



Government of Samoa



# **ANNUAL REPORT**

## **Financial Year 2020/21**

Ministry of Health



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**Ofisa o le Minisita o le Soifua Maloloina, Iunivesite Faafoma'i o le Oceania, Falema'i  
Faaitumalo ma Komiti Tumama a Tina**

**MINISITA LAGOLAGO O TAU'I O FAALAVELAVE FA'AFUASE'I**

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The Honourable Speaker  
Legislative Assembly of Samoa  
**MULINU'U**

26<sup>th</sup> April 2022

Dear Honourable Speaker,

Pursuant to Part III section 7 (f) of the Ministry of Health Act 2006, I have the pleasure of forwarding the Annual Report of the Ministry of Health for the Financial Year 2020/2021 for tabling at the next meeting of the Legislative Assembly of Samoa.

Yours sincerely,

A handwritten signature in blue ink, appearing to be 'Valasi Luapitofanua To'ogamaga Selesele', written over a horizontal line.

Hon. Valasi Luapitofanua To'ogamaga Selesele  
**MINISTER OF HEALTH**





Hon. Valasi Luapitofanua Toogamaga Selesele  
**MINISTER OF HEALTH**

## FOREWORD

As the new Minister of Health, it gives me great pleasure to present this Annual Report of activities and substantial achievements of the Ministry of health for the Financial Year 2020/2021.

This Annual Report follows on from the last financial year when the former Ministry of Health officially merged with the National Health Service on 1<sup>st</sup> February 2019. The report highlights many exciting initiatives that have laid a strong foundation for the new mandated functions of the Ministry of Health as well as challenges that the Ministry had faced within this financial year with implementing COVID-19 pandemic preparedness and responses. Great steps have been made in the Ministry and the health sector in strengthening Samoa's Public Health system in order to achieve the Health Sector Vision for **"A Healthy Samoa"** and the Ministry's Vision: **"Accelerating Health and Well-being for a Healthy Samoa"**.

Some of the most exciting opportunities that the Ministry of Health had initiated is the Program for Results (PFR) project through the Samoa Health System Strengthening Program funded by the World Bank and new developments under the e-health project.

It must also be noted that in this financial year, the Ministry of Health together with its public health sector partners faced many challenges. The major challenge is the public health and clinical efforts to implement public health prevention and control measures as part of Samoa's preparations and responses to COVID-19 pandemic. The Ministry of Health conducted its coordinating role for these events with great assistance from the government leaders, government ministries and corporations, development partners, health sector, and local communities. .

Despite many challenges, the Ministry of Health maintained its focus in strengthening its mandated roles to ensure safe and quality healthcare is available for the population and made a strong commitment to make a big difference in the health of Samoan people. It has invested a lot of time, energy and resources in developing more effective and innovative ways of working together with its partners through multi-sectoral approach as mandated in the Ministry of Health Act 2006 (amended in 2019).

I strongly believe that the Ministry of Health remains true to their values as expressed in the Ministry of Health Corporate Plan FY2020/21-FY2022/23 of: **safety, equity and fairness, integrity, respect for dignity, responsiveness, people-centered and confidentiality.**

Ma le fa'aaloalo lava.

Hon. Valasi Luapitofanua Toogamaga Selesele  
**MINISTER OF HEALTH**



Leausa Samau T. Dr. Take Naseri  
**DIRECTOR GENERAL**

## KEY MESSAGE

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The Ministry of Health had seen another year of both challenges and achievement in FY2020/2021. As the leading driving force for Samoa's health sector, much work had been undertaken across the health sector to implement preparedness and responses to COVID-19 pandemic to minimize the chance for Samoa to be infected with this contagious disease.

This financial year is the second year of the Ministry and its partners' efforts to conduct COVID-19 pandemic advocacy and community engagement programs to build the capacity of the community and the nation as a whole on COVID-19 preparedness and responses, strengthening border control measures and public health surveillance system. The Ministry with the great assistance of government leaders, government ministries and corporations, development partners and National Emergency Operation Centre was able to implement mass COVID-19 vaccination roll-out for eligible population using AstraZeneca and Pfizer vaccines. These public health preparedness and responses are ongoing not only for COVID-19 pandemic, but also for disasters that may occur at the end of this calendar year (December 2021).

Regardless of these challenges, the Ministry of Health had managed to implement its activities, programs and projects outlined in the Performance Measures for this financial year, as well as other activities and programs funded by the development partners such as World Bank, World Health Organization, ADB, UNDP Global Fund, Australia DFAT and New Zealand MFAT.

Since the merger of the former Ministry of Health and the National Health Service on 1 February 2019, the reformed Ministry of Health had played an important role in leading the health reforms and realignment processes as well as implementing its newly mandated roles in both providing the healthcare services and monitoring and regulating of the health sector. In short, we have made significant contributions to the strengthening of our public health system and revitalizing primary healthcare that we now benefit from.

The Annual Report for FY2020/2021 focuses on the Ministry's priority areas mandated in the Ministry of Health Act 2006 (amended in 2019), as well as reporting on key actions and performance measures that were endorsed for Financial Year 2020/21. This Financial Year was the full-fledged operational period for the newly merged Ministry of Health to perform its mandated duties.

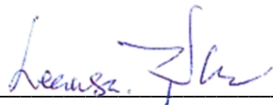
The Ministry of Health's preparedness to undertake its newly mandated functions was founded on the Health Sector Plan FY2019/20-FY2029/30 which was officially launched on 13<sup>th</sup> March 2020 to provide direction for the development of Samoa's health sector over the next 10 years. This period also saw the commencement of the World Bank funded Program for Results (PfR) Project. This World Bank funded project is the first of its kind in the Pacific to support Samoa with the implementation of the National Non-Communicable Disease Policy and Action Plan, including expansion of

community-based disease screening and management, population-based health promotion programs and support for taxation of unhealthy foods. The focus on public health system strengthening and revitalization of primary health care are the priorities of this project as articulated in the Health Sector Plan FY2019/20-FY2029/30.

Through sector-wide approach and development partner assistance, the establishment and rolling out of e-health in this financial year, marked a new fabric of digitization age for Samoa's health sector. The phased-out approach had been employed to roll out the implementation of Samoa's Electronic Logistics Management System for Pharmaceutical requirements; the introduction of the Tamanu Mobile for patient screening and contact tracing, and utilized for COVID-19 vaccination data recording management; and digitization of public health reporting using Tupaia app for health data aggregation and as visualization tool. Telemedicine was also another e-health development that was officially launched in July 2021 to provide remote clinical services via real-time two-way communication between the patient and the healthcare provider, using electronic audio and visual means. This development is very much needed in times of public health events like COVID-19 pandemic, to secure the continuity of health essential services in all health facilities during disasters and emergencies.

Overall, the Financial Year 2020/2021 was a very exciting year, as the merged Ministry of Health managed to meet all the challenges we had faced in the previous financial year (2019/20).

Ma le fa'aaloalo lava.



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Leausa Tupa'i Samau Toleafoa Dr. Take Naseri  
**DIRECTOR GENERAL OF HEALTH**

## ACRONYMS AND ABBREVIATIONS

ACEO	Assistant Chief Executive Officer
AG	Attorney General
AUS. DFAT	Australia's Department of Foreign Affairs and Trade
CEO	Chief Executive Officer
DGOH	Director General of Health
EN	Enrolled Nurse
ENT	Ear, Nose, Throat
F&P	Finance and Procurement
FY	Financial Year
GoS	Government of Samoa
HCWM	Health Care Waste Management
HISM&E	Health Information System and Monitoring & Evaluation
HPED	Health Protection and Enforcement Division
HSCRMD	Health Sector Coordination, Resourcing and Monitoring
MOF	Ministry of Finance
MOH	Ministry of Health
MTII	Malietao Tanumafili II Hospital
NCDs	Non-Communicable Diseases
NGO	Non-Government Organizations
NHS	National Health Service
NUS	National University of Samoa
NZMFAT	New Zealand Ministry of Foreign Affairs and Trade
PHC	Primary Health Care
PSC	Public Services Commission
RN	Registered Nurse
SPPRD	Strategic Planning, Policy and Research
STI	Sexually Transmitted Infections
TB	Tuberculosis
TBA	Traditional Birth Attendance
TTM	Tupua Tamasese Meaole Hospital
WHO	World Health Organization



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# INTRODUCTION

This Annual Report sets out the Ministry of Health's financial and non-financial performance for the Financial Year 2020/21 and analyzes our progress towards a fair and functional health system.

Included in this report are detailed information on the Ministry's mandated roles and functions, and it outlines progress towards the targets specified in the MOH Corporate Plan FY2020/21-FY2022/23 and the Ministry of Health's Management Plan for this financial year.

This financial year was the full fledge year when the reformed Ministry of Health attempted to practically translate its regulatory and monitoring as well as healthcare provision functions.

## Overview of Samoa's Health Status

### Population Growth

The Population Census of Samoa conducts within 5 year period whereas 2016 Population Census reported that the total population of Samoa was approximately 195,979. The abstract report for year 2020 showed the annual growth of the population has increased with the total 202,506 (0.8%) people. The increase in numbers of births each year is notably higher than numbers of death.

*Table 1: Census Data for Total Population and Percentage of Annual Growth*

Year	Total Population	Annual Growth
2016	195,979	0.8
2017	197,611	0.8
2018	199,243	0.8
2019	200,874	0.8
2020	202,506	0.8

*Source: Samoa Bureau of Statistics, Population and Housing Census 2006 - 2016*

The increase in population growth impacts on many aspects of health system such as governance, provision of safe and quality healthcare, financing, human resources, health promotion and primordial prevention services, health protection and so forth.

### Health Status

*Table 2: Health National Data from Samoa Population Censuses from 2001 - 2016*

Health Indicators	Figure at Censuses			
	2001	2006	2011	2016
Population Census	176,710	180,741	187,820	195,979
Annual Population Growth	0.01	0.5	0.4	0.9
Population 0-14	40.7%	39%	38.3%	38%
Total Population 15-64	54.7%	56%	56.7%	32%
Adult Population 65+	4.5%	5%	4.9%	5%
Median age (years)	19.7	20.5	20.7	21.4
Sex ratio (male to 100 female)	109	107	107	106
Urban Population	22%	21%	19.6%	19%
Crude Birth Rate (1000 per person)	29	27.3	30.4	25
Total Fertility Rate	4.4	4.2	4.7	3.8
Infant Mortality Rate	45.5	28.6	15.6	14.3
Average Life Expectancy at birth: males	195	18.2	72.7	73.7
Average Life Expectancy at birth: females	19	22.9	75.6	76
Average household size	8	8	7	7
Population Density	63	65	67	69

*Source: Samoa Bureau of Statistics – Reports of Population Census 2001, 2006, 2022, 2016*

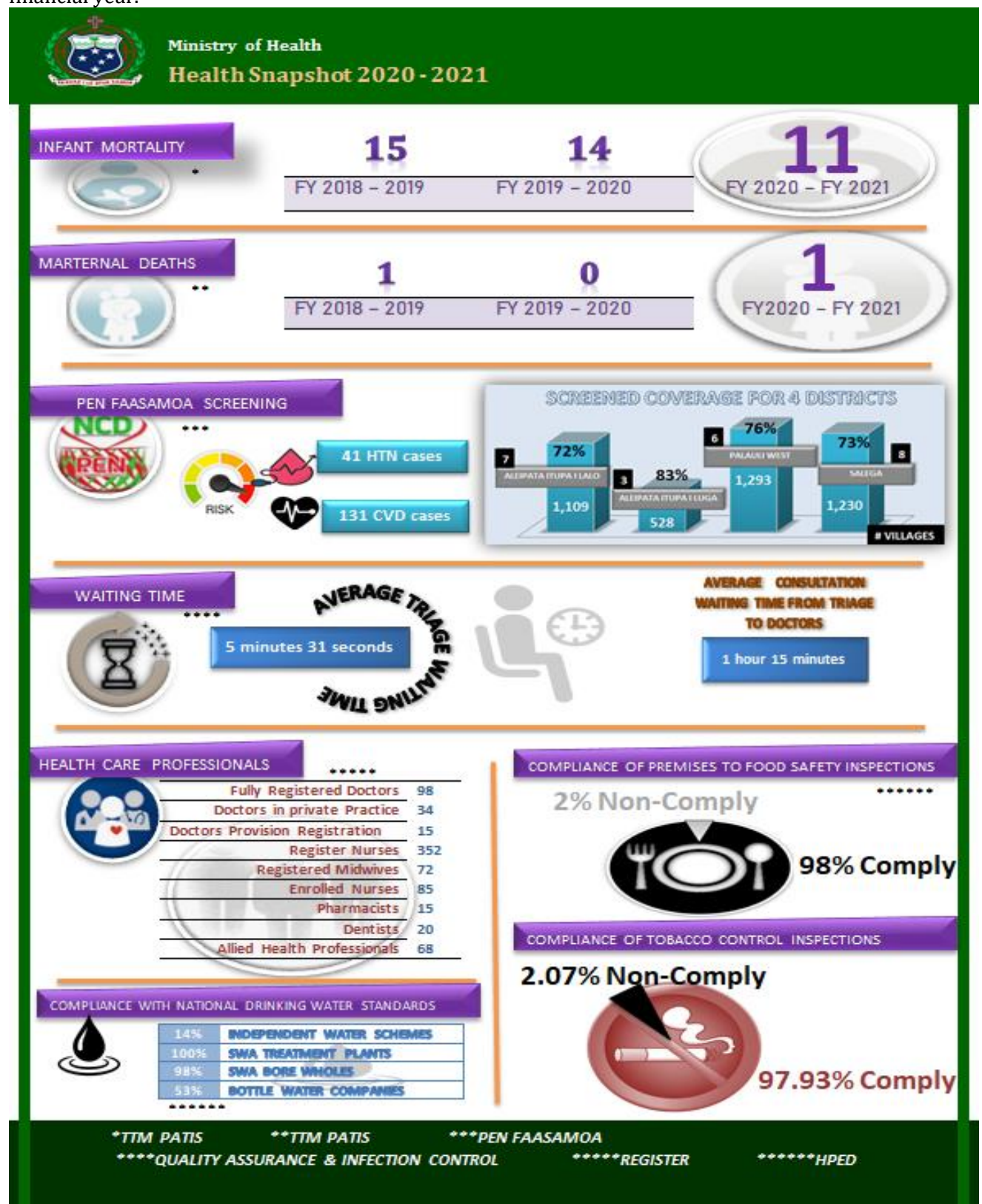
As depicted in Table 1 above, there is a significant drop of fertility rates in 2016 Census (from 4.7 in 2011 to 3.8 in 2016). This trend indicates that although there are other factors contributing to the decrease in fertility rate such as smoking, alcohol, sexually transmitted diseases, domestic violence and road accidents to name a few, it is more of an indication towards increased educational levels of the general population, greater female participation in the workforce; and increased access to knowledge of and availability of modern family planning methods.

It is also noted that female's average life expectancy (73.7 years) remains higher than that of males (76 years) over the years. This verifies women's increasing and effective participation in health promotion and prevention programs than males. These prevention programs are also evident in the work done by Village Women's Committees and Community Public Health Committees (Komiti Tumama) during the PEN Fa'a-Samoa Roll-Out; for instance promoting nutrition, physical activity, smoke free initiatives, sanitation and hygiene. This trend is also related to more males consuming alcohol and tobacco as evident in Samoa Demographic and Health Survey-Multiple Indicator Cluster Survey (DHS-MICS) 2019-2020.

# NATIONAL HEALTH INDICATORS SNAPSHOT

## National Health Indicators

The snapshot below illustrates the national health indicators that the Ministry of Health in collaboration with the health sector is responsible for implementation and reporting for this financial year.





# BASIC HEALTH SITUATION

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## 1. Water Quality

The Water Quality Section under the Ministry of Health National Health Surveillance and International Health Regulations Division is mandated to effectively monitor the quality and safety of drinking water sources. These include Samoa Water Authority Boreholes, Independent Water Schemes and Bottled Water Companies. The National Drinking Water Standards 2015 is used to monitor and evaluate the compliance of these water sources on different timelines.

### ***Samoa Water Authority Boreholes***

Within this financial year, the Samoa Water Authority managed to achieve 98% compliance with the National Drinking Water Standards 2016. They have been consistent with their chlorination processes at their water treatment plants and Water Service Providers really need to consider safety plans in order to improve water quality.

### ***Samoa Independent Water Schemes***

The Monitoring of Independent Water Schemes during this financial year was done on quarterly basis. As usual, this is the most challenging drinking water source because every financial year, their level of compliance is always below 20%.

At the moment, the Ministry of Health is working closely with them in developing water safety plans and informing them about their water quality results. Advices were given to all communities to always boil water from these water sources before drinking.

### ***Bottled Water Companies***

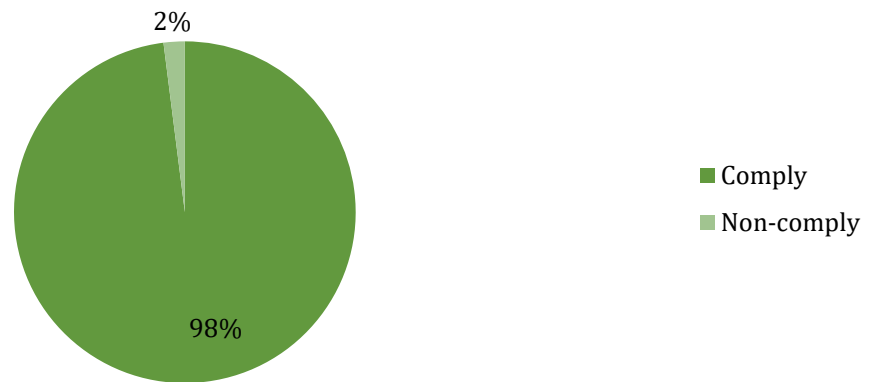
The Bottled Water Companies were monitored in this financial year on monthly basis and they should be 100% complied with the National Drinking Water Standards 2016. Unfortunately, the results fluctuate from time to time. For this financial year, their level of compliance was 53%. The companies that failed to comply with the Drinking Water Standards received notification letters from the Ministry. Ongoing assessments were conducted for non-compliance including re-tests until they complied. BWC need to be consistent with their level of compliance against the Drinking Water Standards.

## 2. Food Safety

The Ministry of Health has a mandated role in monitoring and regulating food for sale. It works collaboratively in this role with other sector partners in the National Codex Committee. The MOH food safety function is mandated by the Food Act 2015 and the Health Ordinance 1959. The food legislation and standards will strengthen the national food control system and improve collaboration with other stakeholders to support the effective implementation of the system.

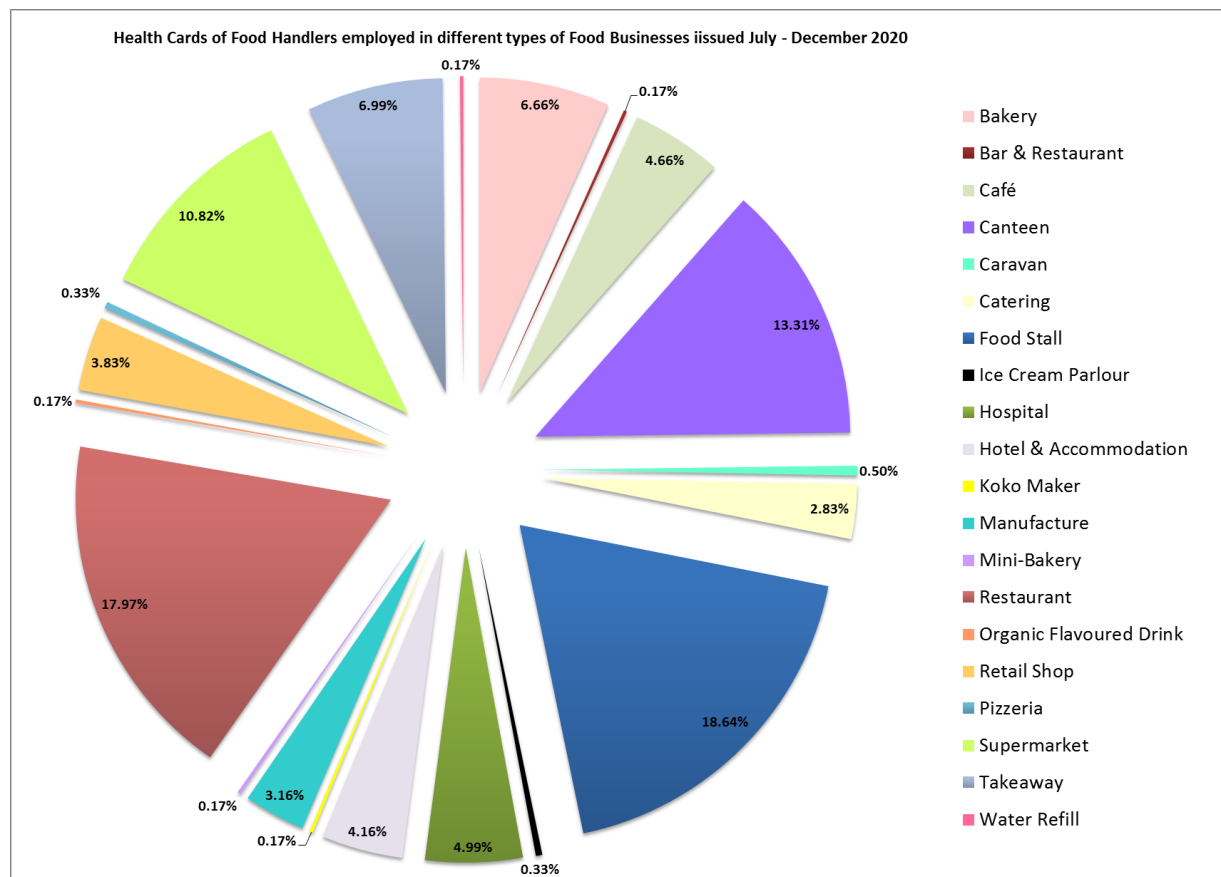
In terms of monitoring and enforcing the implementation of the Food Act 2015 by food premises including hotels, restaurants and food stalls, their compliance recorded this year is 98%. This reflects the importance of strengthening community engagement through the support of the village councils and other sector partners including government ministries, corporations, and health related NGOs in promoting awareness programs for sanitation and hygiene and healthy eating.

**Figure 1: Compliance of Food Premises to Food Safety Inspection**



Source: Food and Safety Tobacco Control Unit Database 2020

The Ministry of Health through the Food Safety and Tobacco Control Unit inspects food businesses to ensure health requirements and food safety standards are met.



Source: Food Handlers Health Card Database 2020

The Figure (1) above depicts the percentage of employees who worked in various types of food businesses and were issued health cards from July – December, 2020. A total of **601** food handlers were issued health cards between the 6 month periods. Majority of health cards issued were food handlers employed in food businesses that cover a large scale: restaurants, food stalls, supermarkets, school canteens, takeaways and bakeries.

### 3. Nutrition

The monitoring and regulatory of food safety is implemented by the Food Safety Section and the Nutrition Centre of the Ministry of Health's Health Protection and Enforcement Division through the implementation and enforcement of the Food Safety Act 2015 and National School Nutrition Standards.

During this financial year, the Nutrition Centre conducted monitoring visits to 206 schools to monitor their compliance with the School Nutrition Standards. 2 monitoring visits were held biannually. During the first monitoring visits, only 36% of schools were complied i.e. 169 schools while the second monitoring visits reported only 42% were complied. Even though it's increasing, but there is a dire need for community educational and awareness programs conducted in schools to strengthen the role of school principals, teachers, school committees and Parents and Teachers Association to support the Ministry in implementing School Nutrition Standards that promote healthy eating for children.

### 4. Sanitation

Under the Ministry of Health's protection role, the Ministry of Health's Sanitation Section under National Health Surveillance and International Health Regulation's Division, is responsible for regulating and monitoring hygienic conditions and sanitation practices at all settings. This role is mandated under the Ministry of Health Amendment Act 2019, Health Ordinance 1959 and the National Sanitation Policy and Master Plan by the Ministry of Natural Resources and Environment.

During this financial year, the Sanitation Section conducted monitoring visits to 6 hospitals facility in Upolu. Conducting of monitoring visits to schools has yet to complete in this financial year, whereas state of emergency restrictions has affected this plan, and the focus to manage the repatriation flights utilize the staff.

For the Samoa Typhoid Control Program implementation status, this program was able to effectively perform and timely investigate reported typhoid cases through conducting of home visits, contact tracing, environmental assessments and collection of samples to find healthy carriers for all confirmed cases within 24 hours of lab notification. In this financial, the program was able to identified 97% of lab confirmed typhoid cases.

### 5. Healthcare Waste Management

The Health Care Waste Management regulatory and monitoring function of the Ministry of Health is mandated under the MOH Amendment Act 2019, Health Ordinance 1959, Lands Survey & Environment Act 1989, and the Healthcare Waste Management Strategy 2019. The objective of this function in the Ministry of Health is to minimize the health risks to public health by ensuring proper and safe healthcare waste disposal.

The health care waste collectors are responsible for collecting clinical and general wastes from quarantine sites and the RDHs. These are specified as Infection waste/contaminated which means treatment and disposal only in the incinerator at Tafaigata. Healthcare Waste Management bins have been distributed to quarantine sites. The team also distributed rubbish bags on a daily basis.

