



**INDEPENDENT STATE OF
SAMOA**



**SAMOA COVID-19
EMERGENCY RESPONSE PROJECT
(GRANT NUMBER D623-WS)**

PROJECT OPERATIONS MANUAL

Ministry of Health & Ministry of Finance

October 27th, 2020

FORWARD

This Project Operations Manual (POM) is prepared to provide user-friendly guidance for the implementation of Samoa COVID-19 Emergency Response Project (Project). It presents an overview of the implementation arrangements including procurement, financial management, social and environment, monitoring and evaluation, technical and organizational arrangements in accordance with the World Bank and national policies and procedures.

Upon approval of the World Bank, the POM will be used and followed by the executing agency (Ministry of Finance), the implementing agency (Ministry of Health), participating health sector institutions and all stakeholders involved in Project implementation. It is expected that the POM will also be acceptable to the development partners participating in the project financing. The manual promotes consistency and transparency in the implementation of project activities and is used to ensure that project funds are effectively utilized for the achievement of project development goals.

The purpose of the POM is to:

- Clarify roles and responsibilities for the day-to-day execution of the Project;
- Clarify implementation arrangements by outlining the process and/or procedures for planning, budgeting, accounting, auditing, procurement and monitoring and evaluation;
- Minimize fiduciary risk by specifying standard procedures and controls to be complied with in budgeting, disbursement, utilization and accounting of funds;
- Clarify the implementation arrangements for the environmental and social instruments including Environmental and Social Commitment Plan ("ESCP") and Environmental and Social Management Framework (ESMF); and
- Harmonize reporting procedures including project implementation monitoring, reporting, evaluation and communication arrangements

The Manual has been developed based on the World Bank's Project Appraisal Document (PAD) for the Project, the Financing Agreement (Grant Number D623-WS), as well as the Disbursement and Financial Information Letter, the Procurement Plan, and documents associated with the environmental and social aspects of the Project. The Manual thus contains numerous references to other key documents developed by the World Bank and the Government of Samoa. These will include financial management arrangements, financial reports and audits, Procurement Regulations, Anti-Corruption Guidelines, Disbursement Guidelines, and Guidelines for environmental and social aspects of the Project. The POM shall be used in conjunction with these key project documents and the World Bank policies and procedures and relevant GoS legislative frameworks that are applicable to this Project.

The POM, by nature, is designed to be a 'living' document that can be reviewed and updated from time-to-time during project implementation, in response to the changes in the project's operating environment. *It is recommended that the POM be reviewed once every year to determine if any revisions and updates are needed.* Per the Financing Agreement (FA), any revisions of the POM are subject to the prior written no objection of the World Bank Task Team Leader. In the event of any conflict between the provisions of the Project Operations Manual and those of the Financing Agreement, the provisions of the Financing Agreement shall prevail. The Project is to be carried out in accordance with the Project Operations Manual.

ABBREVIATIONS AND ACRONYMS

BFP	Bank Facilitated Procurement
CTSSU	Centralized Technical Services Support Unit
DA	Designated Account
ESCP	Environment and Social Commitment Plan
ESF	Environmental and Social Framework
ESMF	Environment and Social Management Framework
ESSs	Environment and Social Standards
FA	Financing Agreement
FM	Financial Management
F&P	Finance and Procurement Division
FTCF	Fast Track COVID-19 Facility
GOS	Government of Samoa
HEIS	Hands-on Expanded Implementation Support
HEOC	Health Emergency Operations Centre
HPAC	Health Program Advisory Committee
HSCRM	Health Sector Coordination, Resourcing and Monitoring
IFR	Interim Financial Reports
MDP	Mandatory Direct Payment
M&E	Monitoring and Evaluation
MOF	Ministry of Finance
MOH	Ministry of Health
MPA	Multiphase Programmatic Approach
NEOC	National Emergency Operations Centre
PAD	Project Appraisal Document
PDO	Project Development Objective
POM	Project Operations Manual
PPE	Personal protective equipment
PPSD	Project Procurement Strategy for Development
SEP	Stakeholder Engagement Plan
SOE	Statement of Emergency
SPRP	Strategic Preparedness and Response Program
STEP	Systematic Tracking of Exchanges in Procurement
TB	Tenders Board
TOR	Terms of Reference
UN	United Nations
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office for Project Services
WBG	World Bank Group
WB	World Bank
WHO	World Health Organization

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CHAPTER I: INTRODUCTION

1. On April 2, 2020, the World Bank Board approved the Multiphase Programmatic Approach (MPA), supported under the Fast Track COVID-19 Facility (FTCF) of the World Bank Group (WBG), with an overall program financing envelope at US\$1.3 billion from International Development Association (IDA) and US\$2.7 billion from International Bank for Reconstruction and Development (IBRD). Complementing domestic resources mobilized by countries and activities supported by other partners, the MPA brings in substantial resources to help ensure adequate resources to fund countries' rapid emergency response to COVID-19.

2. The Government of Samoa (GOS) received a grant from International Development Association (IDA) of WBG in the amount of US\$ 2.9 million to support GOS' efforts to respond to COVID-19 pandemic through the implementation of Samoa COVID-19 Emergency Response Project (Project). The Project was prepared under the global framework of the COVID-19 Strategic Preparedness and Response Program (SPRP) financed under the World Bank Fast Track COVID-19 Facility (FTCF). The Project became effective on April 23, 2020, with a closing date of June 30, 2023.

3. National Health Security is a core mandated function of Government of Samoa through its Ministry of Health. The country has been at risk of major epidemics, including H1N1 in 2009, Chikungunya in 2014, Ebola in 2015, and the Measles Epidemic in 2019. In 1918, the Spanish Influenza outbreak took the lives of two thirds of Samoa's total population at the time. On November 15, 2019 the Government of Samoa declared a State of Emergency following a widescale measles outbreak, which had a significant impact on the population and the health care system. There were 5,700 measles cases and 83 measles-related deaths, the majority of whom were children. The outbreak placed considerable pressure on the overall fiscal sustainability of the country as well as an already strained health system. The fact that Samoa is just emerging from the outbreak also limits the Government's capacity to effectively respond to COVID-19, a second epidemic in the same fiscal year (July 1, 2019 – June 30, 2020).

4. The 2019 novel coronavirus (COVID-19) has spread rapidly around the world following the diagnosis of the initial cases in December 2019. As of July 31, 2020, the outbreak had resulted in 18,354,833 confirmed cases and 696,154 deaths in 203 countries and territories. Up to the end of July, no confirmed cases of COVID have been reported, however, Samoa faces a high risk of importation of COVID-19, given its close ties to New Zealand as well as a high prevalence of Non communicable diseases. The Samoa COVID-19 Emergency Response Project is aimed to support Samoa's response to the COVID-19 pandemic through addressing some of the immediate needs of emergency response to COVID-19, as well as strengthening the health systems and building essential institutional capacities in the medium and long run to prepare Samoa for future public health threats.

CHAPTER II: DESCRIPTION OF PROJECT COMPONENTS AND ACTIVITIES

A. Project Development Objective (PDO)

5. The PDO of the Samoa Project is to prevent, detect and respond to the threat posed by COVID-19 in Samoa and to strengthen national systems for public health preparedness. Progress will be monitored and assessed through indicators (see Annex 1 for details on the indicators). The following are PDO level outcome indicators:

- Proportion of suspected cases of COVID-19 reported and investigated per approved protocol
- Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents
- Joint External Evaluation is completed and corresponding Action Plan to strengthen the national pandemic preparedness developed and adopted.

6. The following Intermediate Results Indicators will also be monitored and assessed:

- Proportion of identified contacts who are successfully traced and quarantined
- Number of health workers trained on case definition, management and treatment
- Number of health workers trained in infection prevention and control per defined protocols
- Number of health workers trained in health care waste handling and management per defined protocols
- Pandemic emergency risk communication plans and activities developed and implemented
- National infectious diseases surveillance system established according to the approved development plan
- Public health laboratory established in compliance with WHO biosafety guidance
- Monitoring and evaluation (M&E) system established to monitor progress of Pandemic Preparedness and Response Plan
- Percentage of project-related grievance and complaint being handled within the specified time period

B. Project Components

3. The Project comprises three Components, which are described briefly here (also see the FA and Project Appraisal Document (PAD) for additional information).

4. **Component 1: Strengthening Emergency Response for COVID-19 (US\$800,000).** The aim of this component is to strengthen the readiness and emergency response of health care services and communities to meet the surge in demand in anticipation of a COVID-19 outbreak in Samoa. The support will focus on filling the gaps in the capacity of health facilities to perform early detection, provide diagnostic testing, deliver critical medical services and to cope with increased demand for medical services, including provision of laboratory and medical equipment, medicines and medical supplies. The component has two sub-components, namely (a) Health System Strengthening for Case Detection, Management and Treatment; and (b) Infection Prevention and Control.

Sub-Component 1.1: Health system strengthening for case detection, management and treatment (US\$500,000)

5. This sub-component will support the health service system and communities with supplies and in-time training to enhance lab testing in two hospitals for the emergency response, case detection, case tracing and case management. To avoid duplication, the supplies to be provided will focus on laboratory equipment, testing kits, cartridges, portable x-ray machine for early detection and essential PPEs as needed. One additional GeneXpert machine will be provided to the lab in the main hospital in

Apia. The urgently needed GeneXpert machine COVID-19 cartridge will be procured for the two testing labs in Upolu and Savai'i. Collaborating with UN agencies (WHO, UNICEF) and following the WHO guidelines, training will be provided on engaging community in case tracing, isolation, social distancing as well as on capacity building for health professionals on case management. This sub-component will finance the following activities:

- (a) Enhancement of laboratory capacity for disease detection (equipment, testing kits, cartridge and training)
- (b) Enhancement of risk communication and community engagement
- (c) Provision of PPEs and essential medical equipment for case treatment
- (d) Capacity building and training of health workers on detection, isolation and treatment guidelines

Sub-Component 1.2: Infection prevention and control (US\$300,000)

6. This sub-component will focus on infection prevention and control, which is critical for preventing the spread of any infectious diseases. Immediate support will be provided to enhance infection control in both health facilities and isolation facilities. An incinerator and trucks to transport medical wastes will be procured and provided to Savai'i. This sub-component will finance the following activities:

- (a) Public and Health facility infection prevention and control activities and training
- (b) Provision of a health care waste management facility, equipment and goods
- (c) Health care waste management training and capacity building

7. **Component 2: Systems Strengthening for Pandemic Preparedness and Response (US\$1,950,000).** This component will focus on medium-and long-term capacity building after the emergency stage to improve the prevention, preparedness, and response capacity of Samoa in the context of human and animal health system development. The component will finance the priorities of Samoa's preparedness system, as identified by the government. Considering the funding envelope, this component will focus on two priorities: enhancing the surveillance system and establishing the public health laboratory. Both are critical for infectious disease prevention, detection and control. In addition, a comprehensive external assessment will also be conducted under this component to enable a systematic institutional strengthening of Samoa's pandemic preparedness. This component includes three sub-components

Sub-Component 2.1: Strengthening of the surveillance system and training of public health surveillance personnel for case detection, outbreak investigation, contact tracing and monitoring (US\$150,000)

8. This sub-component will contribute to strengthening the disease surveillance system and epidemiological capacity of the country for early detection and confirmation of cases; detection of new cases with active contact tracing; strengthening of risk assessment and provide on-time data and information to guide decision-making and response and mitigation activities. Government will develop a proposal with action plan to enhance the disease surveillance system. This sub-component will finance technical assistance and capacity building needed to support the actions in enhancing the disease surveillance system.

Sub-Component 2.2: Establishment of public health laboratory for human and animal health (US\$1,700,000)

9. This sub-component will strengthen Samoa's diagnostic capacity for testing COVID-19 and other infectious diseases. Testing is critical and essential for early detection, diagnoses, contact tracing and case management for infectious diseases control. In the absence of the testing capacity in

the country, any samples collected have to be sent to New Zealand for testing. The delay of the test results is a bottleneck for early detection, contact tracing, and spread control. This sub-component will aim to address this bottleneck through providing support to establish a public health laboratory (for both human health and animal health) and to finance the needed civil works, procurement of essential laboratory equipment, reagents, consumables and supplies. Protocols and biosafety regulations will be developed following WHO standards. In addition, human resource development including training and capacity building for laboratory staff will also be financed. It is anticipated that any construction involved under this component will be conducted within the MOH premises, and no new land acquisition or involuntary resettlement are expected.

Sub-Component 2.3: Conduct Joint External Evaluation (JEE) for International Health Regulations (IHR) (2005) to identify gaps and build Samoa's pandemic preparedness (US\$100,000)

10. This sub-component will support the government of Samoa to conduct a JEE, a collaborative, multi-sectoral process to assess country capacity to prevent, detect and rapidly respond to public health risks. The purpose of the external evaluation is to assess country-specific status, progress in achieving the targets under the IHR, and recommend priority actions to be taken across the technical areas being evaluated. The JEE will be implemented through joint efforts of government and development partners, such as WHO, FAO, the WBG, DFAT and NZ-MFAT, with WHO and FAO providing technical support. This will help to bring in international expertise and ensure government's efforts are aligned with global good practice. This sub-component will finance capacity building and technical assistance needed to support the implementation of priority actions identified following the JEE.

11. **Component 3: Implementation Management and Monitoring and Evaluation (US\$150,000).** This component will finance activities related to project implementation management, as well as monitoring and evaluation. The project will rely on the existing governance framework of the country to manage project implementation and draw on the expertise of the Centralized Technical Services Support Unit (CTSSU) in the Ministry of Finance (MOF) which was established to provide technical support to World Bank financed projects in Samoa. Implementing the proposed Project will require administrative and technical capacities that exceed the current capacity of the MOH, so contracting consultants will be financed if needed. Key activities include: (a) operating expenses for project management, reporting and supervision; (b) recruitment of project management personnel and technical consultants; (c) support for procurement, financial management (FM), environmental and social sustainability; (d) learning and knowledge exchange; and (e) monitoring and evaluation.

Table 1: Project Cost Estimates by Component

PROJECT COMPONENT AND KEY ACTIVITIES	BUDGET (in US\$)
COMPONENT 1: Strengthening Emergency Response for COVID-19	800,000
Sub-Component 1.1: Health System Strengthening for case detection, management and treatment <ul style="list-style-type: none"> a) Enhancement of laboratory capacity for disease detection (equipment, testing kits and reagent and training) b) Enhancement of risk communication and community engagement c) Provision of PPEs and essential medical equipment for case treatment d) Capacity building and training of health workers on detection, isolation and treatment guidelines 	500,000
Sub-Component 1.2: Infection prevention and control <ul style="list-style-type: none"> a) Public and Health facility infection prevention and control activities and training b) Provision of health care waste management facility, equipment and goods 	300,000

PROJECT COMPONENT AND KEY ACTIVITIES	BUDGET (in US\$)
c) Health care waste management training and capacity building	
COMPONENT 2: Systems Strengthening for Pandemic Preparedness and Response	1,950,000
Sub - Component 2.1: Strengthening of the surveillance system and training of public health surveillance personnel for case detection, outbreak investigation, contact tracing and monitoring	150,000
Sub - Component 2.2: Establishment of public health laboratory for human and animal health (Civil works, equipment HR development and capacity building)	1,700,000
Sub-Component 2.3: Completion of Joint External Evaluation (JEE) for IHR to: a) Identify system gaps b) Develop a National Action Plan (NAP) to build the system capacity c) Implement NAP to build Samoa's Pandemic preparedness.	100,000
COMPONENT 3: Implementation Management, Monitoring and Evaluation	150,000
Includes Project management, procurement, financial management, environmental and social safeguard, monitoring and evaluation, technical assistance, reporting, and operating costs	
TOTAL	2,900,000

CHAPTER III: IMPLEMENTATION INSTITUTIONAL ARRANGEMENTS AND RESPONSIBILITIES

A. Government Mechanism for Emergency Response

12. **The Government of Samoa has an established mechanism for emergency response.** In the event of a national emergency, natural or man-made, a [National Emergency Operations Centre \(NEOC\)](#) is activated, which serves as the emergency response headquarters. The Government of Samoa issued the Proclamation of a State of Emergency (SOE) for COVID19 on Friday March 20, 2020, which effectively activated the NEOC to lead its response to the Coronavirus (COVID-19) global crisis. The NEOC, which comprises representatives from all 14 government sectors, is the focal point providing collaboration and operational coordination, with advice and technical guidance from the Ministry of Health, to all stakeholders for the duration of the emergency period. The [Health Emergency Operations Centre \(HEOC\)](#), a multidisciplinary team (with around 40 members) chaired by the Director General of Health, is the focal point on monitoring the global and regional spread of COVID-19 and lead the national preparedness and response to the pandemic. During the State of Emergency, the Project implementation will be under the overall coordination and direction of the NEOC and HEOC as part of the emergency response to the COVID-19 pandemic by the Government.

B. Institutional Arrangement for Project Implementation

13. **The Health Program Advisory Committee (HPAC)**, currently chaired by the Chief Executive Officer (CEO) of the Samoa Ministry of Foreign Affairs and Trade, comprising representatives of relevant line ministries, key stakeholders and development partners, is in place to provide overall policy guidance, strategic direction, cross-sectoral coordination, and implementation oversight for the health sector programs including Samoa COVID-19 Emergency Response Project.

14. **The MOF will be the Executing Agency** for the Project and will be the focal point to coordinate and liaise with the World Bank during project implementation. MoF will be the agency responsible for budgeting, designated account management, fund disbursement, payments and goods procurement. The MOF, through its Centralized Technical Services Support Unit (CTSSU), will also guide and provide implementation supports to the MOH during Project implementation, in particular in the area of procurement, financial management, social and environment safeguards, and M&E.

