installation and Training Period	90 days		31-Sept-2015				
	DEFECTS LIABILITY PERIOD	12months		31-Sept-2016				
	Procurement of the Pharmaceutical Warehouse Cooler							
	Publish Invitation to Bid (SPN) - ICB	2 days		19-Mar-15				
	Preparation and submission of bids (min 6 wks)	6 weeks		30-Apr-15				
	Evaluate bids	7days		11-May-15				
	MoF and World Bank approval of evaluation	15 days		29-May-15				
	Seek Tenders Board approval of evaluation	3 days		8-Jun-15				
	Seek Cabinet approval of evaluation	10 days		19-Jun-15				
	Award and prepare contract	2 days		24-Jun-15				
	Seek Attorney General's Office for review	12 days		10-Jul-15				
	Signing of contract	4 days		16-Jul-15				
	Mobilization							
	Installation and Training Period	90 days		16-Oct-15				
	DEFECTS LIABILITY PERIOD	12months		16-Oct-16				