The new supplies of safety protective clothing which includes safety overalls, boots, heavy duty gloves, safety glasses and masks were given to waste collectors for their safety and protection. These different teams of waste collectors include the infectious wastes collectors working at the quarantine sites and all health facilities, the general wastes collectors at the hospitals, maintenance, and the oxygen team. Time and motion inspection is conducted daily to monitor the daily collection of wastes by HCW collectors and ensure full PPEs are worn in accordance with the HCW guidelines. HCW staffs are also tasked to

monitor all HCW collectors around TTM hospital with their performance and ensure full PPES must be worn daily.

All wastes from quarantine sites are collected and incinerated at Tafaigata's Incinerator regularly. Landfill disposal is discouraged. All Healthcare Wastes Collectors have been trained in terms of collection, containment, transportation and disposal.

Healthcare Wastes collection for Savaii is conducted on daily basis and safety protective clothing were distributed to the healthcare waste management staff for protection.

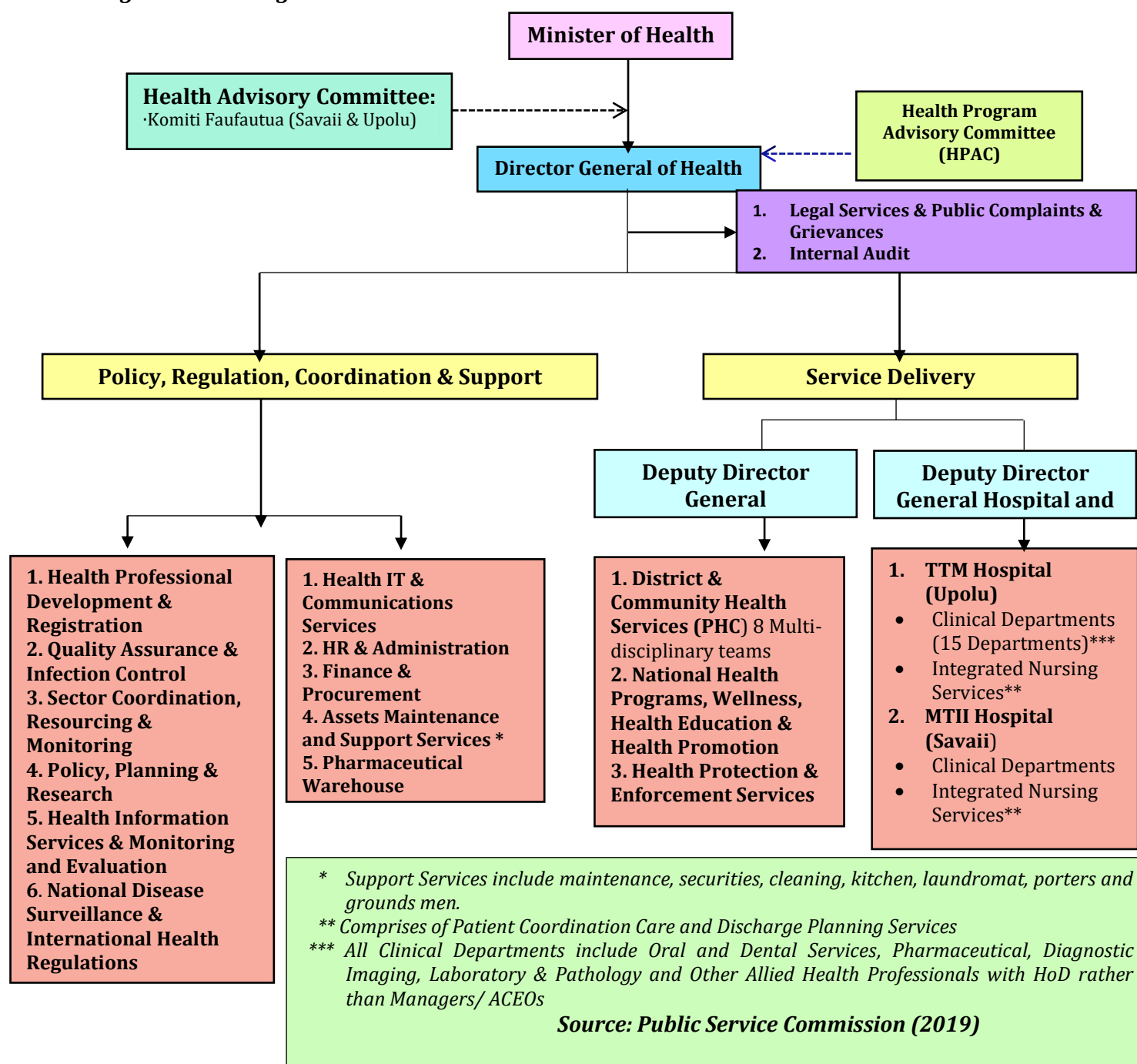
Monitoring visits were on quarterly basis to all health facilities and private morgues to monitor the compliance of healthcare waste sources with these legislations and strategy.

In this financial year, the compliance of Healthcare Waste Management Producers with the National Healthcare Waste Management Strategy is 90%.



# MINISTRY OF HEALTH ORGANIZATIONAL STRUCTURE 2019

Figure 2: MOH Organizational Structure



The above organizational structure of the Ministry of Health is divided into three pillars. These include:

- (i) Policy, Regulation, Coordination and Support Services
- (ii) Public Health Services and
- (iii) Hospital and Clinical Services.

The organizational structure of the Ministry by divisions will be fully realized in the next financial year.

# OVERVIEW OF THE MINISTRY OF HEALTH WORKFORCE

This section presents the summary of the Ministry of Health's workforce for this Financial Year.

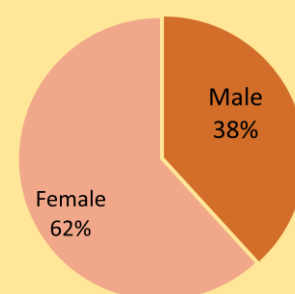
## Overall MOH Workforce:

As shown in Table 7 and pie graph below, the total number of the Ministry of Health Workforce within this financial year is 1,455. The Ministry's workforce is dominated by female staff which took 62% of the total workforce (889) while males are 38% (556).

**Table 3: Summary of MOH Staff for Financial Year 2020/21 (By Gender)**

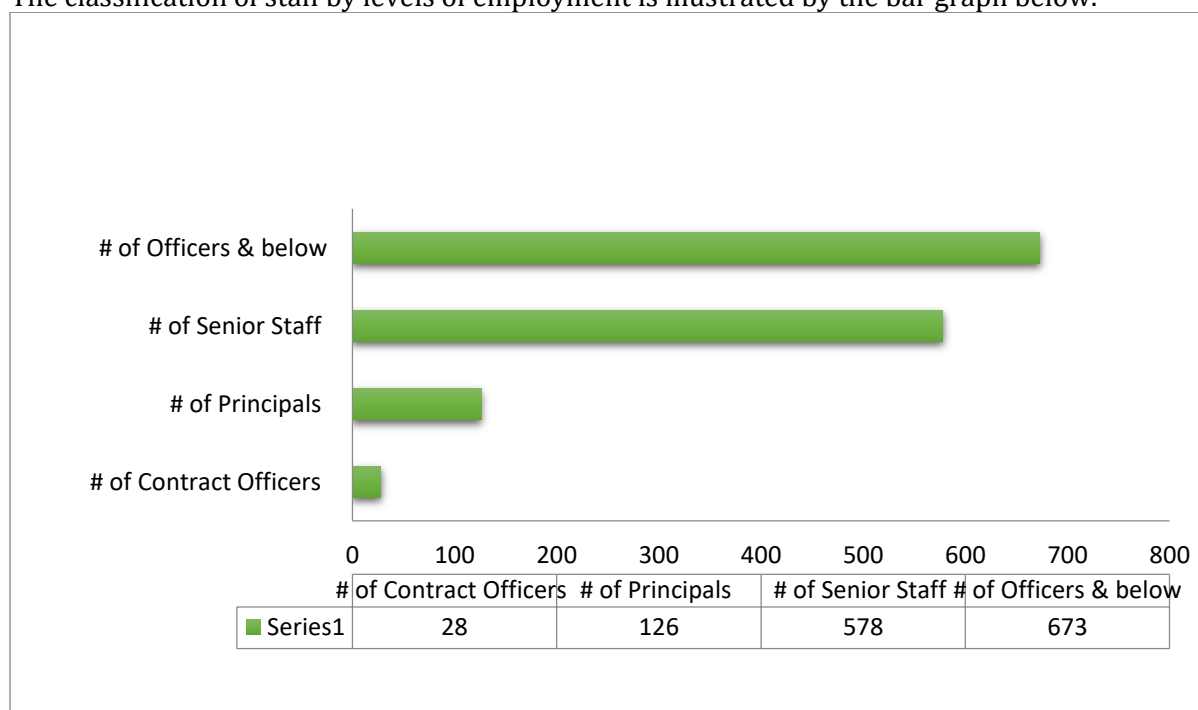
Ministry of Health Staff By Gender	Total
Females	889
Males	556
<b>TOTAL</b>	<b>1,455</b>

**Figure 3: MOH Workforce by Gender**



## Classification of MOH Staff by Levels of Employment

The classification of staff by levels of employment is illustrated by the bar graph below.



Source: MOH Human Resources Database, 2021

As illustrated in the above bar graph, the majority of MOH staff is at the officer level and below which comprised of 673 staffs; 578 are at senior level and 126 at the principal level. As the merged progressed over 1 year period, the Ministry recruited 28 contract staff which comprises of 21 executive management staff and 8 Consultant specialists for each respective department.

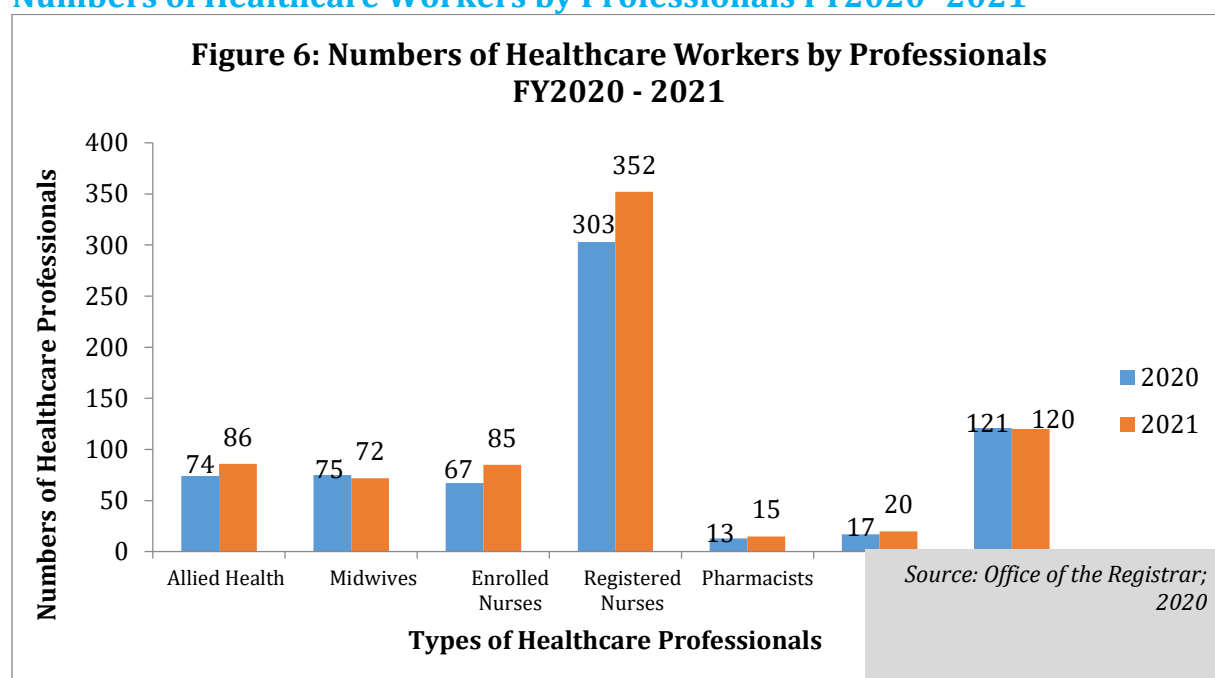
Professional wise during the reporting period, the Ministry recorded a drastic increase in numbers of nursing profession intake due to the significant number of graduated nursing students from the National University of Samoa School of Nurse re-employment of nurse

retirees due to the dire need for more qualified vaccinators for the mass COVID 19 vaccination campaign.

The number of medical officers currently practicing within the Ministry has been dropped to 71 compared to the previous financial year. Hence, there is a great need to recruit more medical officers in order to meet the health demands of the population, especially now health services are decentralized to rural areas where every district hospitals should have a medical officer on site.

In terms of healthcare professionals, the nursing profession predominantly dominates the clinical workforce. The recruiting of doctors in all health facilities mobilizes for twenty four hours for seven days to provide the service for our community.

### Numbers of Healthcare Workers by Professionals FY2020 -2021



There are increases in numbers of allied health, registered nurses and enrolled nurses, dentists and pharmacists from 2020 to 2021 as depicted in Figure 5 above. There is no big change on the numbers recorded for each professional as compared to the evidence shown.

### Classification of Workforce by MOH Outputs/Divisions

The table below presents the numbers of MOH staff under each output or division.

**Table 4: MOH Workforce by Output/Division**

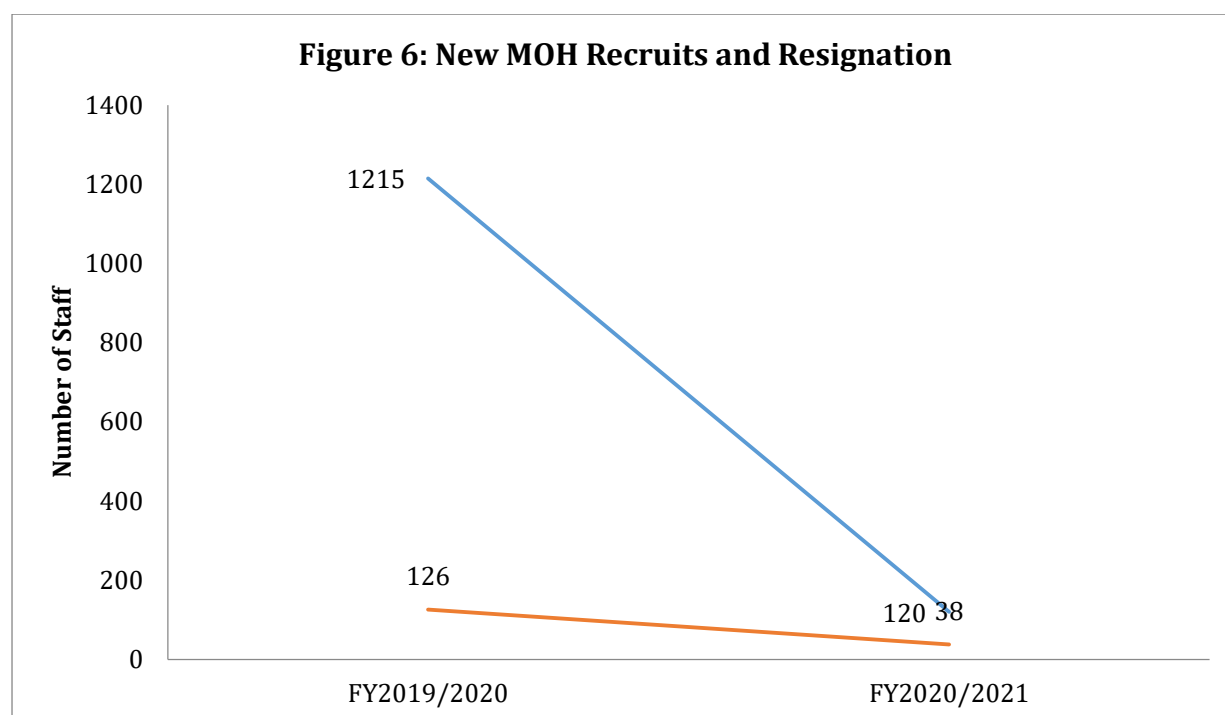
	MOH Outputs/Divisions	Number of Staff
<b>Output 1</b>	Office of the Director General	13
<b>Output 2</b>	Ministerial Support	4
<b>Output 3</b>	Strategic Planning, Policy and Research	7
<b>Output 4</b>	Infection Prevention & Control and Quality Assurance	12
<b>Output 5</b>	Registrar and Health Professional Development	7
<b>Output 6</b>	National Health Surveillance & International Health Regulations	23
<b>Output 7</b>	Pharmaceutical Warehouse	7
<b>Output 8</b>	Health Information Services and Monitoring and Evaluation	9

	MOH Outputs/Divisions	Number of Staff
<b>Output 9</b>	Health Information Communication and Technology	10
<b>Output 10</b>	Health Sector Coordination and Monitoring Division	9
<b>Output 11</b>	Laboratory	32
<b>Output 12</b>	TTM Hospital Clinical Services	33
<b>Output 13</b>	Dental Health Services	38
<b>Output 14</b>	Pharmaceutical Services	17
<b>Output 15</b>	MTII Hospital	190
<b>Output 16</b>	Integrated Nursing and Patients Discharge Planning	449
<b>Output 17</b>	National Health Programs and Wellbeing, Health Promotion and Education	30
<b>Output 18</b>	Rural District Hospitals	200
<b>Output 19</b>	Health Protection and Enforcement	10
<b>Output 20</b>	CSU 1	38
<b>Output 21</b>	CSU 2	69
<b>Output 22</b>	CSU 3	166
	Typhoid Project	5
	Orientation Program 2021	77
	<b>Total</b>	<b>1455</b>

Source: MOH HR Database 2021/22

### New Recruits and Resignation:

The following graph is the recorded number of new recruited and resigned staff in comparison to the previous financial year.



In this financial year, the total number of new recruits is 241. The majority of the recruited staff were replacements for previous incumbents and a few of newly established positions that had been created and approved by the Public Service Commission to perform the new mandated functions of the Ministry as articulated in its new organizational structure.



The following table entails summary of the recruitment & selection process from July 2020 to June 2021.

**Table 5: Types of Recruitment**

Types of Recruitment	Numbers
Newly Appointed	83
Promoted Staff	14
Reappointed Contract Officer	5
Newly appointed contract officer	7
Temporary Staff- Retirees	38
Temporary Staff- Part timer of 6 months	14
House Surgeon Program	3
Orientation Program	77

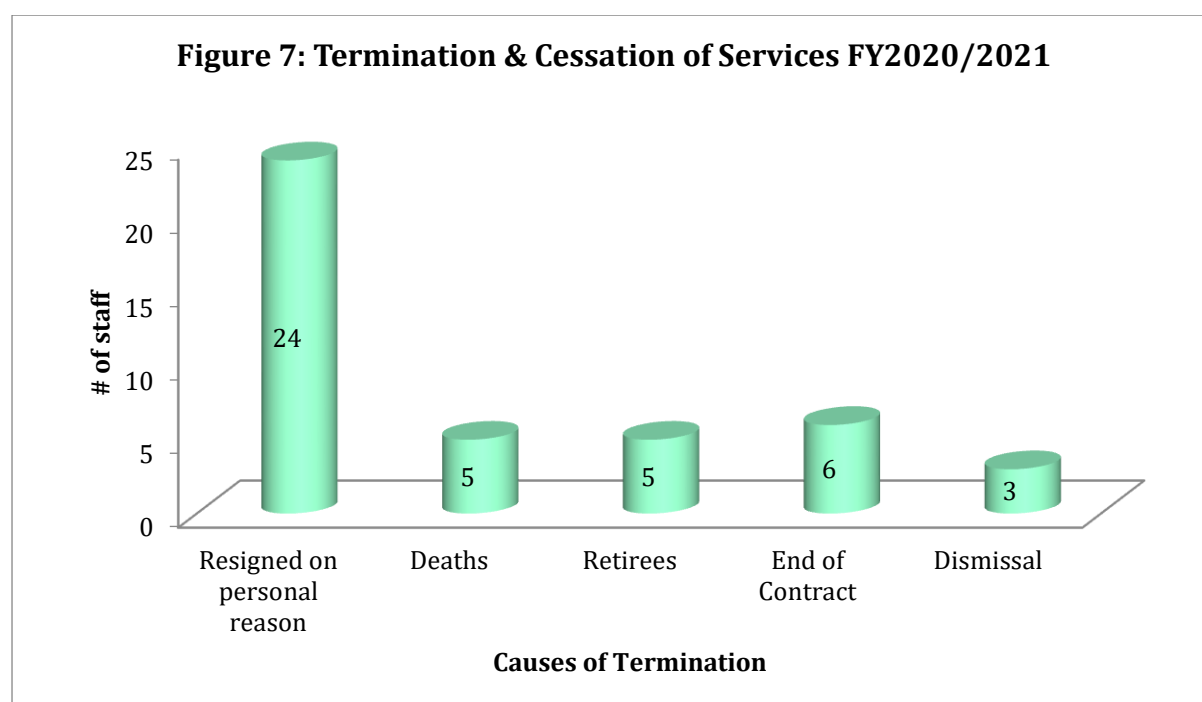
As depicted in the table above, many positions have been filled within this financial year. Approximately 38 retirees were extended their services for 12 months period, and 14 temporary staffs attached on six monthly basis.

For preparatory clinical programs, 3 medical officers were recruited under the House Surgeon Program and 77 staff nurses under the 2021 Orientation Program.

Five (5) contract officers were reappointed to their previous appointments, whereas 7 new contract staffs were recruited within this Financial Year.

The total number of MOH staff being resigned from their positions in this financial year is 38. The majority of these staff were retirees and few were resigned from their previous positions and promoted to higher positions outside of the Ministry.

### Terminations & Cessation of services



In this financial year, there were forty three (43) staffs recorded leaving the Ministry over this reporting financial year, this includes cessation of employments (retirees, deaths & end of

contract) and resigned staffs that migrated overseas, and have had promoted to higher positions outside of the Ministry.

In comparison to the last financial year, there is a slight decrease in numbers of MOH staff leaving the Ministry due to resignation, forfeiture of office process and for personal reason.

### **Human Resource Development**

The Ministry received numerous virtual trainings from abroad over this financial year, these virtual trainings are funded by JICA and Thailand Embassy under the Public Service Commission's coordination inviting health professionals to attend relative health capacity programs from the Public Health Area to Clinical Operation and Management aspect and so much more.

Nationally, the Public Service Commission in collaboration with the Samoa Quality Authority (SQA) continue to offer generic skills trainings across ministries, approximately 10 workshops were conducted and attended by MOH's Representatives over the reporting period, not including from Human Resource Coordinator (HRM) Forums that hosted every quarter to address Human Resource issues in a roundtable formalities.