15. **The MOH will be the implementing agency** responsible for project implementation and will have the primary responsibility for technical and operational aspects related to the Project. The Project will rely on the MOH's existing organizational structure, including the involvement of the NEOC that has been established to manage the COVID-19 emergency response plan. Technical departments including Public Health Services, Hospital and Clinical Services, National Health Surveillance and International Health Regulations Division, will be directly involved in project implementation based on their functional capacities and institutional mandates. Health Sector Coordination, Resourcing and Monitoring (HSCRM) Division, who is responsible for coordination, distribution, and monitoring of resources for the whole health sector, is the direct counterpart in MOH for World Bank health projects.

16. **The HSCRM will undertake the day-to-day project implementation management** by providing support to the relevant MOH Divisions in implementing project activities in line with the National Epidemic Preparedness and Response Plan for COVID-19, including coordinating, planning, procurement, payment request, addressing cross-divisional issues, and overall monitoring and reporting of project implementation progress. The HSCRM Division will work together with the Finance and Procurement (F&P) Division to manage and implement activities in the Procurement Plan. A project manager, and other consultants as needed, will be recruited to support the implementation activities and provide capacity building to personnel under the HSCRM and Finance and F&P Divisions. The international and domestic technical assistance which will be financed are in

the areas such as infection control, medical waste management, biosafety regulations, and surveillance system. The MOH will also be able to draw upon the specialists from the CTSSU within MOF to provide technical support, and hands on assistance in implementation of the Project. Table 2 below provides details of the organizational arrangement and responsibilities of involved parties.

Table 2: Organizational Arrangement and Responsibilities

Entity	Responsibility	Focal Point
National Emergency Operations Centre (NEOC)	Ensure collaboration and operational coordination among shareholders	Chairperson/CEO MNRE – Ulu Bismarck Crawley
Health Emergency Operations Centre (HEOC)	Monitor the global and regional spread of COVID-19 and establish preventive measures	DG/CEO MoH – Leausa Dr. Take Naseri
Health Program Advisory Committee (HPAC)	Provision of overall policy guidance, strategic direction and cross sectoral coordination	Chairperson/CEO MFAT - Peseta Noumea Simi
MOF	Executing agency of the Project: coordinate and liaise with the World Bank; responsible for budgeting, designated account management, fund disbursement and payment, goods and civil works procurement.	ACEO Aid Coordination & Debt Management Division-Ms. Peresitene P. Kirifi
CTSSU-MOF	Guide and provide technical supports to MOH in the areas of procurement, financial management, social and environment, and M&E (Component 1, 2, and 3)	M&E Specialist-- Mr. Silafau Paul Meredith, Safeguards Specialist-- Mr. Mike Trebitsch,
MOH	Implement the Project through its various Divisions as relevant and needed	ACEO HSCRM - Ms. Gaulofa Matalavea
Health Sector Coordination Resources and Monitoring (HSCRM)	coordinate, manage and report of project implementation, provide day-to-day support for Project implementation and monitor progress achieved, ensure compliance of Social and environment requirement (Component 3)	ACEO HSCRM - Ms. Gaulofa Matalavea
Project Manager	<ul style="list-style-type: none"> • Prepare Project annual workplans and budgets and monitor the progress of implementation on a monthly basis. • Lead the Development and the update of the POM when needed • Prepare six-month interim financial management report (IFR) for submission to the Bank (60 days after semester-end) • Prepare Annual Project Financial Statements for auditing and submission to the Bank (within 9 months of the end of financial year) • Prepare Semi-Annual Project Progress Reports for submission to the Bank (within 45 days after 6 months). • Ensure overall Project monitoring and evaluation using the Project results framework 	Darryl Anesi

	<ul style="list-style-type: none"> Assist in the Developing of the Project's Mid Term Review and Implementation Completion Report Ensure issues and complaints affecting Project implementation are brought to the MOH Management's attention to resolve. 	
Public Health Services	Responsible for the planning and implementation of Component 1, component 2.3, social and environment requirements as well as monitoring relevant indicators	DDG PHS - Dr. Robert Thomsen & Principal HCW Officer - Lucie Isaia
Hospital and Clinical Services	Implementation of Component 1 and component 2.3, 3, as well as monitoring relevant indicators	DDG H&CS – Tevaga Dr Ponifasio Ponifasio
National Disease Surveillance & International Health Regulations	Responsible for implementation of Component 2, in particular component 2.1 and 2.2 as well as monitoring relevant indicators	ACEO NDS&IHR and Principal PH Lab officer - Tupou Chan Tung
Finance and Procurement (F&P)	Provide procurement and financial management services needed for Project implementation (Component 1, 2 and 3)	ACEO HPD & Registrar, Principal HPD officer – Siatua Loau
Health Information Services and M&E Division	Provide data and data analysis for project monitoring and result indicators, semi-annual Project Progress Reports and Mid-term and completion report	ACEO HIS & M&E Division
Health Professional Development and Registrar Division	Facilitate, coordinate and provide support for implementation of Capacity Building activities for the project.	ACEO HP & R Division and Principal PD officer – Siatua Loau

17. World Bank Implementation Support: Under normal circumstances the World Bank typically carries out implementation support visits to on-going projects at minimum semi-annually, unless more frequent visits are necessitated. Under the circumstances when it is not feasible for the World Bank task team to carry out in-country visits, the Task Team Leader will organize virtual weekly or biweekly meetings as well as virtual implementation support missions. A semi-annual Project progress report, which covers the calendar semester, is due to the World Bank before the implementation support mission and by no later than 45 days after the end of each calendar semester (every 6 months). The progress report will provide needed information for the mission as well as to provide inputs to the World Bank mission Aid Memoir.

C. Implementation Arrangement

18. Annual Work Plan and Budget. Project Implementation is based on/guided by Annual Work Plan. The project manager, in consultation with relevant technical divisions and agencies, prepares annual workplan based on the needs and the project PAD. The corresponding Budget to finance the workplan should also be prepared, broken down by component and activities. Both the annual workplan and the budget will be aligned with GOS' Fiscal Year and should be submitted to the World Bank for review and no objection, no later than April 1 of each year during Project implementation and to be time-bound to the government's budget cycle. The workplan will list all activities to be implemented for the period covered by the Plan (including operating costs, procurement, training/workshops and etc.), with budgets attached, indicating the targets to be achieved. The Plan

will also indicate measures and actions taken, or planned to be taken, in accordance with Environmental and Social Standards which are covered under Chapter VI below. If any change is warranted during the implementation, the government needs to obtain World Bank task team leader's prior "no objection" to such change in writing. No changes shall otherwise be made to the Annual Work Plan and Budget. With assistance of the World Bank task team, a framework/template for the Plan and budget will be developed. The reporting on the completion of the annual workplan and the analysis of budget vs. actual expenditure should be included in the semi-annual project progress reports to be submitted to the World Bank.

19. A detailed **Implementation Plan and Capacity Building Plan** will also be prepared by the Project Manager and will help provide support and guide for the implementation of the Annual Work Plan. These documents will be updated regularly based on the changes in the Work Plan. Moreover, these respective activities will be managed by the Project Manager in collaboration with the relevant Divisions such as, Health Professional Development & Registrar Division which will be responsible for facilitating, data collection and implementation of Capacity Building activities.

20. **Results Monitoring and Evaluation (M&E) Arrangements and Reports.** MoH (Health Information Services & Monitoring and Evaluation Division) is responsible for project M&E and should provide periodic updates of the progress of project implementation and attainment of the target of project result indicators. This aspect is covered more thoroughly under Chapter VIII below. The MOH will be responsible to send to the World Bank a Project Progress Report no later than 45 days after the end of each calendar semester (every 6 months) which covers the calendar semester (report template is attached as annex 2). Unless as may be required, or allowed for, or as may be explicitly requested by the World Bank, in the sharing of any information, report, or document related to the activities related to the Project, the government must ensure that such information, report or document does not include personal data.

21. **Financial Monitoring Reports** will be provided in accordance with the requirements presented in Section V below. An annual audit of the Project financial statements and the management letter will need to be submitted to the Bank within nine (9) months of the end of the fiscal year and shall be made publicly available by the government. The Project manager is responsible for preparing six-month IFRs for submission to the Bank (60 days after semester-end) and for preparing the Annual Project Financial Statements for auditing and assist MOF to ensure the audited Project Financial Statements are submitted to the Bank via MOF.

CHAPTER IV: PROCUREMENT ARRANGEMENTS

22. This chapter provides general guidance on the policies and procedures governing procurement activities as well as the roles and responsibilities for carrying out procurement under the project. It contains references to key applicable documents/guidelines which set out the appropriate procurement methods and World Bank's review requirements for the project.

A. Applicable Regulations/Guidelines

23. Procurement under the Project will follow the World Bank's Procurement Regulations for IPF Borrowers for Goods, Works, Non-Consulting and Consulting Services, dated July 1, 2016 (revised in November 2017 and August 2018) and to be implemented in accordance with GOS' procurement policies and procedures. In the case, there is conflict between Bank's policy and government procedures, Bank's policies take precedence. The Project will be subject to the World Bank Guidelines on Preventing and Combating Fraud and Corruption in Projects Financed by IBRD Loans and IDA Credits and Grants (revised as of July 1, 2016). The Project will use the Systematic Tracking of Exchanges in Procurement (STEP) to plan, record and track procurement transactions. Responsibility for procurement under the Project rests with MOF and MOH. Information relating to eligible approaches during the declared SOE are provided below.

24. As allowed under the FA, procurement approaches will utilize the flexibility provided by the World Bank's Procurement Framework for fast track emergency procurement. Key measures to fast track procurement include: (a) use of simple and fast procurement and selection methods fit for an emergency situation including direct contracting, as appropriate (and as agreed with the Bank); (b) streamlined competitive procedures with shorter bidding time; (c) use of framework agreements; (d) procurement from UN Agencies enabled and expedited by Bank procedures and templates; (e) use of procurement agents; (f) force account, and (g) increased thresholds for national procurement as agreed by the Samoa Tenders Board (and in accordance with Bank procurement method threshold requirements). Bank's emergency procurement processes are detailed in:

<https://worldbankgroup.sharepoint.com/sites/wbunits/opcs/Pages/pc/Operations-COVID19-Coronavirus-Information-03092020-081859/Procurement-04202020-163450.aspx>

B. Procurement Hands-on Expanded Implementation Support and Bank-Facilitated Procurement

25. The Project is significantly constrained in purchasing critically needed supplies and materials due to significant disruption in the supply chain, especially for PPE and testing kits as the result of COVID-19 pandemic. The Independent State of Samoa has requested, and the World Bank has approved, a request for Hands-on Expanded Implementation Support (HEIS) under the World Bank's procurement framework to support the MOH in the context of the procurement for the Project¹. Planned procurement under the Project for which HEIS is envisioned is only for the direct selection of the United Nations Office for Project Services (UNOPS) who will source on behalf of the MOH the following: (a) medical/laboratory equipment and consumables; (b) personal protective equipment (PPE); and (c) equipment for public health laboratory. The World Bank will provide HEIS to MOH in a manner consistent with its operational policies and procedures. Given the significant disruptions in the usual supply chains for medical consumables and equipment for the COVID-19 response, the World Bank may also provide proactive assistance in accessing existing supply chains through Bank Facilitated Procurement (BFP) under HEIS.

26. In particular, the World Bank may provide the following support for BFP activities under HEIS:

¹ A letter from Michel Kerf, Country Director of the World Bank for Papua New Guinea & Pacific Islands, signed on April 19, 2020 and countersigned by Oscar Malielegaoi, CEO Ministry of Finance on 20-Apr-2020.

- (a) Conduct extensive market engagement and survey to identify available stock of the agreed list of critical medical consumables and equipment needed under this COVID19 Emergency Response Project in the quantities therein specified, as such agreed list may be updated from time-to-time in agreement with the World Bank;
- (b) Assist MOH in negotiating prices, delivery terms, and other contract conditions with identified suppliers;
- (c) Draft final award letters and/or contracts adapted to specific market conditions, on a fit-for-purpose basis and ensuring consistency with World Bank's procurement framework; and
- (d) Provide additional hands-on support in contracting to outsource logistics.

27. Other HEIS activities:

- (a) Draft technical requirements and specifications, as requested by MOH;
- (b) Assist MOH in drafting procurement documents; and
- (c) Provide advice on evaluation procedures, participate as observers during negotiations, by only clarifying matters of the World Bank Procurement Regulations.

28. The World Bank will be providing BFP under HEIS to client countries to aggregate demand for medical supplies across countries, whenever possible, and will conduct extensive market engagement to identify suppliers from the private sector, and to facilitate access to governments' and United Nations Agencies' stock. If specifically requested by the Independent State of Samoa, the World Bank will make every effort to assist the Independent State of Samoa in accessing these markets, it cannot guarantee a successful outcome. While the World Bank will facilitate access and coordinate closely with the Government, full decision-making responsibility at every stage of the procurement process will rest with the Government. In addition, the Government will be responsible for signing and implementing the contracts, including establishing relevant logistics with suppliers such as arranging the necessary freight/shipment of the goods to their destination, as well as receiving and inspecting the goods.

29. It is understood that the World Bank will not be liable for any claims or demands from third parties or from the government related to any defect in quality or quantity of any goods, works or services to be procured by the Independent State of Samoa with support under the HEIS, the shipment or use of any goods, or otherwise. Once the Financing Agreement is declared effective by the World Bank, payments may be made on the Independent State of Samoa's behalf to the contractors, suppliers or consultants through the World Bank's system of making Direct Payments from the proceeds of the financing, in accordance with the terms of the FA.

30. BFP to access available supplies may include aggregating demand across participating countries, whenever possible, and extensive market engagement to identify suppliers from the private sector and UN Agencies. The World Bank is coordinating closely with the WHO and other UN agencies (specifically World Health Organization-WHO and United Nations Children's Fund-UNICEF) that have established systems for procuring medical supplies and charge a fee which varies across agencies and type of service and can be negotiated (around 5% on average). In addition, the WB may help Borrowers access third-party governments' available stock.

C. Planning for procurement

31. During project preparation, a Project Procurement Strategy for Development (PPSD) has been prepared. The PPCSD has informed the procurement arrangement for the planned procurement activities as detailed in the initial Procurement Plan (see STEP for the latest version of the Procurement Plan). **Annex 3** of this document includes a copy of the PPCSD prepared by the Government and approved before the conclusion of negotiations for this Project; and a copy of the approved Procurement Plan covering the first six months of Project implementation. The planned procurement activities as detailed in the initial Procurement Plan have been uploaded into the STEP system, and will be updated as and when necessary during the implementation, but, in any case, at least once a year. The major planned procurement includes: (a) medical/laboratory equipment and

consumables; (b) personal protective equipment (PPE); (c) minor civil works related to, and the installation of, a medical waste incinerator; (d) civil works, and equipment for public health laboratory; and (e) consulting services to provide technical assistance, operational support and training as needed.

32. The Procurement Plan, including its updates, shall include: (a) a brief description of the activities/contracts; (b) the selection methods to be applied; (c) cost estimates; (d) time schedules; (e) the World Bank's review requirements; and (f) any other relevant procurement information.

33. All procurement plans, their updates or modifications are subject to Bank's prior review and no-objection.

34. The procurement plan indicates which procurement packages require World Bank's technical and/or procurement prior or post review. As this Project is in response to the global COVID 19 pandemic all procurement activities are automatically subject to the Bank's procurement post review. However, activities deemed crucial to the successful implementation of the Project may be identified by the Bank as being subject to technical review. In which case they will be treated as if they were subject to prior review, however the review and clearance will be transacted via email instead of through the STEP system. For all procurement activities subject to post review the Bank will advise MOH periodically which activities will be subject to a post review conducted by the Bank to ensure compliance with the requirements of the Legal Agreement. To enable this MOH is to retain all documentation, and shall furnish such documentation to the Bank upon request. This documentation shall include, but is not limited to:

- a. complaints, the signed original of the contract and all subsequent amendments or addenda,
- b. the Bids/Proposals evaluation report, and the recommendation for award; and
- c. the payment invoices or certificates, as well as the certificates for inspection, delivery, completion, and acceptance of Goods, Works, and Non-consulting Services, for examination by the Bank or by its consultants/auditors

D. Standard Procurement Documents

35. The World Bank's Standard Procurement Documents (SPD) shall be used for all contracts subject to international competitive procurement (for this Project there are currently no planned procurement activities that would fall within this requirement). Regardless, the procurement documents used for the planned and approved activities must be acceptable to the Bank. Accordingly, for the construction of the BSL the SPD Small Works (1 envelope process) should be used (related link to the SPD is enclosed:

<http://pubdocs.worldbank.org/en/885201576685661155/SPDRequestforBidsSMALLWORKS-One-Envelope-December-2019.docx>). For the other planned procurement activities, the specific guidance and template procurement documents as detailed in the "Procurement Implementation Guidance, Making Procurement Work for Fragile and Small States in the Pacific under World Bank Investment Project Financing following the Procurement Regulations for IPF Borrowers (July 2016, revised in November 2017), April 2018" should be used (A copy of this document is at Annex 3)

E. Procurement methods

36. Generally, open competition will be the default method for all planned and approved procurement activities. While the State of Emergency (SOE) declared by Government permits streamlined arrangements such as Direct Selection. Direct Selection may only be used for those activities detailed in the PPSD and approved Procurement Plan (currently limited to the contract with UNOPS and for the Project Manager (part-time)). In all cases Direct Selection needs to be sufficiently justified.

37. Procurement will be carried out by MoF and MOH in accordance with the selection methods acceptable to the World Bank (refer to the applicable World Bank Procurement Regulations for IPF

Borrowers, July 2016, revised November 2017 and August 2018, see enclosed link <http://pubdocs.worldbank.org/en/178331533065871195/Procurement-Regulations.pdf> and detailed in the Procurement Plan. Streamlined procedures for approval of emergency procurement have been agreed for implementation to expedite decision making and approvals by the GOS. While a Proclamation of an SOE is in effect in Samoa, procurement may be conducted through direct invitation, limited bidding (for goods, works or general services) or single source selection and limited bidding (for consultancy services) so long as it is for the purposes, or within the scope, of the SOE, and approved by the Tenders Board (TB) or Cabinet, as the case may be (and as detailed in paragraph 36 for activities agreed by the World Bank and sufficiently justified). While direct invitation (selection) may be more expedient as a selection method, the approvals – clearances, authorizations and tendering thresholds for procurement activities under the State of Emergency – remain unchanged from those detailed in the Government of Samoa Public Finance Management Act 2001 (Part XII Procurement and Contracts) and Treasury Instructions 2013 (and as amended 2016, 2019 & 2020) and the related B4 Schedule.

