

## AIDE MEMOIRE

### SAMOA HEALTH SWAP PROGRAM

#### Joint Review Mission

October 28 to November 1, 2013

### INTRODUCTION

1. A Joint Review Mission took place from October 28 to November 1, 2013. It comprised of representatives from the Government of Samoa (GoS), the New Zealand Ministry of Foreign Affairs and Trade (NZ MFAT), the Australian Department of Foreign Affairs and Trade Australian Aid program, the World Bank (WB), and the World Health Organization (WHO).

2. The Mission members thank the staff of the Ministry of Health (MoH) 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 Advisory Committee, Ministry of Finance - MoF) for chairing the meetings and her kind cooperation during the Mission and Ms. Palanatina Tupuimatagi Toelupe (Director General of Health, Ministry of Health - MoH) for leading discussions with the sector.

3. The Health SWAp, which was originally scheduled to close on December 31, 2013, will need to be extended to enable completion of SWAp-funded infrastructure (including some associated equipment), as approved by the Donor Partners in April 2013. All other SWAp activities will be completed by the original closing date of December 31, 2013. Reflecting the request from the Government and the support from development partners, the Bank team will seek formal management endorsement of an extension to cover the period of these activities.

4. The objectives of the Mission were to:

- a) Discuss the SWAp evaluation by Phillip Davies;
- b) Discuss update on the status of implementation and procurement following final agreement reached on the Program of Works in April 2013;
- c) Discuss update on the financial status of the SWAp, including current expenditure and commitments, the approved programme, and available funds;
- d) Discuss issues related to health systems strengthening with a focus on SWAp assisted areas;
- e) Discuss and clarify needs, if any, around closing procedures of the SWAp including those related to a no-cost extension; and
- f) Review progress on the agreed roadmap and plan for health sector support following SWAp.

### KEY ACTION AND AGREEMENTS REACHED DURING THE MISSION

5. The MoF has revised the request for the no-cost extension closing date to December 18, 2015 and will submit the letter to the WB as soon as possible, in order for the Bank team to seek management approval for an the extension. This will also include a reallocation request. The liability period for the no-cost extension will be undertaken through the request of a letter of credit if the liability period goes beyond the requested extension date. In addition, the National Health Service (NHS) will also submit to the Bank the community consultation and environmental safeguard compliance information that is an integral part of the government's procedures prior to undertaking any civil works. This will be submitted by November 13, 2013. The MoH also requested that procurement processes for the infrastructure sub-components be accelerated. It is noted that agreements have been reached to facilitate this (see section on Procurement below).

6. The Mission requested that the Annual Progress Report to June 2013 be updated and submitted to the Development Partners (DPs) to reflect more up-to-date information, as it currently reflects progress only to December 2012 and February 2013 in some cases.

7. The Mission also requested that the April 2013 Program of Works be updated to reflect current progress/completion and funding envelope for activities under each component of the SWAp.

8. As most of the SWAp activities will be completed by the end of this year, it was agreed that the MoH and the NHS will prepare an end December 2013 report capturing activities completed over the last five years. This will then be updated following the end of the SWAp on December 18, 2015, once the infrastructure sub-components are completed.

9. The MoH advised that the following legislation developed under the SWAp is in the process of being approved by Parliament: National Primary Health Care Strategic Plan Framework 2011-2016; Primary Health Care Policy 2011-2016; National Health Promotion Policy 2010-2015; and the National Non Communicable Disease Policy 2015-2015. The mission requested copies of these documents once the sector felt it appropriate.

10. Table 1 contains activities which require further action following this Mission.

Table 1: Action Plan

No.	Action	By Whom	By When	Completion Status
1	Submit to the World Bank revised letter of no-cost extension which includes the request for reallocation.	MoH/MoF	12-Nov-2013	Received
2	Submit to DPs a revised annual progress report to reflect updated information.	MoH	30-Nov-2013	Pending (discussed during the October mission)
3	Submit to DPs signed Environmental Action Plan.	MoH	30-Nov-2013	Pending from April mission
4	Rheumatic Heart Disease (RHD) vehicle purchase still pending as supplier's Bank reviewing contract conditions. MoH/NHS to contact said Bank to expedite the process in order for vehicle delivery to occur as soon as possible.	MoH/NHS	30-Nov-2013	Pending
5	Submit of evaluation report for Phase B medical equipment.	NHS	30-Nov-2013	Pending
6	Submit evaluation report for the PHC and orthotics/prosthetic buildings and recommendation for next steps.	NHS	30-Nov-2013	Pending
7	Ensure that the consultants for the infrastructure components carefully review the Bill of Quantities and provide the revisions necessary.	NHS	30-Nov-2013	Pending
8	Submit: revised September 2013 IFR including updates to funds received	MoH/MoF	30-Nov-2013	Pending

	(NZ MFAT) which had not been recorded, and implement corrective actions from the IFR review on October 31, and subsequent Financial Management mission (November 12-18); and Withdrawal Application.			
9	Extending the new dental clinics' coverage once the epidemiological dental survey is completed.	MoH	15-Jan-2014	Not yet due
10	The DPs provided a template for Progress to Completion report and MoH would complete and submit completed report to DPs for comments.	MoH/DPs	15-Feb-2014	Not yet due

#### KEY FINDINGS OF THE MISSION

11. Site visits were conducted from October 28-29, 2013 for the following programs (a small sample which is not fully representative – refer Annex C for further detail):

(i) Rheumatic Heart Disease program - despite limited means (as the equipment has not yet been delivered and has been pending for quite some time due to procurement issues), the program is being implemented, and has reached a large number of children in post-tsunami affected areas. The prevalence percentage rates are shown below (and full tables in annex).

	2008-12 Probable RHD	2008-12 Definite RHD	June 2011 Probable RHD	June Definite RHD	Oct 2013 Probable RHD	Oct 2013 Definite RHD
Apia	4.6	1.3			3.9	2.6
Falealili					1.3	0.6
Aleipate			2.3	1.0		
Rural West			4.6	1.3		
Rural Savaii			6.4	2.8		

(ii) The Lufilufi NCD PEN site, for which implementation of PEN programs is felt by the visiting General Practitioner to provide greater structure, but faces difficulty with expired medical supplies and/or some equipment provided by WHO not functioning. New supplies are needed under the Government's budget as is further work with WHO to further support PEN implementation;

(iii) Promotion of good nutrition and physical activity is being implemented along with regular sanitation audits in Peace Chapel Primary School (private) to improve children's diet and health, but behavior change is a slow process in the absence of reinforcement at home;

(iv) A static dental clinic at St. Mary's Primary School (see para 12 below) currently services only St. Mary's students as a pilot, but is to be opened up to other neighbouring schools once the epidemiology study is completed at the end of the year; and

(v) Waste management at the Samoa Family Health Clinic requires reinforcement on waste/sharp security of bins and disposal, and the Upolu incinerator, whose equipment dates to 2004, would benefit from being replaced. The Environmental Health Care Waste Management Plan dated June 2013 (to be signed shortly) was provided to the Mission. However, there is a need to reinforce supervision to ensure that waste management guidelines are applied and reinforced.