# MINISTRY OF HEALTH BUDGET FOR FINANCIAL YEAR 2020/21

## Local Budget:

### SCHEDULE 2.11

#### STATEMENT OF MINISTRY RECEIPTS BY REPORTING CATEGORY AND EXPENDITURE BY OUTPUT

#### APPROPRIATION ACCOUNT

*for the financial year ended 30 June 2021*

			Notes	2021	Original Estimate		Final Estimate		(Over)/Under	2020
HEALTH				\$	\$	\$	\$	\$		
RECEIPTS										
Ordinary Receipts										
	Other Revenues									
		Fees & Other Charges		7,679,136	9,049,565		9,049,565		1,370,429	4,522,083
TOTAL RECEIPTS				7,679,136	9,049,565		9,049,565		1,370,429	4,522,083
PAYMENTS										
Outputs										
	1.0	Policy Advice to the Responsible Minister		1,011,906	1,403,335		1,382,928		371,022	661,821
	2.0	Ministerial Support		514,436	550,435		526,890		12,454	512,322
	3.0	Strategic Planning, Policy and Research Division		752,267	729,113		741,316		(10,951)	662,594
	4.0	Quality Assurance & Infection Control		1,768,029	1,603,075		1,937,175		169,146	1,311,467
	5.0	Registrar and Health Professional Development		696,051	825,108		821,532		125,481	604,413
	6.0	National Disease Surveillance & International Health Registration		1,662,501	1,226,977		1,235,063		(427,438)	1,587,621
	7.0	Pharmaceutical Warehouse		821,292	545,762		582,446		(238,846)	363,612
	8.0	Health Information System, Monitoring & Evaluation		788,463	862,188		853,547		65,084	734,776
	9.0	Health Information Technology & Communication Services		1,213,728	1,303,785		1,301,621		87,893	1,394,761
	10.0	Health Sector Coordination, Resourcing & Monitoring		740,148	942,221		880,467		140,319	939,300
	11.0	Clinical - TTM Hospital Clinical Health Services		14,389,821	10,962,686		13,914,606		(475,215)	21,829,316
	12.0	Clinical - Laboratory Services		3,203,783	3,138,455		3,137,765		(66,018)	2,894,542
	13.0	Clinical - Medical Imaging & Radiology Services		2,979,073	2,801,745		2,806,506		(172,567)	2,921,879
	14.0	Clinical - Dental Health Services	1.1	2,844,505	3,833,455		3,831,965		987,460	2,790,659
	15.0	Clinical - Pharmaceutical Services		2,276,377	2,679,905		2,425,058		148,681	2,441,525
	16.0	Clinical - MTH Hospital		10,854,524	8,741,245		8,762,952		(2,091,572)	9,977,706

17.0	Clinical - Integrated Nursing Care Services		17,528,789	19,057,303	18,985,895	1,457,105	9,724,805
18.0	Clinical - Allied Health Services		2,305,130	3,738,262	3,717,572	1,412,441	4,774,704
19.0	Public Health - National Health Programs, Wellness, Health Promotion and Education	1.2	1,898,285	3,544,378	3,383,695	1,485,409	2,349,679
20.0	Public Health - Rural District Hospitals & Community Health Services		5,714,070	4,258,919	4,244,958	(1,469,112)	5,698,604
21.0	Public Health - Health Protection & Enforcement	1.3	3,148,061	3,538,778	3,524,167	376,106	2,347,778
<b>Total Outputs</b>			77,111,239	76,287,126	78,998,122	1,886,882	76,523,884

Third Party Outputs							
Grants and Subsidies							
	Samoa National Kidney Foundation		7,934,092	7,934,092	7,934,092	0	7,557,844
	Non Communicable Diseases Clinic		241,224	250,000	250,000	8,776	249,683
	Red Cross		50,000	50,000	50,000	0	50,000
	Samoa Cancer Society		40,000	40,000	40,000	(0)	40,000
	GOSHEN Trust		50,000	50,000	50,000	0	30,000
	Provision for Medical Fees	1.4	4,903,087	8,000,000	8,000,000	3,096,913	8,000,075
<b>Total Third Party Outputs</b>			13,218,402	16,324,092	16,324,092	3,105,690	15,927,601
Transactions on Behalf of State							
Membership							
	WHO Contribution		0	35,000	35,000	35,000	26,515
	Red Cross Contribution		5,800	5,800	5,800	(0)	5,800
Government Policies / Initiatives							
	Returning Graduates (Doctors/Nurses)		2,343,469	2,000,000	2,000,000	(343,469)	2,712,268
	Drinking Water Quality and Sanitation Monitoring and Awareness Program		66,091	67,000	67,000	908	95,576
	ACC Levies		0	0	0	0	285,000
	Samoa Health System Strengthening Program	1.5	2,101,923	5,726,752	5,726,752	3,624,829	0

	Notes	2021	Original Estimate	Final Estimate	(Over)/ Under	2020
<b>HEALTH</b>		\$	\$	\$	\$	\$
	Land Payment - Hospital at Faleolo	0	73,750	0	0	0
	Health Sector Program Counterpart Funds	71,826	116,000	116,000	44,174	94,957
	Sleep Apnoea	200,000	200,000	200,000	0	98,691
	Bulk Food Supplies (Output 2: TTM and Allied)	1.6 & 1.7	1,202,699	1,600,000	397,301	1,045,620
	Consumables & Pathology Reagents (Output 3 Lab Services)	1.8	2,788,529	4,600,000	1,811,471	2,881,113
	Dental Health Medical Consumables (Output 5: Dental)	1.8	246,845	852,287	605,442	387,025



	Notes	2021		Original Estimate		Final Estimate		(Over)/ Under		2020
Pharmacy Medical Consumables (Output 6: Pharmacy)	1.8	1,621,420		2,500,000		2,500,000		878,580		2,094,022
Supply of Pharmaceutical/Medical Drugs (Output 6: Pharmacy)	1.9	3,963,088		5,000,000		5,000,000		1,036,912		4,077,950
Vaccine Supplies (Output 8: Nursing)	1.10	304,428		590,000		590,000		285,572		236,832
Imaging X-Ray Films	1.11	33,905		145,000		145,000		111,095		57,892
Refurbishment of Rural Hospitals and Physician Housing	1.12	495,515		3,000,000		3,000,000		2,504,485		0
X-Ray Consumables		27,108		55,000		55,000		27,892		41,492
Bulk Cleaning and Disinfection Supplies		846,722		850,000		850,000		3,278		660,170
		16,313,569		27,375,789		27,302,039		10,988,470		14,768,609
Rents & Leases		93,715		34,200		107,950		14,235		92,965
VAGST Output Tax	1.7, 1.13, 1.14 & 1.15	4,309,206		8,433,952		8,390,601		4,081,395		2,934,109
<b>Total Transactions on Behalf of State</b>		20,722,289		35,884,741		35,841,390		15,119,101		17,827,997
<b>TOTAL PAYMENTS - HEALTH</b>		111,051,930		128,495,959		131,163,603		20,111,673		110,279,482
<b>RECEIPTS OVER PAYMENTS</b>		(103,372,794)		(119,446,394)		(122,114,038)		(18,741,244)		(105,757,399)

## Health Projects Budget Utilization:

GOVERNMENT DEVELOPMENT PROJECTS							
	Notes	2021	Original Estimate	Receipts	Payments		Opening Balance
		\$	\$	\$	\$		\$
<b>Grants - GDP</b>							
WHO Grants (World Health Organisation)		56,582	776,681	0	289,427		346,009
Reproductive Health Programme/Project (United Nations Population Fund)		(114,303)	100,000	69,626	114,894		(69,035)
UNDP Global Fund to fight Aid, TB & Malaria (UNDP)	2	(5,149)	321,768	79,009	118,140		33,721
An Inventory Logistics Management System for Pharmaceutical Supplies (Samoa) (Australian Aid)		626,179	800,000	0	728,048		1,354,228
Motivation Australia Sub-Grant Mobility Unit (Mobility Device) (AusAid)		(24)	0	0	88,045		88,021
Eye Care Services (Other)		318	74,720	7,845	0		(7,527)
Strengthening Typhoid Surveillance & Microbiological Lab Capacity in Samoa (Other)	2	135,087	214,512	220,939	299,651		214,107
Digital Radiography System General X-Ray Machine (AusAid)		204,973	1,841,112	1,097	1,649,993		1,853,868
Samoa Nursing Community Training Centre (NZ)		3,491,149	1,500,000	9,040	47,514		3,529,623
Capacity Building of Procurement & Supply Chain Management for MoH Staff (AusAid)		265,167	100,000	404	5,431		270,194
Australian Support for Measles Outbreak (AusAid)		9,465	0	10	4,951		14,405
Immunization Multimedia Awareness Campaign (UNICEF)		28,235	26,814	43,160	53,996		39,071
WHO Biennium 2020-2021 (WHO)		110,164	1,532,461	255,918	145,754		0
Providing Medical Equipment Against Measles & Infection Diseases (JapAid)		1,681,113	739,648	3,978	0		1,677,135
Samoa Covid-19 Emergency Response Project (World Bank)		1,211,025	2,513,264	3,440	172,239		1,379,825
Systems Strengthening for Effective Coverage of New Vaccines in the Pacific (Vaccine Project) (ADB)		334,400	200,000	505,257	170,857		0
Samoa Health Systems Strengthening Program for Results PForR- IDA D527WS (World Bank)		6,087,944	5,726,752	6,087,944	0		0
Multi-Country Western Pacific (MCWP) Integrated HIV/TB Program (UNDP)		168,242	0	225,002	56,760		0
UNFPA- Sexual Reproductive Health 2021-2022 (MoH) (UNFPA)		54,407	0	79,315	24,908		0

GOVERNMENT DEVELOPMENT PROJECTS										
	Notes	2021		Original Estimate		Receipts		Payments		Opening Balance
		\$		\$		\$		\$		\$
Systems Strengthening for Effective Coverage of New Vaccines in the Pacific Project- Additional Financing (ADB)		(250,704)		0		0		250,704		0
System Strengthening for Effective Coverage of New Vaccines in Pacific (COVAX)- UNICEF		(1,897)		0		91,150		93,047		0
German Medical Funds (Medical Equipment for NHS) (Other)	b	35,281		35,281		0		0		35,281
Landing Costs- Medical Equipment Republic of South Korea (Other)	b	148,668		148,667		0		0		148,668
TOTAL GOVERNMENT DEVELOPMENT PROJECTS		14,276,319		16,651,680		7,683,133		4,314,360		10,907,593

## **PERFORMANCE ACHIEVEMENTS BY BUDGET OUTPUTS (DIVISIONS)**

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## OUTPUT 1: POLICY ADVISE TO THE RESPONSIBLE MINISTER (DIRECTOR GENERAL'S OFFICE)

### Output Description:

Provide overarching regulatory governance and leadership. Provide policy advice to Government through the Minister of Health. Manage the administration and implementation of legislations, regulations, and policies for safe and quality of health systems/services. Provide oversight or the conduct of the monitoring and evaluation of health standards to maintain an efficient, transparent, and accountable Health System/Services that will impact on health status of Samoans.

### Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT1,382,928.00	SAT1,011,906.00	SAT371,022.00	73%

This Output was able to utilize 73% of its allocated budget for this Financial Year to support the implementation of its approved Key Performance Indicators. The 27% of its budget that hadn't been utilized was due to vacant positions that cannot be fulfilled within the reporting Financial Year.

### Performance Status:

PERFORMANCE MEASURE/INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Regional and international technical obligations fully attended	100%	Completed/Achieved	The Director General did not attend the regional and technical meetings in person, but these meetings were conducted virtually due to COVID-19 pandemic lockdown. These include: (1). 73rd World Health Assembly (2). 71st WHO Western Pacific-Regional Committee meeting (3). Pacific Fifth Heads of Health meeting (4). Framework Convention of Tobacco Control COP9 (5).Protocol to Eliminate Illicit Trade in Tobacco Products MOP2.
Evidence of overall Health system Strengthening through policy and legislative compliance	Annually	Completed/Achieved	The new health policies both operational and strategic that were developed and approved in the first six months of this financial year include: (1) MOH Plumbing Policy 2020 (2) MOH Occupational Safety and Health Policy 2021 (3) National Immunization Policy 2021-2026, (4) MOH Health Information



PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT	OUTPUT COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
			<p>and Communication Technology Security Policy 2020</p> <p>(5) MOH Email Policy 2020</p> <p>(6) MOH Identification Card Policy 2020 and (7) MOH Internet and Social Media Policy 2020.</p> <p>other new policies that are under development and will be fully realized in the last six months of the financial year include the National Food and Nutrition Policy 2021-2026. The existing policies that had been reviewed within the first six months of this financial year include: (1) National Food and Nutrition Policy 2013-2018, (2) National Patients Grievance and Complaints Policy 2015, (3) MOH Incident and Near-Miss Management Policy. The existing policies that are currently reviewed and will be realized in the last six months of the financial year include: National Alcohol Control Policy 2018-2021 and Samoa e-Health Policy.</p>
Evidence of oversight of Strategic Planning Monitoring and Evaluation of Health Services	Annually	Completed/Achieved	<p>The division was able to develop the following plans in this financial year:</p> <p>(1) National Epidemic and Pandemic Preparedness and Response Plan FY2020/21-FY2024/25</p> <p>(2) MOH Corporate Plan FY2020/21-FY2024/25 and</p> <p>(3) National COVID-19 Preparedness and Response Plan 2020.</p> <p>The two new plans that will be fully realized in the last six months of the financial year include:</p> <p>(1) Samoa Human Resources for Health Strategy 2021-2026 and</p> <p>(2) Samoa Health Workforce Development Plan 2021-2026.</p> <p>Existing health plans and</p>

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT	PROGRESS INDICATOR	OUTPUT COMMENTS ON TOWARDS ACHIEVEMENT	MANAGER'S PROGRESS
				strategies reviewed include: (1) National Avian Influenza Plan 2008, MOH Interim Corporate Plan FY2017/18 Full Review (2) 3 MOH Perioperative Practice Bundle Book 1 & Book 2) These were all developed and reviewed in collaboration with relevant divisions of the Ministry of Health and health sector partners.	
Percentage of legal opinions provided, follow up and actioned (implementation of some depends on outside factors)	70%		Completed/Achieved	The Legal work is covered in these main areas: 1. Legal advice/opinions on all matters relating to Health & the Law. 2. Facilitation and drafting of all Legal documents e.g. MOU, Service Agreements, Contracts, Grants & Lease Agreements. 3. Civil Litigation i.e. Medical Negligence cases 4. Health Legislation – review and amendments. (Please refer to the attached document for details).	
Percentage of Internal Audit Work-plan completed and recommendations actioned/ implemented	100%		Completed/Achieved	The following are achievements of the Internal Audit implementation as of Financial Year 2020 – 2021: 1. Annual Internal Work-plan FY2020 -2021 2. Internal Audit Charter FY2020 – 2021 3. Risk Assessment FY2020 - 2021 4. Audit conducted within the FY20/21 ➤ Cash Receipts ➤ Petty Cash ➤ Fixed Assets ➤ Maintenance ➤ Risk Based Audit Payroll (cross government audit) 5. Stock take for expiry medical supplies and consumables 6. Pre-auditing of payroll and non-payroll payments based upon request from DG 7. Risk Based spot check	

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC PROGRESS INDICATOR	LIGHT	OUTPUT COMMENTS TOWARDS ACHIEVEMENT	MANAGER'S ON PROGRESS
				reviewed for the procurement process for overseas payment(ongoing)	
				8. Whole of Ministry Asset count (In progress)	
				Participation with the Internal Audit Forum Meeting on a monthly basis (ongoing)	

The Respective Policy Advice to the Responsible Minister's (Director General's Office) mandated functions with the ministry of health focusing on:

- (i) Secretariat support to the CEO and
- (ii) special support services which provide responsibilities of legal services and internal auditing services.

As shown in the table above, regardless of underutilization of this Output's allocated budget for this financial year, they were able to achieve all five performance indicators they were responsible for to implement within this financial year. The Regional and International technical obligations were conducted virtually, as a result of international borders restrictions and most were locked down due to COVID-19 pandemic.

### Other Achievements:

Other achievements by the division include:

#### 1. **Provision of Technical Advice to the Minister and the Cabinet**

The provision of technical and policy advices averaged 4 Cabinet Submissions weekly on health issues by the Director General and Executive Management of the Ministry to the Minister of Health as an ongoing process which eventually informs Cabinet. All advices from respective divisions were submitted through the Office of the Director General, who in turn scrutinized the content and policy direction for submission to the Minister of Health and if endorsed by the Minister to Cabinet for endorsement. During this financial year, the majority of policy advices were related to preparations, response and recovery initiatives to COVID-19 pandemic.

#### 2. **Ministry's management and administrative meetings**

The Ministry's Executive Management continued their management meetings on a weekly basis to report and discusses implementation of plans and programs and to make certain that the Ministry's work and activities are in line with health priorities. In addition, the technical meetings held every Wednesday morning were utilized by the Ministry as an avenue to share knowledge and skills obtained from training and meetings attended by MOH staff. The technical meetings also discussed priority staff matters.

#### 3. **Provision of Technical Advices to the Health Sector and Stakeholders Meetings**

The Ministry, as the leading agent for the Health Sector, continues to coordinate health partners and stakeholders consultations on any health policy or plan developed or reviewed. In addition, the Health Programs Advisory Committee meetings were ongoing for the Ministry of Health Executive Management, Health Sector Partners and Development Partners to discuss health developments that need financial and technical assistance.

## OUTPUT 2: MINISTERIAL SUPPORT

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### Output Description:

The Ministerial Support Output provides secretariat and support services for the Office of the Hon. Minister of Health and the Associate Minister of Health.

### Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT526,890.00	SAT514,436.00	SAT12,454.00	97.6%

At the end of this financial year, this Output was able to utilize 97.6% of its allocated budget to support the implementation of their approved Key Performance Indicators. The 2.4% of its budget that hadn't been utilized was due to less number of Health Advisory Committees (Komiti Faufautua o le Soifua Maloloina) meetings conducted for both Upolu and Savaii due to SOEs for measles epidemic on the first six months of the financial year and COVID-19 pandemic.

Since the majority of activities implemented under this Output are more ministerial support services, hence there are no key performance indicators to be evaluated and measured.

## OUTPUT 3: STRATEGIC PLANNING, POLICY AND RESEARCH

### Output Description:

The Strategic Planning, Policy and Research division provides strategic policy and planning advices to the Director General on strategic health sector planning and policy issues in accordance with the Ministry of Health Amendment Act 2019, and all relevant legislations.

The three core mandated core functions of this Output include:

- (i) strategic planning
- (ii) health policy formulation and
- (iii) health research

### Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT741,316.00	SAT752,267.00	(SAT10,951.00)	101.4%

This Output approved budget for this Financial Year was over utilized by 1.4%. This was due to the increase in numbers of health policies, strategies, researches and guidelines as listed in their performance indicators implementation below that had been developed and reviewed through wide stakeholders consultations within in this financial year that needs to be published and distributed to the health sector and stakeholders for their information and implementation.

### Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT	MANAGER'S
Number of health plans/strategies developed and reviewed on annual basis and are aligned with national health priorities	2 plans developed & 2 reviewed	Completed/Achieved	New plans developed and approved for implementation within the this financial year include: (1) National Epidemic and Pandemic Preparedness and Response Plan FY2020/21-FY2024/25 (2) MOH Corporate Plan FY2020/21-FY2024/25 (3) National COVID-19 Preparedness and Response Plan 2020 (4) Human Resources for Health Strategy 2021-2026 (5) Samoa Health Workforce Development Plan 2021-2026. Existing health plans and strategies reviewed include: (1) National Avian Influenza Plan 2008, MOH Interim Corporate Plan FY2017/18 Full Review (3) MOH Perioperative Practice Bundle Book 1 & Book 2 (4)	



PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT	MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
			National Human Resources for Health Plan of Action 2008 (5) MOH Workforce Plan 2004. The new strategies that are yet to be completed and will be fully realized in the next financial year include: (1) National Risk Communication and Community Engagement Guideline 2021 & (2) COVID-19 Risk Communication and Community Engagement Strategy). These were all developed and reviewed in collaboration with relevant divisions of the Ministry of Health and health sector partners.
Number of policies/strategies informed by health research findings	50%	Completed/Achieved	The following studies by Courtney et al were used in the review and development of the New National Food and Nutrition Policy: (1) Child, maternal & household level correlates of nutritional status ,a cross sectional study among Samoan children. (2) Childhood dietary patterns, association with Body Mass Index Z Score among children in the Samoa Ola Tuputupuae Cohort Study (3) Nutrient intake among Samoan children aged 2-4 years in 2015.
Number of health research reports received, registered and disseminated for decision making and policy development	50%	Completed/Achieved	All health reports received during this financial year are registered under the Health Research Register and some of these reports are utilized for the development of the National Food and Nutrition Policy 2021-2026 and National Health Promotion Policy 2022-2027

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT	OUTPUT COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Number of health policies developed and existing health policies reviewed on annual basis: 2 new policies developed, 2 existing policies reviewed	2 policies developed & 2 reviewed	Completed/Achieved	The new health policies both operational and strategic that were developed and approved for implementation within this financial year include: (1) MOH Plumbing Policy 2020 (2) MOH Occupational Safety and Health Policy 2021 (3) National Immunization Policy 2021-2026, (4) MOH Health Information and Communication Technology Security Policy 2020 (5) MOH Email Policy 2020 (5) MOH Identification Card Policy 2020 (6) MOH Internet and Social Media Policy 2020 (7) MOH Life Support Withholding & Withdrawing Policy and (8) National Food and Nutrition Policy 2021-2026. The existing policies that had been reviewed within this financial year include: (1) National Food and Nutrition Policy 2013-2018, (2) National Patients Grievance and Complaints Policy 2015, (3) MOH Incident and Near-Miss Management Policy, (4) National Food and Nutrition Policy 2010-2015, (5) MOH Occupational Safety and Health Policy and (6) Health ICT Policies. Some policies that are currently reviewed and will be fully realized in the next financial year include: National Alcohol Control Policy 2018-2021 and Samoa e-Health Policy, 2017-2022, National Health Promotion Policy 2010-2015 and Health Facilities and Assets Management and Maintenance Policy 2021-2026.

The Strategic Planning, Policy and Research division was able to achieve all of its performance indicators that they were responsible for to implement within this financial year.

## **Other Achievements:**

### **1. *Involvement of the SPPRD staff with the COVID-19 Response and Operational Process***

The focus and the priorities of the division, with their functions and the indicators assigned to implement and carried out within the Financial Year 2020 – 2021, was successfully completed. Even though, the staff has involved with the rolling out, of each prevention and promotion of health activities to control the risks posed by COVID-19, on the health and wellbeing of the population. These are some of the health initiatives operate and utilize the staff attendance:

- Repatriation Flights and Quarantine Operational and
- COVID-19 Vaccination Roll Out for Upolu and Savaii

### **2. *Provide Support to the Minister of Health and the Director General during Virtual International and Regional Health Meetings.***

During this financial year, the Assistant Chief Executive Officer of the division was nominated to be part of Samoa's delegation to the 73<sup>rd</sup> World Health Assembly in May 2020, and 71<sup>st</sup> Western Pacific Regional Office for Health Meeting in October 2021 to provide support to the Hon. Minister of Health and Director General through preparation of meeting briefings and interventions on Samoa's health developments which are linked to the meetings' agenda.

### **3. *Provision of Secretariat Role for Health Advisory Committee Monthly Meetings for both Upolu and Savai'i***

The Health Advisory Committee (Komiti Faufautua o le Soifua Maloloina) monthly meetings are mandated initiatives as per Cabinet's directive for the Minister of Health and the Ministry of Health to facilitate and coordinate. The members are representatives from the 16 districts of Upolu and 16 district of Savaii, chaired by the Minister of Health. This is one of the division's coordinated meetings on monthly basis. These monthly meetings initiate to assessed and identified areas that needs improvement of health with every district hospitals and health centres as well as reaching out to the community. Most importantly, the public and the community awareness to prepare, response and recovered from any health emergencies that impact their lifestyle.

## OUTPUT 4: QUALITY ASSURANCE AND INFECTION CONTROL

### Output Description:

The Quality Assurance and Infection Control division provides overarching strategic professional leadership and technical policy advice to enable the effective monitoring, regulation and ongoing development of the medical and health services within the context of the total health sector. In accordance with the MOH Amendment Act 2019, MOH Act 2006, Medical Practitioners Act 2007, Dental Practitioners Act 2007, Pharmacy Act 2007, and Health Professional Registration and Standards Act 2007 and any other relevant professional Acts.

The mandated core functions of the division include:

- (i) Strategic professional and technical leadership and advices
- (ii) Health services quality improvement and quality assurance professional development and
- (iii) Regulate and monitoring of practice

### Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT1,937,175.00	SAT1,768,029.00	SAT169,146.00	91.3%

This Output was able to utilize 91.3% of its approved budget to support the implementation of its approved Key Performance Indicators for this financial year. The remaining 8.7% of their budget that hadn't been utilized was for the vacant positions that weren't able to be filled in the reporting financial year. 4 new seniors already recruited and 1 senior officer was promoted to Principal Officer position.

### Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT	PROGRESS INDICATOR	OUTPUT COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT	MANAGER'S PROGRESS
Percentage of Quality Assurance Audit recommendations are implemented	80%	Completed/Achieved		Completed Clinical Audit - 100% achieved, Medical and Nursing Services completed for Tuasivi and all District Hospitals for both Upolu and Savaii. 50% achieved for Allied Health Services and TTM Hospital. Dental and Pharmacy clinical audit for TTM and private clinics completed.	
Quarterly clinical audits completed annually for TTM Hospital and all community health facilities (district hospitals/health centre/SFHA/ General Practitioners	4	Completed/Achieved		Same comments as indicator 1 - Achieved. Confirm clinical audits period. 1) Clinical audit and Infection Control Audit and WASH completed for TTM Hospital - 2) Services and Facilities Audit completed for Tuasivi and all District Hospital for Upolu and Savaii. 2 audits completed for Medical and	

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT	MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
			Allied Health. 1 clinical audit completed for niuern clinic - 1. Agape Prima
Number of spot checks completed annually for TTM hospital	10	Completed/Achieved	Completed 5 spot checks for TTM Hospital - Paediatric, Maternity, Isolation Wards, Emergency and EPI Vaccination, CCSD Unit. Staff involvement with the Covid-19 essential services response, Clinical Health Screening and Immunization.
Secretariat for oversight stakeholders meeting (Sexual Reproductive Health Stakeholders Meetings and Nursing Sector Leadership Meetings) on monthly basis	SRH(4) NSL(12)	Incomplete/ Unachieved	<p>Our division attended 3 Nursing Sector Leadership.</p> <p>This nursing sector leadership meeting is not active anymore due to some changes in organizational structures.. Members are NUS Dean of Nursing Faculty, Executive Director of Family Health, Director of Nursing NKF, ACEO Nursing and Midwifery, Principal, QA, Principal, Professional Development and Principal Regulatory and Monitoring for Nursing and Midwifery Services.</p> <p>SRH stakeholders meetings are no longer under this division's indicators. This has been transferred under Public Health.</p>
Percentage of practicing nurses & midwives in the health sector who comply with requirements for Annual Practicing Certificates in line with National Nursing Standards & Midwifery practice and Nursing Act 2007	100%	Completed/Achieved	<p>100% achieved.</p> <p>10 new graduates(midwives)</p> <p>68 new graduates (Reg. Nurses)</p> <p>6 (Enrolled Nurses) expecting to officially registered by December 2021.</p> <p>88 Enrolled Nurses,</p> <p>400 RNs and</p> <p>73 Midwives issued their Practicing Certificate.</p> <p>The total of 561+74 new graduates on orientation program then will be 635 of all nurses and midwives in total by</p>



PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT	MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
			the end of this year. Nurses in the health sector complied with requirements in line with Nursing standards and Midwifery Practice.

The achievements of this output have contributed so much with the Ministry's performance, since the merger and the internal arrangement assortment roles and responsibilities of the division with other outputs such as Nursing Service and Registrar and Professional Development. This reason does not end the process of implementing their indicators and the progress they made so far.