F. Implementation of Procurement

38. MOF and MOH will manage, coordinate, and monitor procurement activities and communicate with the Bank with regards to procurement. **Table 3** below provides general guidance on the procurement steps, role and responsibilities for the Project.

Table 3 Procurement Steps, Roles and Responsibilities

	Step	Responsibility
1	Preliminary identification of required goods, works, non-consulting services under the project	MOH
2	Agreement on quantities, types of goods, works, non-consulting services and consulting services, costs and timing of need	MOH, MOF, WB
3	Preparing technical specifications for goods, works, non-consulting services and TOR for consultants.	MOH, reviewed and cleared by MOF and WB
4	Preparation and update of Procurement Plan; approval of Procurement Plan.	MoH (HSCRM) prepares and submits to WB for review and approval; WB reviews and approves new activity/activities when loaded to STEP and submitted for approval
5	Enter Procurement Plan in STEP	MOH/HSCRM
6	Prepare Specific Procurement Notice for goods, works, non-consulting services	MOF
7	Prepare Request for Expression of Interests (REOIs) for consultant services,	HSCRM and F&P
8	Preparation of Request for Quotation (RFQ) or Request for Bids (RFB) as appropriate and applicable for civil works (Small works for incinerator and the construction of Public Health Lab); (use of WB Standard Procurement Documents for international market approach required)	HSCRM and F&P
9	Submission of draft RFQs/RFBs (including shortlist of firms) for Tender's Board approval	HSCRM and F&P and MOF
10	Advertise and Issue RFQs; issue RFBs to short-listed firms; (receive and respond to clarifications as needed and permitted).	HSCRM and F&P
11	Receiving, public opening and recording of bids (arrange site visit and pre-bid meeting before deadline for submission of bids if	TB and HSCRM and F&P

	needed).	
12	Bid/proposal evaluation prepare bid/technical evaluation report (BER/TER).	HSCRM and F&P and Evaluation Committee
13	BER for goods, works, and non-consulting services approved.	HSCRM and F&P
14	BER/TER including recommendation submitted to WB (prior-review contracts only) for no objection letter (NOL) through STEP.	HSCRM
15	Combined technical and financial proposals for the selection of consulting firms and prepare reports	HSCRM and F&P
16	Submit evaluation report to TB for approval	HSCRM and F&P
17	Issue contract award notification for goods, works, and non-consulting services (after WB NOL received for prior-review contracts only or completion of evaluation report for post review contracts).	HSCRM
18	Contract negotiation and submission of draft negotiated contract and minutes of negotiation to WB for NOL (Only for consulting services subject to prior review).	HSCRM and F&P
19	Contract signature	MoH –ACEO Legal Services
20	Recording and filing of contracting documentation; processing for future disbursement/payments. (Through STEP)	HSCRM & F&P
21	Supervision of contract execution (timely execution; quality control; compliance of technical specifications or TORs)	Technical division of MoH and HSCRM
22	Certification of contract compliance/completion	HSCRM

39. As implementation agency, MOH will be responsible for performing the tasks listed below for procurement operations:

- Plan and manage all procurement under the Project;
- Ensure full compliance of the Project procurement activities with the applicable regulations and other requirements, including planning and reporting requirements;
- Regularly update the Procurement Plan;
- Prepare the GPN, REOIs, SPNs, bidding documents and all other documents required for procurement of consulting services, civil works and goods and services and previously prepared TORs for consulting services and training, technical specifications for goods, scope of services for non-consulting services and bills of quantities for works;
- Coordinate and administer the work of the evaluation committees (including organization of the committees' meetings, preparation of meeting minutes, and provision of instructions and guidance to the committee members on the applicable procurement regulations and procedures);
- Manage and coordinate contract negotiations with the participation of negotiations' committees;
- Submit necessary procurement documentation to TB and Bank for review as required (through the MOF), and obtain their approvals (i.e. Bank's "No Objection");
- Ensure timely approval of the contracts by the Attorney General's Office;
- Furnish to the Bank copies of signed contracts (via STEP);
- Monitor progress in implementation of the procurement operations, identify variations and deviations from the approved Procurement Plan as detailed in STEP in order to identify causes and take necessary corrective measures;
- Prepare quarterly reports on procurement operations (extracted from STEP to Excel);
- Maintain and keep complete procurement documentation (for Audit and/or Bank Post Review); and

- Regularly communicate with MOH management on progress of the procurement operations.

40. As the executing agency, MoF will be responsible for overseeing and monitoring the implementation of the Project procurement plan and ensures that the MoH complies with both the WB procurement regulations as well as the procurement procedures and processes of the GoS. The MoF through its CTSSU will be responsible for providing technical advice and support to the MoH wherever needed.

G. Non-compliance

41. If the World Bank determines that the GOS has not complied with the procurement requirements set out in the Legal Agreement, the World Bank may, in addition to exercising the legal remedies set out in the Legal Agreement, avail itself of a range of remedies, including declaring mis-procurement.

42. MOF and MOH should make every effort to avoid noncompliance by following the agreed procedures and seeking advice from the World Bank staff on any unclear Bank financed procurement procedures. Care should be exercised in following the agreed procedures, and the procurement process should be managed with due diligence at all levels.

H. Confidentiality in Procurement

43. Confidentiality during the evaluation process should be maintained. The contents of bids or proposals must not be discussed outside of the HSCRM and related departments involved in the process. MOF and HSCRM of MOH oversees safekeeping of the procurement documentation. Documents with sensitive or confidential information should always be locked in the safe (or other comparable deposit), unless being worked on. Confidentiality must be maintained until contract award is published.

I. Fraud and Corruption

44. The Bank requires application of, and compliance with, the Bank's Anti-Corruption Guidelines, including without limitation the Bank's right to sanction and the Bank's inspection and audit rights. For details see "World Bank Guidelines on Preventing and Combating Fraud and Corruption in Projects Financed by IBRD Loans and IDA Credits and Grants (revised as of July 1, 2016)".
<https://policies.worldbank.org/en/policies/all/ppfdetail/4039>

J. Record Management

45. In addition to the records in STEP, all procurement related documents should be kept in a systematic and organized manner for each step of the procurement process for each procurement activity. They should also be kept in a safe and secure place preferably using box files and folders. A separate file or a separate section should be reserved for each procurement package.

46. Implementing Agencies must maintain records on each of the steps taken during the procurement process. Where contracts are to be awarded based on competitive bidding, the procuring entity should maintain a complete record of the process and documentation for future review by the Bank. The experience is that the lack of an efficient filing system causes long and costly delays by resulting in a search for documents at critical moments when procurement issues arise or when procurement audits and post reviews need to be done.

47. Procurement filing has specific characteristics. Files must be based on the four procurement categories (works, goods, consultant services, and non-consulting services) and span the entire procurement process per activity in each category in an efficient and easily accessible manner (from advertising to contract signature and implementation (contract management).)

K. Obligation to retain procurement documents

48. All implementing agencies shall ensure that procurement documents are uploaded in STEP and hard copies maintained on file for audit during Implementation and for 2 years after project's closing date, including, but not limited to:

- Copy of performance security (if required)
- Bid documents and addenda
- Original bids & all correspondence related to the procurement and Implementation of the Contract
- Bid opening minutes & Bid evaluation reports including supporting docs for award recommendations;
- Payment invoices or certificates
- Certificates for inspection, delivery, completion and acceptance etc.
- Specific procurement notice of each procurement process

L. Contracts register

49. A contract register should be maintained by MOH under the project throughout the project life. The Contract Register must be recorded and updated as frequently as possible and be kept as one of the procurement files. Major procurement processes should be registered in the Contract Register and kept for future procurement audits and reviews by the Bank. The following items are the major procurement process which should be captured in the contract register:

- Contract Reference Number
- Contract Description
- Procurement Plan Cost Estimate
- Procurement Method Used
- Date, Month and Year of Invitation
- Name and address of Supplier/Contractor/Consultant
- Date, Month and Year of Contract Signing
- Contract Amount
- Date, Month and Year of Completion of Contract

M. Contract Procurement Monitoring

50. A detailed record of each step in the procurement process shall be maintained in the World Bank STEP system by MOH/MoF assigned procurement staff. in the approved procurement activities, which form the procurement plan in STEP can be exported to an excel table for the purpose of reporting on implementation progress.

CHAPTER V: FINANCIAL MANAGEMENT AND DISBURSEMENT ARRANGEMENTS

A. Financial Management

51. **Responsible agencies:** both MOF and MOH will have responsibility in financial management of the project implementation to ensure the funds are used for the intended purpose. MOF will manage the designated account housed in Central Bank of Samoa and the Government Advance Financing account, oversees and processing financing transactions and reimbursement claims with the World Bank through the designated account. MOH will also review payment requests from MOH and process the payment directly to the contractors, consultants and government implementation entities. As the implementation agency, MOH should apply adequate financial management system to ensure that it will provide the Government and the World Bank with accurate and timely information regarding project resources and expenditures. The financial management arrangements should be: (a) capable of correctly and completely recording all transactions and balances related to the Project; (b) able to facilitate the preparation of regular, timely and reliable financial statements and safeguard the project's assets; and (c) subject to auditing arrangements acceptable to the World Bank. The Finance and Procurement(F&P) Division, in close coordination with HSCRM, shall be in charge of the day to day financial management of the project within its regular authority and duties with support from the project manager. The HSCRM Division and F&P Division provides procurement and financial management services needed for Project implementation. The project manager prepares the annual work plans and budgets; prepares the Interim Financial Reports (IFRs) and the Annual Project Financial Statements for auditing which should be reviewed by the MoF before submission to the Bank... The financial management specialist within the CTSSU-MOF will provide additional support to the MOH's HSCRM Division as needed to improve contracts management function (such as tracking of expenditures, record keeping, procedural compliance timely processing of payments to the consultant and contractors, ensuring value for money)and the reconciliation with the Project financial reports.

52. **Planning and Budgeting.** A budget for the whole Project will need to be prepared, broken down by year, and by components. The MOH, through the HSCRM Division with support from CTSSU-MOF as needed, will prepare Annual Work Plans and Budgets (AWPB)each year to be submitted to the World Bank for review and no-objection, no later than April 1 of each year, in advance and time-bound to the Government's budget cycle. The Workplan will list all activities to be implemented for the period covered by the Plan, with budgets attached and be included in the subsequent government fiscal year, and indicating the targets to be achieved. The MOH will, through the HSCRM Division, have responsibility for the day-to-day monitoring of the budget and report on the analysis of the budget vs. actual expenditure and incorporate this into the semi-annual project progress reports. The World Bank team will work closely with the Government to provide assistance and support as needed.

53. **Designated Account: Funds will flow from the World Bank directly into a Designated Account (DA)** maintained at the Central Bank of Samoa and managed by the MOF. Disbursement methods such as advances to the DA, reimbursement of pre-financed expenditures, direct payment to contractors and special commitments (including UN commitments) are discussed below and given in more detail in the Disbursement and Financial Information Letter, specifying the required supporting documents.

54. **Accounting Arrangements.** The MOF will maintain the Project expenditures on the Government accounting system, Finance One, as a detailed transaction listing and hence does not maintain sufficient information for reporting purposes. Therefore, the MOH, through the F&P division in close coordination with the HSCRM Division, will maintain a set of accounts to enable financial reporting and will prepare the financial documentation and verify all payments before sending them to MOF for final authorization and payment. The MOF will provide the MOH with a

monthly print out of payments made for reconciliation and reporting purposes. Copies of all accounting records for the Project will be maintained and made available to both auditors and the World Bank, as required. It is worth noting here that all project payment requests are pre-audited by the Samoa Audit office before any payment is transferred through Finance One to supplier, contractor and/or consultant.

55. Internal Controls. Government's financial management is guided by the Public Financial Management Act of 2001 and the authorization of payments is made through MOF in compliance with Government financial policies including Treasury Instructions 2013. This provides a basis for the internal controls, which include segregation of duties between the HSCRM Division (e.g., during withdrawal applications preparation), and payment of accounts done by the MOF. Monitoring activities are to be carried out continually by MOH staff, within their requirement, to establish procedures to review adequacy and compliance with the internal control system. The Controller and Auditor General has elected to review 100% of the payments. For contracts management, the HSCRM Division will take primary responsibility drawing on technical expertise from other Divisions, as well as fiduciary support from the Finance & Procurement Division, and the CTSSU-MOF. In terms of internal audit of MOH, the World Bank review indicates a lack of written evidence for implementation of internal audit recommendations which reduces the enforcement effectiveness of the internal audit function.

56. MOH – Internal Audit Unit (IAU) is responsible for providing an independent assurance that MoH's risk management, governance and internal control processes are operating effectively. Particularly, in relation to the Project, the Internal Audit Unit is responsible for incorporating the auditing needs of the Project into its already existing annual audit program. The annual internal audit program is implemented and reported on a quarterly basis and is endorsed by the DG/CEO before dissemination to all management. The IAU is also responsible for following up on its recommendations quarterly in order to ensure that the respective Divisions had implemented the recommendations being reported. The HSCRMD is responsible for coordinating and monitoring the actioning of recommendations specific to the Project and these will be included in the bi-annual progress management reports. The internal audit plan comprises of three types of audits such as compliance, financial and performance auditing. Methods of auditing include spot checks, observations and documentation reviews. Common areas covered in internal audits include procurement audits, assets audit, cash management, budgets vs actual, and so forth. The IAU has allocated personnel for internal audits of projects and thus will assure clear lines of responsibility and accountability.

57. MoF Internal Audit and Investigation Division (IAID) is responsible for overseeing the establishment and implementation of audit programs across all government ministries including MoH. The Division undertakes regular audit assignments with MoH (twice a year) and also contributes to strengthening internal controls within MoH which are also being used for facilitating project implementation.

58. Financial Reporting and Monitoring. The MoH will prepare and submit, through MOF, the following to the World Bank using WB online Client Connection portal facility:

- A semi-annual (six-month) interim unaudited financial reports (IFRs), starting from the first semester following the Project's first disbursement, no later than sixty (60) days after the end of the semester. The MOH is responsible to prepare the IFR and submit to MOF for review before submitting to the World Bank. The IFRs will include the source of funds, an analysis of actual expenditure for the current period, year to date, and the cumulative to date, plus outstanding commitments, compared against the total Project budget, the funds balance for the semester, supported by the balance in the ledger and the Bank account. It will also include the commitments register with the contracts' information and the contract balance, consistent with the outstanding commitments balance reported in the IFRs. The format has been developed and agreed by the GOS and the World Bank and attached in this POM as

Annex 7.

- Annual audited Project financial statements and the management letter within nine (9) months of the end of each fiscal year.

59. **External Audit.** An annual audit of the Project financial statements and the management letter are required to be submitted to the World Bank within nine (9) months of the end of the fiscal year and shall be made publicly available by the Government in a manner acceptable to the World Bank, according to the General Conditions of IDA Grants. The audited Project financial statements are to be prepared in accordance with the “International Public-Sector Accounting Standard under the Cash Basis of Accounting”, as required by MOF for all projects. The Audit Office of Samoa will perform the external audit of MOH’s financial reports. The MOH will ensure timely submission to Audit office of the Project’s financial reports, thereby ensuring timely submission of the audit report to the World Bank. The actions to address the audit findings noted in the auditing report should be reported in the semi-annual project progress report.

B. Disbursement

60. Disbursements through Withdrawal Applications shall be made from time to time in accordance with the Disbursement and Financial Information Letter (DFIL). For any discrepancy between this POM and the DFIL, the DFIL shall prevail. The *Disbursement Guidelines for Investment Project Financing dated February 2017*, (“Disbursement Guidelines”) are available in the World Bank’s public website at <https://www.worldbank.org> and its secure website “Client Connection” at <https://clientconnection.worldbank.org>. The Disbursement Guidelines are an integral part of the Disbursement and Financial Information Letter (DFIL-see Annex 3 for this document), and the manner in which the provisions in the guidelines apply to the Financing is summarized below.

61. **Eligible Expenditures:** MOF may withdraw the proceeds of the grant to finance Eligible Expenditure in the amount allocated and up to the percentage set forth against each Category of the following **Table4**.

Table 4: Financing Table

Category	Amount of the Grant Allocated (expressed in SDR*)	Percentage of Expenditures to be Financed (inclusive of Taxes)
(1) Goods, works, non-consulting services, consulting services, Operating Costs ² , and Training and Workshops for the Project	2,200,000	100%
TOTAL AMOUNT	2,200,000	

*SDR=Special Drawing Rights

62. No withdrawal shall be made for payments made prior to the Signature Date, except that withdrawals up to an aggregate amount not to exceed SDR 880,000 may be made through Retroactive Financing. The Project Closing Date is June 30, 2023, and no payments can be made for any activity which has not been completed by that date. The Project will have a disbursement deadline date of four (4) months after the closing date of the Project.

²Operating costs” means the reasonable incremental expenses incurred by the Recipient on account of the implementation, management and monitoring and evaluation of the Project , based on the Annual Work Plan and Budget accepted ex-ante by the Association, including rental of office space, bank charges, communications, advertising costs, utilities, stationery, vehicle operation, maintenance, insurance and transportation costs, but excluding salaries, fees, honoraria, bonuses, and any other salary supplements of any of the Recipient’s civil servants.

63. **Retroactive Financing.** The GoS has indicated that it is not expecting that Retroactive Financing to be used for this project.