12. A special note is made with regard to the St. Mary's dental program: once the dental epidemiology survey is completed this service needs to be expanded to include neighbouring school pupils to meet equity, accessibility, and affordability principles, as outlined in the Health Sector Plan. The MoH has undertaken to work with the NHS to resolve the issues of equity and accessibility.

13. The Mission also discussed the mid-term evaluation of the SWAp report prepared independently under Australian aid funding. The MoH agreed that the evaluation report made a fair assessment of the SWAp as experienced by the MoH and DPs but queried what was meant by ambiguities in roles/responsibilities of MoH and NHS referenced in the report, noting that when the SWAp started, the NHS had just been established. The MoH has a regulatory, policy and sector oversight role, and the NHS implements service delivery. The reference in the report was about how the delineation of those roles and responsibilities had evolved over time. The MoH's focus is in equity, accessibility, and affordability.

14. The Mission also discussed primary health care (PHC) services. There are structural and human resource challenges to providing a fully functioning PHC service. The SWAp period saw the contracting of General Practitioners to support PHC in rural areas, development of a policy framework, a shift in

resources, and an increase in workforce and training to meet those challenges. Despite the deployment of GPs to rural areas, utilization has not increased in certain areas, but in others, has significantly increased.

15. The WB questioned whether data was available on the indicator on assessing services by poorest quintiles. There are different definitions as to poorest, just as there are for integrated services. There is an overall agreement that the mid-term reports did not look at the opportunity cost of the services provided, and WHO stated that access is positive, but utilization may be low, but currently increasing, and the focus is to look at quality of services. The Monitoring and Evaluation (M&E) system does not collect data on quintile, however, it was noted that the Household Income and Expenditure Survey (HIES) 2008 will be supplemented with an HIES in 2014, which will provide comparative data to assess how the sector is addressing health services to the poorest segments of the population. The Bank is also engaged in developing a poverty map, financed by Australian aid, which will provide further data and analysis.

## STATUS OF IMPLEMENTATION AND FIDUCIARY ASPECTS

### Project Objective

16. The objective of the Project 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 Project Objective, in improving access through the deployment of GPs to rural areas, the training and deployment of auxiliary nurses to rural health facilities and to the new hospital, strengthening service delivery, increased communication of health risks for the Samoan population, and improved outreach. The Program Development Objective (PDO) is measured by the following proxy indicators:

- ❖ births attended by a skilled health staff (80.8% - 2009);
- ❖ immunization for diphtheria is 91% - 2011; measles at 67% - 2011 (for which efforts are being made to increase the rate);
- ❖ antenatal visits 4+ is at 58.4%;
- ❖ strengthened governance through the establishment of the NHS;
- ❖ strengthening health systems through the hiring of additional nurses and GPs;
- ❖ improved water and sanitation;
- ❖ universal coverage to ensure access;
- ❖ partnership commitment and harmonization to meet the Government's Health Sector Program.

17. The MoH provided information on health system strengthening where development work is underway to strengthen M&E and the Health Information System (HIS). The HIS consultant did not fulfill all of his terms of reference; the MoH has nevertheless taken the inputs and developed a draft strategic plan and policy for the HIS.

### Overall Implementation Progress

18. Overall implementation progress is almost complete. Most activities outside of the infrastructure will be completed by December 31, 2013. The evaluation of the infrastructure activities is underway for the PHC and the Orthotics/Prosthetic buildings. There is additional work to be undertaken on the bidding documents for the Pharmaceutical Warehouse, as well as for the Malietoa Tanumafili (MTII) Hospital in Savai'i. As reiterated during the April 2013 mission, the no cost extension will cover the infrastructure activities including some of the goods outlined in Annex A. There will be no additional funds forthcoming during the no-cost extension period, and any overruns incurred will be at the charge of the GoS.

19. Both the NHS and the Health Promotion Foundation (HPF) received Cabinet Approval and five year funding commitment for the HPF. The 2013 Governmental Reviews will develop the corporate mandate for each agency. The HPF will focus on the determinants of health and health promotion, and the Health Resources for Health (HRH) will be the instrument on needs workforce for the sector. The HRH policy is currently under review by WHO and will be disseminated once final.

## Financial Management

20. The financial status of the project was discussed, and a follow-on mission was undertaken by the Bank's Financial Management Specialist from November 12-15, 2013. The report is attached in Annex xx. It was decided among DPs that the percentages of disbursement in the Joint Partnership Agreement (JPA) will not be modified as a large proportion of the funds will be disbursed at December 31, 2013, leaving only funds from NZ MFAT to cover the infrastructure to be disbursed during the no-cost extension, as well as some funds from Australian aid for medical equipment.

21. NZ MFAT raised concerns that their contribution had not been taken into account in the March and June 2013 IFRs. The MoF was able to identify that said funds were received in the Central Bank's Designated Account after researching the issue and the IFR is to be amended accordingly. The next IFR/PMR needs to be corrected on the note on Summary Receipts and Expenditure to update the amount received.

22. The March and June IFRs made mention of use of Interest Earned to finance SPAGHL Allowances. As this is ineligible under the JPA, it is proposed that this amount be reimbursed out of the excess contribution by the GoS which currently stands at 11 percent.

23. The high cost of vehicle rental under the STEPS survey was also noted where the MoH/NHS would need to further strengthen negotiated prices to ensure efficiency and more cost-effective use of SWAp funds.

24. With regard to the expenditures on Faaaloaloga (customary gifts) in the June IFR for SAT 14,000, this was discussed and approved (see Annex xx for further details).

## Procurement

25. The most recent procurement plan was submitted in October 2013. Of the ongoing/pending procurement activities, the following are:

- (i) Procurement of the vehicles and ECG machines for the Health Care Waste Management (HCWM) and the RHD programs have been processed and the goods are expected to be delivered in November 2013. The MoH will advise the DPs once the goods are in operation. It is noted that some of the bins received under the HCWM program are damaged (tops have holes in them), and in future, it is recommended that careful review of the specifications for durability be undertaken prior to purchasing replacements.
- (ii) In respect of the major items on the critical path (see table in Annex A), only the Phase A medical equipment has been contracted to date. Bids for the first package of works (PHC and Orthotics & Prosthetic Workshop), and for the Phase B medical equipment are under evaluation (these are almost complete). There has been poor response to the works bidding, and only two local suppliers responded to the bid. Bidding documents for the Pharmaceutical Warehouse works are under revision, following feedback received from the DPs. The MoH/NHS should follow up closely with the design consultants, to ensure that the technical

requirements in the bidding/shopping documents are clearly described, to enable bidders to prepare realistic bids. The Mission agreed that, in the event there is a justifiable need to re-invite bids for some or all of the works and equipment lots, the MoH/NHS may consider splitting the packages further (for each worksite and for specialized equipment), and follow shopping procedures where possible, subject to Tenders Board concurrence. MOH will forward its recommendations to the DPs on the ongoing evaluations, by November 8, 2013. It was also agreed that the retention monies covering the works defects liability period may be released on bank guarantees provided by the contractors, and therefore the proposed no-cost extension need not cover the defects liability period.