The Quality Assurance and Infection Control have been able to achieved 4 indicators, while 1 reported indicator was still in progress. They recommended the unachieved indicator to be removed from their division as they are no longer organizing these meetings due to the Ministry's restructuring which will be fully realized in the next financial year.

## OUTPUT 5: REGISTRAR AND HEALTHCARE PROFESSIONAL DEVELOPMENT

### Output Description:

This division assures the implementation of the Healthcare Professionals Registration and Standards Act 2007; and provides advice to professional councils on matters relating to professional registrations, practicing certification and breaches to professional standards. They are also responsible for Professional Development and Trainings for all health professions.

The mandated core functions of the division are to:

- (i) Monitor and implement the registration of all healthcare professionals and allied health professionals as per health professionals councils' approval
- (ii) Provide professional development and trainings for all health professions and
- (iii) Receives and process complaints made against registered professionals.

### Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT821,532.00	SAT696,051.00	SAT125,481.00	85%

This Output was able to utilize 85% of its allocated budget for this financial year to support the implementation of their approved Key Performance Indicators. The remaining 15% of the budget that hadn't been utilized was for vacant positions that were not being able to fill in this financial year.

### Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Percentage of legally mandated healthcare professionals registered in line with legal requirements for registration	100%	Completed/Achieved	All Medical Practitioners, Nurses, Pharmacists, Dentists and Allied Health professions requesting registrations presented the relevant documents required by Councils and these were forwarded to the relevant Council for discussions. On Council approval names were entered into registers and Practicing Certificates issued.
Percentage of registered health professionals who are issued practicing certificates that meet legal and council requirements.	100%	Completed/Achieved	On approval by relevant Council Practicing Certificates were issued for following health professionals: (Doctors: 94 APCs issued and 9 Temporary PCs)(Nurses: 614 (ENs-97, RNs-436 & RMs-81; (Dentists 16 APCs issued)(Pharmacists 16 issued with APCs, 15 Pharmacy Technicians and 5 Pharmacy Assistants)(Allied Health

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Percentage of complaints made against registered by healthcare professionals received by the Registrar that are processed in line with Registrar's responsibilities in the Healthcare Professionals Registrations and Standards Act 2007 (4 hearings started and will continue into 2017) 8 Disciplinary processes completed	100%	Completed/Achieved	Professions APCs issued were 40) No complaints received within their financial year.  Challenges and Issues Organizational Arrangements
Provide support to 5 Healthcare Professional Councils for collating all requests received through Registrar's office	100%	Completed/Achieved	All the administrative work provided for every Council meeting once a month for the 5 Councils
Training for Health care professionals: Medical, Allied, Dental Pharmacy and Nursing	4	Completed/Achieved	2 Trainings completed – 1. Induction Training for House Surgeon, 2. Induction for New Recruited Staff. There was lapse in training session due to Covid-19. However, trainings continue for Covid-19 rolled out operations. ➤ 4 Simulation Training completed in September 2020. ➤ 4 Operational and Clinical Guidelines trainings conducted in October and November 2020. ➤ 10 Infection Protection Control and Health Care Waste trainings conducted for Upolu and Savaii district hospitals. The 6 trainings conducted for Upolu districts hospitals in September 2020, and 3 trainings conducted for Tuasivi hospital in October 2020

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
			<p>and 1 conducted for TTM Hospital.</p> <ul style="list-style-type: none"> <li>➤ 2 Table Top Exercise conducted in November 2020</li> <li>➤ 3 Risk Communication and Community Engagement trainings</li> <li>➤ 2 trainings conducted for Review of Laboratory Biosafety Guidelines</li> <li>➤ 5 Sensitisation trainings conducted in April 2021</li> <li>➤ 3 Severe Malnutrition Screening in August 2021</li> </ul> <p>Challenges:</p> <ul style="list-style-type: none"> <li>• Delay submission of training reports</li> <li>• Training Process were by-passed by some divisions</li> <li>• Lack of communication</li> </ul>
Monitoring of New Health Care Professional Graduates so they meet requirements for full Registration according to relevant Regulations, including Annual induction program (House Surgeons, Dental, Pharmacy and Allied Professionals) Annual induction workshop. (House Surgeons, Dental, Pharmacy and Allied Professionals)	Annually	Completed/ Achieved	The process of monitoring for full registration has been done on timely manner. But there is a need for a guideline to monitor the Nursing Orientation Package.

The continuous works provided by this division contributes to the achievement of all performance indicators within this financial year. All new and existing health professionals were recorded and registered to make sure they are legally certified and qualified to provide health services to the public.

# OUTPUT 6: NATIONAL HEALTH SURVEILLANCE AND INTERNATIONAL HEALTH REGULATIONS

## Output Description:

The roles of the National Health Surveillance and International Health Regulations Division are manifold. This division play a health protective role by the collection and analysis of communicable and non-communicable disease data to inform management decision making in response to any major health issues that may arise from time to time. Its outcomes contribute to improving health status and the quality of life, reducing health inequalities, safeguarding the public's health and reducing the burden of disease.

The mandated core functions of the division include:

- (i) Epidemiological surveillance response
- (ii) Disease prevention and control and
- (iii) International Health Regulations coordination and implementation.

## Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT1,235,063.00	SAT1,662,501.00	(SAT427,438.00)	135%

This Output spending for this financial year was exceeded by 35% due to payment of the staff who had worked overtime in response to the COVID-19 pandemic, but there was no provision for staff overtime in the approved budget allocated for them for this financial year. This needs to be factored into the next financial year's budget for this Output, as this division is responsible for port health services provision during and after working hours, monitoring and supervising quarantine operations, as well as implementing public health prevention services during epidemics and pandemics.

## Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT	OUTPUT PROGRESS INDICATOR	MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Timely response to events exceeding threshold levels as detected from the weekly syndromic surveillance report	80%	Completed/Achieved		From the syndromic surveillance system, Influenza-like illness (ILI) and Diarrhoea syndromes exceeded their respective thresholds within the period July 2020 – June 2021. - Strengthened reporting from all health facilities and advised as per protocol to test for influenza & rotavirus. In addition, re-circulated the case definitions to the clinical team to strengthen identification of cases and notification. Confirmed cases are investigated and

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC PROGRESS INDICATOR	LIGHT	OUTPUT COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT	MANAGER'S
				<p>traced in a timely manner.</p> <ul style="list-style-type: none"> <li>- Ongoing monitoring of all syndromes.</li> <li>- Strengthened the promotion of health control measures such as hand hygiene, social distancing and wearing a mask through different media outlets.</li> <li>- Provided frequent reports/updates to the management level (through HEOC meetings) for their decision making.</li> </ul> <p>Therefore, 100% of all syndromes exceeding the threshold are investigated; contact traced and responded to in a timely manner.</p>	
Reports developed and submitted (NCD – annual, CD – quarterly, Mortality – weekly, Bulletins – adhoc, Situational Reports – adhoc and others)	80%	Completed/Achieved		<p>The Health Emergency Operation Centre is in place of the Communicable Disease Control Committee (CDCC) at this time of the State of Emergency due to COVID-19 Pandemic. The reporting has shifted to HEOC situational reports and quarantine monitoring during the State of Emergency. Routine reports such as the NCD annual reports, CD quarterly bulletins and mortality reports are on hold. However, all communicable diseases continue to be monitored through the existing surveillance systems.</p> <ul style="list-style-type: none"> <li>- HEOC COVID Situational Reports are being developed and disseminated every 2 days. Within the situational reports, updates on the ILI &amp; SARI are included</li> <li>- Syndromic surveillance data is collected daily and reported on a weekly</li> </ul>	



PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT	MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
			<p>basis.</p> <ul style="list-style-type: none"> <li>- Case investigations are done for all notified communicable diseases; reports are produced at the time of notification.</li> <li>- Situational reports for rotavirus were also generated (ad hoc) every 2 or 3 days.</li> </ul>
Provide Technical Advice on climate change, surveillance & IHR work as required	80%	Completed/Achieved	<p><b>Climate Change &amp; Health:</b></p> <ul style="list-style-type: none"> <li>- August 1 – 7, 2020: TV programme, providing awareness and technical advice on important linkages between Breastfeeding and climate change and environmental waste. This was part of the Breastfeeding week. (Health of the nation program &amp; TV EFKS).</li> <li>- February 16- 17, 2021: Carried out a 2-Day workshop to review &amp; update Service Continuity &amp; Emergency Response Plan for the Health Sector</li> <li>- Provided health and climate change interventions to the Minister of Health Ministerial Meeting in May 2021. This emphasized the key strategic areas of climate adaptation programs advocated and implemented as part of the Climate Adaptation Strategy for Health (CASH).</li> <li>- Updated Health and Climate Change Profile for Samoa 2020. Profile report was used to develop WHO and United Nations Framework Convention on Climate</li> </ul>

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC PROGRESS INDICATOR	LIGHT	OUTPUT COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT	MANAGER'S
				<p>Change (UNFCCC) Health and Climate Change Country Profiles.</p> <ul style="list-style-type: none"> <li>- Provide technical advice on the implementation and interim mid-term evaluation of the Green Climate Fund – Vaisigano Catchment Project (GCF-VCP) – Health Activity 1.2</li> <li>- Establish health surveillance systems to track and manage flood-related health issues.</li> <li>- April 19 – August 31, 2021: The Australia Volunteer Initiative (AVI) Program provided technical assistance to strengthen surveillance activities such as; reviewing COVID-19 surveillance plan, provided literature review on the effectiveness of public health and control measures in countries with similar settings as Samoa, literature review on group as part of the activities responding to the reported numbers of Influenza-like illness cases exceeding the threshold around April – May 2021, provided weekly updates/reports on the COVID-19 variants of concern circulating regionally and globally.</li> </ul> <p><b>Public Health Lab:</b></p> <ul style="list-style-type: none"> <li>- Provided technical advice regarding COVID19 test results interpretation and their implications</li> </ul> <p><b>Water Quality:</b></p> <ul style="list-style-type: none"> <li>- Provided technical advice</li> </ul>	

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT	MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
			<p>to the office of DG on water quality issues such as:</p> <p>Response to the published Biosecurity of Upolu Fresh and Salt Environmental Water Resources Final Report 16 June 2020</p> <p>Published article on Samoa Observer stating the presence of e.coli in our drinking water</p> <p>Including complaints on bottling water companies, requests from the public regarding their drinking water and others</p>
Timely Response to Public Health Emergency at Points of Entry (PoE)	100%	Completed/Achieved	100% provision of timely response to all public health emergencies at all points of entry (PoE). Once information is received, it is assessed thoroughly to verify before activating the response plan to ensure the safety of Samoa.
Percentage of Lab confirmed typhoid cases responded to within 24 hours of notification.	100%	Completed/Achieved	Typhoid control program performed effective and timely case investigations, contact tracing, environmental health assessments, conducted and collected of samples to identify healthy carriers for all confirmed cases within 24hrs of lab notification. 97% of Lab confirmed typhoid cases were visited and investigated. Challenges were also identified in order to meet 100% due to loss to follow up (not admitted and no contact information given)
Percentage of schools and hospitals complying with Sanitation Guidelines per quarterly	80%	Incomplete/ Unachieved	There were no quarterly monitoring of schools due to State of Emergency restrictions and the staff were all involved in the

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC PROGRESS INDICATOR	MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
monitoring			COVID-19 response teams for our repatriation flights. 6 Hospital facilities in Upolu were monitored and complied with the National Sanitation Guidelines. No monitoring conducted for Savaii health facilities
Percentage of Nuisances (including vector) Complaints investigated and actioned according to Health Ordinance 1959.	80%	Completed/Achieved	Conducted environmental health assessments for 4 cases of the communicable diseases that were notified to the Vector Surveillance Unit. - 4 were leptospirosis cases completed investigation; 2 of which have been completed and 2 were lost to follow up due to lack of patient details such as contact information Conducted 2 rounds of fumigation for all district hospitals in Upolu. All 10 Nuisance complaints lodged were investigated and resolved.
Monitoring compliance of international aircrafts & vessels according to local and international Legislations and Regulations.	100%	Completed/Achieved	428 vessels arrived at Matautu wharf from the 1 <sup>st</sup> July 2020 – 31 <sup>st</sup> Jun 2021. All complied with our Health Requirements to enter our borders except 2 container vessels that were denied entry due to their non-compliance as well as the State of Emergency restrictions for COVID-19. 170 aircrafts arrived at Faleolo International Airport. All complied with Health Requirements except 1 aircraft from Vanuatu that was denied entry due to their non-compliance against Health Requirements
Frequency of Testing of SWA endpoints and Independent Water	1. Monthly 2. Monthly 3. Quarterly	Completed/Achieved	Treatment Plants Endpoints were monitored on weekly basis, SWA Boreholes – Upolu

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC PROGRESS INDICATOR	LIGHT	OUTPUT COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT	MANAGER'S
Scheme (IWS) against National Drinking Water Standards - 1. Treatment Plants 2. Bore holes 3. IWS 4. Registered bottled water companies	4. Monthly			on monthly and Savaii on quarterly basis, Registered Bottling Companies on monthly and IWS on quarterly basis	
Percentage of compliance with the National drinking water standards: 1. IWS 2. SWA Treatment Plants 3. Bottled Water Companies 4. Bore Holes	1. 10% 2. 90% 3. 100% 4. 45%	Completed/Achieved		<p>1. Monitoring of all Independent Water Schemes was done on a quarterly basis. Overall percentage of compliance is 14%. Well done to the IWSA for achieving this percentage. Water is not treated therefore the results is always questionable. In order for them to improve water quality, they need to be on top of their water safety plans. Each scheme should have a water safety plan in place. Ministry of Health is working very closely with IWSA in developing water safety plans and informing them about their water quality results. Advice is given to all communities to always boil water before drinking.</p> <p>2. SWA Treatments Plants managed to achieve 100%. Great achievement! They have been consistent with their chlorination processes at these water treatments plants.</p> <p>3. Bottle Water Companies were monitored on monthly basis and should achieve 100% compliance with the NDWS 2016 at all times. BWCs achieved 53% compliance; this is reliant</p>	

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC PROGRESS INDICATOR	LIGHT	OUTPUT COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT	MANAGER'S
				<p>on samples collected meeting SROS pre-payment requirements and compliant with NDWS 2016 over the number of samples collected. Companies that failed to comply with the Standards within these time periods received notification letters from MOH. Assessments were conducted including re-tests until they complied. Notification letters were issued and solved. <b>BWCs need to be consistent with their level of compliance and meeting SROS pre-payment requirements.</b></p> <p>4. Not all boreholes are chlorinated and there is a great possibility of water being contaminated from different factors such as leakages at consumers' lines, or possibly the power were off during the chlorination process. Boreholes achieved only 98%. This is also a great achievement from SWA. Water Service Providers really need to emphasize the importance of the water safety plans and commit to their implementation in order to improve water quality</p>	

The National Health Surveillance and International Health Regulation division has worked restlessly to ensure health and safety of Samoa through the provision of port health services and public health prevention services in this financial year as part of their mandated functions and responsibilities during pandemics such as the current COVID-19 pandemic. Within this reporting financial year, they were able to completely implement 9 out of 10 indicators of which they were responsible for their implementation in this financial year. The indicator that hadn't been achieved was to do with monitoring of schools' compliance with Sanitation Standards by the Sanitation Unit due to the involvement of the Sanitation Staff with provision of Infection Control and Healthcare Waste Management services for COVID-19 quarantine sites for repatriation flights.

## Other Achievements:

### ***Port Health Services during Public Health Emergencies***

The Port Health team conducted health clearance checks on the vessels arriving at the Matautu Wharf, incoming flights including repatriation flights and the fishing vessels in compliance with Samoa's current travel restrictions (COVID-19) in accordance with Health Ordinance 1959 and International Health Regulations 2005.

The Port Health team ensures the Health Clearance documents are in place; all crew temperatures are checked; all crew members show no signs and symptoms of illness; ensure the vessel crew members are not allowed to disembark once the vessel proceeds with the get alongside procedure (No shore leave). In addition, they have to ensure the crew members and stevedores wear appropriate Personal Protective Equipment (PPEs) through the entire operation as well as the proper disposal of PPE for all workers involved in vessels and aircrafts operation at the allocated area for disposal.

Port Health Officers are conducting Health clearance for the Medivac/Vessel



PHOs assessing documents for Health Clearance and conducting temperature check for all crew on board







PHOs approaching vessel anchor at Quarantine Buoy



### ***Health Teams Operations for Repatriation Flights***

As part of the Ministry of Health's response to the COVID-19 pandemic, the Health Emergency Operation Centre (HEOC) in collaboration with the National Emergency Operation Centre (NEOC) continued to be at the forefront in providing public health services for all repatriation flights since April 2020. These teams were led by the Director General of Health with the support from some of MOH Executive Management to assist Port Health Officers with conducting health screenings for all incoming travellers to ensure they are COVID-19 free.

### ***Mandatory Quarantine Operations***

The National Health Surveillance and IHR Division assists the Deputy Director General of Public Health in coordinating the quarantine operations. All incoming passengers are to undergo a mandatory quarantine period of at least 14 days. The staff conduct environmental health assessments of the sites/hotels to be used for quarantine prior to the flights scheduled arrival date. ACEO with assistance from the Division coordinates the health checks, swabbing and parcel delivery for the whole duration of the quarantine period. Furthermore, they are responsible for resolving issues and complaints arising from the quarantine operation. Reports and updates of the repatriation flights and health clearance at the ports of entry are included in the HEOC COVID-19 situational reports that is produced every 2-3 days.

## OUTPUT 7: PHARMACEUTICAL WAREHOUSE

### Output Description:

The Pharmaceutical Warehouse provides the overarching management of health medications in terms of stocktaking, dispatching, and ensure availability of all essentials medications for treatment. Its mandated core function correlate with the Pharmaceutical Services by providing safe storage of health medications, distribution of each supplies to main hospital and all health facilities.

### Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT582,446.00	SAT821,292.00	(SAT238,846.00)	141%

This Output exceeded the utilization of their allocated budget for this financial year by 41%. This was due to the payment of staff overtime while they were implementing preparedness and response services for COVID-19 pandemic.

### Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Orders supplied to Private Sector & other Ministries from Warehouse	62	Completed/Achieved	Rise in orders supplied due to COVID-19 pandemic
Orders supplied to Clinics & Divisions of NHS from Warehouse	501	Completed/Achieved	Increase orders due to COVID-19 response and preparations, also with increase screening of overseas passengers
Orders supplied for MTII Hospital from Warehouse	24	Completed/Achieved	High number of order requests to respond to inpatients/ outpatient needs
Orders from Upolu Rural Health Facilities	450	Completed/Achieved	Increase due to availability of 24 hours services by Doctors on site, also the PEN Faa-Samoa project and COVID-19 response
Orders from TTM Hospital Dispensary to Warehouse	50	Completed/Achieved	Rise in NCD numbers including flu like disease, with COVID-19 response
Number of stock takes completed at warehouse	2	Completed/Achieved	Carried out 2 stock takes for m-supply operation and end of year
Availability of essential medicines in the District hospitals	95%	Completed/Achieved	Consistent availability of EM for district facilities
Value of expired drugs as percentage of Annual Budget	5%	Completed/Achieved	Achieved a 4.6% loss due to obsolete medical supplies below 5% target
Number of imprest orders done for TTM	510	Completed/Achieved	Carried out by Manager Pharmacy and team

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC PROGRESS INDICATOR	LIGHT	OUTPUT COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT	MANAGER'S
wards from warehouse					
Number of visits to District Health Facilities both in Upolu & Savaii	31	Completed/Achieved		Carried out by Manager Pharmacy and team as their outreach program	

This division was able to achieve and complete 10 indicators they were responsible for to implement in this financial year. Despite the fact that COVID-19 pandemic highly affects the procurement of pharmaceutical supplies as one of this division's core responsibilities, they were able to have sufficient supplies of drugs and medicines in the warehouse as part of their preparedness and response for COVID-19 pandemic.

## OUTPUT 8: HEALTH INFORMATION SYSTEM AND MONITORING AND EVALUATION

### Output Description:

This division provides Strategic Health Information and data for policy and decision making in priority areas of health, library services to support professional and credentialing centre as well as maintain and support all Ministry of Health and Health Sector Information and Communication Technology.

The mandated core functions of the division include:

- (i) Health information management
- (ii) Information communication technology and
- (iii) Health library

### Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT853,547.00	SAT788,463.00	SAT65,084.00	92%

This Output spending for this financial year is 92%. The remaining 8% of its approved budget that had not been utilized was for the vacant principal and senior positions that weren't being able to fill in this financial year. These positions will be fully realized in the next financial year

### Performance Status:

PERFORMANCE MEASURE/INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Community and district health facility data collection to inform health information reporting on core areas: vital statistics, health indicators, and health program services provision.	4	Incomplete/Unachieved	Savaii Reports are completed. For Upolu District Hospitals, only July-Dec 2020 report is completed while January-June 2021 is not done
Quarterly library services utility report	4	Incomplete/Unachieved	2 Reports Completed & 2 reports not completed
Quarterly assessment and evaluation reporting of TTM hospital and health promotion and public health indicators	4	Incomplete/Unachieved	
Implement planned activities for the implementation of eHealth with quarterly reporting on roll out and	Annually	Complete/Achieved	REFERRED TO OUTPUT 9 Achieved under Output 9 Indicator

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
implementation of works for improved health information systems tagged for MoH - PLIMS, PACS Digital X-Ray, Electronic Patient Management, (Disease Surveillance App)			
Support Disaggregated Surveys and MOH Mass Campaigns to be implemented and rolled out to ensure accurate data collection, recording and reporting.	100%	Complete/ Achieved	PEN Faa-Samoa NCD Screening in the Community and the School Nurse Health Screening are recorded and reported on as part of the PfR Project.

Throughout this financial year, this Output was able to achieve and complete 2 out of 5 indicators for this financial year. This was due to the fact that the majority of the staff were involved with data entry for Program for Results (PfR) PEN-Fa'aSamoa program).

## OUTPUT 9: HEALTH INFORMATION TECHNOLOGY AND COMMUNICATION SERVICES

### Output Description:

The Health Information Technology and Communication Services provide the overarching management of the ministry's health information through digitalization and computerized of data/information collected. This division works cooperatively with the HISME division to consolidate health information and secure confidentiality of ministry's records.

The mandated core functions of the division include:

- (i) Health information management
- (ii) Information communication technology and
- (iii) Telecommunications

### Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT1,301,621.00	SAT1,213,728.00	SAT87,893.00	93%

This Output was able to utilize 93% of its approved budget to support the implementation of their Key Performance Indicators for this Financial Year. The 7% of the budget that hadn't been utilized was for the vacant principal position that wasn't been filled within the reporting financial year. This will be fully realized in the next financial year.

### Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Ensure standards for ICT network, system connectivity and information system interoperability are complied with (eHealth, CUG, SNBH, WAN, LAN, outsourcing contracts)	100%	Complete / Achieved	<p>1. With the merge of the 2 physically separate entities, MOH (i.e. MOH headquarters, Matagialalua, Faleolo Airport and Maututu Wharf for Port Health Services and MOH Credentialing Building) and NHS (i.e. TTM Hospital, MT2 Hospital, all district hospitals both Upolu and Savaii, all health centres in both Upolu and Savaii, Pharmaceutical Warehouse, EPI Building) the biggest transition had been to ensure communication between the two networks was seamless. This network merge has also been very critical with the rollout of our M-supply and Tamanu desktop systems to be accessible and operational from the district level.</p> <p>2. Tasks to be implemented and realized are the installation of</p>

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT	MANAGER'S PROGRESS
			<p>wireless networks in the district hospitals to maximize the use of the tablet and mobile devices and further extend the use of and improve on the rollout of our e-health system.</p> <p>Challenges:</p> <ol style="list-style-type: none"> <li>1. SNBH connection is a challenge with communication disconnected every now and then therefore we resort to using our CUG service as a backup connection.</li> <li>2. CUG allows for speedy backup communication when landlines do not work. An additional 80 new numbers for the tablets disseminated for vaccination data entry was added to our CUG services and these new numbers will continue to be used for the purposes of data entry and the e-health processes moving into the digital mobile app services.</li> <li>3. CUG is not only used for the mobile calling but also for the data allocations which allows the staff to have communications and consultations with overseas support staff at a more cost effective and efficient price.(i.e. telehealth</li> </ol>	
Implementation of relevant electronic and mobile Health information system components - PLIMS, Digital X-ray, EIR, HER, DHIS2, appointment systems	100%	Complete / Achieved	<ol style="list-style-type: none"> <li>1. M-supply officially launched and Go Live at               <ol style="list-style-type: none"> <li>a. Pharmaceutical Warehouse</li> <li>b. TTM Dispensary</li> <li>c. MT2 Tuasivi</li> <li>d. Leulumoega DH</li> <li>e. Lalomanu DH</li> <li>f. Poutasi DH</li> <li>g. Satupaitea Health Centre</li> <li>h. Foailalo DH</li> <li>i. Sataua DH</li> </ol> </li> <li>2. In ensuring the sustainability of these systems, trainings were conducted centrally (@MOH Library/Computer Lab) as well as</li> </ol>	



PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
			<p>at each rural health facility. An increase in related costs included accommodation, meals, transportation and hire of venue at times. It was noted that continuous trainings must be done in order for the system to be successful. Not only refresher trainings but as well as beginner trainings as the Ministry continues to recruit and replace staff leaving.</p> <p>3. Tamanu mobile now accessible from all health facilities and Tamanu Desktop implemented in 4 of the hospitals (i.e. hospitals implementing PEN Faa-Samoa) and Tamanu system is the system used to register and manage progress of NCD patients. Challenges:</p> <p>2. SNBH connection continues to be a challenge with communication disconnected every now and then therefore we resort to using our CUG service as a backup connection and the sustaining costs are for when the mobile phones run out of data then we need to top up in order for the connections to go on.</p>
Quality preventative maintenance and support of Information Systems and Communication technologies for MOH and Health Sector Partners - Licenses, Warrants, and Replacements. (biannual reporting) (Quarterly Reporting)	100%	Complete / Achieved	<p>We were able to complete 4 quarterly Preventative Maintenance With the merge of the 2 physically separate entities, MOH (i.e. MOH headquarters, Matagalalua, Faleolo Airport and Matautu Wharf for Port Health Services and MOH Credentialing Building) and NHS (i.e. TTM Hospital, MT2 Hospital, all district hospitals both Upolu and Savaii, all health centres in both Upolu and Savaii, Pharmaceutical Warehouse, EPI Building) the biggest transition had been to ensure communication between the two networks was seamless. This network merge has also been very critical with the rollout of</p>

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT	MANAGER'S PROGRESS
			<p>our M-supply and Tamanu desktop systems to be accessible and operational from the district level.</p> <p>2. Tasks yet to be realized are the installation of wireless networks in the district hospitals to maximize the use of the tablet and mobile devices and further extend the use of and improve on the rollout of our e-health system.</p> <p>Challenges:</p> <p>SNBH connection continues to be a challenge with communication disconnected every now and then therefore we resort to using our CUG service as a backup connection and the sustaining costs are for when the mobile phones run out of data then we need to top up in order for the connections to go on.</p>	
Security of Information Systems and Communication Technologies for MOH and Health Sector Partners - email security, website SSL, firewalls, backup solutions, capacity building	100%	Complete / Achieved	<p>1. With systems now live on district health hospitals, maintaining security is top priority. With the procurement of two new servers in the central server location, we now run network backups weekly as well as daily. The servers ensure there is always enough space to cater for the growing information systems.</p> <p>2. With the development of the systems and the need to have new logins for users in the district hospitals there is also an increase in the number of email addresses which also mean that the email security licenses also increases.</p> <p><b>Challenges:</b></p> <p>1. Delay in payments sometimes delay the provision of services we need as suppliers sometimes</p>	

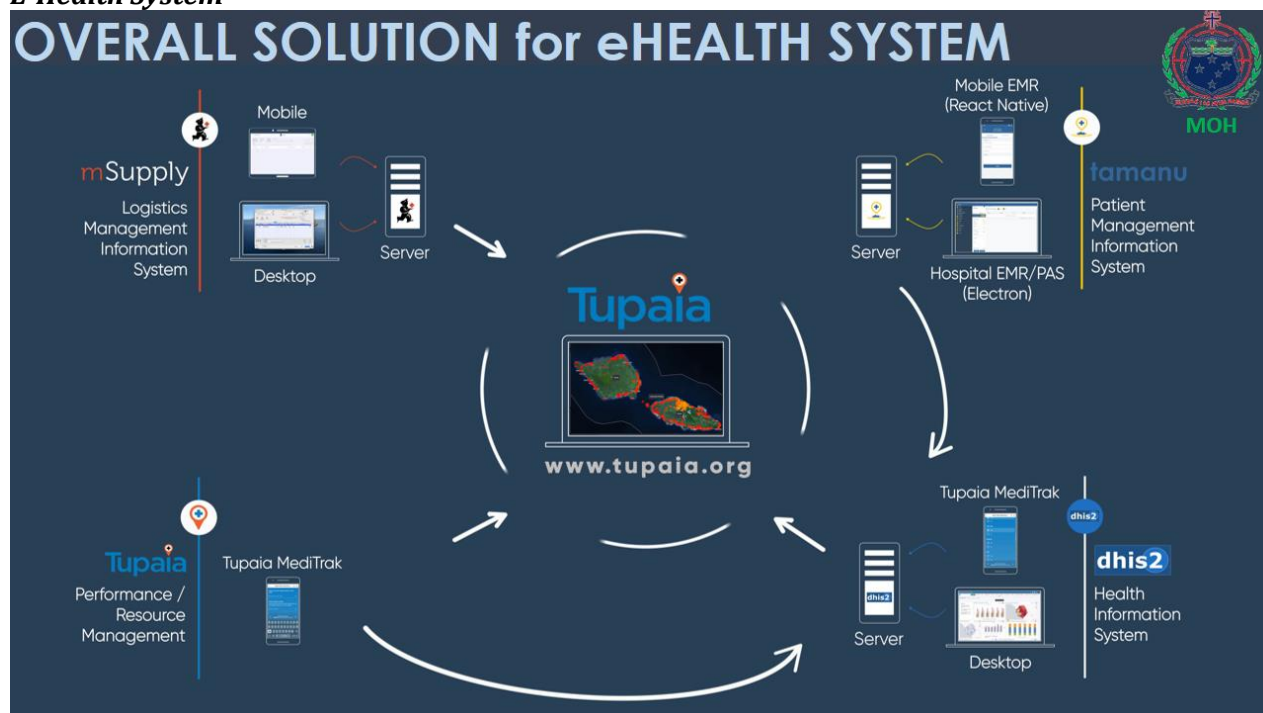
PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
			<p>demand payment of past provided services before they can assist with additional works.</p> <p>2. Website management (i.e. update and upgrade, renewal of SSL's and backup solutions requires specialized ICT human resource but with the lack of ICT HR we sometimes resolve to delegating this task by multitasking these tasks which can solve the issues short term but not for the long term when more and sophisticated systems is implemented. Also multitasking is not sustainable for improving and innovating on these technical works.</p> <p>3. Uncertainty at where in the procurement process we are at is a huge roadblock in procuring the much needed resources. Sometimes when we follow up the process is with the MOF however when we follow up again the matter was referred for a while back to MOH Finance and the quotes have expired, which means we need to send out another request for quotations and the process drags on.</p>
Support high quality research and training (telehealth and online capacity as well as digital archives)	100%	Complete / Achieved	<p>1. Received 3 telemedicine setup funded by GOS and Procured from Fortis Hospital through Medican. The success of using these equipment depend on whether the clinicians are willing and confident to use them.</p> <p>2. The clinicians continually communicate to the health experts internationally via tele-health calls using our</p>

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT	MANAGER'S PROGRESS
			CUG services and the free data and international calling minute allocations. 3. Renewal of ZOOM licenses to enable online trainings, meetings and educational programs to be done	

This division was able to achieve and complete all its Key Performance Indicators for this financial year. They had strived with the best they have to achieve their indicators aiming at enhancing health information and communication technological developments, and strengthen preventative maintenance of all the systems used within all MOH premises including rural health facilities and district hospitals.

### Other Achievements:

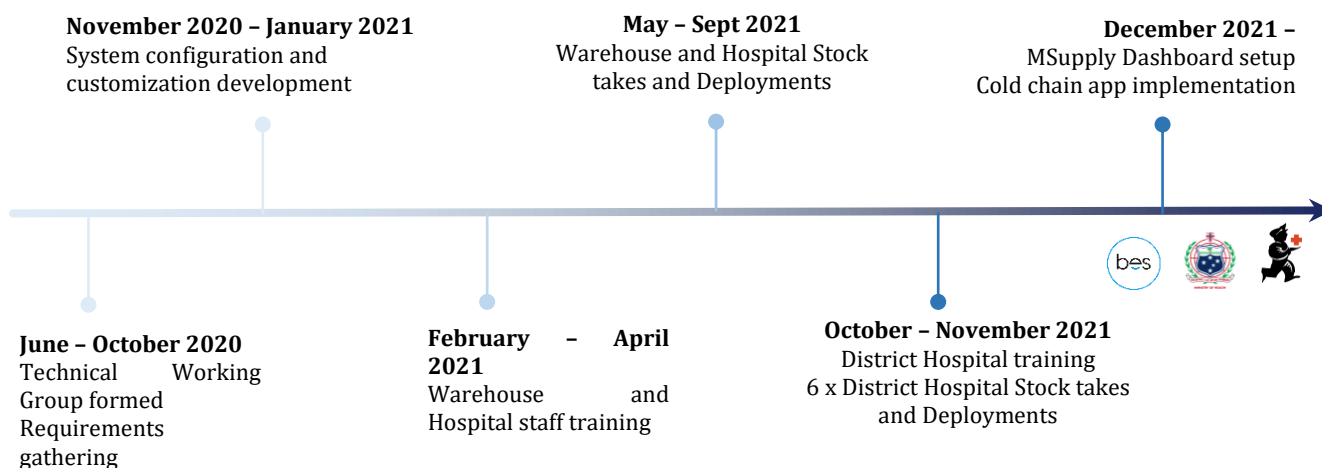
#### E-Health System



#### E-Health Phase : M- Supply

M-Supply is an end-to-end supply chain software. It provides functionality from running tenders, to placing purchase orders and receiving stock, to distributing stock to other facilities and finally dispensing stock at an individual level.

Over the past 18 months, we have successfully completed requirements gathering, system configuration and customizations, multiple trainings, and deployments in most facilities. And we will continue to deploy and grow this project over the next few months.



The m-supply dispensing module allows all dispensaries to print labels and track medication histories, all while using a standardized patient list.

M-Supply implementation is Phase 1 of the eHealth project. M-Supply is funded by DFAT and split into 2 stages, the pharmaceutical warehouse and major hospital implementation, then district hospital implementation.



To ensure successful implementation of m-Supply and initial deployment was successful, we trained 180 MoH staff over 20 training sessions, across Upolu and Savai'i. Training sessions were catered to staff member's needs, and ran for either 1, 2 or 3 days.

In addition, to ensure sustainability of the systems trainings was catered for a diverse group of health professionals ranging from the nurses, cashiers, procurement staff and ICT staff.



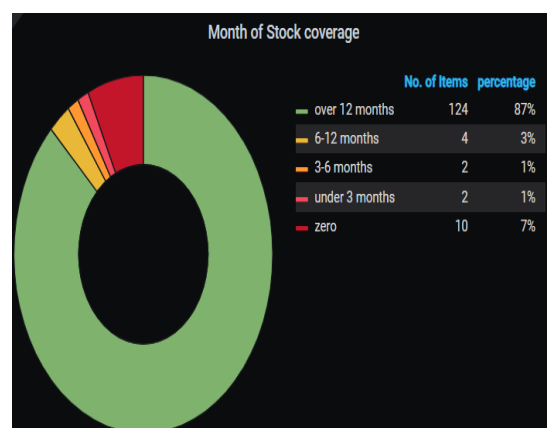
Savaii health facility staff attending training lead by the pharmacy and ICT staff.

M-Supply is now deployed at:

- Central Pharmaceutical Warehouse
- TTM Hospital
- MTII Hospital
- Leulumoega District Hospital
- Lalomanu District Hospital
- Poutasi District Hospital
- Satupaitea District Hospital
- Foailalo District Hospital
- Sataua District Hospital

## Dashboard

One very important feature of m-supply is the Dashboard feature for easy to understand data visualization, providing for not only national but as well as individual facility supply chain data. This data can be exported for reporting purposes and displays such elements as medicine availability, and NCD medicines availability, value of stock expiring and months of stock on hand to name a few.

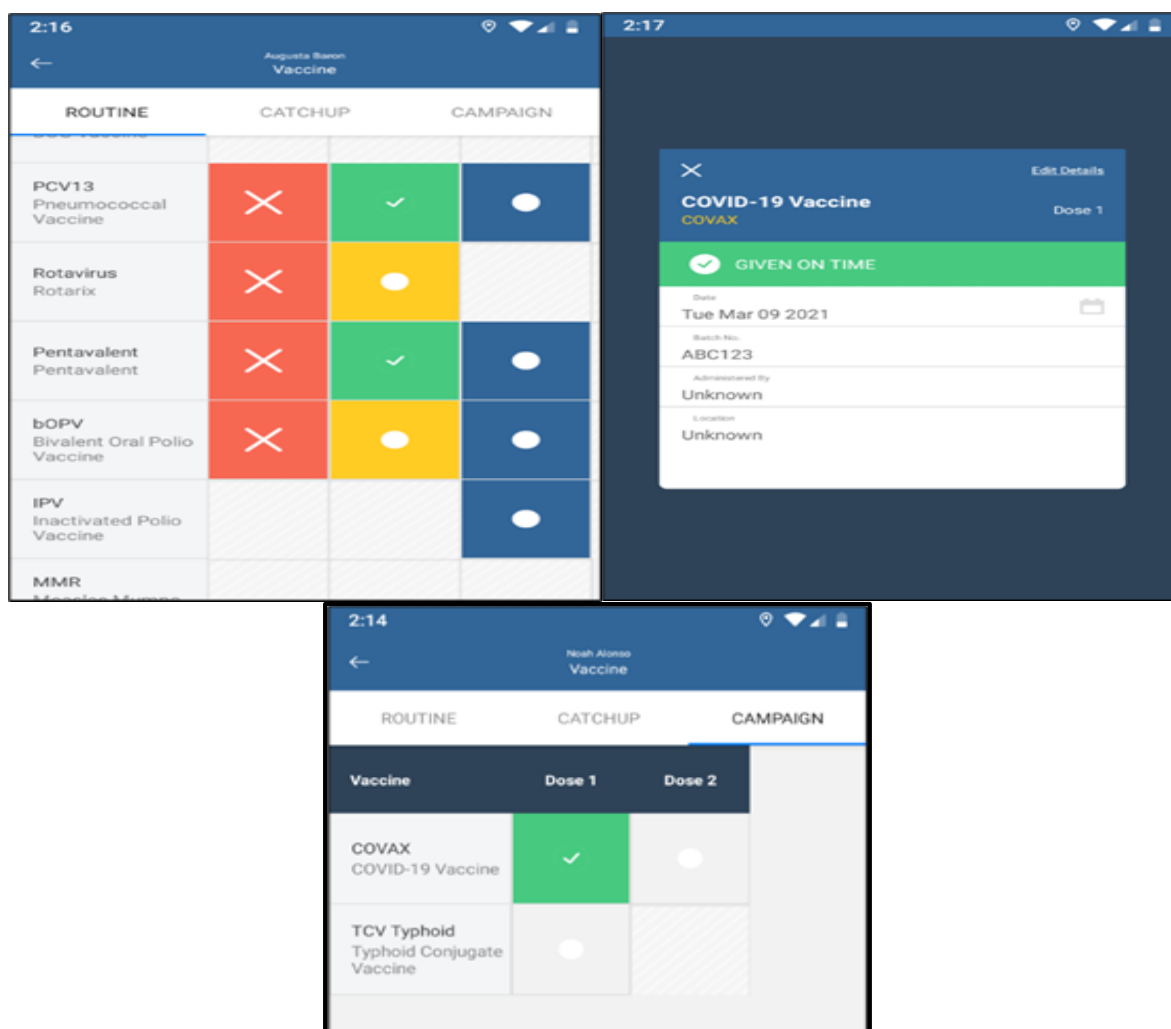


## ***E-Health Phase 2: Tamanu Mobile***

Tamanu is an Electronic Medical Record system (EMR) which forms the core part of Samoa's e-health project, to provide all necessary health care record functionalities and features for the people of Samoa. Tamanu is a patient – level, birth-to-death electronic medical record available and accessible on both mobile and desktop. It is sync-enabled across desktop and mobile allowing it to be used in offline mode where internet connection is challenging.

The first iteration of this project was the immunization module for COVID-19 and non-communicable disease screening for PEN Fa'a Samoa.

### **Immunization Module**



#### *Immunization module*

With the challenges faced with data management during the measles epidemic, the Tamanu Immunization module addresses these challenges and supports vaccination delivery for routine, catch-up and campaign vaccines with the following features:-

- ✓ Issuing vaccines to patients using desktop and mobile versions, with decision support
- ✓ Village-level and facility reports on vaccine campaigns
- ✓ Track adverse events against specific patients
- ✓ Produce and print vaccine certificates with signature authorization (desktop only)
- ✓ National mass vaccination with AstraZeneca and Pfizer vaccinations have been administered using Tamanu in Samoa



## NCD Screening – PEN Fa’asamoa

Tamanu has been used by the PEN Fa’asamoa team going out to the district hospitals. The Tamanu ID has made it easier for patient tracking and record keeping online across all the district health settings.

Village Screening Form
ADD DETAILS
VIEW HISTORY

Symptoms
Auga o lo'o faalogoina i le taimi nei
Chest pain, tightness, and/or breathlessness, likely to be worsened by exercise
E tiga le fatafata ma fufusi, tau le au, pe puni pe faigata ona manava ma e faateteleina pe a savali pe faamalositino foi (Auga nei o le ma'i fatu)
Yes (I'oe) No (Leai)
Left or right-sided weakness of limbs or face, difficulties speaking, permanent or transient periods of resolving blindness
E gagase ma pe lima ma vae; tau le mafai pe faigata ona tautala pe fai ma tau po le vaai (Auga nei o le stroke)
Yes (I'oe) No (Leai)
Constant thirst, drinking, passing urine; frequent bacterial infection (UTI, chest infection, skin infections), tiredness, blurred vision, foot ulcers
E la'ogana le fia inu i taimi uma, pe tulai

Knowledge, Awareness and Practices Survey
ADD DETAILS
VIEW HISTORY

1. SMOKING
TAUMAFATA TAPA'A
How much do you know about the health effects of smoking? (0 - I do not know the effects of smoking / 10 - I understand the effects of smoking)
O le a se tele o lou iloa/malamalama i a'afiaga o le ulaula tapa'a i le soifua maloloina (0 - Ou te leiloa ni a'afiaga o le ulaula tapa'a / 10 - Ou te malamalama lelei i a'afiaga o le ulaula tapa'a)?
Select Items
True or False?
Tali fesili i le sa'o pe sese
All tobacco products are harmful
E ogaoga a'afiaga o so'o se oloa tau tapa'a.
True (sa'o) False (sese) Don't know
Smoke from tobacco products (second-hand smoke)

Village Screening and Knowledge Awareness Surveys that used to be done on numerous pages of paper is now completed on tablets and the information is instantly synced to the main server making it easy for time data access and analysis.

While the teams enter the data on tablets out in the community in their outreach programs, the data syncs immediately to all connecting devices especially the desktop computer access by the doctor in the nearby hospital. So if there are any referrals the doctor is able to view this immediately and action accordingly.

tamanu
Patients
All patients
Inpatients
Emergency patients
Outpatients
Scheduling
Medication
Imaging
Labs
Administration
Programs
Reports
Immunisation
Log out
Version 1.9.0

Patient Details
William Horoto
Sex Male DOB 6/03/1983
National Health Number KEBK745118
Ongoing conditions Add
Allergies Add
Family history Add
Other patient issues Add
Care plans Add
Print ID Record death

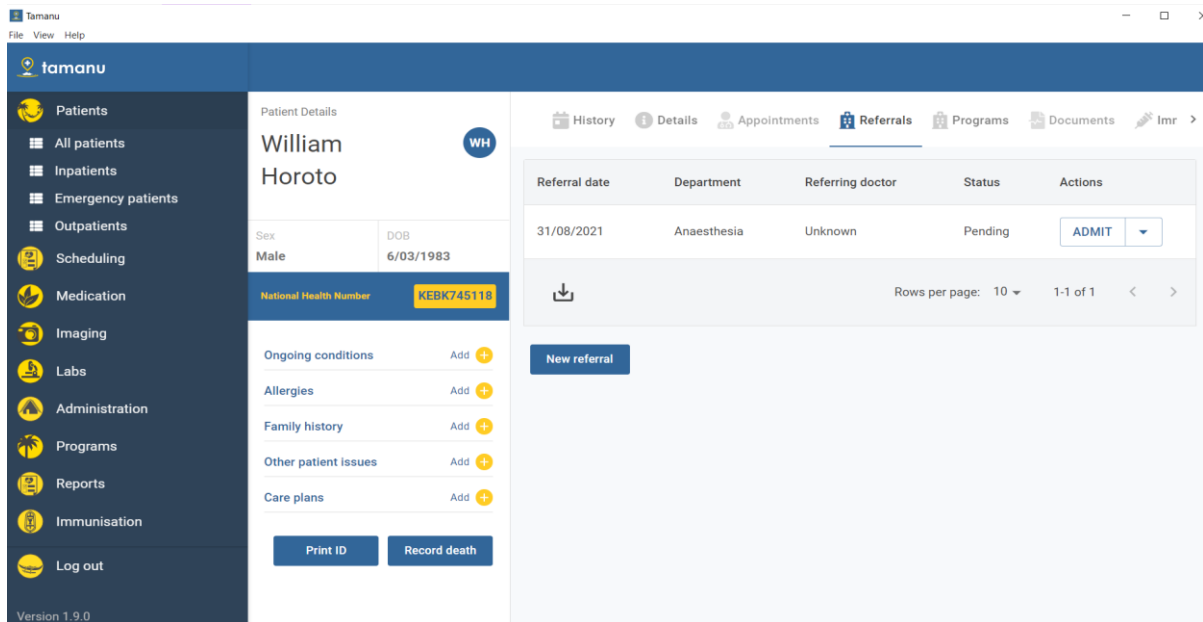
History Details Appointments Referrals Programs Documents Imr

Date submitted	Submitted by	Program	Survey	Results
31/08/2021	Aislinn Healy	PEN Fa'aSamoa	School Nurse Program Referral	0.00%
31/08/2021	Aislinn Healy	PEN Fa'aSamoa	School Nurse Program Assessment	0.00%
28/09/2021	Team 99	PEN Fa'aSamoa	School Nurse Program Consent	0.00%
30/09/2021	Team 91	PEN Fa'aSamoa	School Nurse Program Consent	0.00%
28/10/2021	Aislinn Healy	PEN Fa'aSamoa	School Nurse Program Assessment	0.00%

Rows per page: 10 1-5 of 5
New survey

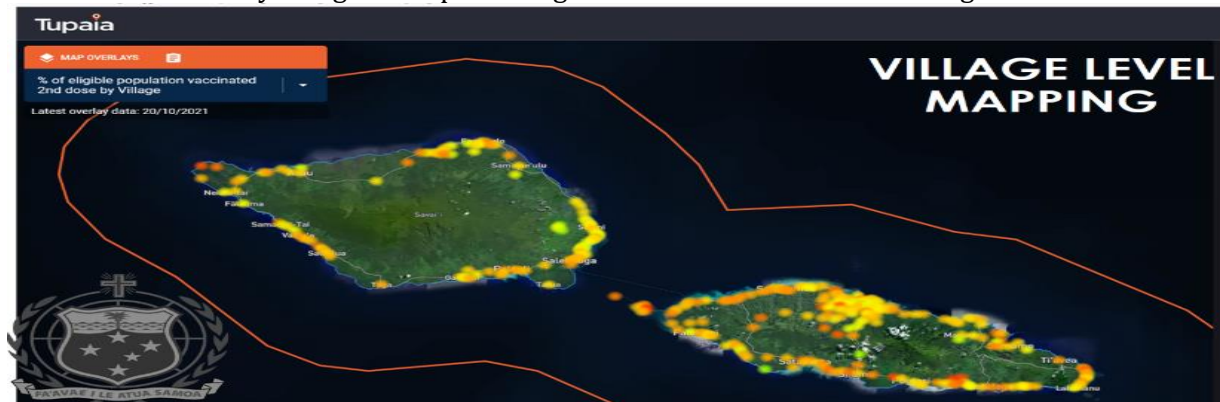
If the patient comes in and needs admission the doctor is able to action this immediately.





## Tupaia – Visualizing Software

Vaccination status by village on Tupaia using vaccination data entered through Tamanu.



Vaccination status by district on Tupaia using vaccination data entered through Tamanu allows for better management and intervention programs of the Ministry.





Tupaia is a very powerful tool that will be used for visualizing Surveillance maps of diseases and other health related national information needing attention. It is a very quick way of visualizing the current situation of a health process in progress or situation of health concerns.

## NEXT STEP

### Biometric Data Capture

To ensure we minimize as possible issues with data entry errors, the next step involves the printing of Health IDs and biometric data capture.

## National Health ID Printing



The EMR will print Health ID cards for individuals using their unique personal record. This provides a unique and a one-stop shop for all health records to any of your doctors and healthcare centres. It will allow health facilities to capture all patient encounters to this ID for an individual, eliminating multiple folder records.

Other feature include

- Laboratory Information System
- Implementation of DHIS2 data warehouse and digitization of public health reporting from the facility level.
- Closer integration of m-supply, Tamanu, Tupaia and DHIS2.

At present, how these systems are accessible from the district health facilities is through the Samoa National Broadband Highway (SNBH – government owned fiber). However recently SNBH continues to experience issues with poor connectivity and continuously power outage at the sites. This hugely affects the record keeping and management on Tamanu.

## Cold Chain

The Ministry is also able to provide continuous cold chain monitoring of the main fridges at the warehouse, Tupua Tamasese Meaole Hospital and EPI Building. This information syncs to the m-supply Dashboard, which can be accessed off-site at any time. This is very efficient in allowing staff to check on the temperature when away from office. The Bluetooth sensors are WHO certified, and staff can be notified at home via email or SMS in the case of any temperature breach, where staff can then timely action the appropriate procedures.



## OUTPUT 10: HEALTH SECTOR COORDINATION, RESOURCING AND MONITORING

### Output Description:

The Health Sector Coordination, Resourcing and Monitoring Division coordinates and monitors health sector institutional strengthening activities inclusive of commissioning and resourcing in line with funding role of the Ministry of Health as mandated in the Ministry of Health Amendment Act 2019.

