

AIDE MEMOIRE
Samoa Health SWAP Program
Implementation Support Mission
March 19-23, 2012

INTRODUCTION

1. The Implementation Support Mission took place from March 19-23, 2012. It comprised representatives from the Government of Samoa (GOS), the New Zealand Aid Programme (NZAP), Australian Agency for International Development (AusAID), the World Bank, World Health Organization (WHO) and United Nations Population Fund (UNFPA).
2. In addition to meetings with various stakeholders involved in the SWAP, the mission visited the Leulumoea District Hospital, Poutasi District Hospital and the Lufulufi District Center.
3. The mission members would like to thank the Director General/CEO and staff of the Ministry of Health, the General Manager and staff of the National Health Services and the General Manager and staff of the National Kidney Foundation of Samoa, for their time and cooperation with the mission. The mission is also grateful to Ms. Noumea Simi (ACEO, Aid Coordination, Ministry of Finance) for her effective chairing of the meetings and for her cooperation.

KEY ACTIONS AND AGREEMENTS REACHED DURING THE MISSION:

NEXT STEPS

Action	By Whom	By when
1. GOS will provide a redrafted program of work indicating its revised priorities;	MoH/MoF	April 30,2012
2. NZ will seek a decision on additional funding and transmit to GOS its decision by end-May;	NZAP	May 30, 2012
3. Status report for the DRC contract and proposed action plan sent to WB;	MoH	April 15, 2012
4. Submit a final implementation plan for civil works to the WB;	MoH	April 15, 2012
5. An additional FM mission will visit Samoa to follow up on the issues raised during the mission and the VC;	WB/MoF/MoH/DPs	April 10, 2012
6. Incinerators will be upgraded or repaired;	NHS	August 31, 2012
7. Consult with safeguard specialist and inform GOS of necessary follow-up actions;	WB	April 15, 2012
8. Prepare a first draft of a road map for post-SWAp.	MOH/	June 30, 2012
9. Final TOR for Coordination	Development Partners	May 15, 2012

Development Partner		
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PROGRAM STATUS AND KEY ISSUES

A reminder of the Program Development Objectives (PDOs) and key performance indicators:

The institutional development objective of the SWAP is to improve the effectiveness of the Government of Samoa in managing and implementing the Health Sector Program based on a results performance monitoring.

To monitor and evaluate the success of the SWAp in terms of institutional outcomes, a set of indicators have been developed that focus on: (i) improvement in policy, planning and implementation; (ii) efficiency in public health expenditures; (iii) broad commitment and ownership of the sector-wide process; (iv) benefits of harmonization; (v) quality of consultations and processes; and (vi) use of program performance results to improve planning and management.

The SWAp is aligned with the priorities and strategies articulated in the Health Sector Plan (HSP) which aims in the medium-term (FY 2009-2013) to improve access to, and utilization of effective, efficient and quality health services, to improve the health status of the Samoan population.

To monitor and evaluate the success of HSP, the following strategic sector performance indicators are being monitored: (i) control of non-communicable diseases; (ii) child health, morbidity and mortality; (iii) reproductive and maternal health; (iv) control of communicable diseases; and (v) injury prevention.

Progress towards achievement of PDOs

Up to this mission, it has been difficult to track progress towards achieving the PDOs because the appropriate indicators for the SWAp were not clearly identified and the results matrix was not completed. However, the mission is happy to note that the GOS has now completed to a large extent, the results matrix (see Annex 1) and that much progress in the indicators is noted. If implementation continues at the pace witnessed since last December, the GOS is likely to achieve the PDOs.

Overall Implementation Progress

Implementation of the SWAP has picked up in a very positive way since last December.

At the strategic level, the GOS has revised the Program of Works using a format agreed on with the DPs. The revised POW presents the linkages with the GOS strategies and the M&E plan. It also includes contributions to the Sector from all other donors. The Health Advisory Committee with revised membership and role is now up and running. The Government has held the Annual Health Sector Forum, reporting on key health issues to sector stakeholders and building a forum for domestic accountability for health results and policy discussion.

At the same time, the GOS has provided the 6-monthly narrative report to December 2011 which is linked to the PAD indicators and revised procurement and financial plans. All those reports show good progress in launching or implementing the large and urgent procurement items. While it can be potentially improved, the MTEF has reviewed expenditure patterns in the Sector and has given a picture of staffing and operations as well as the envelope of resources available.

Finally, the Sector has come together in a productive way. The new NHS GM has taken the lead in preparing the NHS Corporate Business Plan which provides clear financial information regarding Capital and Operating Costs. The mission is pleased with the planning instruments used to monitor progress and bottlenecks. Several TAs are now either in place or being recruited to support the process, namely a Procurement Specialist, a Bio-medical specialist, and an Asset Manager, among others. It is hoped that these appointments will allow the Sector to meet the tight deadlines on civil works and goods as outlined in the procurement plan.

Overall Risk

Despite the clear implementation progress seen since last December, the Program continues to face a number of risks: (i) that the sheer number of activities listed in the program may not be able to be contracted before the end of June 2013 or delivered by December 2013, (ii) the program of works has been over-programmed with the budget required exceeding the available financing and posing a risk of over-committing; and (iii) the risk that the SWAp may deliver a wide array of inputs and outputs to the sector, but may not have the desired impact on health outcomes.

These risks can be mitigated by: (i) a close monitoring of procurement deadlines, particularly for the large activities; (ii) a careful monitoring of the contractual commitments as well as by prioritizing the activities within the programme of work; and (iii) having the results of studies such as the DHS or KAP drive more activities in the sector. For example, the mission strongly endorses the conducting of a DHS in 2014-2015 as well as the STEPS survey during next year.

PROGRAM OF WORK

The mission appreciates the revised program of work which, as requested, includes the programs that are funded outside of the SWAp. This enables the program to be assessed in a broader context.

The mission was pleased with the significant progress in procurement since the last mission in December 2011. It noted, however, that the completion of all planned projects by December 2013 is still challenging, with potential significant financial risks to the GOS in embarking on infrastructure projects that may not be completed within the current financial envelope.

The revised program of work, including the additions since last mission, was considered. It was asserted by the DPs that the Pacific Health Minister's meeting in 2013 and the advocacy and communal engagement for the 50th anniversary should not be funded from the SWAP as they fall outside the SWAP objectives. The MoH maintained that the linkages between the SWAp objectives and the priority agendas of the Pacific Island Countries (PIC) Health Ministers meeting, purports the necessary political will to support and implement the stated objectives from a regional perspective, that will benefit national efforts. The 50th Anniversary is an ongoing opportunity to be implemented for just this year alone – ie. June to December 2012 – to capitalize on the collectiveness amongst the Samoan people to make a difference in their lives and in this case, health. The matter will be considered in the reprioritized Program of Work, noting that during the Mission the DPs did not agree to the inclusion of the Health Minister's meeting.

The re-building of Poutasi District Health Centre on higher ground was confirmed to be a desirable safety measure following the Tsunami. *[Post-Mission Comment: The NHS letter on their option on the hospital layout is attached to this Aide Memoire]*. The mission notes that Samoa needs a plan to equip the new national hospital and recommends that the GOS completes a full assessment of facilities and develops an inventory of equipment needed as a matter of urgency with detailed estimated costs before Partners can

consider approving a contribution from the SWAp to provide such equipment. *[Post-Mission Comment: That work is being undertaken by NHS together with the support of the Biomedical Specialist.]*

Concerns were raised over the considerable level of over-programming compared to the funding available with a proposed estimated budget of around USD\$33 million against guaranteed funding of USD\$22.5 million. It was agreed that the GOS will provide a redrafted program of work indicating its revised priorities by end of April, 2012.