(iii) The vehicle for the RHD program is awaiting the supplier's Bank to approve the draft contract. It is recommended that the MoH/NHS contact the supplier's Bank to expedite this process in order to ensure that the vehicle is delivered in country as soon as possible.

(iv) The mission was informed that additional works are required for the MTII Savaii Hospital renovations. The NHS will ensure that sufficient funds are allocated for these additional works, within the available budget and/or from counterpart funds.

26. Procurement Post Review. The post review commenced during the mission and will be concluded in early 2014. The draft report will be shared with the MoH by April 30, 2013 for review and feedback prior to finalization.

#### FUTURE PLANNING – POST SWAP

27. The MoF acknowledged that the SWAP has been a challenging modality and presented a high-level summary of the current state of the health sector as a platform for future development. The factors known are as follows:

- There will be a reduced financial resource pool available from DPs.
- A sound policy framework exists.
- There is a clear direction for the sector mandated by Cabinet – i.e. to strengthen the system through health promotion and primary health care.
- There is (or will soon be) a good infrastructure basis for the sector.
- The challenge is now to build on successes supported by the SWAP (e.g. policies, infrastructure), make these 'business as usual', and address more the 'human' aspects of health sector development.
- Human resources/workforce planning needs strengthening.

28. The MoF suggested to the sector that they very carefully consider priority areas for development of the health sector (not necessarily associated with an associated budget) for presentation to the DP(s) and the GoS.

#### Ministry of Health

29. The MoH made a number of comments around the SWAp and post SWAp period:

- They acknowledged that they knew there were constraints on the budget and were mindful that "we need to ensure the health of our people rests with us".
- The MoH believed the SWAp had raised capacity (e.g. through training) which will be realized further in the future.
- The MoF will dictate the budget envelope and the MoH is aware of the importance of the work needed in health financing.
- One of the major investments (felt to be insufficiently recognized by the DPs) was the formation of the Health Promotion Foundation.
- They recognized the burden of NCDs and the impact that this has on the sector.

30. Each of the DPs presented a position for an investment or not in the health sector post SWAp.

31. NZ MFAT: The New Zealand bilateral aid program is over programmed (mainly due to Cyclone recovery/rebuilding costs) and a number of significant programmes, including the health SWAp, are nearing completion. New Zealand recognizes the importance of health to development but also needs to address the programme priority of sustainable economic development. This means that some difficult decisions need to be made. New Zealand is not yet clear about whether or not there will be a future bilateral health investment in Samoa (over and above any future phase of the Institutional Linkage Programme with Counties-Manakau district health board (ILP). Any investment is expected to be modest and quite targeted. It would be predicated on the GoS developing clear priorities aligned with a revised HSP (based on the Mid-term Review of the HSP), an evidence-based, outcome oriented programme and a partnership approach. A final decision from NZ is likely to be made in the first half of 2014 following the evaluation of the ILP, which will be completed by end December 2013.

32. Australian Aid Program : Health remains a core priority for Australia and it is assumed it will remain so under the new federal government. There will be a reduced investment which in pragmatic terms will translate into targeted assistance. One of the principles of a future investment is that Australia works in partnership with GoS and is keen to hear from the sector and the GoS about where they believe the working space for investment lies. Australia is unlikely to be in a position to build infrastructure in health in the future. Australia's interest will be in implementing policy and expanding on the areas where they have already provided funding. They would like to lead with discussions around policy prior to approaching which investment modality would be used. It is anticipated by mid-2014 that Australia will have an agreement in place with the GoS which defines budget, policy, etc.

33. World Bank: There is a potential opportunity for the Bank to provide assistance through the Development Policy Operations (DPOs) currently in place with government. DPOs are implemented over a short timeframe, based on achieving outcomes, through a general budget support.

#### Conclusion

34. MoF outlined a suggested process from this point forward: the GoS has policy dialogue (Partnership Talks) pending with both Australia and New Zealand - this will be an opportune time to engage DP interest and potential continued investment. Following from this, a dedicated health sector DPs meeting in early 2014 could be envisaged. In the meantime the sector, as a whole, is to consider what is needed and determine key priorities. The plan would then be to present these priorities to the DPs in that meeting.



## LIST OF ANNEXES

- Annex A: Planned Program of Completion of Civil Works
- Annex B: Rheumatic Heart Disease Cases Status
- Annex C: Site Visit October 28-29, 2013
- Annex D: Financial Management Implementation Review Report
- Annex E: List of Mission Members and GoS Officials