C. Disbursement Arrangements

64. The process required for processing withdrawal applications are provided in the Disbursement and Financial Information Letter (see Annex 3). The following are the disbursement methods that may be used for this IDA Grant: i) Direct Payment, ii) Advances, iii) Reimbursement, and iv) Special Commitments (including UN Commitment). Given the emergency nature of the project, it is recommended that Direct Payments be used as much as possible to facilitate faster payments to suppliers. The minimum application size for reimbursements, special commitment (including UN commitment), and direct payments would be equivalent to US\$50,000.

65. **General Provisions** (see Schedule 1 in Annex 3). The table in Schedule 1 sets out the disbursement methods which may be used, and conditions, information on registration of authorized signatures, processing of withdrawal applications (including minimum value of applications and processing of advances), instructions on supporting documentation, and frequency of reporting on the Designated Account.

66. **Mandatory Direct Payment (MDP).** Based on the nature of the financing, MDP applies to this Project, specifically, disbursements under contracts for Goods, Works, Non-consulting Services and Consulting Services procured or selected through international open or limited competition or Direct Selection as set out in the Procurement Plan, must be made only through the Direct Payment and/or the Special Commitment (including UN commitment) disbursement methods.

67. **United Nations (UN) agencies.** The engagement of UN agencies under this Project is through contracting between the Project and the UN agencies, using the standard contract templates already developed between the World Bank and respective UN agencies. Under this method of engagement, the UN agencies' FM procedures apply within the contracts, while the Government's FM arrangements and World Bank fiduciary requirements remain the same; however, funds flow arrangements have the added option of utilizing UN commitments.

68. **UN commitments.** Payments for some of the expenditures to be incurred under the Project may be to UN agencies for goods purchased or services rendered; to facilitate the payment processes, most of these payments, at the request of the Government of Samoa, will be made through direct payment or UN commitments or other disbursement methods stated in the contracts by the World Bank to UN agencies once the Project becomes effective, using Retroactive Financing or through normal disbursement processes. In addition, minimum application size for direct payment or UN commitment is set at a lower than usual level, i.e. \$50,000, to expedite payments process.

69. **Authorized Signatures.** Before funds from the Financing Account may be withdrawn or committed, the authorized representative of the country (as designated in the FA) must furnish to the World Bank, electronically through the Client Connection website (<http://clientconnection.worldbank.org>), or through an authorized signatory designation letter, the name(s) of the official(s) authorized (a) to sign and submit applications for withdrawal and applications for a special commitment (collectively, Applications); and (b) to receive Secure Identification Credentials from the World Bank. The borrower must notify the World Bank of any changes in signature authority, either electronically in Client Connection or through an updated authorized signatory designation letter.

70. **Electronic Delivery.** Withdrawal Applications (with supporting documents) are to be submitted

electronically through the World Bank's web-based portal "Client Connection"³. This option will be effective after the officials designated in writing by the GOS who are authorized to sign and deliver Withdrawal Applications have registered as users of "Client Connection". The designated officials will deliver Applications electronically by completing the Form 2380, which is accessible through "Client Connection". By signing the Authorized Signatory Letter, the GOS confirms that it is authorizing such persons to accept Secure Identification Credentials (SIDC) and to deliver the Applications and supporting documents to the World Bank by electronic means. The GOS may exercise the option of preparing and delivering Withdrawal Applications in paper form, on an exceptional basis (including those where the Borrower encounters legal limitations), and which were previously agreed with the World Bank. By designating officials to use SIDC and by choosing to deliver the Applications electronically, the government confirms through the authorized signatory letter its agreement to: (a) abide by the Terms and Conditions of Use of Secure Identification Credentials in connection with Use of Electronic Means to Process Applications and Supporting Documentation, available in the Association's public website at <https://worldbank.org> and "Client Connection"; and (b) to cause such official to abide by those terms and conditions.

71. Other Information. For additional information on disbursement arrangements, refer to the Loan Handbook available on the World Bank's website (<http://www.worldbank.org/>) and "Client Connection". It is recommended that you register as a user of "Client Connection". From this website you will be able to prepare and deliver Applications, monitor the near real-time status of the Financing, and retrieve related policy, financial, and procurement information. For more information about the website and registration arrangements, or if any queries, send email at AskLoans@WorldBank.org.

72. The World Bank will be undertaking FM implementation review twice a year during project implementation to ensure that the project proceeds are used for the purpose it was granted. The review mission may cover any of the following: (1) review of the continuous maintenance of adequate FM system by MOF/MOH; (2) review of interim financial reports (IFRs); (3) follow up of timeliness of FM reporting and actions taken on issues raised by external auditors; (4) follow up of the status of any agreed action; and (5) review of compliance with the financial covenants.

D. Record Management

73. In addition to the records in 'Client Connection', all financial related documents, particularly TY voucher payments and supporting documents should be kept in a systematic and organized manner for each component and in according to relevant periods of reporting. They should also be kept in a safe and secure place preferably using box files and folders.

74. Implementing Agency (MoH) must maintain records on all financial transactions that had eventuated over relevant periods of implementation relating to the Project. The experience is that the lack of an efficient filing system causes long and costly delays by resulting in a search for documents at critical moments when financial issues arise or when financial reviews and audits need to be done.

75. The flowchart below explains the flow of finances and financial information for the Project:

³ This site can be found at <https://clientconnection.worldbank.org>



CHAPTER VI: ENVIRONMENTAL AND SOCIAL FRAMEWORK (ESF)

76. To manage the potential risks and impacts of the Project, the World Bank Environmental and Social Framework (ESF) effective from October 1, 2018 is applied to this Project. Three instruments as required by the ESF have been prepared comprising (i) an Environmental and Social Commitment Plan (ESCP); (ii) a Stakeholder Engagement Plan (SEP) including a Grievance Redress Mechanism (GRM); and (iii) an Environmental and Social Management Framework (ESMF), guiding the relevant management plans. These instruments have been cleared by the World Bank and publicly disclosed and will be applied to all Project activities.

77. The Project shall be carried out in accordance with the World Bank's Environmental and Social Standards, in a manner acceptable to the World Bank. The ESF contains ten Environmental and Social Standards (ESSs), out of which five have been screened as relevant for the Project, which include: ESS1 Assessment and Management of Environmental and Social Risks and Impacts; ESS2 Labor and Working Conditions; ESS3 Resource Efficiency and Pollution Prevention and Management; ESS4: Community Health and Safety; ESS10: Stakeholder Engagement and Information Disclosure

78. Environmental risks are considered to be Substantial. The project main long-term impacts are likely to be positive, as the project aims to strengthen emergency response for COVID-19, and will improve in both short-term and long-term medical waste management and prepare country for potential new pandemics in future. Nevertheless, in the short-term the environmental risks are considered to be Substantial. The main environmental risks include: (i) moderate adverse impacts linked to small scale construction activities, i.e. construction of laboratory facilities and establishment of medical waste management facility for installation of prefabricated medical waste incinerator in Savai'i; (ii) environmental and community health related risks from inadequate storage, transportation, disposal or treatment of medical waste; (iii) occupational health and safety issues related to the availability and supply of personal protective equipment (PPE) for healthcare workers dealing with COVID19 patients; and (iv) the occupational and environmental health and safety issues related to handling of chemicals supplies by maintenance teams in hospitals, laboratories and public institutions. These environmental risks are mostly temporary and predictable. Yet insufficient human resources and infrastructure capacity for medical waste management in pandemic times contributes to substantial environmental risk rating. To mitigate the above-mentioned risks, MoH prepared an Environmental and Social Management Framework (ESMF) that covers the environmental and social mitigation measures to be implemented for the various proposed activities, including construction of laboratory facilities, establishment and operation of waste management facility for medical waste incinerator, chemical storage, and other. Mitigation measures are largely based on WHO technical guidance on medical waste management, including during COVID-19 response, World Bank Environmental, Health and Safety (EHS) Guidelines and other Good International Industry Practice (GIIP), including an elaboration of roles and responsibilities within the MoH, training requirements, timing of implementation and budgets. The ESMF also focus on capacity building through trainings and preparation of O&M manuals.

79. The social risks are considered moderate. Risks associated with project activities are not likely to be significant and are considered temporary, predictable, and readily manageable through project design features and mitigation measures. Social risks associated with small-scale works are moderate and can be effectively managed through standard mitigation measures. No land acquisition or involuntary resettlement impacts are expected. All activities will be conducted within existing government facilities/grounds and no new land will be acquired or accessed. The project will only provide limited support to activities relating to the direct provision on services to the community, such as enhancing risk communication and community engagement activities currently being implemented by the MOH and UNICEF. As such the risk of inequitable community access to project supported facilities and services is considered low to moderate. To mitigate this risk, MOH has committed to the provision of services and supplies to all people, regardless of their social status, based on the urgency of the need, in line with the latest data related to the prevalence of the cases, and the implementation of WHO guidance tools for COVID-19 risk communication and engagement. Clear communication of

risks and prevention measures will be included within training and engagement activities and in the SEP. Social risks associated with the project are addressed through the project's ESMF, Stakeholder Engagement Plan (SEP) (including a Grievance Redress Mechanism - GRM) and Labor Management Procedure (LMP).

80. Organizational arrangement for the ESF Implementation, Monitoring, and Reporting. The MOH have the overall responsibility for ensuring environmental and social issues are adequately managed on the project in accordance with the ESMF. The project will rely on the MOH's existing organizational structure, including the involvement of the MOH technical departments and divisions.

81. Health Sector Coordination, Resourcing and Monitoring Division. The Health Sector Coordination, Resourcing and Monitoring (HSCRM) Division will perform the day-to-day project management by providing support to the relevant MOH divisions in implementing project activities in line with the ESMF and associated instruments. This includes procurement of medical supplies, commodities and equipment, and civil works contracts for the waste management facility and the public health laboratory. The HSCRM will draw upon specialists from the Ministry of Finance CTSSU to provide technical support and hands on assistance with the implementation of the Project. The HSCRM, with the support of the CTSSU, will prepare and submit regular (six-monthly) monitoring updates on the environmental, social, health and safety (ESHS) performance of the Project, including but not limited to:

- The implementation of the ESCP and relevant E&S instruments
- Status of preparation and implementation of the Project's environmental and social documents
- Stakeholder engagement activities and grievances log and Labor Management Procedures
- Contractor's ESHS implementation (when required for the improvement of physical facilities/equipping the existing facilities)
- ESHS incidents and the functioning of the grievance mechanism.

82. Health Protection and Enforcement Division. The Principal Health Care Waste Management officer is currently responsible for overseeing the management of collection, transport, treatment and disposal of medical waste in Samoa. No safeguards resources are in place within the Health Protection and Enforcement Division and there is little experience with the Bank's environmental and social safeguards requirements. The CTSSU will develop the knowledge and capacity of the Principal HCWM officer regarding the implementation of Safeguards instruments. It will be hands on support for the Principal HCWM officer with ESMF implementation during design, procurement, and installation of the healthcare waste incinerator. This includes the occupational health and safety requirements, community engagement and preparing any safeguards instruments such as ESIA and ESMP.

83. NHS and IHR Division. The Principal PH Laboratory Officer is responsible for the management of day-to-day operations of Public Health laboratory activities. The CTSSU will develop the knowledge and capacity of the Principal Laboratory Officer regarding the implementation of Safeguards instruments. It will be hands on support for the Principal Laboratory Officer with ESMF implementation during design, construction and operation of the new Public health Laboratory and healthcare waste incinerator. This includes the Occupational Health and Safety requirements, Community Engagement and preparing any safeguards instruments such as ESIA and ESMP.

84. Construction Contractors. Contractor(s) will be contractually required to comply with the project's safeguards documents, including implementation of all mitigation measures and the LMP. Contractor(s) will be expected to disseminate and create awareness within their workforce of environmental and social safeguards compliance, and undertake any staff training necessary for their effective implementation. Where contractors do not have existing environmental staff, the MoH – HSCRM will arrange for adequate capacity building within the contractors workforce. Contractor(s) will also be required to prepare and comply with waste management plans and construction health and

safety plans and to take all necessary precautions to maintain the health and safety of their personnel. The contractor(s) will appoint a health and safety officer at site, who will have the authority to issue directives for maintaining the health and safety of all personnel authorized to enter and or work on the site. These requirements will be specified in the bidding documents for construction contractors.

85. **World Bank Safeguards Specialists.** The Bank's Environmental and Social team will provide regular safeguards compliance support, remote and during missions, and to build capacity for ESMF implementation and stakeholder engagement. As international travel may be slow to resume, supervision and missions may continue to be conducted remotely for some time.

86. Refer to the table below for details of E&S activities and responsible MoH staff:

Activity	Responsibility
1. Health Care Waste Management which includes incinerator installation, maintenance and operations management, construction of building for incinerator, training on M&O and medical waste handling procedures/regulations.	Principal HCWM officer
2. Public Health Laboratory management which includes construction of new PH laboratory, maintenance and operations management, procurement of laboratory equipment, development and trainings on bio-safety protocols/regulations.	Principal PH Lab officer
3. Monitoring and reporting on implementation of ESMF, ESMP, SEP and GRM.	ACEO HSCRM and Project Manager
4. Training of health workers on ESMF, ESMP, SEP and GRM.	Principal HCWM officer and Principal PH Lab officer with assistance from CTSSU E&S Specialist.

A. Environmental and Social Commitment Plan (ESCP)

87. The Project shall be carried out in accordance with the World Bank's Environmental and Social Standards, in a manner acceptable to the World Bank, and the MOH shall ensure that the Project is implemented in accordance with the Environmental and Social Commitment Plan (ESCP-see Annex 5 for the Plan)⁴ in a manner acceptable to the World Bank. Implementation of the Plan will be reported on as part of the regular reporting under the Project. As indicated above, the FA provisions shall prevail in the event of any inconsistencies between the ESCP and the FA. To this end, the MOH shall ensure that:

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

88. The MOH, through HSCRM and F&P Division, shall ensure that all measures necessary are taken to collect, compile, and furnish to the World Bank, through regular reports, with the frequency

⁴The FA provisions shall prevail in the event of any inconsistencies between the ESCP and the FA.

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

89. The MOH shall ensure that all bidding documents and contracts for civil works under the Project include the obligation of contractors, subcontractors and supervising entities to: (a) comply with the relevant aspects of ESCP and the environmental and social instruments referred to therein; and (b) adopt and enforce codes of conduct that should be provided to and signed by all workers, detailing measures to address environmental, social, health and safety risks, and the risks of sexual exploitation and abuse, sexual harassment and violence against children, all as applicable to such civil works commissioned or carried out pursuant to said contracts.

90. An Environmental and Social Commitment Plan (ESCP) has been prepared for the Project, and forms part of the key project documents. Additional documents will be prepared during implementation and disclosed in accordance with World Bank requirements. The Project will prepare and adopt/has prepared and adopted an Environmental and Social Management Framework (ESMF), which will include Labour Management Procedures (LMP). Implementation progress of the ESCP, LMP will be reported on in the semi-annual Progress Reports to the World Bank.

B. Stakeholder Engagement

91. A Stakeholder Engagement Plan (SEP-see Annex 6 for the document) has been prepared. This document was updated on 27 October 2020 and redisclosed on the MOH website. It will be updated by MOH as and when necessary based on findings during implementation. The overall objective of this SEP is to define a program for stakeholder engagement around the Project, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases. The main sections of the SEP include (i) stakeholder identification and analysis; (ii) stakeholder engagement program; (iii) resources and responsibilities for implementing stakeholder engagement activities; (iv) grievance redress mechanism; and (v) monitoring and reporting. of respective Project activities, namely those with potential inherent environmental and social risks.

92. Requirements of the GRM are provided in Annex 6, Section 5.1. As with the requirements under the ESCP, the implementation of the SEP will be reported on monthly to senior management, and be documented in the semi-annual project progress reports to the World Bank.

93. In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement:

- Openness and life-cycle approach: public consultations for the project(s) will be arranged during the whole lifecycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- Informed participation and feedback: information will be provided to and widely distributed

among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;

- Inclusiveness and sensitivity: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly and cultural sensitivities.

94. The MoH through the HCSRSM division and key technical personnel from Public Health Services will be responsible for ensuring that the SEP activities are undertaken throughout the implementation, working closely together with other ministries, international organizations, NGOs, community entities (i.e. village committee and churches) and the media. A precautionary approach should be taken to the consultation process to prevent contagion, given the highly infectious nature of COVID-19.

C. Environmental and Social Management Framework (ESMF)

95. The ESMF has been prepared which sets out the principles and procedures for the assessment and management of environmental and social risks and impacts associated with the Project. The purpose of this ESMF is to guide the Implementing Agency (IA) – MOH– and implementation units on the environmental and social screening and subsequent assessment of sub-project activities during implementation in accordance with the World Bank ESSs.

96. The scope of ESMF includes procedures relevant to the development of all subprojects, including how to conduct screening of subproject activities to assess the environmental and social risks and impacts and identify mitigation measures, as part of subproject-specific assessment and plans. This ESMF is supported by the Infection Prevention Control and Waste Management Plan (IPC&WMP), Labor Management Plan (LMP), Stakeholder Engagement Plan (SEP), relevant COVID-19 WHO guidelines, and other specific plans that have been or will be prepared for the Project. ESMF is available at: https://www.health.gov.ws/wp-content/uploads/2019/11/Samoa-COVID-19-ESMF_May-22-Final.pdf Key project risks and proposed mitigation measures and required tools are presented in tables in annex 5.

D. Grievance Redress Mechanism (GRM)

97. The MOH is required to establish, publicize, maintain and operate an accessible grievance mechanism, to receive and facilitate resolution of concerns and grievances of Project-affected people, and take all measures necessary and appropriate to resolve, or facilitate the resolution of, such concerns and grievances, in a manner acceptable to the World Bank. MOH currently manages complaints and grievances in accordance with its Complaints and Grievance Policy 2015. The Complaints and Grievance Policy 2015 outlines the systems, processes and institutional arrangements required to implement all matters pertaining to grievances and complaints related to health. Responsibility for implementation and monitoring of the Policy was recently moved from the MOH Strategic Planning, Policy and Research Division to the Legal Services, Complaints and Grievance Unit under the Office of the Director General.