PROGRAM FINANCING

Total expenditures, commitments through December 2012 and the current Program of Work cost estimates are presented in Table 1.

Table 1. Total Expenditures and Commitments at December 2012 and the POW estimates

Components	Currently Costed Program	Actual Expenditures	Committed	Existing Program of Work
Component 1	7,911,086	3,548,355	269,266	4,153,504
Component 2	49,844,779	11,280,447	3,038,649	35,525,682
Component 3	24,825,012	6,182,374	855,035	18,642,638
Total SAT	82,640,877	21,011,176	4,162,910	58,371,825
Total USD	33,056,351	8,404,470	1,665,164	23,328,730

The maximum potential funding available under the Program, as discussed extensively in the last aide-mémoire, is SAT68.3mn (US\$27.3mn). However, at present only SAT56mn (US\$22.5m) is formally confirmed. NZ has yet to confirm its anticipated additional funding (which is dependent on overall project performance) of approximately SAT 11mn (US\$4.8mn). Full AusAID funding may also depend in part on their ability for early scheduling of disbursements. NZ will transmit to GOS its decision by mid-May, 2012.

AusAID and NZAID will work with GOS to finalize agreements for any additional financing over coming weeks. Once this is finalized two actions are required: (i) the GOS needs to reprioritize the POW to fit within the available budget; and (ii) the shares between partners for disbursements needs to be adjusted to reflect their share in the funding of the program.

PROCUREMENT

- 1. Internal Clearance Process:** The mission notes that in accordance with Samoan Government requirements, bidding documents, bid evaluation reports and contracts require approval from the Tenders Board, Cabinet and Attorney General's Office. In some instances, the drawn out processes have caused delays in project implementation. The sequencing of the approval is also a concern and every attempt must be made to ensure synchronization of both Government of Samoa and WB processes. In view that the Program will be closed by December 31, 2013 and the implementation schedule is very tight, the mission recommends that each reviewing authority follow their service standards and speed up the review process to ensure that the targeted procurement progress can be achieved. The mission would like to emphasize that bidding documents, contract award recommendations, and contracts that are modified after the World Bank no objections are issued, should be re-submitted to the WB for review and no objection.

2. **Procurement from United Nations Agencies.** The Ministry of Health will purchase medical equipment directly from United Nations Population Fund (UNFPA) acting as supplier. The Bank Team has shared the Bank's Template for the Agreement between the Government of Samoa and UNFPA for Procurement of Supplies. The mission advised the Ministry of Health to use that Template when they negotiate and sign the contract with UNFPA. It was also informed that the Ministry of Health/National Health Service and UNFPA are discussing the scope of supplies from UNFPA and will finalize the Agreement including all annexes. Once the negotiated draft Agreement is available, the Ministry of Health should send the negotiated Agreement to the Bank for review and no objection. Procurement from UNFPA should be included in the updated Procurement Plan.

3. **Status of the Contracts signed with DRC:** Three ICB contracts were signed with DRC International (Netherlands) on September 12, 2011. The latest delivery date specified in the signed Contracts was 120 days after the date of effectiveness of the contract. However, the mission learned that the Goods have not been delivered in accordance with the Contracts. The mission was told that the delay was due to the fact that the letter of credit was not properly prepared and issued. The mission recommends that MoH work together with MoF to take immediate remedial actions and inform the Bank of the outcomes of such actions . It was agreed that the status report and proposed action plan will be sent to the Bank before April 15, 2012. The three contracts mentioned above include: (1) Contract No. HSP G.5 Lot 1: Mobile X-Ray Vans, value: AUD338,501.79; (2) Contract No. HSP G.5 Lot 2: 3 Double Cab Pick Ups, Contract value: EURO99,906.36; (3) Contract No.HSP G.8 Lot 2: HCW Coded Bins, contract value: EURO65,952.50.

4. **Use of the Bank's Standard Contracts for Selection of Consultants.** The mission notes that in some cases, the Bank's Standard Contracts for Selection of Consultants are not used or substantially modified. This non compliance has caused delays in the review process and contract signing. The mission reiterates that the Bank's Standard Contracts shall be used with minimum changes and also recommend to use the Bank Standard Contract for Small Assignments (time based or lump sum) when individual consultants are signed. It however took note of the fact that there is also the need to consider GOS templates and that the proposed joint Procurement review may result in templates acceptable to all parties involved. *[Post-Mission Comment: The teleconference on April 19th with the representatives of the MoH, MoF, AG's Office and the World Bank (Sydney) noted that the World Bank template will be adopted and that the AG's Office will provide the additional clauses to reflect and secure the interests of government.]*

5. **Procurement Implementation Plan for Civil Works.** The mission has reviewed together with MoH the procurement implementation plan for civil works; in principle the Bank has no objection to the draft implementation plan. The detailed draft implementation plan for civil works is referred to in Annex 2. It was agreed that MoH will review the implementation plan carefully and submit a final version to the Bank no April 15, 2012.

6. The mission has reviewed the draft NCB Bidding Documents for procurement of Health care waste (HCW) truck and long flat deck truck provided during the mission. Next step is that the Ministry of Health revises the bidding documents in line with the comments provided and submit the revised bidding documents to the Bank for review and no objection. *[Post Mission Comment: This contract is currently being advertised with bid opening scheduled for May 14, 2012 at the Tenders Board].*

Key civil works contracts:

A visit was made to the ongoing civil works at the Nurses' School where the WB consultant also participated in a scheduled site meeting with the contractor and the supervising engineer. Work is of a good quality and is at present about 1 week behind schedule, mainly as a result of rainy weather. With only about 25% into the contract period, excluding mobilisation time, this is not considered to be a problem.

Site organisation and project management give a good impression.

Most of the outstanding civil works are fairly small and providing that the work plan prepared by NHS can be adhered to, the mission is confident that these can be completed before the project comes to a close (a detailed report is in annex 3). The following construction contracts may be a cause of concern, should there be any delays.

PHC, Warehouse and Orthotic Workshop: Design work is scheduled to require four months starting at the beginning of May. Approvals and tendering are estimated to require a further four months, giving a construction start at the beginning of January 2013. Ensuring that the deadlines are met is imperative for the Government of Samoa for the reasons discussed previously with regards program closure.

MT2 Hospital, Savaii, Renovations and Extensions. In order to save time it has been agreed to negotiate a fee with the consultants for the above buildings. A normal guideline for all-in fees is about 10-12% of the construction cost. Based on estimated construction cost of SAT 4 000 000, the consultants fee proposal of about SAT 1 200 000 (30%) at the time of the mission must be regarded as being unacceptably high. Negotiations to reduce the fee substantially are being undertaken. The NHS together with the SCU will provide the assessment for the PPs review on the capacity of the Stevenson & Turner firm to undertake this work at the same time as the PHC, Warehouse and Orthotic workshop. Both projects have the same time schedule, with design start in May 2012 and a construction start in early January 2013. NHS is urged to look closely at this and if necessary, select an alternative. *[Post-Mission Comment: The negotiations with Stephenson and Turner were completed by mid-May and based on the original TOR, the revised consultancy fee has been substantially decreased as well as the construction cost. Please refer to the NHS letter attached for clarification.]*

Poutasi D.H. The mission recommends that both buildings should be located in parallel across the slope, rather than the L-shape of the existing hospital. This will simplify construction as well as exposes only the short ends of the buildings to solar radiation from the East and West. *[Post-Mission Comment: The NHS response on this matter has been submitted to the PPs with their preference to maintain the original L-shape design.]*

Static Dental Clinics. The recommendations made by the WB on small but important changes in the plan in November 2011 have not been incorporated in the plans which are being used for tendering. Cost implications are, if anything, a very small saving and the mission strongly recommends that they be taken into consideration. The changes could be covered by a Variation Order on signing the contract or immediately after. *[Post-Mission Comment: On investigation it appears that the recommendations were not received by the SCU. They were subsequently provided on April 2nd, 2012 and conveyed to the NHS. The subsequent letter and design noting the NHS comments on this matter are attached. There will be no contract variation as agreed to with the construction firm.]*