Planned Program of Completion of Civil Works

TIMELINES FOR ACTIVITIES ON THE CRITICAL PATH: SWAP  
UPDATED IN OCTOBER 25, 2013

Contract No.	Activity	No. of days		Date		Planned	
		Planned	Actual	Planned	Actual	Days	Date
QCBS.1	Design & Supervision for PHC, Warehouse, Orthotics: QCBS						extension to Dec 2014 for supervision-addl funds time-based contract
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	150					
	World Bank approval of bidding documents	7	464		30-Aug-13		
		183	524				
SP6.09.B2/A	Construction of the Primary Health Care, Orthotics & Prosthetics Workshop - 2 lots: ICB						Re-bid (Lots 1&2 separately) - Shopping
	Publish Invitation to Bid (SPN) - ICB	30			2-Sep-13		15-Jan-14
	Preparation and submission of bids (min 6 wks)	42	49		21-Oct-13	21	5-Feb-14
	Evaluate bids	21		11-Nov-13		14	19-Feb-14
	World Bank approval of evaluation	7		18-Nov-13		-	
	Seek Tenders Board approval of evaluation	5		23-Nov-13		5	24-Feb-14
	Seek Cabinet approval of evaluation	5		28-Nov-13		5	1-Mar-14
	Award and prepare contract	2		30-Nov-13		2	3-Mar-14
	Seek Attorney General's Office for review	30		30-Dec-13		30	2-Apr-14
	Signing of contract	30		29-Jan-14		14	16-Apr-14
	Mobilization	30		28-Feb-14		30	16-May-14
		568					
	Construction Period	/8 months		26-Oct-14		6/8 months	11-Jan-15
	DEFECTS LIABILITY PERIOD	12 months		26-Oct-15			11-Jan-16
		<u>No. of days</u>		<u>Date</u>			
		Planned	Actual	Planned	Actual		
SP6.09.B2/B	Construction of the Warehouse Storage : NCB						
	Seek World Bank approval of bidding documents				15-Nov-13		
	World Bank approval of bidding documents	7			22-Nov-13		
	Publish Invitation to Bid (SPN) - NCB	7			29-Nov-13		
	Preparation and submission of bids (min 4 wks)	30			29-Dec-13		
	Evaluate bids	21			19-Jan-14		
	World Bank approval of evaluation	7			26-Jan-14		
	Seek Tenders Board approval of evaluation	5			31-Jan-14		
	Seek Cabinet approval of evaluation	5			5-Feb-14		
	Award and prepare contract	2			7-Feb-14		
	Seek Attorney General's Office for review	30			9-Mar-14		
	Signing of contract	30			8-Apr-14		
	Mobilization	30			8-May-14		
		802					
	Construction Period	12 months		8-May-15			
	DEFECTS LIABILITY PERIOD	12 months		7-May-16			
QCBS.1	Design and supervision of MTII Savaii Hospital extension & renovations: SSS						
SP6.09.B7	Negotiations with firm for contract variation	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			
	Seek Cabinet approval of contract variation	5		10-Nov-12			
	Seek Attorney General's Office review	10		20-Nov-12			
	Signing of contract variation	30	282	20-Dec-12	9-Aug-13		
	Develop designs & bidding documents	120		7-Dec-13			funds required for addl extensions
	World Bank approval of bidding documents	7		14-Dec-13			
		189					
SP6.09.B8	Construction of the MTII Hospital extension & renovations : NCB						funds required for addl works-SAT128,000
	Publish Invitation to Bid (SPN) - NCB	7		21-Dec-13			
	Preparation and submission of bids (mini 4 wks)	30		20-Jan-14			
	Evaluate bids	21		10-Feb-14			
	World Bank approval of evaluation	7		17-Feb-14			
	Seek Tenders Board approval of evaluation	5		22-Feb-14			
	Seek Cabinet approval of evaluation	5		27-Feb-14			
	Award and prepare contract	2	11	1-Mar-14			
	Seek Attorney General's Office for review	30		31-Mar-14			
	Signing of contract	30		30-Apr-14			
	Mobilization	30		30-May-14			
		167	0				

Construction Period

6 months

26-Nov-14



Echo RHD School Screening - Apia Secondary Schools: April -October 2013 (Professor Dr Satupaitea Viali)

Secondary Schools April-Oct 2013	Total Number of Echos	Total number of Kids Echo	Congenital HD	Borderline RHD on 1st Echo	Definite RHD on 1st Echo	Others on 1st Echo	Borderline RHD on 2"d Echo	Definite RHD on 2nd Echo	Surgery Needed
St Joseph College April 2013	359	335	2	2	6		2	6	
Don Bosco College August 2013	171	167	1	1	4		1	4	1x RHD
Channel College August 2013	275	254	1	3	8		4	7	
Faleata College Oct 2013	646	602	6	12	17	3	Not done yet	Not done yet	X1 RHD
Total	1,451	1,358	10	18	35	3	7	17	2

Prevalence:

- Probable RHD =  $(18 + 35) / 1,358 = 3.9\text{‰}$  (39 per 1,000)
- Definite RHD =  $35 / 1,358 = 2.6\text{‰}$  (26 per 1,000)

Echocardiogram RHD School Screening- Falealili Region (Primary Schools) - October 2013 (Professor Dr Satupaitea Viali)

Falealili Primary Schools	Total Number of Echos	Total number of Kids Echo	Congenital HD (CHD)	Borderline RHD on 1st Echo	Definite RHD on 1st Echo	Other on 1 <sup>st</sup> Echo	Borderline RHD on 2 <sup>nd</sup> Echo	Definite RHD on 2 <sup>nd</sup> Echo	Surgery Needed
Siumu Primary	313	299		3	2	1			
Saleilua Primary	244	237	1	2	2				1x CHD
Nene Primary	52	46	1						
Sapoe & Utulaelae Primary	61	56	2						
Vaovai Primary	173	161	3	1	1				
Sapunaoa Primary	125	120			2				
Satalo Primary	72	69	1						
Salesatele Primarx	87	82		1					
Salani Primary									
Total	1,127	1,070	9	7	7	1			

Prevalence

Probable RHD =  $(7+7)/1,070 = 1.3\%$  (13 per 1,000)

Definite RHD =  $7 / 1,070 = 0.65\%$  (6.5 per 1000)

Echocardiogram RHD School Screening- Aleipata Region (Primary Schools)- June 2011 (Professor Dr Satupaitea Viali)

Aleipata Primary Schools (June 2011)	Total Number of Echos	Total number of Kids Echo	Probable RHD on 1st Echo		Borderline RHD on 2nd Echo	Definite RHD on 2nd Echo	Surgery Needed
1.Tiavea Primary	180	180	3			3	
2.Samusu Primary	168	168	5		2	2	
3.Saleaumua Primary	130	130	1			1	
4.Lotopue Primary	129	129	4			3	
5.Satitua Primary	124	124	4			2	
6.Uiutogia Primary	43	43	0			0	
7.Vailoa Primary	64	64	4		1	1	
8.Lalomanu Primary	140	140	5		1	1	
9.Saleapaga Primary	121	121	4		1	1	
10.Lepa Primary	104	104	1			1	
11.Aufaga Primary	158	158	2			2	
12.Lotofaga Primary	168	168	3			0	
13.Matatufu Primary	91	91	1			0	
Total	1,620	1,620	37		5	17	

Probable RHD = includes Borderline RHD & Definite RHD

Prevalence:

Probable RHD =  $37/1,620 = 2.3\%$  (23 per 1,000)

Definite RHD =  $17/1,620 = 1.0\%$  (10 per 1,000)



Echocardiogram RHD School Screening - Apia Region (Primary Schools) - 2008-2012 (Professor Dr Satupaitea Viali)

Apia Primary	Total Echos	Total Kids Echo	Probable RHD on 1 <sup>st</sup> Echo		Borderline RHD2 <sup>nd</sup> Echo	Definite RHD2 <sup>nd</sup> Echo	Surgery Needed
1.Samoa Primary 2008	225	225	14		3	2	
2.Ah Mu Primary 2009	211	211	2			1	
3.Pesega-Fou Pri 2009	206	206	7			3	
4.Peace Chapel 2009	250	250	3			3	
5.Vaiala Beach 2009	210	210	5		1	2	
6.LeAmosa 2009	44	44	1			0	
7.Vaimoso Primary 2009	579	579	47		4	10	
8.Vaimea Primary 2009	492	492	32		3	7	
9.Lalovaea SDA 2009	210	210	14			3	
10.RLSS 2009	292	292	11			5	
11.Vaivase Primary 2009	460	460	19			4	
12.Vaitele Primary 2010	644	644	38		6	9	
13.Vailoa Primary 2010	155	155	4			2	
14.Marist Primary 2012	579	557	21		2	8	
15.St Mary Primary 2012	745	721	23		3	12	X2
16.St Theresa Pri 2012	285	263	14			2	
<b>Total</b>	<b>5,587</b>	<b>5,519</b>	<b>255</b>		<b>22</b>	<b>73</b>	