98. The main objective of a Grievance Redress Mechanism (GRM) is to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions.

99. Specifically, the GRM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of the Project;

- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.

100. **GRM on the Project:** All grievances and complaints in the Samoan health sector are managed by the Legal Services, Complaints and Grievance Unit (LSCGU) which reports directly to Chief Executive Officer/ Director General of MOH. Any complaints are managed in accordance with the Complaints and Grievance Policy 2015. Any complaints or grievances received by the LSCGU that relate to the Project will be referred to the ACEO HSCRM Division for management. The LSCGU will collect grievances issued to health facilities, contractors, district offices or MOH, record grievances and refer them to HSCRM Division for timely response to the complainant. The HSCRM will manage all complaints in accordance with the systems and processes outlined in the Complaints and Grievance Policy 2015. Details on how to access the GRM as explained in the Policy will be widely distributed as part of the SEP implementation.

101. The Project GRM, in accordance with the Complaints and Grievance Policy 2015 (however, with amendments specifically to this project in terms of 30 days for resolving any/all complaints and grievances as stipulated below in steps 1 to 5), will include the following steps (where applicable):

- **Step 1: Receive and Register:** Submission of grievances / complaints either orally or in writing to the MOH Legal Services, Complaints and Grievances Unit. All complaints will be registered using the standard Complaints/ Grievance form.
- **Step 2: Acknowledge Receipt:** After registration of the complaint in Step 1, the MOH Legal Services, Complaints and Grievances Unit will notify HSCRMD of the complaint. The HSCRMD will inform the complainant via telephone, letter or email acknowledging receipt of the complaint and will provide further information on the process.
- **Step 3: Assessment and Classification:** The HSCRMD will assess the complaint based on the nature and scope of the complaint. Each case will go through a classification of minor, moderate, major, acute.
- **Step 4: Investigation and reporting:** Once the ACEO of HSCRMD sanctions an investigation process, information will be collected to determine the seriousness of the complaint. An investigation report will outline the findings and be provided to the MOH Legal Services, Complaints and Grievances Unit under the Director General's office.
- **Step 5: Resolve and Feedback:** Through resolution meetings, appropriate actions will be agreed to resolve the grievance. If the aggrieved person is not satisfied with the outcome of the investigation and resolution meetings, the aggrieved person can refer the issue to National Emergency Operations Center. The committee is to consider and seek resolution to the case at the next scheduled NEOC meeting.
- **Step 6: Review/Appeal or Closure:** Complainants need to be informed that if they are still not satisfied, once all possible redress has been proposed, they have the right to take further action with the Ombudsman Office and/or take legal recourse.

102. **Grievances relating to Sexual Exploitation and Abuse or Sexual Harassment** will be forwarded directly to Director General's office.

103. **The Stakeholder Engagement Plan (SEP) provides details of how the GRM will be operationalized** as its associated activities are already incorporated into the SEP. The implementation of the GRM will be undertaken throughout the course of the project implementation depending on when the project activities are scheduled. The MoH – HSCRM Division is responsible for quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the

status of implementation of associated corrective/preventative actions. Moreover, these will form part of the Semi-annual project progress reports which are submitted to WB and key health stakeholders every 6 months.

CHAPTER VII: PROJECT IMPLEMENTATION MONITORING AND REPORTING

104. The purpose of project M&E is to assess whether the project is achieving the desired outcomes and outputs. The M&E system and the Results Framework, that is attached to it, aims to collect data and information on the project implementation and impacts to: (a) ensure a high level of transparency and accountability in the delivery of project activities; (b) improve the effectiveness of day-to-day decision-making through the provision of timely information to project implementation staff and decision makers; (c) capture and communicate lessons learnt to improve performance during project implementation and to allow other similar and related projects to benefit from improved practices; and (d) verify the achievement of the PDO.

105. The project Results Framework forms the basis of tracking progress of activities to meet the project objective (see Annex 1). While the project specific M&E will be implemented as outlined in the POM, the M&E activities will be carried out as part of the overall monitoring of the National Preparedness and Response Plan of COVID-19 and assist the MOH to monitor the progress towards the national response objectives.

A. Monitoring and evaluation arrangements

106. The responsibility for M&E activities will rest with the MOH, particularly with the Health Information Services and M&E Division together with support from HSCRM. The progress and achievement of the PDO will be monitored and assessed through regular/routine monitoring and completion review. A set of results monitoring indicators has been developed to measure Project outputs, intermediate outcomes, and final development outcomes. The MOH will be responsible for overall M&E of the project, including (i) collecting and compiling all data relating to project indicators and related information important for contextualizing project results, and (ii) regularly providing the relevant performance information to GoS through progress reports. To the extent possible, the results M&E arrangements for the Project will be integrated into the existing national surveillance and reporting systems and to assist the MOH to monitor the progress towards the National Pandemic and Epidemic Response Plan. In addition, a Project completion review will be conducted during the last year of Project implementation.

B. Progress Report and Arrangements

107. The MOH will be responsible for reporting results to the WB on a semi-annually basis, based on agreed targets and the progress on implementation of critical project activities. The project report to be submitted to the Bank not later than forty-five (45) days after the end of each calendar semester, covering the calendar semester.

108. Calendar semesters mean the period from January 1 until June 30 and/or the period from July 1 until December 31 of any calendar year. Regular reporting to the Ministry, the Project will follow MOH's internal requirement, including monthly, quarterly, six monthly and annual progress reports. The following table presents the indicators to be tracked and the periodicity of their collection/reporting.

Table 8: Periodicity of Data Collection

PDO INDICATORS		Periodicity
To prevent, detect and respond to the threat posed by COVID-19 in Samoa		
A.1 % of suspected cases of COVID-19 reported and investigated per approved protocol		Quarterly
A.2 Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents		Quarterly
To strengthen national systems for public health preparedness		

B.1 JEE is completed and corresponding Action Plan to strengthen the national pandemic preparedness developed and adopted	Once
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COMPONENT INDICATORS	
Component 1: Strengthening Emergency Response for COVID-19	
1.1 Proportion of identified contacts of suspects who are successfully traced and quarantined	Weekly
1.2 Number of health workers trained on case definition, management and treatment	Quarterly
1.3 Number of health workers trained in infection prevention and control per defined protocols	Quarterly
1.4 Number of health workers trained in health care waste handling and management per defined protocols	Monthly
1.5 Pandemic emergency risk communication plans and activities developed and implemented (Number)	Annual
Component 2: Systems Strengthening for Pandemic Preparedness and Response	
2.1 National infectious diseases surveillance system established according to the approved development plan	Semi-annual
2.2 Public health laboratory established in compliance with WHO bio-safety guidelines	Quarterly
Component 3: Project Implementation, Monitoring and Evaluation	
3.1 M&E system established to monitor COVID-19 preparedness and response plan	Quarterly
3.2 Percentage of project-related grievance and complaint being handled within the specified time period	Quarterly

109. The MOH is responsible for preparation of the semi-annual Project Progress Reports. The following table summarizes the reports, and their periodicity.

Name of Report	Periodicity	Due date
Annual Workplan and Budget (to include expenditures against planned)	Annual	No later than April 1 st each year, in advance of Government budget cycle
Procurement Plan	Annual or as needed	Annual to be agreed
Interim Unaudited Financial Reports	Semi-annual	Format developed and agreed; initial one 1 st semester after 1 st disbursement; 60 days after end of semester thereafter
Project Progress Report	Semi-annual	Template developed and agreed. 45 days after each semester
Mid-Term Review Report		December 2021
Final Project Completion Report		By project closing date

C. Mid-Term Review Report

110. The mid-term review will be undertaken before end of calendar year 2021 to assess the status of project implementation as measured against the monitoring and results indicators. Such a review would include an assessment of the (i) overall implementation progress of the Project; (ii) results of M&E of various activities and performance indicators; (iii) progress on procurement, disbursement and financial management; (iv) progress on the implementation of the ESF instruments and measures, as well as gender activities, impacts; (v) implementation arrangements; and (vi) need for any project restructuring or reallocation of funds among project components to achieve the PDO by the closing

date and/or improve performance. At least one-month prior to the Bank's Midterm review mission, MOH will provide the Bank with a Midterm Review report assessing project implementation status with updated results indicators, project cost estimates, and plans for completion. The review will be conducted within the agreed M&E framework and in consultation with the World Bank. The report will include progress achieved in the implementation of the project and measures recommended to ensure the achievement of the Project's operation and development objectives during the remaining period. The review will be coordinated by MOH and will be conducted with support of technical assistance, as necessary, to be engaged for this purpose

111. After receipt of the Mid-Term Review report, the World Bank will assess project status and implementation progress, to date (including the PDOs), and jointly agree with the government on an implementation strategy for the remaining period of implementation. This implementation strategy would reflect discussion regarding whether the revision of any project components, indicators, indicator targets, etc., would be needed in the project's remaining implementation period.

D. Project Completion Report

112. MoH will prepare a project completion report and submit it to the Bank by project closing date. The report will cover details of project implementation, success in meeting performance targets, project costs, performance of contractors and consultants, social and economic impact, economic rate of return, and other details as may be requested by the Bank, including lessons learned. These will be discussed in detail with the MOH six months prior to the completion date of the project.

E. Data Security Management Arrangement

113. Large volumes of personal data, personally identifiable information and sensitive data (Data) are likely to be collected and used in connection with the management of the project under circumstances where measures to ensure the legitimate, appropriate and proportionate use and processing of that Data may not feature in national law or data governance regulations, or be routinely collected and managed in health information systems. In order to guard against abuse of that Data, the project will incorporate best international practices for dealing with such Data in such circumstances. Such measures may include, by way of example, data minimization (collecting only Data that is necessary for the purpose); data accuracy (correct or erase Data that are not necessary or are inaccurate), use limitations (data are only used for legitimate and related purposes), data retention (retain data only for as long as they are necessary), informing data subjects of use and processing of data, and allowing data subjects the opportunity to correct information about them, etc. In practical terms, the project will ensure that these principles apply through assessments of existing or development of new data governance mechanisms and data standards for emergency and routine healthcare, data sharing protocols, rules or regulations, revision of relevant regulations, training, sharing of global experience, unique identifiers for health system clients, strengthening of health information systems, etc.

Personal Data collection and processing

Operative Provisions:

114. Personal Data collected under the Project will be processed only for purposes defined in the Project. To meet these requirements, the GOS represents and warrants that it will, or will cause its agents or contractors acting on its behalf to:

- a) Process Personal Data only for purposes defined in and only for performing and achieving the Objectives under the Project ("Legitimate Purpose").
- b) To the extent practical in the circumstances, inform Data Subjects about the Personal Data being Processed using the following form of notice, and keep a log of all Data Subjects who

are so informed and where it keeps its register of other data collected in connection with this Project.

Form of notice:

“You are hereby informed that data about you is being collected for public health reasons related to diagnosing, treating or preventing potential Coronavirus (COVID-19). We may share or otherwise automatically process this data for that purpose only. You have the right to inspect this data and correct any errors by contacting us at [].”

- c) Process only the amount and type of Personal Data necessary for the Legitimate Purpose.
- d) Take due care to ensure that Personal Data collected is accurate, complete, and up-to-date.
- e) Take due care to secure collected Personal Data.
- f) Retain collected Personal Data only for so long as is necessary to fulfill the Legitimate Purpose.
- g) Afford Data Subjects with the ability to inspect Personal Data collected about them and correct any errors in such data.
- h) Establish a procedure for Data Subjects to seek redress for abuse of these provisions.

Related Definitions:

- “**Data Subject**” means an identified or identifiable natural person.
- “**Personal Data**” means any information relating to a Data Subject.
- “**Processing**” means collecting, recording, organizing, structuring, storing, adapting or altering, retrieving, consulting, using, disclosing, sharing or otherwise making available to third parties, erasing or destroying Personal Data collected under the Project.

Guidance & Examples (for illustrative purposes only):

115. Examples of good practices for collection and processing of Personal Data

- a) Provide access to Personal Data to third parties only where strictly necessary to achieve Project objectives.
- b) Share anonymized or aggregated data, rather than Personal Data, wherever possible.
- c) Don’t combine Personal Data from the Project with other government databases for other objectives, such as to enforce unrelated social security contributions and tax obligations.
- d) Don’t share Personal Data from the Project with health care or pharmaceutical companies for advertising purposes.
- e) Don’t allow Personal Data from the Project to be used by health insurers to verify medical history for processing unrelated policies and claims.
- f) If health history is collected, consider extent of that history; if two months is adequate don’t collect 30 years.
- g) If the Project intends to provide temporary social assistance to individuals, consider whether it is necessary to know extraneous details such as the religious affiliation or sexual orientation.
- h) Consider using less intrusive questions, such as seeking information on “flu like” symptoms generally, rather than requiring disclosure of the exact symptoms.
- i) If a shelter in place order is imposed on individuals who have travelled from a specific destination during the pandemic, the date of travel from that specific destination should be recorded to ensure that irrelevant travel, e.g. 10 years ago, does not factor in inappropriately.
- j) If a database of infected persons is maintained to monitor movement of citizens for risk mitigation purposes, ensure that a recovered person is no longer listed.
- k) Securely destroy or delete Personal Data when no longer needed.

- l) Store physical records securely, e.g., in locked cabinets or rooms.

116. Examples of data that might be considered Personal Data:

- a) General patient data of a Data Subject includes: name, contact information, date infected, nationality, gender, age, persons with whom the Data Subject had contact.
- b) Other information related to a Data Subject (if applicable):
 - Medical and health symptoms
 - Specific information about diagnosis or treatment
 - Travel data, particularly to "hot zones" (date, time, duration)
 - Compliance with self-isolation
 - Mobile location data
 - Biometric data such as facial recognition technology
 - Genetic information

Distinguishing between Personal and Non-personal Data:

Not Personal Data: body temperatures collected randomly or *en masse* as individuals enter a building.

Personal Data: body temperatures tied to staff identification numbers as individuals enter a building.

ANNEX 1. RESULTS FRAMEWORK

COUNTRY: Samoa

Samoa COVID-19 Emergency Response Project

Project Development Objective(s)

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

Project Development Objective Indicators

Indicator Name	Baseline	End Target
To prevent, detect and respond to the threat posed by COVID-19 in Samoa		
% of suspected cases of COVID-19 reported and investigated per approved protocol (Percentage)	77.00	100.00
Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents (Number)	0.00	3.00
JEE is completed and corresponding Action Plan to strengthen the national pandemic preparedness developed and adopted (Yes/No)	No	Yes

Intermediate Results Indicators by Components

Indicator Name	Baseline	End Target
Component 1: Strengthening Emergency Response for COVID-19		
Proportion of identified contacts of suspects who are successfully traced and quarantined (Percentage)	95.00	99.00
Number of health workers trained on case definition, management and treatment (Number)	50.00	100.00
Number of health workers trained in infection prevention and control per defined protocols (Number)	60.00	200.00
Number of health workers trained in health care wastes handling and management per defined protocols (Number)	7.00	200.00
Pandemic emergency risk communication plans and activities developed and implemented (Number)	1.00	2.00
Component 2: Systems Strengthening for Pandemic Preparedness and Response		
National infectious diseases surveillance system established according to the approved development plan (Yes/No)	No	Yes
Public health laboratory established in compliance with WHO bio-safety guidance (Yes/No)	No	Yes
Component 3: Project Implementation, Monitoring and Evaluation		
M&E system established to monitor COVID-19 preparedness and response plan (Yes/No)	No	Yes
Percentage of project-related grievance and complaint being handled within the specified time period	0.00	100.00

ANNEX 2. SUGGESTED TEMPLATE OF SEMI-ANNUAL PROJECT PROGRESS REPORT

Independent State of Samoa

PROJECT SEMI-ANNUAL PROGRESS REPORT

Samoa COVID-19 Emergency Response Project

Executing Agency: Ministry of Finance
Implementing agency: Ministry of Health

Effective date: 23 April 2020

Closing date: 30 June 2023

Introduction: This is report for the period xx xx, 202x - xx xx, 202x

I. Epidemic Situation and Policy Actions Taken by GoS

pandemic status in the country (such as whether the state of emergency is still on, # of suspect cases, # of close contact of the suspect cases traced and investigated, # of people quarantined/isolated, # of people tested, # of repatriation flights and # of people returned and etc) as well as the major actions the government has taken to prepare and respond to the pandemic

II. Implementation Status

1. Highlights of Key Achievement in the Reporting Period (if any)

2. Implementation progress by components

(Activities/progress against annual workplan and agreed actions of last AM to be described here, supported by data/evidence, wherever applicable. Indicating whether the activities listed under annual workplan have been completed, if not, provide why)

Component 1. Strengthening Emergency Response for COVID-19

Subcomponent 1.1: Health System Strengthening for case detection, management and treatment

{Activities to be described here: training, workshops, service provided, # of people tested, # of contacts traced, # of people quarantined and etc}

Subcomponent 1.2: Infection prevention and control

{Activities to be described here: training, workshops, incinerator, PPE provided and etc}

Component 2. System Strengthening for Pandemic Preparedness and Response

{Summary of Activities/progress to be described here}

Subcomponent 2.1: Strengthening of the surveillance system and training of public health surveillance personnel for case detection, outbreak investigation, contact tracing and monitoring

{Activities to be described here}

Subcomponent 2.2: Establishment of public health laboratory for human and animal health (civil works, equipment HR development and capacity building)

{Activities to be described here}

Subcomponent 2.3: Completion of Joint External Evaluation (JEE) for IHR

{Activities to be described here}

Component 3. Implementation Management, Monitoring and Evaluation

{activities to be described here}

- Planning, budgeting and coordination: formulation of annual workplan, budgets, update of POM
- contracting of consultants if applicable
- Status of goods procurement; {What has been discussed, procured and delivered through the UNOPS contract}
- training provided/received

3. Disbursement and Financial Management {as per IFR & audited financial statement}

4. Environment and Social- updates on the environmental, social, health and safety (ESHS) performance of the Project, including but not limited to

- The implementation of the ESCP and relevant E&S instruments
- Status of preparation and implementation of the Project's environmental and social documents
- Stakeholder engagement activities and grievances log and Labor Management Procedures
- Contractor's ESHS implementation (when required for the improvement of physical facilities/equipping the existing facilities
- ESHS incidents and the functioning of the grievance mechanism.