FINANCIAL MANAGEMENT

The mission raised a number of financial management issues, which required follow up via a subsequent financial management review mission to ensure that the reports provide timely and reliable financial information. These include:

- (i) expenditures may be overstated as any unused funds were not always to be offset against the original recording of the expense. In the follow up FM mission, an extensive review was completed of both the procedures and the actual transactions. The overstatement identified was 2,600 WST. It was agreed this would be rectified by the project accountant;
- (ii) the MoH does not keep in its archives copies of the Registers provided by the MoF, although soft copies were available, during the follow-up mission. MOH has agreed to keep the soft and hard copies of the registers in future as these show the workings for the IFR.
- (iii) some requested relevant project documentation and information was not available to the team during the first part of the Mission, but it was provided during the follow-up mission;
- (iv) the MoF provided electronic copies of the detailed expenditures/Register, since the beginning of the project, and there were entries included in the Registers provided by the MoF that were not included in the project accounts. These entries were subsequently confirmed to be incorrect postings which have been reversed out, interest and receipts from the donors which are recorded separately in the IFRs. As this issue was also raised in the SWAp 2010/2011 audit it is recommended that the MoF review the internal controls in accounts section to minimize incorrect postings in the future;
- (v) the 2009/2010 and 2010/2011 expenditures were duplicated by error and no correct version was provided during the first mission. These have now been provided and the only issue not yet resolved is apparent errors in the way Finance One is calculating the balance of register account, which the Ministry of Finance is following up on. This will not impact the project accounts but does make any reconciliation between the register and the project accounts more difficult.
- (vi) it is recommended that a copy of the register for the reporting quarter of the IFR be included as an attachment to IFRs.

Details on FM are in Annex 4 [*Post Mission Comments: including MoH's comments (letter attached) sent through MoF regarding the Financial Management issues raised during the December 2011 mission and teleconference with the Bank on March 29, 2012*].

SAFEGUARDS

One of the mission members visited health facilities in Upolu and Savaii to follow up on recommendations made by the HCWM Consultant. Following the visit, the following observations were made: (i) Incinerators at both locations are in need of urgent maintenance and repair; (ii) There is an urgent need to ensure that the appropriate supplies and protective gears are in place and used. [*Post Mission Comment: The protective gears were supplied to NHS by end of March 2012*]. With respect to the incinerators, it was agreed that they will be upgraded or repaired by end of August 2012.

As to the apparent absence of protective gear for the workers who handle the hazardous wastes material for final disposal, the mission, working closely with the Principal Health Care Waste (PHCW) Officer succeeded in facilitating the release and use of supplies. The color coded bins have been on order with delivery delayed due to incomplete processing of the letters of credit.

The Government of Samoa has decided to relocate the Poutasi District Hospital which was affected by the Tsunami in 2009. Such relocation and construction are likely to trigger the “resettlement” as well as “environmental” safeguards. The WB team will consult with the Regional Safeguards Advisor to learn of any action needed before construction starts.

Action: WB to consult with safeguards colleague and inform the GOS of necessary follow-up actions by mid-April, 2012.

PROGRAM MONITORING – RESULTS MATRIX

According to the Project Appraisal Document, the results of the HSP performance monitoring are expected to be presented on an annual basis at the Joint Health Summit. The mission was pleased to receive the matrix of results (Annex 1) and appreciates the Government’s efforts in completing it.

The mission acknowledges the GOS’s decision to carry out the STEPS Survey in 2013 as well as the Health Services Performance Assessment. Similarly, the mission was encouraged by the use of maternal audits which demonstrated MoH’s regulatory work which were evidence.

FUTURE PLANNING – POST SWAP

The SWAp’s heavy focus on national health policy, workforce capacity, and health infrastructure, has provided a good base on which to negotiate a new multi-year sector arrangement centered around evidence based planning.

The MOH’s vision on priorities for future health partnerships are focused around Health Systems Strengthening founded on Whole of Country Health Promotion and Revitalised Primary Health Care. The focus would be on:

- Strengthening the health system based on the six (6) building blocks of the health system.
- Addressing overall human resources for health (HRH) shortages through improved training programs and facilities and continuous improvement to working conditions; Improving the quality and standards in which health staff operate;
- Strengthen the supply of well-trained health personnel including via medical, nursing and midwifery and allied health training programs.
- Ensuring that rural health districts health facilities are well equipped, staffed and utilized;
- Strengthening Health Information Systems and improving staff compliance to collecting, submitting and using data;
- Exploring opportunities to improve participation of the private sector with reviews of performance and usage of NKFS and DAS.

The health sector places great emphasis on the prevention and control of NCDs in Samoa, whilst being mindful of the need to continue to strengthen and improve maternal and child health outcomes.

DPs’ priorities and objectives are fully aligned with those identified by the GOS. A few additional focus points for DPs in any future partnerships in the health sector include:

- Placing Samoa on a sustainable health financing pathway;
- Ensuring that all planning, programming, and reporting is clearly evidence-based, includes robust statistical analysis and focused on results.
- Garner and utilize the respective strengths and expertise of all Development Partners engaged in the sector;

- Completing a costing for the Sector Plan and updating the MTEF on a biennial basis;
- Engaging in longer term arrangements, providing more predictability for partners;
- Improving health outcomes for more vulnerable groups (disabilities, poverty).

Although budget support is a preferred aid delivery modality, as articulated in the GOS's Aid Policy, there is openness to options suited to all parties involved.

The mission agreed that the next step for the sector is to consider a roadmap for future partnership and how this may be designed and progressed in readiness for implementation in 18 months. Samoa undertook to prepare a first draft of the road-map, in consultation with the Development Partners, within 3 months, i.e by end of June 2012. Development partners undertook to feed in a coordinated picture of their process requirements in the concept and design phase of future sectoral support beyond the current SWAp.

LIST OF ANNEXES

- Annex 1: Results Matrix
- Annex 2: Procurement
- Annex 3: Planned Program of Completion of Civil Works
- Annex 4: Financial Management
- Annex 5: List of Mission members and GOS officials

Annex 1
Results Matrix

PART A: Health Sector Program Indicators

IMPACT INDICATORS					
	Baseline	New Data	Update Data: (FY 2010/2011)	Definition & Frequency of Reporting Update	Data Source / Comments
Control of non-communicable diseases <ul style="list-style-type: none"> Prevalence of Diabetes (25-64yrs) <i>(Goal: declining rate)</i>	21.5% (2002 STEPS Survey) Covered 16 villages (2817 sample size)	Not yet available STEPS scheduled 2013 (WHO)	11.3% (15 Years +) Source: (Village Health Fair) covered 155 villages 23,302 people registered(at nurse clinics)	<i>Defn:</i> Estimate of proportion of population who have diabetes (fasting glucose level is greater than or equal to 6.1 mmol/L (110mg/dl) <i>Freq:</i> by the end of Year 5 Notes: Diabetes measured as whole blood capillary reading of >=11.0 mmol/L	Update to be provided by the end of Year 5 through the MINI-STEPS survey. DHS not suitable to update this indicator Village Health Fair Report (2010/2011)
Improved maternal and child health <ul style="list-style-type: none"> Perinatal mortality Rate <i>(Goal: declining rate)</i>	23.9 per 1000 live births (All public health facilities – 2008)	21.7 per 1000 live births (All public health facilities – 2009) 12.2per 1000 live births (TTM Hospital only, FY 09/10) Source: PATIS	All public health facilities data not available FY 10/11 11.2 per 1000 live births (TTM Births only, FY 10/11)	<i>Defn:</i> "Deaths occurring during late pregnancy (at 24 completed weeks gestation and over), during <u>childbirth</u> and up to seven completed days of life" <i>Freq:</i> Annual & 3-5yrs	Sourced from all births in public health facilities (estimated to account for 70-80% of all births with the rest by TBAs and to a lesser extent the single private hospital. Improvements to sector wide Health Information System scheduled under SWAP should see 100%