Probable RHD = includes Borderline RHD & Definite RHD

Prevalence:

- Probable RHD =  $255/5,519 = 4.67\%$  (46 per 1,000)
- Definite RHD =  $73/5,519 = 1.37\%$  (13 per 1,000)

Echocardiogram RHD School Screening- Rural-West Primary Schools: June 2011 (Professor Dr Satupaitea Viali)

Rural-West Primary Schools June 2011	Total Number of Echos	Total number of Kids Echo		Probable RHD on 1 <sup>st</sup> Echo		Borderline RHD on 2 <sup>nd</sup> Echo	Definite RHD on 2 <sup>nd</sup> Echo	Surgery Needed
Leulumoega Primary	131	131		7		2	1	
Fasitootai Primary	197	197		8		3	2	
Nofoalii Primary	296	296		14		3	5	
Total	624	624		29		8	8	

Probable RHD= includes Borderline RHD & Definite RHD

Prevalence:

Probable RHD =  $29/624 = 4.6\%$  (46 per 1,000)

Definite RHD=  $8/624 = 1.3\%$  (13 per 1,000)

Echocardiogram RHD School Screening- Rurai-Savaii Primary Schools: June 2011 (Professor Dr Satupaitea Viali)

Rural-Savaii Primary June 2011	Total Number of Echos	Total number of Kids Echo		Probable RHD on 1't Echo		Borderline RHD on 2'd Echo	Definite RHD on 2'd Echo	Surgery Needed
Manumalo Primary	94	94		5		4	1	
Salelologa Primary	319	319		25		4	10	2x RHD
Salelavalu Primary	148	148		10		1	6	
Vaiola Primary	147	147		5			3	
Total	708	708		45		9	20	

Probable RHD = includes Borderline RHD & Definite RHD

Prevalence:

Probable RHD =  $45/708 = 6.4\%$  (64 per 1,000)

Definite RHD =  $20/708 = 2.8\%$  (28 per 1,000)



## Report on Visits to Facilities/Programmes

## Salani Primary School (Rheumatic Heart Disease Screening)

SWAp contribution

- RHD screening pilot in post tsunami areas
- Procurement of mobile clinic
- Procurement of portable echo-cardiogram

Activities

- Discussed screening programme with Dr Viali including: numbers screened (completed and projected by end of year); individual outcomes; proposed training to support sustainability
- Observed screening of primary school pupils
- Received screening report including numbers screened and outcomes

Observations

- Accessible, effective programme delivering value for money
- High volumes of children being screened enabling early detection and treatment of RHD
- Children with moderate impairment are treated with penicillin injections and monitored; those with severe impairment receive valve surgery in New Zealand via the Overseas Referral Scheme
- Evident that current vehicle is in need of replacement; procurement of new vehicle has been processed - expected delivery November 2013
- Procurement of additional portable echo-cardiogram processed - expected delivery November 2013
- Programme challenges identified include: long-term monitoring of children with moderate impairments; scaling up to national coverage; building medical/nursing capacity to enable programme scale up and ensure sustainability

Recommendations

- Secure budget for scaling up and sustaining programme beyond December 2013
- Build screening and treatment capacity by implementing proposed training of nursing staff and planning for additional medical capacity

## Lufilufi Community Health Centre (Primary Health Care – PEN and NCD Prevention)

SWAp contribution

- No direct SWAp contribution, however, a World Bank report financed by the DPs, carried out an assessment of NCDs in the Pacific and in Samoa (ref. xxxx).

Activities

- Viewed facilities: birthing facility, reception area, medical supplies/pharmaceuticals storage area, clinic rooms
- Discussed application of PEN and approach to NCD screening/treatment with nursing and medical staff

Observations

- GP in attendance – weekly visit
- PEN protocols not fully implemented and mixed reports from staff on extent of integration of PEN into existing practice
- Health promotion material on display
- Paper based record system captures key information
- Reported shortage in medical supplies e.g. diabetes test strips

- Programme challenges include: adhering to protocols on patient follow up and outreach services; engaging some community members (auxiliary nurses are facilitating attendance at clinics); access to essential supplies

#### Recommendations

- Further work with WHO office to identify barriers to more comprehensively implementing PEN and implement measures to address these

### GIS/GPS (MoH Health Promotion and Enforcement Division)

#### SWAp contribution

- Enhancement of GPS/GIS surveillance (TA, training, software and equipment)

#### Activities

- Discussed process of data capture and generation
- Viewed maps and reports
- Observed use of MapInfo to map sanitation issues and typhoid outbreaks

#### Observations

- Foundation for enhanced surveillance in place
- System capability not yet fully utilized - a work in progress [have capability to capture and generate data for the school sanitation programme, health care waste programme, food audit and handling outlets, water quality sampling]
- Staff within division trained
- MapInfo Introduction Manual and GIS Management Strategy developed
- Reports do not reflect current data (Feb 2013)
- Monitoring reports are produced (e.g. sanitation) but limited evidence of use of maps/reports to inform policy development and planning (e.g. maps appear to be mainly used for presentations)
- System not linked with NHS system - to be addressed through HIS implementation

#### Recommendations

- Continue efforts to increase use of system capability
- Maximize use of reports and maps generated to inform policy and planning
- Work with NHS to ensure system integration with broader HIS work
- Ensure sustainability through increased training and maintenance support for software
- Investigate what advice/support could be available through WHO regional programme.

### Peace Chapel Primary School (School Nutrition)

#### SWAp contribution

- Food and nutrition policy reviewed and updated – TA, POA and consultations
- School resources and fruit trees

#### Activities

- Viewed canteen, school garden
- Discussed progress with implementing nutrition guidelines

#### Observations

- Nutrition standards introduced in 2012 - “on a journey” to implement
- Clear evidence of strong proactive leadership by Principal to implement healthy eating/healthy lifestyle programme across school years, integrated with the curriculum: surveyed families; implemented module on health promotion (healthy eating, healthy choices, healthy lifestyle, exercise, hygiene); nutritionist and sports role model visits for senior students; canteen now includes almost exclusively healthy food and drink options including some locally produced (e.g. banana smoothies); health promotion information included in school newsletter
- Reported challenges for schools include: private ownership of canteens limiting schools’ ability to influence canteen contents; community members’ reliance on income from producing less healthy

food for canteens; some schools allowing children to purchase food from nearby shops; many children not eating breakfast at home; children resisting eating fruit and vegetables available; families not reinforcing healthy eating and physical activity; inability of schools to direct refer to health services; enforcing basic hygiene practices (e.g. hand washing); limited health services provided in schools (e.g. immunization visit once a year); maintaining interest in school gardens

- MoH quarterly monitoring reports perceived to be useful feedback for schools
- Opportunities exist for more joint MoH/MESC monitoring
- Unrelated but significant issue is bullying – need for support to meet children’s emotional/mental health needs

#### Recommendations

- Continue research and activities to drive societal level culture shift towards healthy eating/healthy lifestyles
- Investigate potential to strengthen health/education sector linkages and to develop referral pathways that enable for integrated responses to children’s needs.