5. Results {report on achievement of result indicators against targets}

III. Compliance to Legal Covenants {Report on status of compliance}

IV: Implementation Challenges and Proposed Countermeasures

[Describe any issue delaying implementation, and propose corrective actions, including supports/policy needed, with timeframe and clear responsibilities]

V: Next steps, Milestones and Timetable

Annex Project Result framework

COUNTRY: Samoa			
Samoa COVID-19 Emergency Response Project			
Project Development Objective(s)			
The Project Development Objective is to prevent, detect and respond to the threat posed by COVID-19 in Samoa and to strengthen national systems for public health preparedness.			
Project Development Objective Indicators			
Indicator Name	Baseline	End Target	Status as of XXXX, 202X (include comments if needed)
To prevent, detect and respond to the threat posed by COVID-19 in Samoa			
% of suspected cases of COVID-19 reported and investigated per approved protocol (Percentage)	77.00	100.00	
Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents (Number)	0.00	3.00	
JEE is completed and corresponding Action Plan to strengthen the national pandemic preparedness developed and adopted (Yes/No)	No	Yes	
Intermediate Results Indicators by Components			
Indicator Name	Baseline	End Target	Status as of XXXX 202x (include comments if needed)
Component 1: Strengthening Emergency Response for COVID-19			
Proportion of identified contacts of suspects who are successfully traced and quarantined (Percentage)	95.00	99.00	
Number of health workers trained on case definition, management and treatment (Number)	50.00	100.00	
Number of health workers trained in infection prevention and control per defined protocols (Number)	60.00	200.00	
Number of health workers trained in health care wastes handling and management per defined protocols (Number)	7.00	200.00	
Pandemic emergency risk communication plans and activities developed and implemented (Number)	1.00	2.00	
Component 2: Systems Strengthening for Pandemic Preparedness and Response			
National infectious diseases surveillance system established according to the approved development plan (Yes/No)	No	Yes	
Public health laboratory established in compliance with WHO bio-safety guidance (Yes/No)	No	Yes	
Component 3: Project Implementation, Monitoring and Evaluation			
M&E system established to monitor COVID-19 preparedness and response plan (Yes/No)	No	Yes	

Percentage of project-related grievance and complaint being handled within the specified time period	0.00	100.00	
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ANNEX 3. PROJECT PROCUREMENT STRATEGY FOR DEVELOPMENT(PPSD) and WORLD BANK PROCUREMENT IMPLEMENTATION GUIDANCE

Project Procurement Strategy for Development (PPSD) Procurement Arrangements for Samoa COVID-19 Emergency Response Project

This document has been prepared to describe the procurement arrangements for the above captioned emergency response project. Procurement activities detailed in this PPSD will be carried out by the Ministry of Health (MOH), the nominated Implementing Agency (IA) for the Project.

An overview of the country, borrower and marketplace are not included in this PPSD as this information is available in the PPSD that was prepared and finalized for the IPF component of the Samoa Health System Strengthening Project (P164382). A copy of that PPSD can be provided on request.

Procurement under the project will be carried out in accordance with the World Bank Procurement Regulations for IPF Borrowers July 2016, revised November 2017 and August 2018. As a Proclamation for a State of Emergency (SOE) has been declared in Samoa, procurement may be conducted through direct invitation, limited bidding (for goods, works or general services) or single source selection, limited bidding (for consultancy services) so long as it is for the purposes, or within the scope, of the SOE, and approved by the Tenders Board or Cabinet, as the case may be.

While direct selection may be more expedient as a selection method, the approvals — clearances and authorizations for procurement activities under the SOE — remain unchanged from those detailed in the Government of Samoa Treasury Instructions 2013 (and as amended 2016, 2019 and 2020) and B4 Schedule. Accordingly, proactive engagement with the Tenders Board and Cabinet will be needed to prevent/mitigate implementation delays.

All procurement activities will be loaded to the World Bank's Systematic Tracking of Exchanges in Procurement (STEP) system and, once approved, will form the approved procurement plan for the Project. The current duration of the project is from April 2020 to June 30, 2023. The total financing to be made available under this project is US\$2.9 million. To expedite implementation of planned and approved procurement activities, they will all be subject to the Bank's post review.

The financing made available through this project will be used to finance UN Agencies, consultants (individuals & firms), works and goods in preparation and response to the State of Emergency declaration.

Provision has been included in the project for Advance Contracting and Retroactive Financing which would allow the Bank to consider a request to reimburse government of Samoa for agreed procurement activities (capped at 40% of the total financing).

In addition, and at the request of the Government, the Bank has agreed to provide Hands on Expanded Implementation Support (HEIS) together with the offer of Bank Facilitated Procurement (BFP). BFP is to be deployed in addition to engagement of a UN Agency (or UN Agencies). The Bank will be providing BFP under HEIS to other client countries to aggregate demand for medical supplies across countries, whenever possible, and will conduct extensive market engagement to identify suppliers from the private sector, and to facilitate access to governments' and UN Agencies' stock.

While the Bank will facilitate access and coordinate closely with the government, full decision-making responsibility at every stage of the procurement process will rest with the government. In addition, the government will be responsible for signing and implementing the contracts, including

establishing relevant logistics with suppliers such as arranging the necessary freight/shipment of the goods to their destination, as well as receiving and inspecting the goods.

Under this arrangement the Bank will not be liable for any claims or demands from third parties or from the government related to any defect in quality or quantity of any goods or services to be procured by Samoa with support under the HEIS, the shipment or use of any goods, or otherwise.

It is important to note that the MOH has limited capacity and resources to implement the Project and accordingly implementation will need to be supported by the Specialists within the Centralized Technical Services Support Unit (CTSSU) housed in the Ministry of Finance (MOF). Currently the CTSSU has a Safeguard and M&E Specialist. Until the FM and Procurement Specialists are selected and onboard, the Project may need to finance support in these areas as well as in the area of Project Management to ensure the planned procurement activities are implemented in a timely manner and in accordance with World Bank and Government of Samoa (GoS) procurement requirements.

Under the emergency response, the GoS may request the World Bank to agree to increase the quotation thresholds (on an activity by activity basis), over and above the procurement method thresholds for Samoa as detailed in the “World Bank Guidance, Thresholds for procurement approaches and methods by country” July 2016, revised August 2016. Unless a specific request is made, the financial delegation thresholds detailed in the GoS B4 Schedule will be applied to all procurement activities under this Project.

In terms of the various supply markets, and based on the existing SOE, the following information is provided in support of the proposed procurement methods and market approaches detailed in the attached annex.

Consulting Services. The procurement of consulting services to be delivered by individuals and firms will all be subject to a limited market approach. This will provide opportunity for suitably qualified and experienced national consultants to contest the opportunities. Should the local market be deemed to be insufficiently qualified the opportunity can be opened to international consultants via an open approach to market. In terms of construction design and supervision Samoa has a small but capable number of firms that could undertake the required services.

Works. Civil works are envisaged under the project but will not be progressed until all the necessary safeguard instruments and documents are completed and cleared/approved. These works relate to construction of a Biosafety Level 2 laboratory and a simple building for housing a medical waste incinerator. Samoa has a capable local construction industry; challenges would most likely occur with regard to sourcing specialized materials and finishing trades for completing the construction.

UN Agencies. Direct selection of UN Agencies is planned, specifically the United Nations Office for Project Services (UNOPS). This agency has a presence in Samoa (albeit small) managing Global Environment Facility (GEF) matching grants. UNOPS will source on behalf of the government urgently needed medical equipment, medical consumables and PPE (under both this Project and the related Contingency Emergency Response Project (CERC) under the Samoa PREP P154839 (one contract)). The decision to use a UN Agency was based on a number of factors including their physical presence in Samoa and resulting understanding of the country context and related challenges, as well as their expertise and ability to rapidly source and supply on a global scale, urgently needed medical equipment, consumables and PPE.

Goods. Other than the goods that will be sourced by a UN Agency, there are currently no other planned procurement of goods.

Non-consulting Services. There are no planned non-consulting services procurement activities planned under the project.

Annex 1
Project Procurement activities:
P173920 Samoa COVID-19 Emergency Response Project

The overall Procurement Risk Rating for this Project is **Substantial**

The procurement risk assessment (P-RAMS) has been conducted and is detailed in the system.

Ministry	Description of activity	Type of activity	Cost Estimate US\$	Selection Method	Market Approach	Prior/Post Review	Justification/Comment
MOH	Direct Selection United Nations Office for Project Services (UNOPS) for "delivery of outputs", including, but not limited to, medical equipment and other medical consumables, and PPE	Goods	900,000.00	Direct Selection	Direct	Post	As per Paragraphs 6.47 and 6.48* Works are limited to establishing modular isolation facilities on existing hospital grounds.
MOH	Construction of Public Health Laboratory BSL	Works	1,100,000.00	Request for Bid (RFB)	Limited/Open	Post	Design and supervision arrangements to be confirmed, related to ongoing discussions with Queensland Health Department under the GoS and DFAT partnership. The BSL level for the public health laboratory is still to be agreed between the GoS and Bank
MOH	Construction of a simple building for housing the incinerator	Works	100,000.00	Request for Quotation (RFQ)	Limited/Open	Post	
MOH	Project Manager (part time)	Consulting Services (Individual)	50,000.00	Individual Consultant Selection (ICS)	Direct	Post	Duration 3 years

MOH	Preparation of medical wastes handling procedure and regulations	Consulting Services (Individual)	20,000.00	ICS	Open/Limited	Post	
MOH	Preparation of biosafety lab procedures and regulations	Consulting Services (Individual)	15,000.00	ICS	Open/Limited	Post	
MoH	Formulation and Implementation of National action plan for pandemic preparedness	Consulting Services (Individual)	25,000.00	ICS	Open/Limited	Post	
MOH	Study re Building Surveillance System: diagnostic	Consulting Services (Firm)	40,000.00	Consultants Qualification-based Selection (CQS)	Open/Limited	Post	Related to Joint External Evaluation (JEE)
TOTAL			2,250,000.00				

*applicable World Bank Procurement Regulations, July 2016, revised November 2017 and August 2018

World Bank Procurement Implementation Guidance



FINAL NEW
GN-Pacific-New Regs

ANNEX 4. DISBURSEMENT AND FINANCIAL INFORMATION LETTER

I refer to the Financing Agreement between the Independent State of Samoa (the “Recipient”) and the International Development Association (the “Association”) for the above-referenced Project. The General Conditions, as defined in the Financing Agreement, provide that the Recipient may from time to time request withdrawals of IDA Grant No. D623-WS (“Financing”), in accordance with the Disbursement and Financial Information Letter, and such additional instructions as the Association may specify from time to time by notice to the Recipient. The General Conditions also provide that the Disbursement and Financial Information Letter may set out Project specific financial reporting requirements. This letter constitutes such Disbursement and Financial Information Letter (“DFIL”), and may be revised from time to time.

I. Disbursement Arrangements, Withdrawal of Financing Funds, and Reporting of Uses of Financing Funds.

The *Disbursement Guidelines for Investment Project Financing*, dated February 2017, (“Disbursement Guidelines”) are available in the Association’s public website at <https://www.worldbank.org> and its secure website “Client Connection” at <https://clientconnection.worldbank.org>. The Disbursement Guidelines are an integral part of the DFIL, and the manner in which the provisions in the guidelines apply to the Financing is specified below.

(i) Disbursement Arrangements

- **General Provisions** (Schedule 1). The table in Schedule 1 sets out the disbursement methods which may be used by the Recipient, and conditions, information on registration of authorized signatures, processing of withdrawal applications (including minimum value of applications and processing of advances), instructions on supporting documentation, and frequency of reporting on the Designated Account.
- **Special Provision.** Projects in situations of urgent need of assistance or capacity constraints: Disbursements under contracts for goods, works, non-consulting services and consulting services procured or selected through international open or limited competition or Direct Selection, as set out in the procurement plan, must be made only through Direct Payment and/or Special Commitment (including UN Commitments) disbursement methods.

(ii) Electronic Delivery. Section 11.01 (c) of the General Conditions.

The Recipient will deliver Withdrawal Applications (with supporting documents) electronically through the Association’s web-based portal “Client Connection” at <https://clientconnection.worldbank.org>. This option will be effected after the officials designated in writing by the Recipient who are authorized to sign and deliver Withdrawal Applications have registered as users of “Client Connection”. The designated officials will deliver Applications electronically by completing the Form 2380, which is accessible through “Client Connection”. By signing the Authorized Signatory Letter, the Recipient confirms that it is authorizing such persons to accept Secure Identification Credentials (SIDC) and to deliver the Applications and supporting documents to the Association by electronic means. The Recipient may exercise the option of preparing and delivering Withdrawal Applications in paper form on exceptional cases (including those where the Borrower encounters legal limitations), and which were previously agreed with the Association. By designating officials to use SIDC and by choosing to deliver the Applications electronically, the Recipient confirms through the authorized signatory letter its agreement to: (a) abide by the Terms and Conditions of Use of Secure Identification Credentials in connection with Use of Electronic Means to Process Applications and Supporting

Documentation, available in the Association's public website at <https://worldbank.org> and “Client Connection”; and (b) to cause such official to abide by those terms and conditions.

II. Financial Reports and Audits.

(i) **Financial Reports.** The Recipient must prepare and furnish to the Association not later than sixty (60) days after the end of each calendar semester, interim unaudited financial reports (“IFR”) for the Project covering the semester.

(ii) **Audits.** Each audit of the Financial Statements must cover the period of one fiscal year of the Recipient. The audited Financial Statements for each such period must be furnished to the Association not later than nine (9) months after the end of such period.

III. Other Information.

For additional information on disbursement arrangements, please refer to the Loan Handbook available on the Association’s website (<http://www.worldbank.org/>) and “Client Connection”. The Association recommends that you register as a user of “Client Connection”. From this website you will be able to prepare and deliver Applications, monitor the near real-time status of the Financing, and retrieve related policy, financial, and procurement information. For more information about the website and registration arrangements, or if you have any queries in relation to the above, please contact the Association by email at AskLoans@WorldBank.org using the above reference.

Sincerely,

Michel Kerf
Country Director
Papua New Guinea & Pacific Islands
East Asia and Pacific Region

Attachments

1. Statement of Expenditure (SOE)
2. Form of Authorized Signatory Letter

Schedule 1 : Disbursement Provisions

Basic Information					
IDA Grant Number	D623-WS	Country	Independent State of Samoa	Closing Date	Section III.B.2 of Schedule 2 to the Financing Agreement.
		Recipient	Ministry of Finance		
		Name of the Project	Samoa COVID-19 Emergency Response Project	Disbursement Deadline Date <i>Subsection 3.7 **</i>	Four (4) months after the closing date.
Disbursement Methods and Supporting Documentation					
Disbursement Methods <i>Section 2 (**)</i>		Methods	Supporting Documentation <i>Subsections 4.3 and 4.4 (**)</i>		
		Yes	Copy of records		
		Yes	Statement of Expenditures (Attachment 1)		
		Yes	Statement of Expenditures (Attachment 1)		
		Yes	Copy of Letter of Credit		
Designated Account (Sections 5 and 6 **)					
Type		Segregated; one (1) segregated designated accounts will be used for the Project.		Ceiling	Fixed
Financial Institution - Name		Central Bank of Samoa.		Currency	USD
Frequency of Reporting <i>Subsection 6.3 (**)</i>		Quarterly or more often if needed		Amount	500,000
Minimum Value of Applications (subsection 3.5)					
The minimum value of applications for Reimbursement, Direct Payment and Special Commitment (including UN commitments) is USD50,000 equivalent.					
Authorized Signatures <i>(Subsection 3.1 and 3.2 **)</i> The form for Authorized Signatories Letter is provided in Attachment 2 of this letter.					
<p>Please send the Authorized Signatory Letter to the address indicated below:</p> <p>The World Bank Level 19, 14 Martin Place CML Building Sydney NSW 2000, Australia</p> <p>Attention: Country Director</p>					

Withdrawal and Documentation Applications (Subsection 3.3 and 3.4 **)

Withdrawal Applications (WA) and supporting documentation are to be sent electronically via the Association's secured website *Client Connection*. For WAs in paper form, together with supporting documents, please submit to the address indicated below:

The World Bank
26th Floor, One Global Place
5th Avenue cor 25th Street, Bonifacio Global City
Taguig City, Philippines 1634

Attention: Loan Department

Other Disbursement Instructions

1. Payments against contracts to be entered between the Recipient and the UN agency under the Project may be made through the UN Commitment disbursement mechanism, or other disbursement methods stipulated in such contracts. UN commitments are issued by the Association at the request of the Recipient and subsequent payments and documentation of expenditures by the Association are based on the agreement between the Recipient and UN agency, and the UN commitment letter.

*** Sections and subsections relate to the "Disbursement Guidelines for Investment Project Financing", dated February 2017.*

Attachment 1 - Statement of Expenditures

Payment made during the period from

to

The following expenditures have been incurred during the Retroactive Financing period (please tick)

The following expenditures have been incurred during before the closing date of the credit (please tick)

Yes	No
Yes	No

IDA Grant #	
Application #	
Category #	
Page #	

												In case of DA payments	
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Item No	Service provider / Supplier / Payee's Name	Brief Description of the expenditure	Prior Review Contract ? (YES or NO)	Contract # (Client Connection # for Prior Review contracts)	Contract currency and amount (original + amendment)	Invoice number	Date of payment	Total amount of invoice covered by Application (net of retention)	% Financed by the Association	Expenditure Amount Eligible for Financing	Amount claimed	Amount paid from Designated Account (which should be equal to #11)	Remarks
												TOTAL	

Supporting documents for this SOE retained at:(insert location)

Prepared by: _____

Authorized Representative: _____

*A separate form should be used for each category

Attachment 2 – Form of Authorized Signatory Letter

[Letterhead]
Ministry of Finance
[Street address]
[City] [Country]

[DATE]

The World Bank
Level 19, 14 Martin Place
CML Building
Sydney NSW 2000
Australia

Attention: Country Director

Re: IDA Grant No. D623-WS
(Samoa COVID-19 Emergency Response Project)

I refer to the Financing Agreement (“Agreement”) between the Independent State of Samoa (the “Recipient”) and the International Development Association (the “Association”), dated _____, providing the above Financing. For the purposes of Section 2.03 of the General Conditions as defined in the Agreement, any ⁵[one] of the persons whose authenticated specimen signatures appear below is authorized on behalf of the Recipient to sign applications for withdrawal and applications for a special commitment under this Financing.