		Perinatal mortality rate according to DHS 2009 is 37 per 1,000 births	Source: PATIS (Patient Information System)		coverage of all birth sources by end of Year 5.
Universal access to reproductive health services <ul style="list-style-type: none"> Adolescent birth rate <i>(Goal: declining rate)</i>	28.6 annual births per 1000 women aged 15-19 yrs (Samoa Census 2006) 9.8 births per 1000 women aged 15-19 yrs (TTM Births only, FY08/09) Source: PATIS	38.1 births per 1000 women aged 15-19 yrs (Year 2008 births @ public health facilities and 15-19yrs age grp) 9.3 births per 1000 women aged 15-19 yrs (TTM Births only, FY09/10) Source: PATIS 44 per 1,000 women age 15-19 (DHS 2009)	10.0 births per 1000 women aged 15-19 yrs (TTM Births only, FY 10/11) Source: PATIS (Patient Information System)	Defn: The adolescent birth rate measures the annual number of births to women 15 to 19 years of age per 1,000 women in that age group. It represents the risk of childbearing among adolescent women 15 to 19 years of age. It is also referred to as the age-specific fertility rate for women aged 15-19. Freq: Annual	The higher rates calculated from known births at public health facilities, is more in line with figures reported from previous Census' prior to the 2006 Census. DHS 2009
Control of Communicable diseases <ul style="list-style-type: none"> Incidence of water-and-food borne infections Typhoid	Diarrhoea & Gastroenteritis in <5yr olds presenting to TTM and MTII Hospitals (2008): 1,962 Cases of	Diarrhoea & Gastroenteritis in <5yr olds presenting to TTM and MTII Hospitals (2009): 2,157 Cases of clinically suspected typhoid	Diarrhoea & Gastroenteritis in < 5 Yrs old presenting to TTM and MTII Hospitals (2010) = 2280	Annual & 3-5yrs	Presentations (outpatients/admissions) due to diarrhea and gastroenteritis of all children under 5 yrs old to TTM and MTII hospital; Cases of clinically suspected typhoid

<i>(Goal: declining number)</i>	clinically suspected typhoid (2008): 771* (Source: PATIS)	(2009): 606 (Source: PATIS) DHS 2009 = 1594	Cases of clinically suspected typhoid (2010) to TTM = 521 Source: PATIS (Patient Information System)		diagnosed at TTM and MTII hospitals. (*estimated)
Injury Prevention <ul style="list-style-type: none"> Injuries in children (under 15yrs) <i>(Goal: declining number)</i>	367 (under 15yrs admission) (TTM & MTII) FY 2008/2009 237 (0-13YRS) Admissions (TTM & MTII) FY2007/2008 Source: PATIS	346 (under 15yrs admissions) (TTM & MTII) FY 2009/2010 249 (0-13YRS) Admissions (TTM & MTII) FY08/09 Source: PATIS	339 children (under 15 yrs) Admission (TTM & MTII) FY 10/11 Source: PATIS (Patient Information System)	Annual	PATIS (TTM & MTII)
RESULT INDICATORS					
People aged 25-64yrs overweight or obese	85.2% (2002 STEPS Survey)	Not yet available	86.4% for overweight and all obese. (overweight – 26.0% and obese – 46.7%; morbidity obesity is 13.7%) (Village Health Fair 2010/2011)	Every 3-5yrs	Update to be provided by the end of Year 5 through the MINI-STEPS survey. DHS not suitable to update this indicator
Percentage of children under 1 year received at least one dose of measles	45% (2008 EPI coverage)	48% (MMR Campaign 2009) 2009 EPI Report	62% (Expanded Program on Immunization (EPI) 2010)	Annual & 3-5yrs	Source: National EPI programme

vaccine		53.6% (48.0% male; 58.5% female) of children one year of age immunized against measles - (DHS 2009)			
Improved Medical Waste			80% Improved <ul style="list-style-type: none"> - Segregation in Savaii has become more effective due to availability of colour coded bins - Collection, transportation and disposal also has improved with availability of collection vehicle - Disposal equipment (i.e Incinerator on Upolu working well with the incinerator in Savaii currently having an electrical/ technical fault which has lessened capacity of waste that can be disposed of safely at any one 	Annual	Waste Management Audit Report)

			<p>time.</p> <p>Still need improvements in most of these areas to maintain/sustain effective collection, coding and disposal of all health care waste (2010 Waste Management Unit)</p>		
Antenatal care coverage for at least 3 visits	<p>61% of AN mothers seen at TTM had at least 3 visits (2008)</p> <p>Source: PATIS</p>	<p>51% at least 3 visits of all antenatal mothers seen at TTM hospital (2009)</p> <p>Source: PATIS</p> <p>DHS 2009:</p> <ul style="list-style-type: none"> • Antenatal care coverage (at least one visit) – 92.7 • Antenatal care coverage (four visits) – 58.4 	<p>58% - at least 3 visits of all antenatal mothers seen at TTM hospital FY 10/11)</p> <p>Source: PATIS (Patient Information System)</p>	Annual	<p>PATIS</p> <p>CHNIS</p> <p>MOH</p> <p>NHS</p>
Proportion of Rheumatic Heart	<u>Compliance to IM Penicillin:</u>	<u>Compliance to IM Penicillin:</u>	<u>Compliance to IM Penicillin:</u>	Annual compliance rates	RHD Program Database

Disease (RHD) patients complying with treatment (12/12 months)	<p>2008 = 84%</p> <p><u>New RHD</u> 2008 = 55</p> <p><u>New ARF:</u> 2008 = 13</p>	<p>2009 = 81%</p> <p><u>New RHD</u> 2009=49</p> <p><u>New ARF:</u> 2009 = 17</p> <p>DHS 2009 findings also reveals that RHD is the same across the lowest – highest wealth quintile; but it is common in women between ages 15-49 (0.7) compared to men for the same age group (0.4)</p>	<p>2010 = 86%</p> <p><u>New RHD</u> 2010 = 117 2011 = 155</p> <p><u>New ARF:</u> 2010 = 21 2011 = 55</p> <p>Rheumatic Fever Database (NHS)</p>		NHS MOH
Number of reported drug stock-outs by facility		No data available from NHS Pharmacy	<p>March 2012 – 2% stock out from rural facilities</p> <p>95% availability of essential medicines at all public health facilities at any one time</p> <p>Currently putting in place strategies in order to efficiently track stock outages as</p>		

			part of our key performances indicators for stock management		
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Component 3:	Baseline	UPDATE	Frequency and reporting	Data collection instruments	Responsibility for data collection
Staff mix and distribution according to national standards	<p>Interim database for HRH for the health sector in place as a starting point in identifying staff gaps by facility and qualification</p> <p>Numbers of APCS issued are as follows:</p> <p>2012</p> <p>Doctors Employed at:</p> <p>NHS-39; Private Sector-31;OUM-4;MOH-2</p> <p>Dentists-18</p> <p>Pharmacists-15 - (8 NHS-7 Private Sector)</p>	<p>The staff mix and distribution is based on the national health service demand. The National Health Service who is Samoa's major health service provider base their staff mix and distribution on the service demand in the TTM Hospital, MTII Hospital and rural health facilities. Due to continuous shortage of doctors and nurses, NHS has contracted the private GPs to assist their workforce in the District Hospitals on a weekly basis. The Integrated Community Health Services at NHS provides staff mix using a multidisciplinary team approach that consists of nurses, doctors, dentists, allied health etc to</p>	Annual	HRH questionnaires and template HRH register of each health entity	Ministry of Health and Sector Partners