The mandated core functions of the division include:

- (i) Strategic coordination of the Health Sector Program
- (ii) Effective resourcing and managing of development assistance and
- (iii) Effective monitoring of health sector programs.

### Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT880,467.00	SAT740,148.00	SAT140,319.00	84%

This Output was able to utilize 84% of its allocated budget to support the implementation of their Key Performance Indicators set for this financial year. The remaining 16% of their budget that hadn't been utilized was for the NCD Advocacy Officer vacant position which will be fully realized in the next financial year.

### Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Biannual reporting of health sector programs (WHO, Health SWAp, UNFPA, SPC/Global Fund, NCD Program) in accordance with relevant agreements and policies	2	Incomplete/ Unachieved	Currently working on collating and analysing information for FY2020/21 PMR
Full participation in regional and international technical obligations	100%	Complete/ Achieved	Regional and international technical obligations are achieved through conducting of virtual meetings and missions
Quarterly/biannual financial reports on the health sector programs submitted to MOF and development partners	4	Complete/ Achieved	IFRs undertaken under World Bank and ADB projects completed and submitted to MOF
Manage and coordinate development partners' implementation support missions	100%	Complete/ Achieved	Completed missions with ADB, World Bank, UNDP Global Fund for FY2020/21
Annual audits of health sector programs completed (Health SWAp, Global Fund and UNFPA) and complies with relevant legislations and standards	100%	Complete/ Achieved	Completed audits for World Bank and ADB projects. Audit opinions to be provided by January 2022

The HSCRMD was able to implement 4 out of its 5 Key Performance Indicators that were approved for this financial year. The one indicator that hadn't been was for finalizing the Progress Management Report for this Financial Year (FY2020/21). The delay was due to the shift of MOH's priority to COVID-19 pandemic preparedness and response and this division was greatly involved with infrastructural developments of health that are required not only for the implementation of the Program for Results (PfR) program in rural health facilities, but also the preparations for COVID-19 pandemic response.

## OUTPUT 11: CLINICAL – TTM HOSPITAL HEALTH SERVICES

### Output Description:

The TTM Hospital and Clinical Health Services provides the overarching management of safe, effective and efficient clinical service delivery for the Ministry of Health. It is crucial to note from the outset that the TTM Hospital Healthcare provides healthcare services including clinical and allied health services that support the implementation of clinical services.

Within Hospital & Clinical Services, 9 departments are specifically identified for the delivery of essential health care services, serving as natural and core mandated functions of the service. These services include the Emergency department, General Outpatients (APCC), Pediatrics, Obstetrics and Gynecology, Anesthesia & Intensive Care, Ophthalmology, Internal Medicine, Mental Health and the Surgery Department. Their comprehensive goal is to strengthen, maintain, enforce and action effective and efficient healthcare services delivery at TTM Hospital.

### Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT13,914,606.00	SAT14,389,821.00	(SAT475,215.00)	103%

The Clinical TTM Hospital Health Services had overspent their allocated budget by 3% due to the salaries allocated to staff overtime as well as on call and shift allowances within this Financial Year.

### Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Number of consultations at Outpatient at MTII hospital	45,000	Incomplete/ Unachieved	Only 38,700 consultations conducted at MTII hospital outpatient in this financial year. This is due to significant improvements in our community health services which have impacted on number of people that actually come to the hospital. Current SOE is also keeping people away from the hospital.
Number of patients treated and admitted at MTII inclusive of referrals	1,800	Incomplete/ Unachieved	Only 1,422 admissions at MTII hospital in this financial year. This is due mainly to availability of specialist clinics i.e. O&G & Surgical as well as improved public health and community nursing services impacting the number of people actually being admitted to hospital.
Number of referrals for more specialized treatment	400	Completed/ Achieved	416 referral for specialized treatment were recorded in this financial year



PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Number of emergency operations at MTII hospital	24	Completed/ Achieved	There is a significant increase in number of emergency operations conducted at MTII Hospital within this financial year which is 243.
Number of medical outreach clinics to district health facilities in Savaii	260	Incomplete/ Unachieved	This indicator has been achieved since all DHs now has a doctor permanently domiciled there 24/7, so outreach clinics no longer required, have reviewed and removed KPI as no longer appropriate.
Number of patients referred for OVT from MTII hospital	5	Incomplete/ Unachieved	This indicator has been achieved since patients for OVT not normally referred direct from Savaii as they need to be reviewed in Apia by a committee who have final say, by the time they go on OVT, they would normally be listed under TTM. Have reviewed and removed KPI as not appropriate.
Number of patients referred to TTM Hospital for more treatment requiring ambulance services	270	Incomplete/ Unachieved	Only 208 patients referred to TTM Hospital in this financial year due mainly to number of doctors now domiciled permanently in Savaii where patients are seen and treated promptly reducing need for then to be transferred across.
Number of patient consulted and treated in A&E	300	Completed/ Achieved	In this FY, there were 547 patients seen and treated in A&E
Number of minor surgeries	500	Completed/ Achieved	577 minor surgeries conducted in this financial year.
Number of patients accessing outreach surgical clinics	600	Incomplete/ Unachieved	5004 patients have accessed to outreach surgical clinics. Again a reflection of improved community services resulting in better health outcomes for patients reducing need for surgical intervention
Number of patients accessing Outreach clinics by GPs in all health facilities of Savaii	11,250	Incomplete/ Unachieved	Underachieved by 100%, again due mainly to GP doctors no longer being engaged in Savaii since June 2019, will review and remove KPI as no longer appropriate.
Number of patients consulted and treated by Mental Health team	62	Completed/ Achieved	85 patients were consulted for mental health in this financial year
Number of patients consulted, treated and admitted in the district	19,000	Completed/ Achieved	22,952 patients were seen and treated in district health facilities in Savaii



PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
health facilities			
Number of pregnant mothers receiving tetanus vaccine immunization	4,500	Incomplete/ Unachieved	Only 3,510 pregnant mothers received tetanus vaccine in this financial year due mainly to increase in number of unbooked cases, vaccine standards and schedule as well as the current extended period of SOE. Also some mothers are vaccinated at the Family Health Clinics so are not normally picked up in the hospitals. Will address the issues immediately.
Number of patients accessing palliative care	100	Incomplete/ Unachieved	Only 90 patients received palliative care due to effective family focus programs and improved partnership with Cancer Society, who provide care to some of these patients.
Number of patients consulted, treated and admitted under maternal care	15,000	Incomplete/ Unachieved	11,850 patients treated for maternal care, due mainly to improved public health and community services where more mothers are taking advantage of and not having to come to hospital
Number of patients consulted, treated and admitted under paediatric care	16,000	Completed/ Achieved	Overachieved by 92%, the availability of the Infant Amendment Act 2019 and its strict implementation this year by schools, where children are prohibited to be enrolled in schools if they are not vaccinated.
Number of chest x-rays (medical and non-medical) requested and completed	3,700	Completed/ Achieved	5,180 chest x-rays were conducted in this financial year
Number of ultrasounds	2,400	Incomplete/ Unachieved	1,728 ultrasounds were conducted in this financial year due mainly to staff issues, our sonographer resigned was only recently replaces, resulting in staff from Apia MID coming over to cover on weekly basis but sometimes do not make it due to their own schedules in Apia and adverse weather conditions
Number of laboratory tests inclusive of biochemical, microbiological, haematology, serology, etc.	80,000	Completed/ Achieved	94,560 laboratory tests conducted in this financial year

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Number of patients seen and treated under dental care	3,600	Completed/ Achieved	4,284 patients accessed dental care in this financial year
Number of tooth extractions	1,800	Completed/ Achieved	Overachieved by 8%
Number of orders from main pharmacy warehouse	1,040	Completed/ Achieved	1,184 pharmacy orders within this financial year
Percentage of availability of essential medicines at district health facilities in Savaii	1	Incomplete/ Unachieved	Underachieved by 5%, due mainly to unavailability of drugs at Pharmacy Warehouse
Number of medical records registered	45,000	Completed/ Achieved	Only 42,750 essential drugs were available in this financial year. This is due mainly to duplicate records identified and merged
Number of new patients registration	3,400	Incomplete/ Unachieved	2,414 new patients registered at TTM hospital in this financial year. U
Number of outpatient records processed	47,000	Completed/ Achieved	42,770 patients records processed within this financial year due to public more aware of the effects of alcohol resulting in reduced incidences of accidents and incidents
Number of death certification coordinated	200	Incomplete/ Unachieved	Only 144 deaths were notified as not all deaths need to be issued with a Death Certificate, it is only when it is requested or required
Number of birth notifications processed	600	Completed/ Achieved	654 births notified
Number of "Size G" oxygen cylinder refill	25	Completed/ Achieved	38 in this financial year
Number of "Size 50" Oxygen cylinder refill	7	Completed/ Achieved	
Number of "Sixe 12" oxygen cylinder refill	23	Incomplete/ Unachieved	this type of bottle only used by ambulances and has not been required
Total number of oxygen cylinders distributed	1,131	Completed/ Achieved	Distributed 1,255 oxygen cylinders this financial year
Number of oxygen cylinder issue for homecare	77	Completed/ Achieved	Achieved
Number of preventative maintenance for medical air plan	1	Completed/ Achieved	Achieved

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Number of preventative maintenance for vacuum plant	1	Completed/ Achieved	Achieved
Number of preventative maintenance for steam boiler	1	Completed/ Achieved	Achieved
Number of Treated Water Bottle Distributed	2,000	Completed/ Achieved	Achieved
Number of Write-Off Bottles container	6	Completed/ Achieved	Achieved
Number of checks on hospital surveillance systems	12	Incomplete/ Achieved	This has not been implemented as company monitoring system has not been coming in, due to procurement issues, will need to sort out with Procurement asap.
Number of work completed for cardiac mission		No comments provided	

The TTM Hospital Services has 34 Key Performance Indicators they were responsible to implement in this financial year. These indicators measured the performance of different areas of clinical services provided at the TTM Hospital. At the end, they were able to complete and achieve 13 indicators, with 21 indicators that were unachieved and 1 indicator with no update provided. The indicators that were not achieved were to do with the unrealistic targets set for these indicators taken into account the chronic shortage of medical officers and nurses providing the healthcare services in the main hospital and taking into consideration the current situation we have because of COVID-19 pandemic restrictions. Hence, this Output is advised to revise the targets for these indicators in the next financial year.

## OUTPUT 12: CLINICAL – LABORATORY AND PATHOLOGY SERVICES

### Output Description:

The Laboratory and Pathology division, provide the overarching management of quality service delivery with procedures to strengthen performance in patient care through relevant laboratory service.

Its core function is to provide services for diagnostics and therapeutically evaluation.

### Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT3,137,765.00	SAT3,203,783.00	( SAT66,018.00)	102%

This Output exceeded their spending for this financial year by 2%. This is due to the fact that there are increased numbers of staff entitled to overtime because of their involvement in conducting COVID-19 tests for repatriation flights in this financial year.

### Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Total number of blood transfusion related tests completed	134,684	Incomplete/ Unachieved	Target was too high for the usual numbers received at the lab. Target were not what was proposed
Total number of biochemistry tests completed	361,299	Completed/ Achieved	
Total number of haematology tests completed	146,300	Incomplete/ Unachieved	Target is too high for the usual numbers received at the lab. Target were not what was proposed
Total number of microbiology tests completed	185,000	Incomplete/ Unachieved	Target is too high for the usual numbers received at the lab. Target were not what was proposed
Total number of serology tests completed	120,154	Behind Schedule	Target is too high for the usual numbers received at the lab. Target were not what was proposed
Total number of histology and cytology specimens reported	4,500	Completed/ Achieved	
Average TAT of critical results/urgent requests for: biochemistry,	100%	Completed/ Achieved	

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
haematology, positive blood culture, pregnancy test, cerebral spinal fluid, urgent blood units, histology, cytology			
Total number of bodies in the hospital morgue: died from natural cause, police cases	350	Completed/ Achieved	
Total number of post mortems conducted (clinical & forensic)	440	Incomplete/ Unachieved	Target is too high for the usual numbers received at the lab. Target were not what was proposed, plus there is no forensic pathologist in country
Number of stock takes conducted (no. of tests)	200	Completed/ Achieved	
Number of tests not available (stockouts)	Less than 20	Incomplete/ Unachieved	Unavailable tests more than 20, which is unachieved as target should be less than 20
Total incidents (processes) reported and investigated	20	Completed/ Achieved	Incidents reported and addressed are more than 20 which is unachieved, as the target of incidents should be less than 20
Number of immigration and other non-illness related tests	36,016	Incomplete/ Unachieved	Target is too high for the usual numbers received at the lab. Targets were not what were proposed. Border closure due to COVID19 travel restrictions therefore immigration testing were decreased
Number of quality controls completed (internal and external)	31,008	Incomplete/ Unachieved	Target is too high for the usual numbers received at the lab. Target were not what was proposed
Percentage of satisfied stakeholders of the laboratory	80%	Completed/ Achieved	
Percentage of complaints received	50%	Completed/ Achieved	
Total number of referral tests	2,000	Completed/ Achieved	

Within this financial year, the Clinical Laboratory and Pathology Services Division were able to complete and achieve nine out of its 17 Key Performance Indicators while the remaining eight indicators were unachieved. Having more unachieved indicators that achieved ones does not mean they failed to implement, but there were miscalculation of targets for most of unachieved indicators. These are taken into consideration for the next financial year's forward estimates to ensure every indicator is properly screened with their confirmed targets before submission to MOF for confirmation.

## OUTPUT 13: CLINICAL – MEDICAL IMAGING AND RADIOLOGY SERVICES

### Output Description:

The Medical Imaging and Radiology services engage with the important role in monitoring treatment and predicting outcome of health services with the Ministry of Health. They have indicating key performance highlighting most effective role as part of their involvement for the service. They will ensure that the development and implementation of their proposed activities will be consistent with the ministry aims and objectives and shall meet the needs of public and the community.

### Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT2,806,506.00	SAT2,979,173.00	(SAT5172,667.00)	106%

This output has overspent their funding allocated for this financial year, due to salaries overtime.

### Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Number of Chest x-rays (medical) – Upolu	10,000 for Upolu	Completed/ Achieved	There were 11,459 medical x-ray cases recorded in this financial year
Number of x-rays (non-medical) – Upolu	2,400 for Upolu	Incomplete/ Unachieved	There were 1457 cases recorded in this financial year. We have yet to reach the target, due to COVID-19 restrictions. The decreased in numbers of non-medical chest x-rays associates with the no NZ Quota completed for this year, the Seasonal Workers and the employment clearance.
Number of bone x-rays – Upolu	10,000 for Upolu	Completed/ Achieved	There were 14,316 numbers of bone x-rays conducted. Two (2) staffs of mobile clinics (required to help with the outreach clinics)
Total number of CT scans – TTM Hospital	1,440	Completed/ Achieved	There were 1783 CT scans conducted within this financial year, however, the service was on hold since April 2021, due to the machine breakdown
Total number of ultrasounds	5,000/year	Completed/ Achieved	There were 5986 ultrasound completed within this financial year due to high demand from the Doctors on duties
Total number of mammograms	180/year	Incomplete/ Unachieved	Only 173 mammogram cases recorded. The number was

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
			slightly decreased since there was no Pinktober screening in October 2020 due to covid-19 restrictions.
Total number of specials examinations – TTM Hospital	240/year	Incomplete/ Unachieved	141 special examinations Special examinations reduced due to shortage supply of Barium Sulphate for the supplier (Worldwide issues). However, endoscopy procedures in OT require to cover up Ba Meal study for GI Tract examinations. so far still searching for a supplier to supply us with Ba-sulphate materials. very soon we'll find a supplier
Number of emergencies services and procedures – TTM Hospital	10,000/year	Completed/ Achieved	There were 14,727 emergency services and procedures processed
Total number of outreach clinic for Samoa – TTM Hospital	120/year	Incomplete/ Unachieved	This indicator has not achieved due to the breakdown of the machine used for the operation
Number of children less than 15	5,028	Incomplete/ Unachieved	There were 4947 children less than 15 visited the services
Mental Health Patients	4	Incomplete/ Unachieved	Only 3 mental health patients visited the service
Disability patients	49	Incomplete/ Unachieved	We served 12 disability patients
Maternal patients	1,500	Completed/ Achieved	There were 1,725 maternal cases
Number of patients treated at Emergency Services/Night Shift	16,472	Completed/ Achieved	There were 16,540 emergency cases recorded
Day shift from 8.00 am till 8 pm	12,008	Incomplete/ Unachieved	Reduced to 9,207 cases due to less referral during morning shift due to COVID-19 lockdown, however the number of cases during night shift has been noted getting increased by 1056 cases above its target
Night shift from 8.00 pm till 8.00 am	4,464	Completed/ Achieved	Increased number of cases counting 6214 cases recorded

Within this financial year, this division was able to achieve eight (8) out of its sixteen Key Performance Indicators they were responsible to implement in this financial year. The remaining eight indicators that are unachieved was due to unrealistic targets set. Hence, this division is advised to revisit the targets for their performance indicators for the next financial year.



## OUTPUT 14: CLINICAL – DENTAL AND ORAL HEALTH SERVICES

### Output Description:

The Dental health services provide an overarching role in the health system, to assure safety of care for all people from those participating in the provision of health services. Encompasses in their responsibilities is the ability to strengthen and robust the effectiveness of service conduct in a professional way that will maintain public trust and confidence in the dental profession.

### Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT3,831,965.00	SAT2,844,505.00	SAT987,460.00	74%

The fund allocated for this output was underspent; this was mainly due to discontinuation of dental on-call duty, as well as the lockdown of the service during covid-19 response.

### Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Number of tooth extractions	10,000	Completed/ Achieved	11,210 [total] tooth extractions. This total is [mostly] from the children aged 5-14 years (Primary School 1- 8) [treated by the preventive school team but also] and the Clinical [unit]. [treatment for this age group is free of charge]
Number of endodontic (root canal tx)	500	Completed / Achieved	602 number of Endodontic
Number of oral surgical treatment	500	Completed/ Achieved	505 patients been treated for oral surgical treatment [Lesions, Traumas, & Related Surgeries]
Number of prosthodontics cases	700	Completed/ Achieved	860 number of prosthodontics cases
Number of orthodontic cases	175	Incomplete/ Unachieved	Only 72 orthodontic cases undergo the service Orthodontic consultant (Private Dentist) on contract recently unable to continue service [Due to his age]. The Service was on hold since December 2020, due to the orthodontic consultant unavailability. [INDICATOR ALSO RECOMMENDED FOR REMOVAL]
Number of gold inlay	220	Incomplete/ Unachieved	171 gold inlay [Fabricated] within this financial year. [Some] of the service users are from overseas, and we believe this is the

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
			covid-19 restriction related reason. <i>[Being Cosmetic in nature, it is also related to affordability and demands]</i>
Number of fissure sealants	200	Incomplete/ Unachieved	The indicator was advised to have it <i>[Be]</i> removed FY 2019/20 , <i>[FY 2020/21]</i> but not done so and again it is recommended in the FY 2021/22 to have it removed
Number of temporary fillings	1,700	Completed / Achieved	1769 temporary fillings <i>[DONE]</i>
Number of scaling and polishing	400	Incomplete/ Unachieved	367 scaling and polishing. The service depend on the number of people visited and needed the service, therefore, the total above represents the patients using the service.
Number of permanent restorations and fillings	2,900	Incomplete/ Unachieved	2755 permanent restoration and fillings <i>[IMPLEMENTED]</i> .
Number of pericoronitities/celluttis cases	850	Completed/ Achieved	1503 patients been treated under this service
Number of miscellaneous cases e.g. ring removals, etc.	500	Incomplete/ Unachieved	459 miscellaneous cases
Total number of patients seen	25,000	Incomplete/ Unachieved	24,764 patients seen
Total number of prescriptions	1,100	Completed/A chieved	1834 prescriptions issued
Average number of complications post treatments and rectified	70	Incomplete/ Unachieved	52 complications post treatment and rectified. Not reaching the target so therefore, the service has been delivered fully satisfied. <i>[the less number of complications is directly linked to improved services and/or other related reasons]</i>
Number of dental school visits/services	50	Completed/ Achieved	60 visits conducted for Primary Schools. Our team acknowledged and appreciated JICA (the donor aid) for the essential tools and Equipment offered to our team for our operations and service. Dental Mobile Clinic Transport <i>[with equipment used during the program]</i> school visits <i>[PROGRAM]</i> .

In this Financial Year, the Dental Health Services division was responsible to implement 16 Key Performance Indicators. However, they were able to complete and achieve only eight indicators and the remaining eight were unachieved due to the limitation of opening hours for operations.

## OUTPUT 15: CLINICAL – PHARMACEUTICAL SERVICES

### Output Description:

The Pharmaceutical Services provides the quality healthcare service through stock taking of medicines, medical supplies within the main hospital and all health facilities. Providing service for distribution of medicines, preparing of medications as prescribed for diagnostics.

### Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT2,425,058.00	SAT2,276,377.00	SAT148,681.00	94%

This Output was able to utilize 94% of its approved budget for this financial year to support the implementation of their Key Performance Indicators. The remaining 6% of the budget that hadn't been utilized were for the five vacant positions that were not being able to fill in the financial year.

### Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Number of scripts dispensed at the National Pharmacy Dispensary	109,163	Completed/ Achieved	243,730 (Due to the fact that only the MoH Pharmaceutical Services offers subsidised medications to the public, this is the main reason why there is usually many people you may find waiting here for their medication)
Number of items dispensed to outpatients from National Pharmacy Dispensary	400,100	Completed/ Achieved	756,614 (Same explanation as above)
Number of scripts dispensed at Outreach Community Program	9,500	Completed/ Achieved	24,462 (The presence of Medical Officers permanently at the District Health Facilities saw the rise in the number of patients seen at these respective health facilities)
Number of inpatient medicine dispensed at TTM Hospital National Pharmacy Dispensary	30,100	Completed/ Achieved	63,427 (there is still quite a number of patients at being admitted at the respective wards as evident in the data collected)
Number of community outreach visits	285	Incomplete/ Unachieved	245 (There was a lot of disruption in the visits to the District Hospital started from the Measles Outbreak to the beginning of COVID-19 SOEs. Nonetheless, the permanent posting of Doctors at these district facilities will see this program discontinued in

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
			the near future)
Number of Internal Requisition order supplied by the National Pharmacy Dispensary	3,100	Completed/ Achieved	6,664 (The increase in number of internal orders supplied by the Pharmacy Dispensary Services mirrors the increase in the number of patients admitted to the TTM Hospital wards)

This Output was able to achieve and completed 5 out of its 6 allocated indicators. The only indicator that hadn't been achieved was for community outreach visits that were put on hold because of COVID-19 epidemic and pandemic preparedness and response.

## OUTPUT 16: CLINICAL – SAVAII HEALTH SERVICES & MALIETOA TANUMAFILI II HOSPITAL

### Output Description:

The Savaii and Malietoa Tanumafili II Health Services provides the overarching management functions to oversee the compliance and implementation and clinical support services that all health facilities in Savaii performed. The provision of the service is identical with the TTM Hospital in Upolu. Their comprehensive goal is to strengthen, maintain, enforce and actionable the effective and efficient of the service delivery in health facilities. Special services offered for the public are Primary Health Care, Laboratory and Pathology service and Dental Health service.

### Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT8,762,952.00	SAT10,854,524.00	SAT(2,091,572.00)	124%

This Output spending for this financial year was exceeded by 24% due to the increase in numbers of staff entitled to overtime, shift allowance and local travel allowance to engage to provide healthcare services for after-hours emergencies and COVID-19 pandemic capacity building as part of preparedness and response.

### Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Number of consultations at Outpatient at MTII hospital	45,000	Incomplete/ Unachieved	Only 38,700 consultations conducted at MTII hospital outpatient in this financial year. This is due to significant improvements in our community health services which have impacted on number of people that actually come to the hospital. Current SOE is also keeping people away from the hospital.
Number of patients treated and admitted at MTII inclusive of referrals	1,800	Incomplete/ Unachieved	Only 1,422 admissions at MTII hospital in this financial year. This is due mainly to availability of specialist clinics i.e. O&G & Surgical as well as improved public health and community nursing services impacting the number of people actually being admitted to hospital.
Number of referrals for more specialized treatment	400	Completed/ Achieved	416 referral for specialized treatment were recorded in this financial year
Number of emergency operations at MTII hospital	24	Completed/ Achieved	There is a significant increase in number of emergency operations conducted at MTII Hospital within this financial year which is 243.