### St Mary’s Savalalo Primary School (Dental Clinic)

#### SWAp contribution

- Static dental clinics constructed on three primary school sites

#### Activities

- Viewed facility
- Discussed services provided, numbers of children seen, access/catchment area
- Observed children receiving dental care

#### Observations

- Spacious and very well maintained facility (reception, sterilization area, two clinic rooms) – clean and well-equipped
- Records are paper based
- Services include initial screening then frequent follow-up according to individual child’s needs (generally about 3 monthly)
- Services are currently only available to St Mary’s pupils (approx. 800 girls)
- Barrier to neighbouring schools/public access was reported to be due to concern about security of religious community living in the grounds and that of school pupils
- Advised that plan in place to extend access
- Operational costs unknown – awaiting approved budget from NHS
- Training provided reflected in SWAP training matrix

#### Recommendations

- Address DP concerns about limited access by providing plan for opening up access to neighbouring schools/community and reporting progress against plan (e.g. register of clinic attendees by referral source)
- Consider purchase of computer to facilitate more efficient record keeping.

### Health Care Waste Management (Samoa Family Health and Incinerator)

#### SWAp contribution

- Improved collection and segregation of health care wastes - HCW truck, signs/labels for trucks
- Health care waste generation source inventory established
- Training of database participants

#### Activities

- Visited Samoa Family Health clinic - viewed facility, including colour-coded bins for waste segregation and storage areas, and talked with clinic staff
- Visited HCW destruction site - viewed incinerator, pit, landscaped area

- Discussed HCW management challenges

#### Observations

##### Samoa Family Health

- Provides sexual and reproductive health services - Samoa's second biggest generator of biomedical waste
- Waste is separated into biohazard bins/standard waste bins/sharps boxes
- Issue of overfull biohazard bin at rear of clinic in unsecured area – clinic reported NHS had been notified but had not collected - significant risk
- Replacement bins not budgeted for - reported supplies sufficient for several years
- Certain bins damaged (top perforated) – issue of quality of bins
- Training in infection control, OSH, HCW management has been provided to Upolu and Savaii staff (including cleaners)
- A July survey showed improvements in application of infection control procedures

##### HCW destruction site

- Incinerator functional but rusting - reportedly needs replacing
- Viewed protective clothing
- New pit being dug (3<sup>rd</sup> since 2004)
- 24 hour security on site

#### Recommendations

- MoH to urgently follow up with NHS on collection of clinical waste and ensure monitoring is in place to prevent recurrence
- Clinic to create secure storage area (not accessible to public) for biohazard bin
- Investigate funding sources for replacement incinerator (e.g. EU).



## FINANCIAL MANAGEMENT IMPLEMENTATION REVIEW REPORT

1. Objective and scope of review – A review of the implementation of the financial management (FM) arrangements of the Samoa Health Sector Management Program Support and compliance with the financial covenants under the Financing Agreement was conducted on November 14, 2013 at the Ministry of Health by the Bank's FM Specialist Stephen Hartung. The objective of the review was to ensure that the FM arrangements for the IDA credit, and funds provided by other donors for the SWAp, are adequate for the successful achievement of project development objectives. The mission generally covered the following: (1) review of the project's financial management system through (a) discussions with Project Staff and the Ministry of Finance, (b) review of and analysis of IFRs, and (c) inspection of selected expenditures as to eligibility and adequacy of supporting documents and compliance with policies and procedures under the Project; (2) review of financial reports and books of accounts; (3) review of the status of the actions taken to the recommendations in the past missions; (4) review of compliance with the financial covenants under the credit and grant agreements and (5) an analysis of the current financial position to determine what actions may be considered prior and post 31 December 2013.

2. Project Description – The objectives of the Health Sector Management Program Support Project for Samoa is to improve the effectiveness of the Government of Samoa (GoS) in managing and implementing the Health Sector Plan 2008-2018 (HSP) using results from sector performance monitoring. There are three components to the project.

The first component is health promotion and prevention. It aims to support the transformation of the health sector towards a health and wellness model from a narrower medical orientation. Health promotion is at the centre of Ministry of Health's effort to reorient the sector to a wellness focus.

The second component is the enhancement of quality health care service delivery. It aims to support improvements to various dimensions of the quality of health care, particularly at the primary care level.

The third component is strengthening policy, monitoring, and regulation in the health sector.

3. Status of disbursement –Total disbursements for the IDA funds are shown in the table below as of November 8 2013.

Source of funds	Loan Amount in XDRs	Amount disbursed	% of funds disbursed.
IDA 44320	1,900,000	1,896,634	99.8%
IDA 47210	2,000,000	0	0%

The closing date for the project is December 31, 2013 however an extension is currently under review by management (proposed extension to December 18, 2015) which will only be for Component 2. All other activities will be completed by December 31, 2013. There was no change to the IDA percentage of funds disbursed since the last FM review however there are pending WAs for IDA 44320 of \$5,164 and IDA 47210 of \$2,007,299 which have subsequently been disbursed.

The table below show committed funds from all donors, amount disbursed to November 1 2013 and the funds still to be disbursed.)

Donor	Committed Funds (USD)	Amount Disbursed	Not Yet Disbursed
GoS	1,825,755	1,825,755	NIL
NZAid	13,657,770 (1)	8,854,029	3,786,393 (4)
DFAT	15,600,000	12,716,543 (2)	2,883,456
World Bank	6,000,000 (3)	2,907,366	3,092,934

(1) NZAid commitment is \$16.3 NZD (see further note for NZD in report)

(2) Available funds are NZ 4,564,495 according to NZ Aid as at November 18, 2013. USD equivalent based on current exchange rate. Discrepancies between committed funds, amount disbursed and not yet disbursed are due to exchange rate fluctuations, and bank charges due to transfers.

Funds are pooled and hence no donor funds specific expenditure in their own right. The 6% contribution from GoS was to cover taxes as all external legal agreements are exclusive of tax. As agreed under the Joint Partnership Agreement, the pro rata allocation of funds is as follows:

- AusAID 45%,
- IDA 25%,
- NZAid 24% and
- GoS 6%.