Component 3:	Baseline	UPDATE	Frequency and reporting	Data collection instruments	Responsibility for data collection
	<p>Nurses 2011-2012 FY</p> <p>RNs 205; 63 NS including MWs; ENs 51</p> <p>(As of 20 March 2012)</p>	<p>provide health services in the rural areas.</p> <p>The interim HRH database still exists, however the development of a HRH database (HR Info System) is now being incorporated into the overall health information system improvement project funded under SWAP. A TA has been identified and approved by Tenders Board and SWAP Pool Partners to come and conduct a scoping exercise and identify specifications for this sector information system.</p>			
Evidence of performance monitoring leading to policy and regulatory action to improve health services	Monitoring and Evaluation Framework developed. All health professions have developed standards to guide and for all to comply with	<p>The Health Sector M&E Framework and Indicators was Officially Launched in Dec 2011. The M&E indicators are divided under 7 long term outcomes based on priority areas of the health sector plan. MOH through SDPD is responsible with monitoring the implementation of the M&E Operational Manual and update the indicators.</p> <p>All Healthcare Professional standards are in place.</p>		Health Sector Plan Corporate Plans Health Professional Standards	MOH

Component 3:	Baseline	UPDATE	Frequency and reporting	Data collection instruments	Responsibility for data collection
		Implementation and compliance is being monitored by healthcare professional councils, and the Registrar HCPs mainly through the formal complaints process mandated by the HCPR& Standards Act 2007..			
Demonstrated outcomes of training plan by component	<ul style="list-style-type: none"> All DHS trainings (local and overseas) including training on Situational Analysis have all been crucial in the development of the DHS from its initial stages to its final stage of report writing. As an outcome of the recent DHS report writing training staff will now be focusing on a Service Performance Assessment in due time. M&E Framework for the Ministry of Health and the health sector development was led by the trainees of the Monitoring and Evaluation study tour in NZ in 2009. Health Information 	<p>All staff involved in the DHS trainings funded under SWAP were involved with the DHS field work, data cleaning and report writing with technical assistance from Samoa Bureau of Statistics, Macro International, and UNFPA. The DHS report was launched in August 2010 and findings of the DHS has since been used to provide baseline data for some M&E indicators, and also used for policy development and planning.</p> <p>Staff who attended this training were heavily involved with the development of the Health Sector M&E Operational Manual through a consultative process with all health partners and stakeholders.</p> <p>Selective members of the Health</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>DHS Survey Health Plans Census</p> <p>Health Sector Plan Corporate Plans Services Standards</p> <p>PATIS/CHNIS System</p> <p>Consultations HRH registers</p>	<p>MOH</p> <p>MOH</p> <p>MOH</p> <p>MOH</p>

Component 3:	Baseline	UPDATE	Frequency and reporting	Data collection instruments	Responsibility for data collection
	<p>Management Training enabled participating staff to develop and establish basic database for general health information suitable to the local context. A Health information session was also conducted to collect the necessary data to establish a health sector information taskforce with its role focusing on the improvement of the Health Information System.</p> <ul style="list-style-type: none"> HRH related trainings equipped staff to develop the HRH Country Profile for Samoa and HRH Database for the Health sector as well as the discussion of the progress of the HRH Policy and POA Implementation. An output of this discussion is the establishment of a HRH Taskforce for the Health sector. 	<p>Sector Information/ICT Taskforce conducted a study visit to Auckland NZ in July 2011 to observe and discuss the HIS improvement project for Samoa with the NZ ICT Health Board and selective IT Vendors in NZ together with selective NZ health care service providers. A report was submitted to Cabinet through the Director General of Health and received approval. One of the recommendations in the report is for a TA to be brought on board to conduct a scoping exercise for the whole health sector information system requirements as well as identifying specifications.</p> <p>The HRH Taskforce was only established during preparation work for the interim database. The taskforce was inactive ever since, as we await the establishment of the HRH information system. However, the HRH information system or database, is now included in the scoping exercise and identification of specifications of the HIS improvement project.</p>	Ongoing	<p>HRH Policy and Plan of Action</p> <p>PATIS/CHNIS Information System NHS Record Section Community Nurses TBAs register</p>	MOH

Component 3:	Baseline	UPDATE	Frequency and reporting	Data collection instruments	Responsibility for data collection
	<ul style="list-style-type: none"> Data Analysis/Coding has improved the quality of coding capacity of staff. Monitoring of this capacity is regularly carried out through data generated from PATIS. 	<p>The Data Analysis training was conducted with technical assistance from the Health Information System knowledge hub QUT (AusAID funded). This training involved majority of staff from NHS and selective staff from MOH. The training helped the staff involved in identifying gaps with the coding process, and also the staff is now able to utilize data from PATIS for analysis and decision making.</p>			
Health Expenditure as percentage of total govt. expenditure	2008-2009 FY 17.4% 2009-2010FY 12.6%	2010-2011FY 12.4% 2011-2012 16%	Annual	GOS Budgets and accounts	GOS
Stakeholders participation in programme planning and implementation reviews	<ul style="list-style-type: none"> Health Sector partners both private and public attended the Health Summit that was held in March 2009. In addition, MOH facilitated the National Health Forum in December 2009 to review the implementation of health reforms, and health 	<p>Participation of Health Sector partners and stakeholders in programme and planning as well as implementation has very much improved over the years since the launching of the Health Sector Plan 2008-2018. The Ministry of Health has been conducting Annual Health</p>	Annual	Annual Health Forum Reports Consultation reports Minutes of Public Health Sector	MOH & Development Partners

Component 3:	Baseline	UPDATE	Frequency and reporting	Data collection instruments	Responsibility for data collection
	sector partners were also involved.	<p>Forums since 2008 where all health sector partners actively participate in discussing and presenting their views on the various themes for these annual forums. The Year 2011 experienced a huge change in the way these forums are conducted, in that the MOH prepare papers on different health issues and each health partner or organization provided interventions in relation to the papers provided.</p> <p>The Ministry of Health continues to develop policies and plans using a consultative approach, where all health partners and stakeholders participate.</p> <p>The Ministry of Health also coordinates monthly public health sector management meetings.</p>		Management Meetings	
Disaggregation of data by sex, age and domicile enhances planning for services		Data from the existing health information systems PATIS and CHNIS are disaggregated by sex, age and region. This is the same with data from health surveys such as STEPS, DHS and Second Generation Survey	Annual & every 3-5yrs	CHNIS, PATIS reports, POW, health surveys and censuses.	MOH and all health sector partners

Component 3:	Baseline	UPDATE	Frequency and reporting	Data collection instruments	Responsibility for data collection
		for STIs.			
MOH Financial Audits submitted on time and action plan agreed for resolving outstanding issues		Yr 1, 2, and 3 completed Submitted unqualified report with few minor management and administrative outstanding issues.	Annual	Internal Audit Reports SWAP Accounts Section Reports	MOH, NHS, DPs
DHS and other statistical reports completed within stated timeframe and made public.	<ul style="list-style-type: none"> DHS preliminary report is complete. DHS final report 1st draft was ready on 19th February 2010 	<p>DHS Report completed and officially launched in August 2010. The DHS is carried out every 5 years.</p> <p>The Village Health Fair (NCD Screening) Report is also completed and was officially launched in Dec 2011 during the Annual Health Forum.</p> <p>MOH Annual Report for FY 09/10 has been submitted to Parliament and the FY 2010/2011 is near completion.</p> <p>All these reports are made available to the public through distribution during launching, and also on MOH website.</p>	Annual & every 3-5yrs	DHS, STEPS, HIES, MOH reports	GOS, MOH, DPs
Percent health		SWAP:	Annual	NHA	MOH, NHS