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Number of medical outreach clinics to district health facilities in Savaii	260	Incomplete/ Unachieved	This indicator has been achieved since all DHs now has a doctor permanently domiciled there 24/7, so outreach clinics no longer required, have reviewed and removed KPI as no longer appropriate.
Number of patients referred for OVT from MTII hospital	5	Incomplete/ Unachieved	This indicator has been achieved since patients for OVT not normally referred direct from Savaii as they need to be reviewed in Apia by a committee who have final say, by the time they go on OVT, they would normally be listed under TTM. Have reviewed and removed KPI as not appropriate.
Number of patients referred to TTM Hospital for more treatment requiring ambulance services	270	Incomplete/ Unachieved	Only 208 patients referred to TTM Hospital in this financial year due mainly to number of doctors now domiciled permanently in Savaii where patients are seen and treated promptly reducing need for then to be transferred across.
Number of patient consulted and treated in A&E	300	Completed/ Achieved	In this FY, there were 547 patients seen and treated in A&E
Number of minor surgeries	500	Completed/ Achieved	577 minor surgeries conducted in this financial year.
Number of patients accessing outreach surgical clinics	600	Incomplete/ Unachieved	504 patients have accessed to outreach surgical clinics. Again a reflection of improved community services resulting in better health outcomes for patients reducing need for surgical intervention
Number of patients accessing Outreach clinics by GPs in all health facilities of Savaii	11,250	Incomplete/ Unachieved	Not achieved due mainly to GP doctors no longer being engaged in Savaii since June 2019, will review and remove KPI as no longer appropriate.
Number of patients consulted and treated by Mental Health team	62	Completed/ Achieved	85 patients were consulted for mental health in this financial year
Number of patients consulted, treated and admitted in the district health facilities	19,000	Completed/ Achieved	22,952 patients were seen and treated in district health facilities in Savaii
Number of pregnant mothers receiving tetanus vaccine	4,500	Incomplete/ Unachieved	Only 3,510 pregnant mothers received tetanus vaccine in this financial year due mainly to increase

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
immunization			in number of unbooked cases, vaccine standards and schedule as well as the current extended period of SOE. Also some mothers are vaccinated at the Family Health Clinics so are not normally picked up in the hospitals. Will address the issues immediately.
Number of patients accessing palliative care	100	Incomplete/ Unachieved	Only 90 patients received palliative care due to effective family focus programs and improved partnership with Cancer Society, who provide care to some of these patients.
Number of patients consulted, treated and admitted under maternal care	15,000	Incomplete/ Unachieved	11,850 patients treated for maternal care, due mainly to improved public health and community services where more mothers are taking advantage of and not having to come to hospital
Number of patients consulted, treated and admitted under paediatric care	16,000	Completed/ Achieved	Achieved
Number of chest x-rays (medical and non-medical) requested and completed	3,700	Completed/ Achieved	5,180 chest x-rays were conducted in this financial year
Number of ultrasounds	2,400	Incomplete/ Unachieved	1,728 ultrasounds were conducted in this financial year due mainly to staff issues, our sonographer resigned was only recently replaces, resulting in staff from Apia MID coming over to cover on weekly basis but sometimes do not make it due to their own schedules in Apia and adverse weather conditions
Number of laboratory tests inclusive of biochemical, microbiological, haematology, serology, etc.	80,000	Completed/ Achieved	94,560 laboratory tests conducted in this financial year
Number of patients seen and treated under dental care	3,600	Completed/ Achieved	4,284 patients accessed dental care in this financial year
Number of tooth extractions	1,800	Completed/ Achieved	Achieved
Number of orders from main pharmacy	1,040	Completed/ Achieved	1,184 pharmacy orders within this financial year



PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
warehouse			
Percentage of availability of essential medicines at district health facilities in Savaii	1	Incomplete/ Unachieved	Underachieved by 5%, due mainly to unavailability of drugs at Pharmacy Warehouse
Number of medical records registered	45,000	Completed/ Achieved	Only 42,750 essential drugs were available in this financial year. This is due mainly to duplicate records identified and merged
Number of new patients registration	3,400	Incomplete/ Unachieved	2,414 new patients registered at MTII hospital in this financial year.
Number of outpatient records processed	47,000	Completed/ Achieved	47,770 patients records processed within this financial year due to public more aware of the effects of alcohol resulting in reduced incidences of accidents and incidents
Number of death certification coordinated	200	Incomplete/ Unachieved	Only 144 deaths were notified as not all deaths need to be issued with a Death Certificate, it is only when it is requested or required
Number of birth notifications processed	600	Completed/ Achieved	654 births notified
Number of "Size G" oxygen cylinder refill	25	Completed/ Achieved	38 in this financial year
Number of "Size 50" Oxygen cylinder refill	7	Completed/ Achieved	
Number of "Sixe 12" oxygen cylinder refill	23	Incomplete/ Unachieved	this type of bottle only used by ambulances and has not been required
Total number of oxygen cylinders distributed	1,131	Completed/ Achieved	Distributed 1,255 oxygen cylinders this financial year
Number of oxygen cylinder issue for homecare	77	Completed/ Achieved	Achieved
Number of preventative maintenance for medical air plan	1	Completed/ Achieved	Achieved
Number of preventative maintenance for vacuum plant	1	Completed/ Achieved	Achieved
Number of preventative maintenance for steam	1	Completed/ Achieved	Achieved

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
boiler			
Number of Treated Water Bottle Distributed	2,000	Completed/ Achieved	Achieved
Number of Write-Off Bottles container	6	Completed/ Achieved	Achieved
Number of checks on hospital surveillance systems	12	Incomplete/ Achieved	This has not been implemented as company monitoring system has not been coming in, due to procurement issues, will need to sort out with Procurement asap.
Number of work completed for cardiac mission		No comments provided	

There were 41 Key Performance Indicators that this Output was responsible for implementation this financial year. At the end, they were able to achieve only 24 indicators while 17 indicators remained unachieved with 1 indicator with no comments provided.

## OUTPUT 17: INTEGRATED NURSING CARE & PATIENT DISCHARGE PLANNING SERVICES

### Output Description:

The Nursing Care Services is responsible for providing the quality of health service in accordance to nursing standards and procedures. They provide overarching of compliance and pursuing the service delivery to ensure health and safety of nursing care services. The comprehensive function targets the most crucial part of the process and the operation at birth delivery. It includes the promotion of health, the prevention of illness, and the care of ill, disabled and dying people. Nurses play a critical role in health care and are often the unsung heroes in health care facilities and emergency response. They are often the first to detect health emergencies and work on the front lines of disease prevention and the delivery of primary health care, including promotion, prevention, treatment and rehabilitation. Providing primary and specialty health care for women, including conducting physical exams and diagnosing, treating, and managing medical conditions. Treat women's male partners for sexually transmitted diseases. Counseling and educating patients.

### Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT18,985,895.00	SAT17,528,789.00	SAT1,457,105.00	92%

This Output was able to utilize 92% of its allocated budget to support the implementation of their Key Performance Indicators for this financial year. The remaining 8% that had not been utilized was for vacant positions that will be fully realized in the next financial year.

### Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC PROGRESS INDICATOR	LIGHT	OUTPUT COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT	MANAGER'S
Number of training/workshops conducted and evaluated	4	Completed/Achieved		2 Trainings completed – 1. Induction Training for House Surgeon, 2. Induction for New Recruited Staff. There was lapse in training session due to Covid-19. However, trainings continue for Covid-19 rolled out operations. <ul style="list-style-type: none"> <li>➤ 4 Simulation Training completed in September 2020.</li> <li>➤ 4 Operational and Clinical Guidelines trainings conducted in October and November 2020.</li> <li>➤ 10 Infection Protection Control and Health Care Waste trainings conducted for Upolu</li> </ul>	

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC PROGRESS INDICATOR	LIGHT	OUTPUT COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT	MANAGER'S
				<p>and Savaii district hospitals. The 6 trainings conducted for Upolu districts hospitals in September 2020, and 3 trainings conducted for Tuasivi hospital in October 2020 and 1 conducted for TTM Hospital.</p> <ul style="list-style-type: none"> <li>➤ 2 Table Top Exercise conducted in November 2020</li> <li>➤ 3 Risk Communication and Community Engagement trainings</li> <li>➤ 2 trainings conducted for Review of Laboratory Biosafety Guidelines</li> <li>➤ 5 Sensitisation trainings conducted in April 2021</li> <li>➤ 3 Severe Malnutrition Screening in August 2021</li> </ul>	
Number of protocols developed, reviewed and implemented	2	Achieved		Completed review of nursing midwifery service standards and traditional birth attendants guidelines	
Percentage of compliance with Nursing and Midwifery practise standards, protocols, Clinical guidelines and procedures.	90%	Incomplete/Unachieved		Need to confirm this indicator Nurses and Midwives meet criteria of standards and competencies of practise.	
Number of consultations and triage conducted by Nurses.	4	Achieved		This indicator transfer to Clinical TTM hospital Achieved under Clinical Hospital TTM indicator	
Number of clinical nursing audits conducted and	4	No update provided			

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC PROGRESS INDICATOR	LIGHT	OUTPUT COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT	MANAGER'S
recommendations implemented.					
Percentage of sponsored Nursing & Midwifery students at NUS that successfully complete the program.	1	Completed/Achieved		All sponsored student successfully completed their programme	
Percentage of nursing graduates in Orientation Programme who meet Registration Requirements	100%	Completed/Achieved		Nursing graduates in orientation programme meet registration requirements. 73 Nurse Orientees satisfied registration requirements for Orientation Programme	

This Output was responsible to implement seven Key Performance Indicators for this financial year. At the end, they were able to complete and achieve 5 indicators, 1 indicator remained unachieved and 1 indicator with no implementation update provided. This division's journey was very challenging throughout this financial year because of the internal arrangement of the division's structure and the shift of other staff to other divisions as per merger's outcome.

## OUTPUT 18: OTHER ALLIED HEALTH SERVICES AND SUPPORT SERVICES

### Output Description:

The Allied Health Professionals provides health services in partnership with other health service providers, to promote, protect, treat and/or manage a person(s)' physical, mental, social, emotional, spiritual and environmental health and wellbeing.

### Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT3,717,572.00	SAT2,305,130.00	SAT1,412,441.00	62%

This Output was able to utilize 62% of their allocated budget to support the implementation of their approved Key Performance Indicators for this financial year. The remaining 38% of the budget that had not been utilized was for the vacant positions of the division that were not being able to be filled within the reporting financial year. This will be fully realized in the next financial year.

### Performance Status:

PERFORMANCE MEASURE/INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Number of referrals for Social Services	523	No update provided	
Number of Social Work occasion of services	3,125	No update provided	
Number of patients receiving counselling for Grief, Bereavement, Suicide, Trauma and Crisis	328	No update provided	
Number of patients receiving Social Work services for social issues, mental health issues and	646	No update provided	

PERFORMANCE MEASURE/INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
disorders			
Number of referrals for Physiotherapy	4,365	Incomplete/Unachieved	<p>727 Total Referrals for Physiotherapy 2020 July – June 2021. Baseline and TARGETs <b>not Achieved</b> (Refer to Monthly report July 20-June 21 attached)</p> <p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>➤ Insufficient number of physiotherapy staff { 3 Physiotherapists 3 Assistants} May 2021 – 1 Physiotherapist(New Graduate resigned) <ul style="list-style-type: none"> <li>▪ Current Physiotherapy unit is very small.</li> <li>▪ Used as staff office &amp; storage.</li> <li>▪ No space to accommodate Assessment &amp; treatment.</li> </ul> </li> <li>➤ Service Priority is for In-patients &amp; Community Services [ <i>for patients with chronic problems that are discharged from the hospital</i> ] <ul style="list-style-type: none"> <li>▪ [2 days for Community service program and 3 days ward work]. 2 teams of 2/3 members are assigned to deliver the service in rural and urban areas]</li> <li>▪ Patients referred from the APCC, Clinics, Private with minor-moderate problems are advised to see private Physiotherapy</li> </ul> </li> <li>➤ Delayed receiving referrals from the wards especially on our visit days in the community.</li> <li>➤ Delayed Community service as according to scheduled time from 9 am especially when a requested Pick-up truck is not available to transport proper mobility devices to be used for</li> </ul>



PERFORMANCE MEASURE/INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
			<p>a patient.</p> <p>➤ Staffs suddenly reporting unwell, caused changes to the scheduled roster for the day.</p> <p><b>ACHIEVEMENT</b></p> <ul style="list-style-type: none"> <li>○ Seeing reduced hospital readmissions of cases reviewing in the community</li> <li>○ Still Ongoing community services in Upolu</li> <li>○ Even the current shortage of staff, 2 Physio Teams of 2/3 staffs still made time to deliver the community Service program of the day, to prevent readmissions and complications.</li> <li>○ Able to deliver 2 Community services program for Savaii in March &amp; April 2021. The usual 2 Teams for our Community Rehab Program in Upolu have continued to provide the same service to Savaii according to scheduled Months.(Refer to Savaii Patients List for March &amp; April 21). 4 Areas have been covered during our Savaii Community service as per listed[ Itu Salega/Itu Asau/Faasaleleaga/ Itu o Tane] We also visited all the Health Centres and Tuasivi Hospital.</li> <li>○ Out team spent more with each patient in their homes to assess patient general condition and current level of activity [Personal Activity of Daily Livings], Home environment in what resources available to assist with their exercise therapy, as well as Family/Community Support, and the needs of Mobility device.</li> <li>○ Seeing active participation or</li> </ul>

PERFORMANCE MEASURE/INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
			<p>involvement of families with patients rehabilitation program</p> <p><b>RECOMMENDATION</b></p> <ul style="list-style-type: none"> <li>➤ To recruit more Permanent qualified Physiotherapists &amp; Assistants by Approving Physiotherapy New Proposed Structure with upgrading salary grade level of staff [ 4 Physiotherapists, 4 Assistants &amp; 3 Physiotherapy Aides] 2 qualified Physiotherapists and 2 Assistants and Physiotherapy Aide assigning to work in the Hospital, while 2 Physiotherapists, 2 Assistants &amp; 1 physiotherapy Aide to deliver Community Home-visit programs.</li> <li>➤ Physiotherapy NEEDS a big unit with more space to accommodate our office, patients assessment and treatment, Exercise Equipment, as well as, for storage of our daily physiotherapy consumable supplies</li> <li>➤ Once we have a good number of staff as per requested, then physiotherapy can provide the service to all patients referrals.</li> <li>➤ Continue Available of 2 Transports for Community service program. <ul style="list-style-type: none"> <li>▪ [Physiotherapy Community Team needs a Pick-up truck to transport bigger mobility devices e.g.; Hoist equipment if required].</li> </ul> </li> <li>➤ To Reword this PMI and Review Baseline Data &amp; Target for 21-2022</li> </ul> <p>To propose for 2<sup>nd</sup> Community Program to Savaii early November.[Proposal to be forwarded to DDG for Savaii Community program]</p>
Number of	3,428	Incomplete/Unachieved	Total of 1,032 sessions including

PERFORMANCE MEASURE/INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Physiotherapy Assessments and Treatments			<p>Assessment and Treatment and BASELINE &amp; TARGET NUMBER OF 2019/2020 &amp; 2020/2021 WERE NOT BEING ACHIEVED</p> <ul style="list-style-type: none"> <li>▪ Challenges <ul style="list-style-type: none"> <li>➤ Staff Shortage</li> <li>➤ No space in the current Physiotherapy room for Assessment and treatment.</li> <li>➤ Not enough assistive devices for our assessments and trainings</li> <li>➤ Team seeing in-patients in the wards 3 days and 2 days in the Community.</li> <li>➤ Delayed receiving of referrals from Wards doctors especially when our teams are out in the community.</li> <li>➤ Incomplete Assessment and Treatment sessions for some in-patients referrals especially when we don't get patient's contact information when discharged from the hospital during our absence.</li> <li>➤ Some In-patients (Physiotherapy Referrals) are discharged earlier by the Doctors when they see that their medical condition are stable, but patients did not get their complete Physiotherapy Session.</li> <li>➤ Postpone seeing a scheduled patient in the community when required mobility equipment that cannot be transported or not supplied.[short of manual hoist machines. 6 hoists in the Physiotherapy are not being used as advised by Biomedical team as without batteries transformers]</li> <li>➤ Postponed patient treatment session when a responsible Physiotherapist is reported unwell.</li> </ul> </li> </ul>

PERFORMANCE MEASURE/INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
			<p>ACHIEVEMENT</p> <ul style="list-style-type: none"> <li>➤ Seeing progressions in our patients both in the wards and community</li> <li>➤ More time spent with each patient in the community by providing a holistic physiotherapy approach with best quality of service.</li> <li>➤ Our Service is not about the quantity but for each patient to receive the best quality of service.</li> </ul> <p>RECOMMENDATION</p> <ul style="list-style-type: none"> <li>➤ Find ways to get more assistive devices, and other important physiotherapy stuffs/consumable for our patients' assessment and management</li> <li>➤ To look for external Donors to assist with supplying of</li> <li>➤ Recruiting More Physiotherapy staff</li> <li>➤ Physiotherapy needs to have their own Pick-up truck for running its community services.</li> <li>➤ Rewords the PMI and review Baseline data and Target for 2021-2022</li> </ul>
Number of Orthopaedics and Surgical patients for Physiotherapy	997	Incomplete/Unachieved	<p>Total of 388 Ortho &amp; Surgical for Physiotherapy. Baseline Data of 369 has been Achieved. TARGET expected for 2020 – 2021 of 997 is unlikely to happen at current based on some of the following matters</p> <p>CHALLENGES</p> <ul style="list-style-type: none"> <li>➤ Late 2019-early 2020 number of ortho and Surgical patients increased during Measles outbreaks because there were international Physiotherapists who volunteered to work and assist our local team at this ward Ortho &amp; Surgical wards and to make sure that all referrals from other wards are receiving treatment.</li> </ul>

PERFORMANCE MEASURE/INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
			<ul style="list-style-type: none"> <li>➤ The 1 Physiotherapist and 1 Assistant who assigned to work in this Ortho &amp; Surgical as being scheduled for ward work also roster to provide follow-up rehab program for medical discharged patients in the community.</li> <li>➤ The team that assigned for in-patients have to do the First Full assessment and treatment plan for any patient seeing in the community who had not being under their care as an in-patient. More time will spend on these cases.</li> <li>➤ Reported issue of Post-op Relapsed Clubfeet because parents removed provided Boots on Bar from babies treated feet off.[parents not cooperating well with Poinsettia Program]</li> </ul> <p>ACHIEVEMENT</p> <ul style="list-style-type: none"> <li>➤ Easy Accessed of staff to the Surgical and Orthopaedics patients because the Physiotherapy unit location is currently in the same building level.</li> <li>➤ Early referrals to Physiotherapy, patient received early Physiotherapy treatment and early discharged plan.</li> <li>➤ Babies Born with Clubfeet recovered after receiving weekly application of their castings until 1 month old, then undergo a Tenotomy(Minor Surgery) followed by 3 weeks in a cast before removal to wear a Boot moulded on a bar.</li> <li>➤ Relapsed Clubfeet repeated their whole casting procedures again and had undergone repeated and successful minor surgery by the orthopaedic doctor.</li> </ul> <p>[More family education program</p>

PERFORMANCE MEASURE/INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
			<p>with Successful Recovery].</p> <p>RECOMMENDATION</p> <ul style="list-style-type: none"> <li>➤ Recruit Physiotherapy staff mainly for Orthopaedic &amp; Surgical – Revisit Proposed Structure and Advertise Hospital &amp; Community Positions</li> <li>➤ Opportunity for current staff to undergo training on this area of specialty.</li> </ul> <p>Revisit Performance Measures Indicator and Baseline data &amp; Target for 2021-2022 and to propose new PMI as referred to our PMI in the final MOH Corporate plan.</p>
Number of Neurological patients for Physiotherapy	865	Incomplete/Unachieved	<p>Total of 245 Neurological cases received Physiotherapy Treatment FROM July 2020-June 2021 BASELINE DATA OF 124 WAS ACHIEVED BUT TARGET NUMBER EXPECTED FOR 2020-2021, HAS NOT BEING ACHIEVED</p> <p>CHALLENGES</p> <ul style="list-style-type: none"> <li>➤ Staff shortages(2 Physiotherapists and 3 Assistants) [only 1 Physiotherapist &amp; 2 Assistants assigned to Medical ward]</li> <li>➤ Patients discontinued physiotherapy treatment once patients reported undergoing Samoa fofo. Family patient tend to request for continued Physio treatment, and patients already developed Complications</li> <li>➤ Delayed seeing of neurological cases due to uncontrolled Vitals</li> <li>➤ Some Families not cooperative with patient rehabilitation therapy. [Different family carers that looked after the patient while kept in the hospital then the person at home when patient discharged from hospital]</li> <li>➤ Required Mobility devices not</li> </ul>

PERFORMANCE MEASURE/INDICATOR	TARGET/S	TRAFFIC LIGHT	PROGRESS INDICATOR	OUTPUT ON PROGRESS ACHIEVEMENT	MANAGER'S COMMENTS TOWARDS
				<p>available for gait trainings</p> <ul style="list-style-type: none"> <li>➤ Loss contact with some patients</li> <li>➤ Long distance from each Neurological cases</li> <li>➤ Some Patients died before receiving follow-up rehabilitation</li> </ul> <p>ACHIEVEMENT</p> <ul style="list-style-type: none"> <li>➤ Ongoing Community in Upolu to see Neurological patients. E.g.; Stroke, Spinal Injury etc.(Attached Monthly report 2020 July – June 21)</li> <li>➤ 2 Community Visits provided for Savaii referring cases. [2 patients lists attached in the INDEX 3 days for each VISITS. MT2H &amp; Health Centres were included in these visits. Accommodation meals and transport provided]</li> <li>➤ More time spending &amp; providing patients Rehabilitation with more education program. [Exercises Hand –outs and education tracks, Community Assessment Form &amp; Full Neurological &amp; Spinal Injury Form used]</li> <li>▪ Total of 18 Stroke cases seeing in Savaii in March &amp; April 2021, during the 2 visits done by team physiotherapy.</li> <li>➤ Active involvement of families with patients Rehabilitation Thus preventing physical complications e.g.; bedsores etc.</li> </ul> <p>RECOMMENDATIONS</p> <ul style="list-style-type: none"> <li>➤ Propose for a Second Follow-up community service program in November 2021[ 2 Visits by 2 team Physio]</li> <li>➤ Strengthen team work amongst clinical Health Professionals.</li> <li>➤ Need walkers/gutter frames and wheelchairs for patient mobility trainings</li> <li>➤ Need a Safe Pick-up truck to transport large equipment for</li> </ul>	



PERFORMANCE MEASURE/INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
			<p>patient rehab program</p> <ul style="list-style-type: none"> <li>➤ To Advertise Physiotherapy Positions, current vacant and Proposed Structure : <ul style="list-style-type: none"> <li>○ 1 Senior Physiotherapist for Hospital(vacant position)</li> <li>○ 2 Community Physiotherapists, 2 Physiotherapy Aides and 2 Physiotherapy Assistants</li> <li>○ 1 Physiotherapist to work within Medical unit.</li> </ul> </li> <li>➤ Revisit &amp; Reword Performance Indicators and Review Baseline data &amp; Target for 2021-2022</li> </ul>
Number of Cardio-Respiratory patients for Physiotherapy	1,436	Incomplete/Unachieved	<p>Total Number of 94 patients with Cardio-Respiratory problems Baseline Data of 91 has been Achieved except 2020/2021 expected Target of 1436 is significantly high to be met.</p> <p>CHALLENGES</p> <ul style="list-style-type: none"> <li>➤ Target for 2020/2021 is too high to be met due to COVID19 Emergency policy and other following reasons.</li> <li>➤ The 1436 Base line has been based to the higher number of children seeing and treated by local Physiotherapists &amp; Volunteers during Measles Outbreak [International Physiotherapists from England, New Zealand and Israel] suffered with Chest Infection during the Measles Outbreak from 2019/2020].</li> <li>➤ Insufficient number of staff[No specialized Physiotherapy staff for the paediatric ward]</li> <li>➤ The majority of these Cardio-Respiratory patients are treated on admission [Monthly Report July 2020-June 2021]</li> <li>➤ No Respiratory Measurement Devices(e.g; Peakflow/Spirometers)</li> </ul>

PERFORMANCE MEASURE/INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
			RECOMMENDATION ➤ To Recruit a 2 Physiotherapist s and 2 Assistants to assign for Paediatric and Medical Ward & Review Discharged cases who need continuous chest rehab treatment. ➤ To Undergo specialized Respiratory Physiotherapy Training Re-word PMI and Review Baseline data & Target for 2021-22
Number of patients assessed and provided for Wheelchair services	4,569	No update provided	
Number of patients assessed and provided for Orthotic services	1,633	No update provided	
Number of patients assessed and provided for Prosthetic services	1,224	No update provided	
Number of patients assessed and provided for Walking Aids services	1,556	No update provided	

This Output was responsible to implement 13 Key Performance Indicators for this financial year. At the end, the division failed to provide the updates for 8 indicators and 5 indicators were unachieved. The challenge faced by the division in implementing of their indicators was due to the internal arrangements where some services that was under this division was shifted under other division.

# OUTPUT 19: PUBLIC HEALTH - NATIONAL HEALTH PROGRAMS, WELLNESS, HEALTH PROMOTION AND EDUCATION

## Output Description:

The community awareness and the public notices on health information, health prevention and health programs, is the priority function managed by the above-cited division. They oversee the ways of communication, work 24/7 to alert the country at every situation.

## Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT3,383,695.00	SAT1,898,285.00	SAT1,485,409.00	56%

This Output was able to utilize 56% of their allocated budget to support the implementation of their approved Key Performance Indicators for this financial year. The remaining 44% of the budget that had not been utilized was for the vacant positions that will be fully realized in the next financial year.

## Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Organisational structure of each national health program endorsed and vacancies filled.	100%	Incomplete/Unachieved	Awaits the approval of MOH Organizational Structure by PSC with this division's structure being proposed as this is a new division established under the Ministry of Health.
Number of program related policies and protocols that are reviewed and developed	1	Completed / Achieved	<p><b>20 national health programs related policies developed and reviewed within this financial year. These include:</b></p> <p><b><u>Nutrition</u></b></p> <ul style="list-style-type: none"> <li>- National Food and Nutrition Policy 2021-2026</li> <li>- FDBG Guidelines already developed (to be launched in 2022)</li> <li>- Catering Guidelines for review and design</li> </ul> <p><b><u>Sexual Reproductive Health</u></b></p> <p>1.National Protocols &amp; Guidelines for Standard Management in Pregnancy &amp; Childbirth – 3<sup>rd</sup> edition 2021 (<i>for Drs., midwives, nurses &amp; all public &amp; private maternal health care providers in Samoa</i>)</p>

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
			<p>2. Standard Operating Procedures for Health Care Workers on Rape, SV &amp; GBV ; 2021</p> <p>3. The draft Family Planning Training Package has been developed contextualized and finalized it. (The Training of health workers on Family Planning using the developed contextualized package will be conducted in October 2021)</p> <p>1<sup>st</sup> DRAFT of Supply Chain Management (SCM) Protocol</p> <p><b>EPI</b></p> <ul style="list-style-type: none"> <li>- Immunization policy 2021- 2025</li> <li>- HPV procedure guidelines (final draft)</li> <li>- PCV guidelines (final draft)</li> <li>- Rotavirus guidelines (final draft)</li> <li>- Cold chain policy (in progress)</li> <li>- Vaccinators guidelines (in progress)</li> <li>- AEFI protocol (completed)</li> <li>- Child Health Book (in final draft)</li> <li>- National Deployment Vaccination Plan ( 2021)</li> </ul> <p><b>School Health</b></p> <ul style="list-style-type: none"> <li>- Revised School Health Assessment form (PEN Fa'asamoa)</li> </ul> <p><b>Health Promotion</b></p> <ul style="list-style-type: none"> <li>- Revised PA guideline</li> <li>- Smoking Cessation Manual in collaboration with HPED</li> <li>- Draft Social Behaviour Communication Strategy Tobacco Control in collaboration with HPED</li> </ul>
Completion of annual workplan for each national health program	100%	Incomplete/Unachieved	Due to competing priorities, utilization of COVID preparedness and response plans were utilized to

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
			implement many of the activities per division. monitoring and spot checks were put on hold due to COVID priorities.
Number of spot checks and monitoring visits to health settings (RDHs, CHCs, NGOs, private practitioners) conducted regularly per program	4	Complete/Achieved	<p>2 spot checks for EPI both Upolu and Savaii implemented.</p> <p>Conduct quarterly visits to all health facilities in Upolu &amp; Savaii to monitor universal access to SRH and ensure zero stock out of all contraceptives</p> <ul style="list-style-type: none"> <li>- 2020 Quarter 3 visit – Sept. 16<sup>th</sup> to 21<sup>st</sup></li> <li>- 2021 Quarter 1 visit – Feb. 10<sup>th</sup> to 19<sup>th</sup></li> </ul> <p><i>(All were checked for sufficiency, expiry dates, securely storage and safety for all RH commodities. Monitoring of Periodic Presumptive Treatments for fist booking Ante-Natal mothers was also reported as well as Youth Friendly Health Services)</i></p> <p><b>50% of Primary Service Delivery Points (SDPs)</b> offering at least 5 modern methods of contraception  <i>Based on monitoring data (only 4 primary facilities accessed – Lufilufi, Satupaitea, Faleolo, Saanapu). Only Lufilufi and Satupaitea health centres offer condoms, pills, implants, injectables &amp; IUCDs</i></p> <p><b>25% of Secondary and Tertiary SDPs</b> offering at least 6 modern methods of contraception.  <i>Of the 6 secondary (all district hospitals) and 2 tertiary (MT2 and TTM), only TTM offers surgical, condoms, pills,</i></p>

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
			<i>implants, injectable, and IUCDs.</i>
Number of professional development activities conducted by program quarterly	2	Completed / Achieved	<ol style="list-style-type: none"> <li>1. Consultations on the utilization of the YFS standards for nurses in all Health Service Delivery Points in Upolu and Savaii completed in September 2020</li> <li>2. Training of Peer-Educators conducted on 24<sup>th</sup> and 25<sup>th</sup> September 2020</li> <li>3. Training of Nurses Orientees conducted on 29<sup>th</sup> &amp; 30<sup>th</sup> September 2020</li> <li>4. Supply Chain Management (SCM) Design workshop (Virtual)</li> </ol>
<b>Number of professional development activities conducted by program quarterly</b>	2	Completed/Achieved	<p>29 professional development activities conducted and completed:</p> <ul style="list-style-type: none"> <li>- Sensitization Awareness Trainings (on new vaccines and COVID vaccines)</li> <li>- RCCE trainings (4 Upolu, 1 Savaii)</li> <li>- Basic Vaccinators Trainings- 4</li> <li>- HPV Trainings – 5</li> <li>- PCV, Rotavirus and Typhoid- 8</li> <li>- COVID Trainings- 8?</li> <li>- Severe Malnutrition Trainings- 1 Upolu and 1 Savaii</li> <li>- Trainings with the Sporting Bodies (School Health Promotion Programs)- 1 Savaii and 1 Upolu</li> <li>-Consultations on the utilization of the YFS standards for nurses in all Health Service Delivery Points in Upolu and Savaii completed in September 2020</li> <li>-Training of Peer-Educators conducted</li> </ul>

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
			<p>on 24<sup>th</sup> and 25<sup>th</sup> September 2020</p> <p>-Training of Nurses Orientees conducted on 29<sup>th</sup> &amp; 30<sup>th</sup> September 2020</p> <p>-Supply Chain Management (SCM) Design workshop (Virtual)</p>
Percentage of program reports completed and submitted on time	100%	Completed / Achieved	All reports completed and submitted on time (hard copies to submit)
Percentage of patients diagnosed with HIV/ TB / Leprosy/ STI linked to treatment, care and follow up (100%)	100%	Incomplete/Unachieved	<p><b>95% complete 2020-2021</b></p> <p>TB: number of cases- 13/ Cured completely- 11/ Died- 2</p> <p>Leprosy- Number of cases: 10/ cured completely- 10</p> <p>STI- numbers vary amongst months; however treatments and follow-ups are still on going.</p> <p>HIV- numbers registered are 28 individuals/11 are under the care of the CDC.</p>
Percentage of children aged 15 months who have completed primary immunization series	100%	Incomplete/Unachieved	MMR2 for routine immunization- 57.31%- this does not include catch up vaccination numbers. <b>Procedures are still ongoing</b>
Percentage of school children with completed immunizations for age	100%	Completed/Achieved	DPT4- 6532 (5 year vaccinations)- this number also includes students who are 6 years old. (submit actual no)- compare and contrast
Increase in the number of family planning users (50%)	50%	Completed / Achieved	These are records of the family planning users: New Acceptors: 798 Jadelle: 257 Total Family Planning users: 7543 mothers
Percentage of program – related databases that are up to date and free of error and duplication (100%)	100%	Incomplete/Unachieved	Refer to IT for input (Tamanu APP/Tamanu is being utilized for most national health programs.



PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
Number of community awareness activities delivered per program annually (12	12	Completed/Achieved	30 community awareness activities delivered on annual basis.
Annual DOTS implementers & TST refresher training	1	Completed/Achieved	

There were 14 Key Performance Indicators that this Output was responsible to implement for this financial year. At the end, they were able to achieve 9 indicators, while 5 indicators were unachieved. This division shifted their priorities to implementation of Risk Communication and Community Engagement programs in this financial year as part of the Ministry's COVID-19 preparedness and response. In addition, majority of the staff were mobilized to assist with health promotion component of the Program for Results (PfR) program roll-out within this financial year.

Two other main sections of the NHPWHEHP Division were still officially operating under the Health Protection and Enforcement Division (Output 21) during this financial year while awaiting the official recruitment of an ACEO. These two sections are the Health Promotion and Nutrition units which functions' focus solely on promotion and awareness. Their core functions were reflected under the Risk Communication and Community Engagement activities during the post response phase of the Measles Outbreak in the year 2020, and the beginning of the COVID-19 Pandemic in its Preparedness Response phase, which are mainly reported under Output 21 during this financial year. Other Key Performance Indicators reported under Output 21 were implemented by the two Sections on activities pertaining awareness programs including schools, development of campaigns and health IECs, monitoring in workplaces and village community.

## OUTPUT 20: PUBLIC HEALTH – RURAL DISTRICT HOSPITALS & COMMUNITY HEALTH SERVICES

### Output Description:

The Rural District Hospitals and Community Health Services established to provide and offer the quality of health care service delivered to the community and the villages. They provide quality of health care service through people centered health care programs; strengthen processes for community aligns with the protocols and clinical audits. All services carried out in the main hospital has also performed in the rural districts hospitals, except for the essential services required treatment that need patient to transfer to main hospital.

### Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT4,244,958.00	SAT5,714,070.00	(SAT1,469,112.00)	135%

This Output exceeded their spending for this financial year by 35% to support the implementation of their approved Key Performance Indicators. This is due to the fact that the numbers of staff claiming overtime and shift allowances in this financial year had been increased because of COVID-19 preparedness and response implementation for the community.

### Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TARGETS	TRAFFIC LIGHT	PROGRESS INDICATOR	OUTPUT COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT	MANAGER'S
Improvement in % coverage rate of MMR2 pentavalent 3 (% age).	91%	No update provided			
Improvement in the Hep B vaccine birth dose coverage within 24 hours (%age).	82%	No update provided			
Monitoring visits to Apolima and Manono	10	Incomplete/ Unachieved		<p>Monitoring visits to Apolima and Manono has yet to conduct, due to the operation process of the Clinic (Faleolo Health Centre) during COVID-19.</p> <p>The clinic operated as an Isolation facility for Covid-19, therefore, planned activities has incomplete and some were not achieved.</p> <p>The following are some of the challenges encountered by the staff during service</p> <ul style="list-style-type: none"> <li>• Staffing constrain/ Shortage Staff</li> <li>• Financial allocation for</li> </ul>	

PERFORMANCE MEASURE/ INDICATOR	TARGETS	TRAFFIC LIGHT PROGRESS INDICATOR	MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
			boat fares • Climate change
Weekly outreach services to all district hospitals and Tafaigata Prison are conducted.	80%	Complete/Achieved	16 Outreach services – village health assessment 19 Outreach services – school health nurse assessment
Improvement in the treatment success rate for TB (%age)	63%	No update provided	
Percentage of primary schools which are visited for health monitoring – 92 primary school visits	80% (92)	Incomplete/ Unachieved	Total of 18 primary school was assessed (Poutasi DH)
Percentage Increase in the number of safe deliveries performed in rural district hospitals.	5%	Incomplete/ Unachieved	Total Safe Deliveries is 172 (Poutasi DH)
Percentage Increase in the number of new family planning users per annum.	5%	Completed / Achieved	New Acceptors: 798 Jadelle: 257 Total Family Planning users: 7543 mothers
Percentage of cases referred to home care are seen and followed up.	80% (80)	Incomplete/ Unachieved	62 total of home cares (Poutasi DH)
80% of total patients that nurses seen and managed at the district level are satisfied with their care.	80% (98)	Completed/Achieved	8,185 patients seen by nurses (Poutasi DH)
Percentage of total patients admitted and under 24hrs nursing care are managed in accordance with nursing standards and competencies	80% (3,871)	Incomplete/ Unachieved	728 inpatients (Poutasi DH)
Percentage of total patients referred escorted by nurses to TTM and MTII hospitals arrived at destination alive	80% (700)	Incomplete/ Unachieved	31 refer patients escorted by nurses (Poutasi DH)
Number of patients seen by nurse specialist receiving comprehensive health assessment and	9,154	Incomplete/ Unachieved	172 patients seen by nurse specialist

PERFORMANCE MEASURE/ INDICATOR	TARGETS	TRAFFIC LIGHT	MANAGER'S COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT
successfully managed.			
Number of new cases of TB and Leprosy seen and cared for in the Communicable clinic and outreach visits	TB = 18 Leprosy = 5	No update provided	
Number of new mothers with STIs receiving comprehensive treatment and timely management	150	No update provided	
Average number of visits per pregnant mother within 40 weeks gestation across all health care services	8	Completed/Achieved	694 number of visit per pregnant mother within 20 weeks gestation (Poutasi DH)
Number of mothers that visit the antenatal clinic for the first antenatal assessment within the 20 weeks of gestation across all settings	1,270	Incomplete/ Unachieved	42 ANC assess within 20 weeks gestation (Poutasi DH)
Number of pregnant mother receiving Tetanus vaccine immunization	2,600	Incomplete/ Unachieved	137 pregnant mother receiving TVC (Poutasi DH)
80% of deliveries by midwives are managed according to the standards and competencies	700	Incomplete/ Unachieved	172 deliveries manage by midwives manage satisfactory (Poutasi DH)
number of children that are exclusively breastfeed in the first 6 months of their lives	500	Incomplete/ Unachieved	45 children that exclusive breast feed in the first 6 month of their lives (Poutasi DH)
number of children completing MMR vaccinations at 15 months of age	4,500	No update provided	
number of coverage of children fully immunized at 15 months of age	4,500	No update provided	

This Output was responsible to implement 22 Key Performance Indicators for this financial year. At the end, only 4 indicators were achieved, while 11 indicators were unachieved and 7 indicators without any update provided with regards to the implementation. It is advisable for

this division to ensure in the next financial year, it is very important to provide update on each indicator's implementation status to do justice to the overutilization of the allocated budget.

### **Other Achievements:**

#### ***Reaching Out through Multi-media Campaign during COVID-19 Pandemic***

A Community Outreach Program through multimedia campaign was initiated. This was due to the COVID-19 State of Emergency put in place where a gathering of more than 5 people is disallowed.

#### ***Enhancing Community Engagement and Awareness***

Due to COVID-19 restrictions, most of the planned community engagement activities could not be completed. Nevertheless, the following activities were implemented:

#### ***Immunization Roll-Out***

With the help of the country partners and the WHO, COVID-19 vaccine can reach into Samoa to prevent and defend our country from affecting by the pandemic.

In compliance to the SOE of COVID-19, the vaccination roll out are focusing on multi-media programs with the 'Fai lou Tui Puipui' message highlighting the vital role and responsibilities of each person and parents to complete vaccinations. Important message of getting vaccination is highly recommended for all ages for an adult 18 – 75 years and children at 12 – 17 years. The AstraZeneca vaccine is mainly for adult while Pfizer or Cominarty used for children.

A radio and TV talk program on all TV stations and the Ministry of Health website and Facebook page together with the Government of Samoa Facebook page are the main source for communications and public awareness. The whole community has helped out with vaccination of the country, where Sui o Nu'u (Alii ma Tamaitai) involved taking participation as part of their contribution with the government.



## OUTPUT 21: PUBLIC HEALTH – HEALTH PROTECTION & ENFORCEMENT

### Output Description:

The role of the Health Protection and Enforcement Division is to provide regulatory and monitoring services of health standards and conducting public health risk assessments in order to protect the health of the public; improve healthy living standards and upgrade environmental conditions for better health.

It further provides strategic directions and professional leadership to enforce compliance to health standards obligated under key health legislations in order to improve the health status of all Samoans: MOH Amendment Act 2019, MOH Act 2006, Health Ordinance 1959, Food Act 2015, Burial Ordinance 1961, Occupational Health and Safety Act 2002, Quarantine (Biosecurity) Act 2005 and Tobacco Control Act 2008.

The division is also mandated to provide strategic leadership in the development of Health Promotion Programs and health communications strategies to increase awareness on health prevention in order to modify risk behaviours. Health Promotion continues to foster working in close partnerships and collaboration with stakeholders and the wider community through national coordination.

The core mandated core functions of this Output include:

- (iv) Food Safety and Tobacco Control Regulatory Services
- (v) Healthcare Waste Management, Occupational Health and Safety and Burial Regulatory Services
- (vi) Health Promotion Monitoring and Educational Services and
- (vii) Nutrition Monitoring and Regulatory Services and

### Budget Allocation and Utilization:

Full Year Budget	Actual	Remaining Budget	% of Utilization
SAT3,524,167.00	SAT3,148,062.00	SAT376,106.00	89%

This Output was able to utilize 89% of their allocated budget to support the implementation of their approved Key Performance Indicators for this financial year. The remaining 11% of the budget that had not been utilized was for vacant positions that were not being able to fill in this financial year. This will be fully realized in the next financial year.

### Performance Status:

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT	MANAGER'S PROGRESS
Number of food handlers that have completed medical screening and issued a health card	100%	Achieved	A total of 601 food handlers completed their medical screenings and were issued health cards (section 16 Food Act 2015).	
Percentage of monitored shops/supermarkets that comply with the WHO Code of Marketing of Breastfeeding Substitutes	80%	Achieved	This indicator to move to be removed from HPED indicators and to NHWD due to reforms. Supporting documents provided.	
Percentage wholesaler distributors that comply	60%	Incomplete/	Due to the COVID-19 health response, the staff were assigned	

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT	MANAGER'S PROGRESS
with food fortification standards with the Food Act 2015 biannually.		Unachieved	to different duties for COVID-19 response risk communications, COVID-19 vaccinations, and School health programme and PEN Fa'asamoa roll out in under World Bank project was prioritised in this FY20/21 . This indicator to move to be removed from HPED indicators and to NHW due to reforms	
Percentage of monitored supermarkets and shops that comply with fruit and vegetables quality and variety as per Food Act 2015	85%	Achieved	This indicator to move to be removed from HPED indicators and to NHW due to reforms Supporting documents provided	
Percentage of Baby Friendly Hospital Initiative (BFHI) standards implemented by TTM and MTII Hospitals per calendar year.	80%	Achieved	This indicator to move to be removed from HPED indicators and to NHW due to reforms. Supporting documents provided	
Number of health education programs conducted annually	80%	Achieved	This indicator to move to be removed from HPED indicators and to NHW due to reforms ....Number of health Education programmes ongoing throughout the year exceed 7 in community Pen Fa'asamoa Programme roll out, World Health Day events, Physical activity Exhibition for school children and other integrated stakeholder trainings.	
Annual testing of tobacco products to determine the level of constituents as required by Tobacco Control Act 2008	100%	Achieved	There is currently 1 local Tobacco Manufacture and the company has complied with the annual testing of tobacco products to determine level of constituents as required under the Tobacco Control Act 2008.	
Number of health promotional materials developed and produced annually	100%	Achieved	This indicator to move to be removed from HPED indicators and to NHW due to reforms. NHW School Health Programme Health Promotion Materials: 1. Food Plate Portion Frisbees.2. School to Home Healthy Diary for Primary School Children. 3. Corflutes for School Nutrition standards English and Samoan. 4. Corflutes Yes Foods for Schools. 5. Kuka Manaia x 9 short episodes on Healthy Eating developed and Aired on National TV. 6. PENFAASAMOA Community Flipcharts for Community Engagement. 7. Breastfeeding	



PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT	MANAGER'S PROGRESS
			<p>Pamphlets on Infant and Young Child Feeding 8. Breastfeeding Size A3 Corflutes on Breastfeeding and Environment. 9. Breastfeeding T-shirts for Community Programmes in Breastfeeding Week. 10. Salt Week Campaign Pull Up Banner on Food Labelling. 11. Eat Less Salt Poster on Using herbs and spice to replace Salt. 12. Breastfeeding Campaign Bumper stickers 13. Salt Bumper Sticker. 14. BMI Children Charts 15. Eat a rainbow Banners for Fruits placing activity. 16. Three Food Groups Banner for Food group placing activity for children ..... COVID RESPONSE HEALTH PROMOTION MATERIALS DEVELOPED: COVID Response Airport Sticker Banner on Respiratory Hygiene x 9 messages x 2 locations Faleolo and Pharmacy Building TTM Hospital; public places including workplaces, church organizations. Pamphlets of Home-Care on COVID-19 that were distributed to all the workplaces, district communities, church organizations, quarantine sites; In addition are the MMR and general measles information produced and disseminated to all hospital facilities. . This indicator to move to be removed from HPED indicators and to NHW due to reforms</p>	
Percentage of requested HIA conducted and reported. (PUMA Development Consent request and others)	70%	Completed / Achieved	<p>The following are activities implemented within this financial year and highlighted as important activities that undertaken as indicators in the previous years.</p> <ul style="list-style-type: none"> <li>➤ Two quarterly monitoring reports have been executed with compliance level in percentage as noted.</li> <li>➤ Have received 73 numbers of burial cases (58 repatriation, 12 expatriation and 3 disinterments) from the month of July 2020 to June 2021. All have been complied with our health requirements and</li> </ul>	

PERFORMANCE MEASURE/ INDICATOR	TARGET/S	TRAFFIC LIGHT PROGRESS INDICATOR	OUTPUT COMMENTS ON PROGRESS TOWARDS ACHIEVEMENT	MANAGER'S PROGRESS
			approved by the Director General of Health.	

This Output was responsible to implement nine Key Performance Indicators for this financial year. At the end, they were able to complete and achieve eight indicators and one indicator unachieved, because the division shifted their focus in this financial year to support the Ministry with implementation of Public Health COVID-19 preparedness and response.

### Other Achievements:

#### 1. COVID\_19 response – repatriation, expatriation and health care waste measures

A total of 40 requests received in this period for the international repatriation of human remains (30 human bodies and 10 cremations). Thirteen expatriation requests of human remains (6), cremations (7) and 5 disinterment's requests (4 local & 1 abroad).

Ongoing daily collection of healthcare waste from quarantine sites-hotels/home quarantine/vaccination sites/isolation sites & all district and referral hospitals with daily incineration at Tafaigata in Upolu and Vaiaata in Savaii.

#### 2. Implementation of the MOH Occupational Safety & Health Policy and Guideline

The MOH Occupational Safety and Health Policy was developed by the Strategic Planning, Policy and Research Division was endorsed in January 2021 to assist our division to guide the Occupational Safety and Health operational works.

#### 3. Risk Communication and Community Engagement for COVID response

In this period implementation of the I LOVE MY SAMOA COVID\_19 PREVENTION CAMPAIGN and branding for vaccinations and prevention from COVID\_19. Education and awareness through stakeholders of health and social sector to ensure coherence of messaging for COVID\_19. Design, test, and produce educational materials for media and community outreach. Social media listening, media monitoring and rumour management to assess covid vaccine demand and hesitancy, covid\_19 acceptance of prevention measures. Development of Health of the Nation episodes, talking points, press releases, public notices as required for COVID\_19. Community engagement to all districts in collaboration with MWCSO to sensitize community to Covid\_19 and educate on practical prevention measures. Managing Health Call Centre for Covid\_19 enquiries and response to the public.

#### 4. Branding of COVID-19



#### CALL CENTER SETUP



Setup of the Call Centre Free Line for the public to call in any queries or report any COVID related matter.



manage the Call Centre queries etc.

❖ More than 100 calls are received each week at the Call Centre

Ministry of Health

## OVERALL CHALLENGES

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The realization of the overwhelming responsibilities that come in parallel with the amended mandated functions were real and immediate challenges for the Ministry of Health in terms of:

- ✓ Technical and personal relationships in a forever changing working environment;
- ✓ Knowledge and skills capacity on mandated roles and operations;
- ✓ Confidence of MOH staff to pursue with their new mandated roles and responsibilities
- ✓ impact of global, regional and national shortages of human resources for health;
- ✓ Impact of global pandemics and/or public health events;
- ✓ Drive for Impact of the division planned implementation by shifting the focus and the involvement of the staff to prevent public health emergencies, hence the targets allocation has yet to reached out;
- ✓ Justifying to central and partner Ministries the associated cost and human resources implication of the MOH's restructuring of its duties in order to facilitate help;
- ✓ Shift in sectoral orientation for the MOH to lead the preparations and realisation of the Public Health System Strengthening;
- ✓ Community understanding and acceptance of the practical realities associated with the merger;
- ✓ Health sector staff understanding of amended legislations and the laws governing the health system in Samoa;
- ✓ Development partners appreciation of the merger taken place and its focus in order to help; and
- ✓ Awareness by all significant partners and organizations that the new MOH is new in name but continuing all the traditional functions of the former MOH in the past 100 years; that the management and staff have tried during this financial year to practically translate, implement and establish.

In stating these challenges, the Ministry is also committed in ensuring that there are continuous efforts to address them in the most constructive way that will benefit the health sector as a whole. It has been a trying time for the Ministry in its second year realizing its new roles, however, there is also a lot of potential in the organization to continuously facilitate change through ongoing discussions with all its partners to effectively and efficiently address these challenges.

## CONCLUSION

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As the Ministry of Health assesses its work undertaken during this Financial Year, it is important to note that we had a daunting task of reorienting skills and work processes to focus on both health service provider and monitoring and regulatory roles in order for public health system strengthening and revitalization of primary health care to be fully realized.

The burden of NCDs, emerging and re-emerging infectious diseases are obviously visible which have directed the Ministry to put more efforts in providing comprehensive people-centred healthcare services through delivering preventative, promotive, curative and rehabilitation services; and continue to empower the community to take ownership of their health. There is also a desire to strengthen the utilization of existing village and community structures as the vehicle for building awareness and changing lifestyles from within communities.

The Ministry is aware that our vision and mission as articulated in the Ministry of Health's Corporate Plan FY2020/21-FY2022/23, remains a vital and compelling part of the Ministry's corporate culture that requires much attention to shape and sustain.

We look forward to expand the scope of our work on further strengthening of public health system. We will continue to enhance the provision of effective, efficient, and safe quality healthcare services and increase our knowledge of monitoring and regulating in ways that will inform health sector and development partners, policymakers and others, leading to improvements in health for all Samoans and achievement of the Health Sector Plan FY2019/20 – FY2029/30 vision of a "Healthy Samoa".