For the purpose of delivering Applications to the Association, ⁶[each] of the persons whose authenticated specimen signatures appears below is authorized on behalf of the Recipient, acting ⁷[individually] ⁸[jointly], to deliver Applications, and evidence in support thereof on the terms and conditions specified by the Association.

⁹[This confirms that the Recipient is authorizing such persons to accept Secure Identification Credentials (SIDC) and to deliver the Applications and supporting documents to the Association by electronic means. In full recognition that the Association shall rely upon such representations and warranties, including without limitation, the representations and warranties contained in the *Terms and Conditions of Use of Secure Identification Credentials in connection with Use of Electronic Means to Process Applications and Supporting Documentation* (“Terms and Conditions of Use of SIDC”), the Recipient represents and warrants to the Association that it will cause such persons to abide by those terms and conditions.]

⁵ Instruction to the Recipient: Stipulate if more than one person needs to sign Applications, and how many or which positions, and if any thresholds apply. *Please delete this footnote in final letter that is sent to the Association.*

⁶ Instruction to the Recipient: Stipulate if more than one person needs to *jointly* sign Applications, if so, please indicate the actual number. *Please delete this footnote in final letter that is sent to the Association.*

⁷ Instruction to the Recipient: Use this bracket if any one of the authorized persons may sign; if this is not applicable, please delete. *Please delete this footnote in final letter that is sent to the Association.*

⁸ Instruction to the Recipient: Use this bracket only if several individuals must jointly sign each Application; if this is not applicable, please delete. *Please delete this footnote in final letter that is sent to the Association.*

⁹ Instruction to the Recipient: Add this paragraph if the Recipient wishes to authorize the listed persons to accept Secure Identification Credentials and to deliver Applications by electronic means; if this is not applicable, please delete the paragraph. *Please delete this footnote in final letter that is sent to the Association.*

This Authorization replaces and supersedes any Authorization currently in the Association records with respect to this Agreement.

[Name], [position] Specimen Signature: _____

[Name], [position] Specimen Signature: _____

[Name], [position] Specimen Signature: _____

Yours truly,

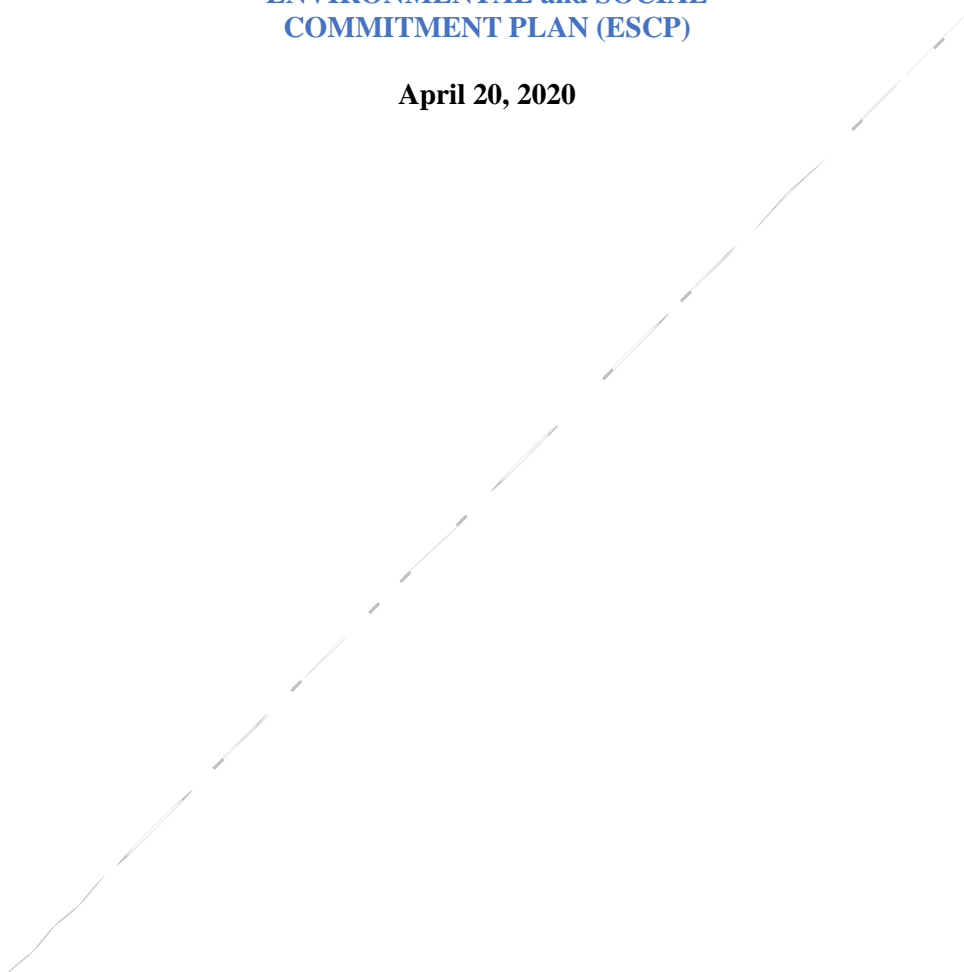
/ signed /

ANNEX 5. ENVIRONMENT AND SOCIAL COMMITMENT PLAN
(Can be found in MOH website at <https://www.health.gov.ws/corona-virus/>)

INDEPENDENT STATE OF SAMOA
Samoa COVID-19 Emergency Response Project (P173920)

Negotiated
ENVIRONMENTAL and SOCIAL
COMMITMENT PLAN (ESCP)

April 20, 2020



ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN

1. The Independent State of Samoa (hereinafter the Recipient) will implement the Samoa COVID-19 Emergency Response Project (**the Project**), with the involvement of the Ministry of Health (MOH). MOH will lead and collaborate with other relevant governmental agencies at the national and sector levels on Project implementation as may be necessary. The International Development Association (hereinafter the Association) has agreed to provide financing for the Project.
2. The Recipient will implement material measures and actions so that the Project is implemented in accordance with the Environmental and Social Standards (ESSs). This Environmental and Social Commitment Plan (ESCP) sets out material measures and actions, any specific documents or plans, as well as the timing for each of these.
3. The Recipient is responsible for compliance with all requirements of the ESCP even when implementation of specific measures and actions is conducted by the Ministry referenced in 1. above.
4. Implementation of the material measures and actions set out in this ESCP will be monitored and reported to the Association by the Recipient as required by the ESCP and the conditions of the legal agreement, and the Association will monitor and assess progress and completion of the material measures and actions throughout implementation of the Project.
5. As agreed by the Association and the Recipient, this ESCP may be revised from time to time during Project implementation, to reflect adaptive management of Project changes and unforeseen circumstances or in response to assessment of Project performance conducted under the ESCP itself. In such circumstances, the Recipient, through MOH, will agree to the changes with the Association and will update the ESCP to reflect such changes. Agreement on changes to the ESCP will be documented through the exchange of letters signed between the Association and MOH. MOH will promptly disclose the updated ESCP.
6. Where Project changes, unforeseen circumstances, or Project performance result in changes to the risks and impacts during Project implementation, the Recipient shall provide additional funds, if needed, to implement actions and measures to address such risks and impacts.

MATERIAL MEASURES AND ACTIONS		TIMEFRAME	RESPONSIBLE ENTITY/AUTHORITY
MONITORING AND REPORTING			
A	REGULAR REPORTING: Prepare and submit to the Association regular monitoring reports on the environmental, social, health and safety (ESHS) performance of the Project, including but not limited to, the implementation of the ESCP, status of preparation and implementation of E&S documents required under the ESCP, stakeholder engagement activities and grievances log, Labor Management Procedures, contractor's ESHS implementation) ESHS incidents, functioning of the grievance mechanism(s).	Six-monthly throughout Project implementation.	Ministry of Health
B	INCIDENTS AND ACCIDENTS Promptly notify the Association of any incident or accident related to the Project which has, or is likely to have, a significant adverse effect on the environment, the affected communities, the public or workers. Provide sufficient detail regarding the incident or accident, indicating immediate measures taken or that are planned to be taken to address it, and any information provided by any contractor and supervising entity, as appropriate. Subsequently, as per the Association's request, prepare a report on the incident or accident and propose any measures to prevent its recurrence. These activities are outlined in the Project's Grievance Redress Mechanism.	Minor incidents will be reflected in the six-monthly reports to the Association, major issues will be flagged to the Association immediately. A report would be provided to the Association, as requested.	Ministry of Health
ESS 1: ASSESSMENT AND MANAGEMENT OF ENVIRONMENTAL AND SOCIAL RISKS AND IMPACTS			
1.1	ORGANIZATIONAL STRUCTURE: The Ministry of Health shall maintain the Health Sector Coordination, Resourcing and Monitoring (HSCRM) Division with qualified staff and resources to support management of ESHS risks and impacts of the Project including the Project Manager and Principal Health Care Waste Officer and Principal Public Health Lab officer. The HSCRM will be supported by the International Environmental and Social Specialist within the Central Technical Services Support Unit (CTSSU), Ministry of Finance. Part time consultants may be hired and retained to support management of ESHS risks and impacts of the Project.	HSCRM including the Principal Health Care Waste Officer and Principal Public Health Lab Officer shall be maintained throughout Project implementation. CTSSU International Environmental and Social Specialist shall be retained throughout Project implementation. Part time consultants may be hired and retained on as-required basis.	Ministry of Health

1.2	ENVIRONMENTAL AND SOCIAL ASSESSMENT/MANAGEMENT PLANS AND INSTRUMENTS/ CONTRACTORS <ul style="list-style-type: none"> a. Assess the environmental and social risks and impacts of proposed Project activities, in accordance with the Environmental and Social Management Framework (ESMF) to be prepared, disclosed and adopted for the Project. This ESMF will include measures to ensure that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable, have access to the development benefits resulting from the Project¹⁰ b. Prepare, disclose, adopt, and implement any environmental and social management plans or other instruments required for the respective Project activities based on the assessment process¹¹ in accordance with the ESSs, the ESMF, the EHSGs, and other relevant Good International Industry Practice (GIIP) including the WHO guidelines on Risk Communication and Community Engagement, Migrant camps and camp-like settings; Guidance for schools, workplaces & institutions; Reduction of transmission from animals to humans; Infection protection and control/WASH; and National Laboratories. c. Incorporate the relevant aspects of this ESCP, including, inter alia, any environmental and social management plans or other instruments, ESS2 requirements, and any other required ESHS measures, into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms. Thereafter ensure that the contractors and supervising firms comply with the ESHS specifications of their respective contracts. 	<ul style="list-style-type: none"> a. ESMF to be prepared, disclosed and adopted no later than 30 days after the Effective Date and prior to commencement of relevant Project activities. Until the ESMF is approved, the Project will apply the WHO standards on COVID-19 response in a manner consistent with ESS1. Assessments to be conducted prior to the carrying out of the relevant Project activities. b. Before the carrying out of the relevant Project activities, and thereafter throughout the carrying out of such activities. c. Before launching the procurement process for the relevant Project activities, and thereafter throughout the carrying out of such activities. 	Ministry of Health
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MATERIAL MEASURES AND ACTIONS	TIMEFRAME	RESPONSIBLE ENTITY/AUTHORITY
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¹⁰ Construction works, procurement of pre-manufactured incinerator, etc.

MATERIAL MEASURES AND ACTIONS		TIMEFRAME	RESPONSIBLE ENTITY/AUTHORITY
1.3	EXCLUSIONS: The following types of activities shall not be eligible for financing under the Project: <ul style="list-style-type: none">• Activities that may cause long term, permanent and/or irreversible (e.g. loss of major natural habitat) adverse impacts;• Activities that have high probability of causing serious adverse effects to human health and/or the environment not related treatment of COVID-19 cases;• Activities that may have significant adverse social impacts and may give rise to significant social conflict;• Activities that may involve involuntary resettlement or land acquisition or adverse impacts on cultural heritage; and• Other excluded activities set out in the ESMF of the Project.	These exclusions shall be applied as part of the screening process conducted under action 1.2.a. above	Ministry of Health
ESS 2: LABOR AND WORKING CONDITIONS			
2.1	LABOR MANAGEMENT: The Project shall be carried out in accordance with the applicable requirements of ESS2, in a manner acceptable to the Association, including through, inter alia, implementing adequate occupational health and safety measures (including emergency preparedness and response measures), setting out grievance arrangements for Project workers, and incorporating labor requirements into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms. These requirements will be outlined in the ESMF and Labor Management Procedures.	Labor Management Procedures shall be prepared, disclosed and adopted as part of the ESMF, no later than 30 days after the Effective Date and before the carrying out of the relevant Project activities. All measures specified in this action 2.1 shall be implemented throughout the Project implementation period.	Ministry of Health
ESS 3: RESOURCE EFFICIENCY AND POLLUTION PREVENTION AND MANAGEMENT			
3.1	Relevant aspects of this standard shall be considered, as needed, under action 1.2 above, including, inter alia, measures to manage health care wastes and other types of hazardous and non-hazardous wastes, management of chemicals, etc outlined in an Infectious Prevention and Waste Management Plan (IP&WMP)		
ESS 4: COMMUNITY HEALTH AND SAFETY			
4.1	Relevant aspects of this standard shall be considered, as needed, under action 1.2 above including, inter alia, measures to: minimize the potential for community exposure to communicable diseases; ensure that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable, have access to the development benefits resulting from the Project; manage the risks of the use of security personnel; manage the risks of labor influx; and prevent and respond to sexual exploitation and abuse, and sexual harassment, caused by Project activities.		
ESS 5: LAND ACQUISITION, RESTRICTIONS ON LAND USE AND INVOLUNTARY RESETTLEMENT			
5.1	Relevant aspects of this standard shall be considered, as needed, under action 1.2 above, including screening checklists and due diligence to confirm site land and asset ownership/access arrangements.		

MATERIAL MEASURES AND ACTIONS		TIMEFRAME	RESPONSIBLE ENTITY/AUTHORITY
ESS 6: BIODIVERSITY CONSERVATION AND SUSTAINABLE MANAGEMENT OF LIVING NATURAL RESOURCES			
	Not relevant		
ESS 7: INDIGENOUS PEOPLES/SUB-SAHARAN AFRICAN HISTORICALLY UNDERSERVED TRADITIONAL LOCAL COMMUNITIES			
	Not relevant		
ESS 8: CULTURAL HERITAGE			
	Relevant aspects of this standard shall be considered, as needed, under action 1.2 above.		
ESS 9: FINANCIAL INTERMEDIARIES			
	Not relevant		
ESS 10: STAKEHOLDER ENGAGEMENT AND INFORMATION DISCLOSURE			
10.1	STAKEHOLDER ENGAGEMENT PLAN: Update, disclose, adopt and implement the preliminary Stakeholder Engagement Plan (SEP) consistent with ESS10, in a manner acceptable to the Association.	Update, disclose, and adopt the preliminary SEP no later than 30 days after the Effective Date, and implement the SEP throughout the Project implementation period.	Ministry of Health
10.2	GRIEVANCE MECHANISM: Accessible grievance arrangements shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS10, in a manner acceptable to the Association. Without limitation to the foregoing, the Recipient shall adopt, implement and update the Grievance Redress Mechanism (GRM) included in the Project's Stakeholder Engagement Plan throughout Project implementation.	Update and disclose the GRM no later than 30 days after the Effective Date and implement all requirements under this action 10.2 throughout the Project implementation period.	Ministry of Health
CAPACITY SUPPORT (TRAINING)			
CS1	Ministry of Health and other relevant implementing support staff responsible for the Project to receive training on the Project's ESF instruments, code of conduct and provisions to prevent Sexual Exploitation and Abuse/Sexual Harassment, the relevant requirements of the ESMF, LMP, SEP, IP&WMP and WHO guidelines on COVID19, and the roles and responsibilities of different key agencies in the ESF implementation.	Within two months of the Effective Date and as new Project team members join the Project throughout implementation.	Ministry of Health
CS2	Contractors to receive training on the relevant aspects of the Project ESF instruments and relevant ESHS requirements.	Prior to work commencing, throughout Project implementation.	Ministry of Health

ANNEX 6. STAKEHOLDER ENGAGEMENT PLAN

(Can be found in MOH website at <https://www.health.gov.ws/corona-virus/>):

27 October 2020

SAMOA COVID-19 EMERGENCY RESPONSE PROJECT (P173920)

Stakeholder Engagement Plan (SEP)

1. Introduction/Project Description

1. An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of April 7, 2020, the outbreak has already resulted in over 1,348,000 cases and more than 74,800 deaths worldwide.
2. No confirmed cases of COVID have been reported as of 20th May 2020 in Samoa, however, the country faces a high risk of importation of COVID-19, given its close ties to New Zealand which recorded 1,150 confirmed cases by 20th May 2020. Samoan Authorities have been proactive in preventing the outbreak. Samoa was one of the first countries in the Pacific to respond to the COVID-19 threat by imposing, on January 17, 2020, strict travel restrictions. On March 20, 2020, Samoa declared a state of emergency for a period of 14 days including, an order to shut down the border for all except returning Samoan citizens. A draft of its National Epidemic and Pandemic Influenza Preparedness & Response Plan FY2020/21 – FY2024/25A has been developed, and the National Emergency Operations Centre (NEOC), which is the focal point providing collaboration and operational coordination amongst all stakeholders, with advice and technical guidance from the MOH, has been activated. The activation of NEOC is part of Samoa's National Emergency Response Plan as per the National Disaster Management Plan under the National Disaster and Emergency Act 2007. Surveillance response teams continue to undertake clinical assessments, epidemiological investigation of cases notified from the Tupua Tamasese Meaole Hospital and rural Districts Hospitals, and are conducting monitoring visits to the five quarantine sites and to those in isolation at the Faleolo Healthcare Centre. Response teams have been assigned to undertake clinical assessments, epidemiological investigation and environmental health assessment for suspected COVID-19 cases in self-isolation at home. The Response Teams are also conducting epidemiological surveillance and follow-ups for persons under investigation (PUI) and for suspected cases in the community once the Surveillance Team at NEOC has been notified
3. The Samoa COVID-19 Response Project aims to assist the Government in its efforts to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness. The project components and activities are designed to support the critical gaps and priorities identified through the draft National Epidemic and Pandemic Influenza Preparedness and Response Plan
 - **Component 1 - Strengthening emergency response for COVID-19.** The aim of this component is to strengthen the readiness and emergency response of health care services and communities to meet the surge in demand in anticipation of a COVID-19 outbreak in Samoa.