Based on the additional financing provided by the donors including the GOS and assted funds are fully expended the overall percentage contributions will be:

- AusAID 42%,
- IDA 16%,
- NZAid 37% and
- GoS 5%.

The most recent mission determined that given the advanced progress of the project and the complexity amending the percentage contributions it was determined there would be no change to the current percentage contribution for expenditure.

4. Overall financial management system rating – The FM rating as remains as Moderately Satisfactory due to the poor forecasting and issues relating to the September IFR. There was no change in the risk assessment and it remains moderate.

5. Adequacy of accounting staff and maintenance of accounting records – The Financial Unit for this project consists of Darryl Anesi (program accountant) and Richard Titimaea Tafua (Component 2 assistant) who helps with the accounts and Mareta Sefo (Component 3 assistant). Darryl has the skills to maintain an adequate set of accounts and now that he has successfully completed his Masters Degree there should be sufficient FM resources to maintain the accounts and complete the FM requirements of the project. FM implementation reviews will continue to be conducted at least every 6 months.

6. Internal Controls – There is segregation of incompatible duties and responsibilities. Levels of review and approvals were considered adequate to provide reasonable assurance that the policies and procedures for recognition and recording of assets, revenues and expenses are generally complied with. All documentation is prepared by the MoH and this is then reviewed by MoF and pre audit from Samoa Audit Office prior to payment by MoF. The Program Operations Manual covers the internal control requirements of the project and the FM systems meet the Bank's requirements.

7. Follow up from previous mission issues
  - a) Sitting fees were paid from interest as agreed during the April 2013 review; however it was pointed out by NZAid that the Joint Partnership Agreement (JPA) requires that all interest must be used for SWAp activities, hence the SPAGHL sitting fees for Civil Servants could not be charged to interest. It was agreed that this amount will need to be reversed from interest and will be allocated 100% to GoS. This will be shown separately in the September 2013 IFR. The reduction to the GoS will simply be a journal entry which will reduce the GoS contribution and hence reduce the overall percentage contribution. If this is not acceptable, then a request for GoS to contribute an additional 73,500 SAT could also be considered.
  - b) Taxes - The Financing Agreements for IDA 47210 and 44320 and NZ and Australia are exclusive of taxes. It was originally agreed that in lieu of deducting the tax from each expenditure for which VAGST is charged the GoS contribution would be 6% which was the estimated overall cost of tax to the project. Since the initial agreement, VAGST has increased from 12.5% to 15% and the relative contribution from GoS has fallen from 6% to 4.9% due to increased contributions from all donors. This report raises the concern that the relative contribution from GoS may not be sufficient to cover the tax and hence donor funding could be in breach of its Legal Agreements.
8. Issues identified during this review.
  - a) Transaction Review – There was no review of the documentation for the transactions during this review as previous FM reviews had identified few documentation issues. There was however a review of the expenditure covering the period to the end of the September quarter, based on the information provided in the September IFR. There were discussions relating to a number of transactions for which contracts were produced. There were no issues that required follow up.
  - b) Review of IFR – As part of this mission there was an extensive review of the September IFR and the following comments were relayed back to the program accountant and will be reviewed prior to finalization of the report;
    - there were no commitments for component 3 and the procurement officer's contract does not run out until 31 December 2013.
    - the trial balance review did not reveal any questionable expenses although there were some quite high catering costs.
    - The proposed budget for SWAp unit operational costs was less than the actual expenditure and based on the formula used to predict the 6 monthly forecast was shown a negative forecast cash flow. This will be amended to the actual amount of expenditure already incurred so there will be a zero forecast of expenditure for this activity which while not correct will have an immaterial impact on the overall projection, which are usually in excess of what is actually spent.
    - The interest carried forward in the Summary of Receipts and Expenditures Worksheet is inconsistent with the June report.
    - The formula for the total receipts received from NZ and Australia are incorrect and hence the totals are incorrect.
    - The 6 monthly project figures should be amended as for components 1 and 3 the only expenditure that will be paid after 31 December 2013 is for expenditures incurred prior to 31 December but paid after that date.

Issues raised by NZAid: There was a meeting between NZAP, Karen Punivalu, MoH SWAP, Darryl Anesi, MOF, Noelani & Letauilo and World Bank, Maeva Vaai & Stephen Hartung on November 13,

2013 to cover the issues raised in the NZ memo dated October 16. The comments below are based on the outcomes of the meeting and based on the minutes taken by Maeva.

a) NZ 6-monthly tranche payments of USD 977,234.30 and NZD 2.1m

MoF & MoH confirmed that the two unrecorded credits (tranche payments) from NZAP were not included in the March & June 2013 IFRs due to delayed receipt of funds into the Special Account as a result of these transfers being channeled via the Treasury General account with ANZ, instead of using the normal method of transferring funds directly into the USD denominated special account with CBS. This has resulted in recording delays and exchange losses and increased bank charges. MoF stated, the limited narration on the TT also caused delays as MOF's accounts division could not identify the appropriate account to transfer receipts. MoH & MoF have agreed to revise the June 2013 IFR to reflect the first missing contribution, as this will impact on the annual financial statements. In addition, the draft September 2013 IFR will also be updated to reflect the second missing contribution. NZAP representative has agreed to advise Wellington to revert back to using the normal method of transferring NZ contributions directly into the special account with CBS.

b) Incorrect refund of ineligible expenditure of SAT\$73,350 for SPAGHL Allowance through using interest earned

This was covered under section 7 (a) issues from previous reviews.

c) Difficulty identifying POW expenditures due to different coding systems of POW and IFR

This occurred due to POW coding being fairly recent document which was developed due to the agreement to classify program activities in an outcome based manner. It was recommended in the April FM review that the Financial Matrix excel sheet was developed to enable reconciliation between the POW coding and the IFR coding be included as part of the IFR

d) Questionable expenditures of SAT 14,000 and excessive expenditures totalling SAT 120,000

The SAT 14,000 expenditures were made up of \$2000 x 7 villages presentations done during formal gatherings of the respective village councils to officially welcome such visits for programs that require village engagements. It was argued that it was more cost effective to have the survey teams stay at the respective villages instead of having them stayed at hotels given the quotes sought. The SAT 120,000, for vehicle hire was for 5 vehicles and had been procured through a transparent process.

e) Actual spending exceeding budgeted totalling in excess of SAT 1m

The queries refer to comparisons to the projections rather than the budget and it was agreed the projections are often very inaccurate. (see also section 10)

f) Project Expenditure Discrepancies totalling USD909,181.41 between the Summary & Bank Reconciliation sheet and the Trial Balance sheet

The two sheets in the IFR will always differ due to the nature of financial information presented by these sheets. The Summary and Bank Reconciliation sheet shows expenditures directly paid from the Designated Account and are mostly large expenditures relating mainly to consultancy and goods as well as overseas payments for each quarter. The Trial Balance sheet not only includes the direct payments from the DA but also the pre-financed expenditures that go through the GoS Finance One system for each quarter. The pre-financed expenditures do not show on the DA until the reimbursement is done by MoF.