Component 3:	Baseline	UPDATE	Frequency and reporting	Data collection instruments	Responsibility for data collection
sector budgets and disbursements conform to policy objectives and HSP priority areas		Yr 2 = 70% Yr 4 = 90% All activities funded under SWAP follow the health sector priorities as articulated in the HSP.			
Share of annual outpatient visits by poorest quintile of population (indicator of equity of access – HIES)	DHS and STEPS Survey which haven't been finalized	Data from PATIS not complete to provide a full analysis for this indicator. However, findings of the DHS 2009 shows that 9% of households in the lowest wealth quintile have a member aged 25 or older diagnosed with diabetes compared with 29% of households in the highest wealth quintile. Similarly, 12% of the poorest households reported having at least one member aged 25 or older ever diagnosed with hypertension compared with 25% of those in the wealthiest households.	Annual & every 3-5 years	HIES, DHS, NHS monitoring reports	GOS, MOH, NHS facilities
MTEF and related procurement plan updated and adjusted based on recommendations from sector reviews	Completed	The Second MTEF is completed and was launched together with the M&E Operational Manual in Dec 2011.		MTEF reports, procurement plans, Review reports	MOH, DPs
Key sector	Aligned with Health Sector Plan	The key health entities (MOH,	Every 3-4	Corporate Plans	MOH and all

Component 3:	Baseline	UPDATE	Frequency and reporting	Data collection instruments	Responsibility for data collection
partners' corporate plans and government investments aligned with HSP priorities.	Government investment also aligned with HSP since HSP aligned with SDS	<p>NHS, NKFS) have corporate plans in place. The MOH Corporate plan 2007-2010 review has completed, and a new corporate plan is near finalization.</p> <p>All these corporate plans objectives and key strategic areas derive from and are linked to the priority areas and key sector goals in the Health Sector Plan 2008-2018.</p> <p>The mid term review of the Health Sector Plan 2008-2018 is in progress.</p>	years.	Review reports	health sector partners
Percentage of SWAp program funds released according to agreed schedule			Annual	MOH Financial Reports	GOS, MOH, DPs

Annex 2 -Procurement
WORKPLAN FOR CIVIL WORKS - NHS

Contract No.	Activity	No. of days (Minimum)	No. of days (Realistic)	Date:
QCBS.1	Design & Supervision for Primary Health Care: QCBS (USD\$500,000)			
SP6.09.B1	warehouse storage, Orthotics building			
	Draft contract with Attorney General's office review	10	15	6-Apr-12
	seek cabinet approval	7	14	28-Mar-12
	Draft contract for World Bank's review	7	10	6-Apr-12
	Signing of contract	2	10	10-Apr-12
	develop designs & tender documents	120	120	21-Sep-12
	seek 'World Bank approval of tender documents	7	10	24-Sep-12
SP6.09.B2	Construction of the Primary Health Care, warehouse, : ICB (USD\$5,200,000)			
	orthotics			
	Invitation to Bid (SPN) - ICB (mini of 6 wks)	2	2	2-Oct-12
	Preparation and submission of bids	42	42	12-Nov-12
	evaluate bids	5	10	23-Nov-12
	seek World Bank approval of evaluation	7	10	5-Dec-12
	seek Tenders Board approval of evaluation	5	5	10-Dec-12
	seek Cabinet approval of evaluation	5	5	14-Dec-12
	Develop draft contract	2	5	17-Dec-12
	Seek Attorney General's Office for review	10	15	28-Dec-12
	Signing of contract	2	5	31-Dec-12
		233	278	
			12	
	Supervision of PHC, Warehouse, Orthotics Bldg	10 months	months	31-Oct-13
		537	573	
SP6.09.B7	Design and supervision of MTII Savaii Hospital extension & renovations : USD\$500,000)			
	Negotiations with sole source firm	5	10	30-Mar-12
	Seek World Bank approval of technical & financial	7	10	10-Apr-12
	Seek Tenders Board approval of technical & financial	5	5	16-Apr-12
	Seek Cabinet approval of technical & financial	5	5	20-Apr-12
	Draft contract variation	5	2	24-Apr-12
	seek Attorney General's Office review	10	15	9-May-12
	Seek World Bank approval of draft contract variation	7	10	17-May-12
	Signing of contract	2	5	19-May-12
	develop designs & tender documents	120	120	1-Oct-12

seek 'World Bank approval of tender documents	7	10	9-Oct-12
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Construction of the MTII Hospital extension & renovations : ICB (USD\$1,600,000)

Invitation to Bid (SPN) - ICB	2	2	11-Oct-12
Preparation and submission of bids (mini of 6 wks)	42	42	3-Dec-12
evaluate bids	5	10	7-Dec-12
seek World Bank approval of evaluation	7	10	18-Dec-12
seek Tenders Board approval of evaluation	5	5	24-Dec-12
seek Cabinet approval of evaluation	5	5	28-Dec-12
Develop draft contract	2	5	31-Dec-12
Seek Attorney General's Office for review	10	15	8-Jan-13
Signing of contract	2	5	10-Jan-13
	<u>253</u>	<u>291</u>	

Construction of MTII Savaii Hospital: ICB(USD\$1,600,000

6 months	7 months	6-Sep-13
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B6.01 Construction of 3 dental static clinics

Seek Cabinet approval	7	23-Mar-12
Draft contract for Attorney General's Office review	10	6-Apr-12
Signing of contract	2	10-Apr-12
Actual construction of works	180	9-Nov-12
	<u>199</u>	

SP6.09.B12 Relocation and construction of Poutasi District Hospital: ICB USD\$750,000)

ICB:
USD\$750,000)

To amend the drawings according to Architect (WB recommendations	15	13-Apr-12
Seek World Bank approval of designs & bidding documents	7	25-Apr-12
Advertise	2	27-Apr-12
Preparation of bids and submission of bids	42	11-Jun-12
Evaluation of bids	5	15-Jun-12
Seek World Bank approval of evaluation	7	26-Jun-12
Seek Tenders Board of evaluation	5	2-Jul-12
Seek Cabinet approval of evaluation	5	6-Jul-12
Draft contract for AG's Office review	10	20-Jul-12
Seek World Bank approval of draft contract	7	31-Jul-12
Signing of contract	2	3-Aug-12
	<u>92</u>	<u>114</u>

Construction of Poutasi District Hospital :

12 months	31 Sept 2012
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SP6.09.B11 Construction of Lufilufi Nurse's Quarters : NCB (USD\$186,800)			
Develop designs for Nurse's Quarter	30	45	30-Apr-12
Develop bidding documents	5	10	11-May-12
Seek World Bank approval of bidding documents	7	10	23-May-12
Advertise	2	2	25-May-12
Prepare and submission of bids	30	30	9-Jul-12
Evaluate bids	5	10	16-Jul-12
Seek World Bank approval of evaluation report	7	10	25-Jul-12
Seek Tenders Board approval of evaluation report	5	5	30-Jul-12
Seek Cabinet approval of evaluation report	5	5	3-Aug-12
Draft contract for Attorney General's Office review	10	15	17-Aug-12
	106	142	
Construction works of Lufilufi Nurse's quarters	6 months		7-Mar-13
SP.12.B1 Renovations to the Pharmacy Building - NCB (USD\$80,000)			
Develop scope of works / Bill of Quantity	30	45	30-Apr-12
Develop bidding documents	5	10	11-May-12
Seek World Bank approval of bidding documents	7	10	23-May-12
Advertise	2	2	25-May-12
Prepare and submission of bids	30	30	9-Jul-12
Evaluate bids	5	10	16-Jul-12
Seek World Bank approval of evaluation report	7	10	25-Jul-12
Seek Tenders Board approval of evaluation report	5	5	30-Jul-12
Seek Cabinet approval of evaluation report	5	5	3-Aug-12
Draft contract for Attorney General's Office review	10	15	17-Aug-12
	106	142	
Construction works of pharmacy renovations	4 months		11-Jan-13

Annex 3

Planned Program for Completion of Civil Works.