- i. Subcomponent 1.1 health system strengthening for case detection, management and treatment will include (i) enhancement of laboratory capacity for disease detection (equipment, testing kits, cartridge and training); (ii) enhancement of risk communication and community engagement; (iii) provision of PPEs, essential medical equipment for case treatment; and (iv) capacity building and training of health workers on detection, isolation and treatment guidelines.
 - ii. Subcomponent 1.2 Infection prevention and control will include: (i) public and health facility infection prevention and control activities and training; (ii) provision of a health care waste management facility, equipment and goods; and (iv) health care waste management training & capacity building.
 - **Component 2 - Strengthening Prevention, Preparedness, and Response Capacity of Samoa in responding to future Pandemics.** This component will support improving prevention, preparedness, and response capacity of Samoa in the context of human and animal health system development. The component will finance the priorities of Samoa's preparedness system, as identified by the government. Considering the funding envelope, this component will focus on two priorities: enhancing the surveillance system and establishing the public health laboratory. Both are critical for infectious disease prevention, detection and control. In addition, a comprehensive external assessment will also be conducted under this component to enable a systematic institutional strengthening of Samoa's pandemic preparedness. This component includes three sub-components:
 - i. Subcomponent 2.1 Strengthening of surveillance system will include training an epidemiologist for case detection, outbreak investigation, contact tracing and monitoring
 - ii. Subcomponent 2.2, Establishment of public health laboratory for human and animal health including procurement of procurement of essential laboratory equipment, reagents, consumables and supplies. Human resource development including training and capacity building for laboratory staff will be financed as well.
 - iii. Subcomponent 2.3, Joint External Evaluation (JEE) for International Health Regulations (IHR) (2015) to assess country-specific status, progress in achieving the targets under the IHR, and recommend priority actions to be taken across the technical areas being evaluated.
 - **Component 3: Implementation Management and Monitoring and Evaluation.** This component provide support for the strengthening of public structures for the coordination and management, which includes support for the existing Project Coordination Unit, and contracting additional staff to cover additional work entailed, as necessary. Financing will also be provided for monitoring and evaluation activities, including joint-learning activities both within and across countries.
4. The Samoa Covid-19 Emergency Response Project is being prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10 Stakeholders Engagement and Information Disclosure, the implementing agencies should provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.
 5. The overall objective of this SEP is to define a program for stakeholder engagement around the Project, including public information disclosure and consultation, throughout the entire project cycle.

The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

2. Stakeholder Identification & Analysis and Methodology

6. Project stakeholders are defined as individuals, groups or other entities who:
 - are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as ‘affected parties’); and
 - may have an interest in the Project (‘interested parties’). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.
7. Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups’ interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liaison link between the Project and targeted communities and their established networks. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way.
8. In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement:
 - Openness and life-cycle approach: public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
 - Informed participation and feedback: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders’ feedback, for analyzing and addressing comments and concerns;
 - Inclusiveness and sensitivity: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders’ needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly and cultural sensitivities.
9. For the purposes of effective and tailored engagement, stakeholders of the proposed project(s) can be divided into the following core categories:

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status¹², and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2. Affected parties

10. Affected Parties include health care workers, local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, the following individuals and groups fall within this category:

- Ministry of Health officials/staff;
- Healthcare Workers (Doctors, nurses, scientists, educators);
- Health waste management workers;
- National Emergency Operations Committee (including heads of relevant line agencies);
- Government Ministries;
- Other public agencies;
- Neighboring communities to the laboratory facility and waste facility;
- Contractors and workers at construction sites of the laboratory and waste facility;
- People under COVID19 quarantine or self-isolation
- Family members of people under COVID19 quarantine or self-isolation
- COVID19 infected people
- Family members of COVID19 infected people
- Communities (i.e. religions, gender) of COVID19 infected people

2.3. Other interested parties

11. The projects' stakeholders also include parties other than the directly affected communities, including:

¹² Vulnerable status may stem from an individual's or group's race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

- Traditional media
- Participants of social media
- Politicians
- Other national and international health organizations
- Other International non-governmental organizations (NGOs)
- Businesses with international links
- The public at large

2.4. Disadvantaged / vulnerable individuals or groups

12. It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project and to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups (on infectious diseases and medical treatments in particular), be adapted to take into account such groups or individuals particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits. The vulnerability may stem from person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.
13. Within the Project, the vulnerable or disadvantaged groups may include and are not limited to the following:
 - Elderly
 - Illiterate people
 - Vulnerable groups working in informal economy
 - People with disabilities
 - Female-headed households
14. Vulnerable groups within the communities affected by project activities will be further confirmed and consulted through dedicated means, as appropriate.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation and implementation

15. The speed and urgency with which this project has been developed to meet the growing threat of COVID-19 in the country (combined with the Government's State of Emergency and associated restrictions on gatherings of more than five people) has limited the project's ability to develop the SEP.

16. A preliminary SEP was developed and disclosed on the MOH website (www.health.gov.ws) prior to project approval, as the starting point of an iterative process, and was then subsequently developed further during preparation of the ESMF.
 17. During the weeks of 27 April and 4 May 2020, two meetings were held with the HSCRM to discuss Safeguards requirements on the project, including preparation of the ESMF. A key topic of discussion was confirming the institutional arrangements and identifying capacity gaps. It was agreed that the Principal Healthcare Waste Officer and Principal Laboratory Officer are responsible for the day to implementation of the EMSF with technical leadership provided by the CTSSU Safeguards Specialist. It was also agreed that a safeguards consultant would be engaged to provide additional resourcing for preparation and implementation safeguards instruments. The arrangements agreed in these meetings have been incorporated into the draft ESMF.
 18. A stakeholder consultation on the ESMF and updated SEP was held on the Friday 15th May 2020. This consultation was attended by representatives from:
 - Samoa Water Authority
 - Ministry of Works and Transport Infrastructure
 - Ministry of Woman, Community and Social Development
 - Ministry of Commerce, Industry and Labour
 - Ministry of Health
- During the consultation, a summary of the ESMF and associated instruments was presented followed by a discussion that focused on the next steps and any additional requests for one-on-one meetings with Stakeholders. It was identified that further meetings will be scheduled with the Ministry of Commerce, Industry and Labour regarding implementation of OH&S requirements and the LMP. The Ministry of Woman, Community and Social Development will also attend this meeting.
19. The updated SEP was re-disclosed on MOH's website (www.health.gov.ws) on the 22nd May 2020. This SEP will continue to be updated periodically as necessary, during implementation of the project.

3.2. Summary of project stakeholder needs and methods, tools and techniques for stakeholder engagement

20. A precautionary approach will be taken to the consultation process to prevent contagion, given the highly infectious nature of COVID-19. The following are some considerations while selecting channels of communication, in light of the current COVID-19 situation and local and national advisories:
 - Avoid public gatherings (taking into account national restrictions or advisories), including public hearings, workshops and community meetings;
 - If smaller meetings are permitted/advised, conduct consultations in small-group sessions, such as focus group meetings. If not permitted or advised, make all reasonable efforts to conduct meetings through online channels;
 - Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chat groups appropriate for the purpose, based on the type and category of stakeholders;
 - Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use

them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;

- Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators;
- Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.

3.3. Stakeholder engagement plan

21. The stakeholder engagement plan is outlined below. This plan was developed during preparation of the Environmental and Social Management Framework (ESMF) to outline how the above points will be implemented for the different areas to be funded by the Project. The draft ESMF and SEP will be disclosed prior to formal consultations.

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Design and implementation	Project design; project implementation progress	National Emergency Operations Centre (NEOC) Coordination meetings	NEOC	MOH/HSCRM
Design and implementation	Project design; project implementation	Correspondence by phone/email; one-on-one interviews; formal meetings; roundtable discussions	Government Ministries	MOH/HSCRM
Implementation	Environmental, Social and Health and Safety, Worker GRM	Internal MOH communication channels; Formal and on-the-job training;	MOH officials/staff Healthcare Worker Health waste management workers	MOH/HSCRM
Implementation	Information of laboratory and waste management facilities; E&S impacts and management	Letters to village leaders; community consultations; disclosure of Project documentation in a	Affected communities (including vulnerable groups)	MOH/HSCRM

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
	measures; GRM	culturally appropriate and accessible manner		
Implementation	Environmental, Social and Health and Safety, Worker GRM	Provide site-based ESMP to contractor; Site meetings	Works contractors	MOH/HSCRM
Implementation	Information on project activities; E&S impacts and management; GRM	ESMF consultation workshop; dissemination on MOH Facebook page; MOH hotline; local media	General Public	MOH/HSCRM

3.4 Proposed strategy for information disclosure

22. The strategy of information disclosure is outlined below.

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Design; Implementation	NEOC and Government Ministries	Project design documents; work plan; procurement plan; progress reports	Internal GOS communication channels including letters/memos/emails and round table meetings
Implementation	MOH officials/staff Healthcare Worker Health waste management workers	Activity information; ESMF and associated instruments; relevant procedures; LMP & Worker GRM	Internal MOH communication channels including letters/memos/emails
Implementation	Affected communities (including vulnerable groups)	Project design information; ESMP; GRM	Traditional fa'amatai channels; consultation meetings; Information leaflets and brochures; Separate focus group meetings with vulnerable groups, as appropriate
Implementation	Works contractors	Project design documents; ESMP and GRM	Email and hard copy
Design;	General Public	ESCP, ESMF (and	MOH website and dissemination

Implementation		associated instruments); SEP (and GRM)	of hardcopies at the MOH office and other relevant project sites
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3.5 Future of the project

23. Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the SEP and the grievance mechanism. This will be important for the wider public, but equally and even more so for suspected and/or identified COVID19 cases as well as their family members.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

24. The Health Sector Coordination, Resourcing and Monitoring Division within the Ministry of Health will be in charge of stakeholder engagement activities. The ACEO will be responsible for the implementation of the SEP and will be supported by the MOH's Environmental Health Officer and Central Technical Services and Support Unit's Safeguards Specialist.
25. The estimated budget for the implementation of the SEP is included in the USD 15,000 allocated for consultation, supervision, monitoring and reporting in the ESMF implementation budget. Costs associated with project activity consultations are included in project activity budgets.

4.2. Management functions and responsibilities

26. The MOH will be the implementing agency for the Project. The MOH will be responsible for implementation of the project, including overall coordination, results monitoring and communicating with the World Bank on the implementation of the project. The project will rely on the MOH's existing organizational structure, including the involvement of the NEOC that has been established to manage the COVID-19 emergency response plan. The HSCRM will perform the day-to-day project management by providing support to the MOH divisions in implementing project activities
27. MOH/ HSCRM will be responsible for carrying out stakeholder engagement activities, while working closely together with other ministries, international organizations, NGOs, community entities (i.e. village committee and churches) and the media.
28. The stakeholder engagement activities will be documented through six-monthly progress reports, to be shared with the World Bank.

5. Grievance Mechanism

29. Complaints associated with the Project will be received by the Legal Services, Complaints and Grievances Unit before being referred to the Health Sector Coordination, Resourcing and Monitoring Division (HSCRMD). The HSCRMD will lead the, investigation and resolution of complaints in accordance with the systems and processes outlined in the Ministry of Health Complaints and Grievance Policy 2015. The main objectives of the HSCRMD are to:
- Provide a transparent and credible process for fair, effective and lasting outcomes.
 - Provide affected people with avenues for resolving any dispute that may arise during implementation of projects;

- Ensure that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Minimise the need to resort to judicial proceedings.

The Ministry of Health and the HSCRMD are committed to resolving all complaints and grievances within 30 days of the complaint being received

5.1. Description of GRM

30. Grievances will be handled by the HSCRMD in accordance with the *Ministry of Health Complaints and Grievance Policy 2015*. Complaints can be submitted directly to any district health office or the MOH Legal Services, Complaints and Grievances Unit using the standard complaints form. These forms can be found at all health facilities, the MOH website and the MOH Headquarters at Motootua at the reception. The Ministry Headquarters can be contacted on 68100 or enquiries@health.gov.ws. The contact details for District Hospitals can be found at <https://www.health.gov.ws/>. The HSCRMD will undertake awareness raising activities to ensure district health facilities are aware of the grievance process. All contractors will have clauses in their contracts requiring them to forward all grievances to the MOH Legal Services, Complaints and Grievances Unit for appropriate processing. Individuals can lodge information requests and/or complaints on an identified or anonymous basis. Details on how to access the GRM will be widely distributed as part of the SEP implementation.
31. The GRM process includes the following steps:
 - Step 1: Receive and Register: Submission of grievances / complaints either orally or in writing to the MOH Legal Services, Complaints and Grievances Unit. All complaints will be registered using the standard Complaints/ Grievance form.
 - Step 2: Acknowledge Receipt: After registration of the complaint in Step 1, the MOH Legal Services, Complaints and Grievances Unit will notify HSCRMD of the complaint. The HSCRMD will inform the complainant via telephone, letter or email acknowledging receipt of the complaint and will provide further information on the process.
 - Step 3: Assessment and Classification: The HSCRMD will assess the complaint based on the nature and scope of the complaint. Each case will go through a classification of minor, moderate, major, acute.
 - Step 4: Investigation and reporting: Once the ACEO of HSCRMD sanctions an investigation process, information will be collected to determine the seriousness of the complaint. An investigation report will outline the findings and be provided to the MOH Legal Services, Complaints and Grievances Unit under the Director General's office.
 - Step 5: Resolve and Feedback: Through resolution meetings, appropriate actions will be agreed to resolve the grievance. If the aggrieved person is not satisfied with the outcome of the investigation and resolution meetings, the aggrieved person can refer the issue to National Emergency Operations Center. The committee is to consider and seek resolution to the case at the next scheduled NEOC meeting.
 - Step 6: Review/Appeal or Closure: Complainants need to be informed that if they are still not satisfied, once all possible redress has been proposed, they have the right to take further action with the Ombudsman Office and/or take legal recourse.

32. Grievances relating to Sexual Exploitation and Abuse or Sexual Harassment will be forwarded directly to Director General's office.
33. In the instance of the COVID 19 emergency, existing grievance procedures should be used to encourage reporting of co-workers if they show outward symptoms, such as ongoing and severe coughing with fever, and do not voluntarily submit to testing.

6. Monitoring and Reporting

34. The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP.
35. Monthly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The monthly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner.
36. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders through the MOH's website or the publication of a standalone annual report on project's interaction with the stakeholders

ANNEX 7: INTERIM FINANCIAL REPORT

INTERIM UNAUDITED FINANCIAL REPORT									
Country	Samoa								
Implementing Entities	Ministry of Health								
Project Name	Samoa Covid-19 - Emergency Response Project								
IDA Number	IDA D6230								
For the Semester Ended	30 June 2020								
Currency	SAT								
		ACTUAL							
	Semester	Year to Date	Project to Date	Outstanding Commitments	Total Expenditure & Outstanding Commitments	Total Project Budget (SDRs)	Total Project Budget (USDs)	Total Project Budget (SAT)	Variance (Budget - Total Exp and OS Commit)
Opening Cash Balance									
CBS DA	0	0	0						
Sources of Funds									
IDA Funds - IDA			0						
Total Sources of Funds	0	0	0						
Uses of IDA Funds									
Part 1 - Strengthening Emergency Response for COVID-19									
1.1					0				0
1.2					0				0
Part 2 - Systems Strengthening for Pandemic Preparedness and Response					0				0
2.1					0				0
2.2					0				0
2.3					0				0
Part 3 - Implementation Management and Monitoring and Evaluation					0				0
- Please include breakdown for technical and operational assistance					0				0
-					0				0
Total Uses of IDA Funds	0	0	0	0	0	0	0	0	0
Increase (Decrease) in cash	-	0	0						
Foreign Currency Gains (Losses)	0								
Net Cash Movement	-	-	-						
Closing Cash Balance									
Designated Account - IDA	0	0	0						
	0	0	0						
check	#DIV/0!	#DIV/0!	#DIV/0!						
Foreign Currency Gains and Losses									
USD Closing Balance									
USD rate	#DIV/0!								
SAT running balance									
FOREX Gains (Losses)	#DIV/0!								

Commitments Register - 30 June 2020

								IDA Funds			Payments	Balance (SAT)	% Disbursed	% Balance	Notes
STEP Activity Ref.#	Grant	Part #	Contracts	Contract Ref.	Contractor Name	Contract Descriptions	Contract Date	Contract Cty	Contract Amount	Original	Revised	Contract	(Commitments)		
													-	#DIV/0!	
													-	#DIV/0!	
													-	#DIV/0!	
													-	#DIV/0!	
													-	#DIV/0!	
					TOTAL								-	#DIV/0!	