9. Available project funds – based on the September IFR, information from donors and the POW update, funds available compared to funds (note all amounts are in USD).

Designated Account Balance of as at 30 September 2013	8,296,888 (1)
Balance of donor funds as at November 1 (2)	9,762,783
Total Funds Available	<u>18,059,671</u>
Un expended POW as at 30 September (3)	14,425,645

- (1) Based on September 30 IFR balance ‘Summary of Receipts and Expenditures Worksheet.’
- (2) Based on information provided by donors during mission. There had been no disbursements from donors during October.
- (3) Based on POW provided by project accountant. Note this amount 31,215,855SAT differs from the amount shown in the September IFR of 34,803,376 SAT. The program accountant will follow up on this and provide an explanation.

The estimated unexpended donor funds at the end of the project are US\$3,634,026.

10. IDA Funds – A review was done of the IDA funds to determine the current position. IDA funds are disbursed by report based funding which means funds are disbursed based on 6 monthly financial projections from the IFR and then “acquitted” based on the expenditure incurred by the IDA funds based on the IFR.

To date there has been disbursement as follows:

IDA4432	- \$2,912,494.78
IDA4721	- \$2,007,299.57
Total	- \$4,919,694.35

Funds still remaining to be disbursed, based on the Client Connection exchange rate on 17 November 2013, \$1,043,046.

The September IFR would enable a claim of \$298,573.70. The reason for the dramatic reduction in the funds available to disburse is due to three factors, (1) the amount of actual expenditure for September quarter was 891,995 SAT compared with the projected expenditure of 9,535,819SAT for the quarter. Hence only 9% of the projected expenditure was expended. (2) The projected expenditure for the December quarter has been revised down from 9,535,819SAT to 5,951,099 SAT. (3) The projected expenditure for the March 2014 quarter is 5,162,119 SAT, as no expenditure for components 1 & 3.

Based on the September IFR additional Withdrawal Application of \$298,573, \$744,473 will remain undisbursed.

The total amount of project IDA funds is \$5,962,740. The total expenditure documented (acquitted) as per the September IFR is \$4,572,262 and therefore \$1,390,478 remains to be acquitted. As only 25% of every dollar expended is allocated to IDA the total amount required to be expended or incurred during the last quarter is \$5,561,912 (12,806,612 SAT). Based on the prior expenditure pattern and the December quarter expenditure projection, it is extremely unlikely that the IDA funds will be fully expended by 31 December 2013; however it is expected that the IDA funds should be fully expended by early 2014.

11. FM issues for 2014 and beyond – There are a number of other issues that need to be addressed going forward in 2014:

- Component 2 is where the activity will be undertaken under the extension prior. The MoH is to ensure that the current procurement officer is taken up under government funding (through component 3).
- when the IDA funds are fully expended early in 2014 (or at the end of 2013 if no extension is granted) there will be a different expenditure allocation between the 3 donors, which will be inconsistent with JPA. How will this be addressed?

- after the final disbursement of funds for IDA additional submissions of IFR to the loans section will still be required to document funds advanced in the previous IFR projected expenditures. LOA will need to outline their requirements once the funds are fully disbursed.

12. Compliance with the financial covenants – (a) Interim Financial Reports - The IFR for June will need to be amended to include the NZ Aid funds received during the reporting period to avoid a qualification as these are the reports submitted for audit. The September IFR has been prepared but will need to be amended to include the NZ Aid funds and the suggested amendments identified during this FM review. The September IFR is due 15 November, 2013. (b) Audited project financial statements - The 2012/13 financial statements have been submitted to Ministry of Finance on October 10, 2013; however these will need to be amended (see above). The 2012/13 audit is due to be received by the Bank by 31 December 2013.

13. Summary of action plans: Below is a list of the actions required as a result of the Implementation review:

	Actions	Responsible	Due Date
1.	Reallocation of the SPAGHL sitting fees from interest to payment totally by GoS and disclosure in the September IFR.	Program Accountant	November 15 when September IFR is due (overdue)
2.	Submission of 2012/13 project audited financial statements.	Program accountant/Ministry of Finance/Samoa Audit Office.	December 31, 2013
3.	Submit the September 2013 IFR	Ministry of Finance/Project Manager	November 15, 2013 (overdue)
4.	Include a copy of the Financial Package Matrix as an attachment to future IFRs	Program accountant	September 2013 IFR and then ongoing.
5.	Provide an explanation for the difference on funds still to be spent between the POW and the IFR	Program accountant	December 15, 2013

## 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)	
Palanitina Tupuimatagi Toelupe	Director General, Chief Executive Officer
Pelenatete Stowers	Assistant Chief Executive Officer, Nursing and Midwifery
Frances Brebner	Registrar
Ualesi Falefa Silva	Assistant Chief Executive Officer, HPPS & CFP 1
Gaualofo Matalavea Saaga	Assistant Chief Executive Officer, HSCRM
Sarah Faletoesu Su'a	Assistant Chief Executive Officer, SDPD
Sosefina Talauta Tualaulelei	Assistant Chief Executive Officer, CSD
Rumasina Waua	Assistant Chief Executive Officer for ICT/HIS Division
Lameko Tesimale	Principal Health Care Waste Officer
Darryl Anesi	Program Accountant
Richard Tafua	Accountant
Violet Aita	Procurement Specialist
Victoria Ieremia Faasili	Principal Component Assistant
NATIONAL HEALTH SERVICE (NHS) OF THE MINISTRY OF HEALTH	
Leota Laki Sio	General Manager
Kassandra Betham	SWAp Manager / CFP2
Leilani Galuvao	Assistant Chief Executive Officer for ICT/HIS Division
NEW ZEALAND AID PROGRAMME	
Michael Upton	First Secretary Development (Samoa)
Catherine MacLean	Development Manager – Samoa Programme (Wellington)
Karen Punivalu	Senior Development Programme Coordinator (Samoa)
AUSTRALIAN –Aid Program	
Anthony Stannard	Development Counsellor
Megan Counahan	Health Specialist (Samoa)
WORLD HEALTH ORGANIZATION – WHO	
Dr. Yang Baoping	Representative, American Samoa, Cook Islands, Niue, Samoa and Tokelau
Caroline Bollar	Technical Officer, NCD and Health Systems - Samoa
WORLD BANK	
Eileen Brainne Sullivan	Sr. Health Operations Officer (Washington)
Miriam Witana	Procurement Specialist (Sydney)
Maeva Natacha Betham Vaai	Liaison Officer – Samoa
Antonia Wong	Assistant – Samoa
Stephen Hartung	Financial Management Specialist (Sydney)