1 - Static Dental Clinics at three primary schools (Malifa, Mulivai and Savalalo) (SP6.08.B3)

Drawings have been prepared and submitted to the WB for “no objection”. A report, pointing out a few shortcomings, was submitted at the end of November 2011. This was illustrated by a floor plan showing some of the proposed changes to improve the building functions. This does not appear to have reached the NHS, which held a pre-bid meeting with contractors on January 12, 2012, based on the old drawings.

The proposed alterations in the plan do not result in cost increases and can be covered by variation orders on the signing of the contract. A small reduction in cost is more likely. Changes to the drawings are partly to make these consistent with the Bills of Quantity and partly to make the building more functional. The former consists of the consultant correcting his own work (no additional fees) and the latter will improve the functions of the building at a very small cost.

Construction is scheduled to start at the beginning of May 2012 and be completed by the end of the year. This is a generous construction period for these small buildings.

2 - NHS PHC, Warehouse and Orthotic workshop. (SP6.09.B1 and B2)

These will all be located at the National Hospital in Apia and tendered as a single contract. It is a major construction with an estimated cost of Tala 12 million. It is not clear on the basis or accuracy of this as there are no designs available.

The design stage is estimated to require four months, approvals and tendering another four months bringing a time for award of contract to the end of December 2012. This assumes start of design work in early April 2012 and gives a construction period of one year before the closing of the project. If the deadlines are not met; submission of design and tender documents to the WB by the end of August and contract award by the end of December, it is felt that the construction period will be too short and omission of this component from the project is recommended. The budget for construction is Tala 12 000 000 and for design and supervision about 1 570 000, which appears to be high.

Design is scheduled to start in April 2012 and construction in February 2013. This could be critical to completion by the closing of the project at the end of December 2013. Unless the deadlines, in the proposed schedule, are met, it is recommended that this component should be omitted.

3 - MT2 Hospital on Savaii. (SP6.09.B7 and B8)

Renovations and extensions are planned. Design work has not yet started. Stephenson & Turner (NZ) has submitted a bit which is unacceptably high at about Tala 1.2 million. Construction cost is budgeted to about Tala 4 million i.e. Consultants' fees would be about 30% of construction. NHS is negotiating the fees, with a view to reducing these to Tala 500 to 750 thousand. Still high, depending on the actual construction cost. A normal guideline to all-in design and supervision fees is about 10-12% of construction costs.

It is strongly recommended that the capacity of Stephenson & Turner to undertake this work at the same time as handling the “PHC, Warehouse and Orthotic workshop-project” should be reviewed before a final decision is taken on award of contract.

According to the procurement schedule, design work is to start in May 2012 and construction in February 2013. There is a very real risk that the target for completion by the end of December 2013 will not be met, unless the deadlines for design and award of contract can be met. Should this fail, it is recommended that the component is omitted from the project.

4 - Nurses' Home at Lufilufi H.C. (SP6.09.B11)

Design has not yet started. It is said to be a 4-bedroom house, for which it is expected that documents could be drawn up in a short time. The site was seen during the mission field trip. An old HC, which has been replaced by the newly constructed HC, will be demolished to provide a site for the new Nurses' Home. It is recommended that demolition should be included in the construction contract. There should be little or no cost involved if the contractor is free to dispose of the materials.

Construction is scheduled to start in December 2012 and be completed by the end of May 2013.

5 - Pharmacy at National Hospital (SP6.09.B12)

The design has not yet started. Scope of works is unknown. If the budget sum of Tala 200 000 is an accurate reflection of the planned work, this is obviously small and documentation could be prepared in a short time. Renovation work is scheduled to be carried out during November-December 2012.

6 - Poutasi D.H. (SP6.09.13)

It has been decided to relocate this hospital, in a tsunami-prone zone to a nearby site on higher ground, further from the sea. The proposed site was seen during the mission field trip.

The standard D.H. design which was used for the existing hospital has been proposed for the new site. It is an L-shaped layout of two blocks which do not lend themselves for use on sloping land. It is therefore recommended that the blocks should be parallel to each other, placed across the slope (as the adjacent relocated school) with the short ends facing East and West. Additional consultant's fees would be small; no changes within the building are suggested, simply a different connection between the two blocks. The cost of earth works will be reduced. Cost implications will therefore be minimal, but resulting in an improved building. Construction is scheduled to start in October 2012 and be completed by the end of May 2013.

7 - New Nurses' Hostel and renovations to Laboratory/Teaching building in Apia (SP6.09.C1 and C2)

The site is located immediately to the north of the new MoH building.

Although design documents were submitted to the WB, already in January 2011, these were found to be of an unacceptable standard, with great discrepancies between Engineering and Architectural drawings. Use of these, as contract documents, would have led to very large claims by the contractor as well as considerable delays during construction. After an inexplicably long delay, the drawings were resubmitted in September 2011 and recommendation made for the WB to issue a "no objection".

Renovations to the Laboratory/Teaching building are now well under way. It gives the impression of a new building being constructed, raising the question whether this building would not have been better demolished and replaced.

A visit was made to the ongoing civil works at the Nurses' School where the WB consultant also participated in a scheduled site meeting with the contractor and the supervising engineer. Work is of a good quality and but is at present about 1 week behind schedule, mainly as a result of rainy weather. With only about 25% into the contract period, excluding mobilisation time, this is not considered to be a problem. Site organisation and project management gives a good impression.

There have been extremely high cost increases since the first estimate of SAT 1."something" million, said to have been provided by the nurses. In November 2011, when the tender documents were recommended for "no objection", the estimate had increased to about SAT 7,6 million, with the contract being awarded at 2% lower than this to Ah Liki. When contingencies and 15% VAGST are added, the sum becomes about SAT 9.3 million, close to the present cost estimate.

Annex 4

Financial Management

A field FM supervision was carried out of the **Samoa Health Sector Management Program Support** project (IDA 47210, IDA 44320, TF 90307) at the Ministry of Health (MoH), between March 20 and 21, 2012. From the Government participated Darryl Anesi (MoH) and Noelani Tapu (MoH). From the World Bank participated Nicolas Drossos (Financial Management Specialist-STC). There was a further follow up FM mission from the Bank's Financial Management Specialist Stephen Hartung on April 10 and 11 2012. The initial mission raised a number of financial management issues which required additional follow up to ensure that the reports provide timely and reliable financial information. These include:

(i) It was identified in the initial FM review that expenditure may be overstated in the IFRs as any unused funds from advances did not appear to be offset against the original recording of the expense. Hence a subsequent more detailed review of the advance acquittal (AA) reports was conducted in the follow up FM mission and the following was noted. All transactions relating to AAs are recorded by MOF under a specific activity code and hence, can be identified. A review of the documentation of about 12 acquittals indicated strong compliance in recording of AAs into the correct activity code and therefore, material miscodings are unlikely. There are a number acquittals showing an over expenditure (ie more funds were expended than advanced). There was 100% testing of these transactions, both to the documentation and to IFRs to determine if funds were refunded and were deducted from the original expenditure in the IFR. About 7,000 WST was shown in the activity code as funds rebanked to the AAs (ie the advance was greater than the expenditure, hence it was a negative and required a refund) and in all but one case (2,600 WST, 17 February 2011), the amount was correctly offset against the expense. It was agreed that the project accountant would rectify this oversight. While the documentation for acquittals was adequate, the mission was unable to substantiate the signatures of the recipients of the funds. This is a potential risk in all advances of cash. However, the Internal Controls in place which are consistent with government procedures minimize this risk.

(ii) The MoH does not keep in its archives copies of the Registers provided by the MoF. Soft copies were provided during the follow up FM mission. MOH has agreed to keep the hard copies of the registers in the future as these show the workings for the IFR.

(iii) Some requested relevant project documentation and information was not available to the Team during the first part of the Mission;

(iv) the MoF provided electronic copies of the detailed expenditures/Register, since the beginning of the project, and there were entries included in the Registers provided by the MoF that were not included in the project accounts. Following on from a VC between the MOF, MOH and World Bank representatives, subsequent analysis showed that those entries not included in the IFR expenditure consisted of incorrect postings which have been reversed out, interest on the Designated Account, and receipts from the donors;

(v) The 2009/2010 and 2010/2011 expenditures were duplicated by error and no correct version was provided during the first mission. These have now been provided and the only issue not yet resolved is related to apparent errors in the way Finance One is calculating the balance of register account. The Ministry of Finance is following up on those errors. While this will not impact on the project accounts, it does make any reconciliation between the register and the project accounts more difficult;

(vi) In order to minimize the posting of incorrect entries that are subsequently reversed, it is recommended that the MoF review the internal controls in accounts section of MOF.

Other Issues Raised During the FM Missions

Interim Financial Report July to September 2011. The Interim Financial Report (IFR) for the quarter ending September 2011 was reviewed and initially rejected by the Bank, due to lack of compliance to the agreed format. In addition the following issues were identified during this mission:

In the worksheet “Summary of Receipts and Expenditures”, the IDA funds reported for the period were not correct as they included \$588,445.60 from August 2010. However, the accumulated amount of funds received was correct.

There was a difference between the IDA expenditures in the IFR Jul-Sep 2011 and the documented amounts in the Client Connection for WA 8. In the future, the WAs will need to be prepared based on the 6 month cash projection included in the IFR.

Sheet No 5. **Total Expenditure to Date in US\$ is an approximation.** This amount is calculated as Cumulative Expenditure + commitments in SAT\$ divided by a changing x-rate as of the end of each quarter and not respecting the historical exchange-rates. This will create a difference between the values spent and the values reported in the IFRs.

In the IFR Jan-Mar 2012, the Project will report the historical values based on the data provided by the MoF and the Withdrawal applications

Vouchers register from MoF. The **negative registries** (returns from advances for workshops) for at least US\$ 6,419.68 were not considered in the IFR Jul-Sep and documented improperly. The Project will include them in the IFR 2012 Jan-Mar as a negative value and will make sure the outstanding balance in the IFRs reconciles with the bank statement.

During the follow up FM mission, these issues have been addressed and the September IFR has now been reviewed and accepted by the Bank.

Interim Financial Report October to December 2011. According to the Project, the hard copy is official and considered as the correct version; the electronic version is used only for the updated format. However, this version has not been cleared by the World Bank, as the agreed format during the December 2011 mission was not yet implemented.

Cumulative Expenditure in US\$. This amount is an approximation, calculated as Cumulative Expenditure + commitments in SAT\$ divided by a changing x-rate as of the end of each quarter and not respecting the historical x-rates. The title of the last row is **Approximate** Balance of Development Partners. This will create an increasing difference between the values spent and the values reported in the IFRs.

Commitments. A note should be added for the meaning of commitments.

Cumulative Expenditure in US\$. This is the sum of Cumulative Expenditure and Cumulative Commitments, multiplied by a variable x-rate. This should not include any commitments and the formula needs to be amended.

These issues were discussed during the subsequent FM mission and the Project has undertaken to have the December IFR submitted to the Bank by Friday April 20th 2012. A clean soft and a hard version of the Register, the balances of the Register account and the bank statements will be attached to all soft and hard versions IFRs, respectively.

Other Issues

Audit 2010/2011. The audit report was unqualified but the auditors observed the following issues that they were not addressed until the mission:

- **Fixed assets register:** Various assets purchased were not included in the assets register and a request has been made to the project accountant for a copy of the updated asset register. *[Post Mission Comment: The Assets Register is updated and provided to the Audit Office before the Audit Opinion was issued.]*
- A car purchased with SWAP funds which was not included in the Fixed Asset Register and has private, rather than Government license plates (tags). This will be followed up in the next FM mission to ensure the vehicle has government plates and is included on the Fixed Assets Register.
- *[Post Mission Comment: The Tavana Nurse on Wheels (TNOW) vehicle was using a private license plate because it was undertaking community work throughout the week including the weekends and after government business hours. Using a government plate would restrict the service provider from attending to after hour on call duties especially if these are unexpected as government cars need to get authorization from the heads of entities if they work after business hours. The MOU with TNOW provides the conditions of the usage of the vehicle which is has been handed back to the MoH upon the passing away of RN Simealai Tavana*
- *The Audit recommendation was duly noted as on page 3 of the Management Letter of the Audit Office's Report.]*
- **Unused assets:** Assets and equipment bought in 2010 (valued at NZD115,893) were unopened and unused.
- *[Post-Mission Comment: As noted in the management response and corrective actions to the Audit Office on page 3 of the Audit Report, the equipment were procured for the 3 static dental clinics with others destined for the rural clinics under repair at the time. The equipment will be utilized upon the completion of the static clinics.]*
- **Reversal entries** in the GL: Too many reversal entries booked in the GL for the financial year 2011.
- **Unavailability of documentation:** Needed supporting documentation, such as the training reports and copies of the contracts for nurses/doctors and information for the audit was unavailable.

[Post-Mission Comment: The training reports and copies of contracts were provided for the Audit Office's review before the Audit Opinion was issued on January 24, 2012.]

The MoH should inform the World Bank on the status of implementation of auditor's recommendations, by April 30, 2012.

Annex 5

List of Mission Members and Government Officials

Mission Chairperson

Noumea Simi, ACEO, MOF	-	Government Representative / Health Advisory Committee Chairperson
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Ministry of Health

Palanitina Tupuimatagi Toelupe -		DG / CEO, MOH
Pelenatete Stowers	-	ACEO, Nursing & Midwifery
Frances Brebner	-	Registrar
Ualesi Falefa Silva	-	ACEO, HPSS & CFP 1
Dr Robert Thomsen	-	ACEO, Medical Allied Services
Sarah Faletese Su'a	-	ACEO, SDPD
Sosefina Talauta Tualaulelei	-	ACEO, CSD
Gualofa Matalavea Saaga	-	SWAp Coordinator, SCU
Christine Quested	-	Principal Nutritionist
Darryl Anesi	-	Program Accountant
Violet Aita	-	Procurement Specialist
Lameko Tesimale	-	Principal HCW Officer

National Health Service

Leota Laki Sio	—	General Manager
Tuiafelolo John Stanley	-	Manager, Corporate Services Faleata Savea
Faleata Savea	-	Principal Capital Assets Manager
Kassandra Betham	-	SWAp Manager / CFP 2
Lepaitai Hansell	-	Acting/Manager, Pharmaceutical Services

UNFPA

Peter Zinck

WHO

Dr. Yang Baoping

NZAP

Peter Zwart, Development Manager
Marion Clark, Development Manager, Health

AusAID

Erica Reeve
Anthony Stannard

World Bank

Eva Jarawan. Lead Health Specialist and TTL
Bengt Jacobson, Consultant
Ian Morris, Consultant
Nicolas Drossos, Financial Management Specialist
Jinan Shi, Senior Procurement Specialist
Juliana Williams, Operations Assistant
Stephen Harthung, Financial Management Specialist