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TCRRP and TCRP Evaluation Report

Joint New Zealand Ministry of Foreign Affairs and Trade and Australian Department of Foreign Affairs and Trade Evaluation of the Samoa Tropical Cyclone Evan Disaster Recovery/Rebuilding Programme, and the Tourism Cyclone Recovery Programme 2013-2015

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This report has been prepared on behalf of, and for exclusive use of the New Zealand Ministry of Foreign Affairs (MFAT) and the Australian Ministry of Foreign Affairs and Trade (DFAT), as required for ongoing planning related to TCCRP and TCRP. Its preparation follows consultation between stakeholders and the New Zealand and Australian Aid Programs. The report is subject to, and issued in connection with, the provisions of the agreement between Kurrajong Hill Pty Ltd and MFAT. Kurrajong Hill Pty Ltd accepts no responsibility whatsoever for, or in respect of, any use of or reliance upon this report by any third party or any use outside the purpose for which it was prepared. The evaluation team comprised Dr Fiona Kotvojs (Team Leader), Ms Anne Lockley (Evaluation Specialist), Ms Pisaina Leilua-Lei Sam (Samoa Economic Evaluation Specialist) and Ms Mardi Trompf (Procurement Specialist and Evaluation Mentee).

We recognise the extensive contribution of so many people to this evaluation. The contribution of the Evaluation Steering Committee (MFAT, DFAT and GoS through MoF) was enormous. In particular, we would like to thank Tuanui Felauai (Lagi) of MFAT for her professionalism in managing and supporting this assignment. Each of those we interviewed provided valuable information, our thanks to the many representatives of donors, the Central Bank and financial institutions; all the Chief Executive Officers/Heads of the Government Ministries and Public Bodies we interviewed including those from Agriculture, Foreign Affairs and Trade, Health, Works and Infrastructure, Tourism, Women, Community and Social Development, Commerce, Industry and Labour, Environment and Fire Emergency Services; the

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Our team would like to thank GoS, MFAT and DFAT for the opportunity to undertake this assignment. It was enjoyable and interesting. We trust that the final report will assist future support to recovery after natural disasters.

Our team comprises Dr Fiona Kotvojs, Ms Anne Lockley, Ms Pisaina Leilua-Lei Sam and Ms Mardi Trompf. Dr Fiona Kotvojs is an evaluator who specialises in international development assistance programmes. She has over 25 years' experience in designing and implementing quantitative and qualitative evaluations. Fiona is a principal at Kurrajong Hill. Ms Anne Lockley specialises in gender, social inclusion and evaluation, with over 20 years' experience in working in these areas across the Pacific and South-East Asia. She has particular expertise in humanitarian responses and recovery. Ms Pisaina Leilua-Lei Sam is an expert in the public economic policy and practice, development, corporate governance, monitoring and evaluation and practice in the Pacific and Samoa with more than 25 years' experience in these areas. Ms Mardi Trompf is a procurement and costing specialist. She brings this expertise to her evaluation practice.

Table of Contents

1

Abstract

Tropical Cyclone Evan passed over Samoa on 13-14 December 2012 and caused widespread damage. New Zealand and Australia provided support to both the response and recovery phase. Samoa's recovery priorities were defined in their recovery framework. This formed the base for assistance in the recovery phase provided through the Tropical Cyclone Evan Recovery and Rehabilitation Programme (TCRRP), which was implemented as budget support, and the Tourism Cyclone Recovery Programme (TCRP) which was implemented as a program. This evaluation identifies the relevance and effectiveness of TCRP and TCRRP and whether they built awareness and capacity in relation to disasters.

Applying a utilisation focused approach, three sector studies were completed (education, health and tourism) to inform the findings. For each of these sector studies, data was collected from a breadth of sources and analysed using content analysis. A cost-utility analysis was also undertaken for TCRP.

The evaluation found TCRRP and TCRP to be highly relevant to the post-disaster needs assessment, donor strategies, and in general, to sectoral plans. In both education and health, the infrastructure would not have occurred without external assistance. Most expected TCRRP and TCRP outcomes were achieved. However, 'soft' outcomes specified in Samoa's recovery framework were not well resourced and often not achieved. Gender and disability inclusion were also poorly addressed. Through TRCP and TCRRP, the quality of buildings have improved. However, the longer term impact of support is mixed because (i) some facilities are no longer used or not used as intended and (ii) there is a lack of proactive and curative maintenance.

2

Executive Summary

Background

Tropical Cyclone Evan passed over Samoa on 13-14 December 2012. It is considered the worst tropical cyclone to hit Samoa since 1991, and caused widespread damage to public services, buildings, roads, agriculture, and communications infrastructure.

The Government of Samoa (GoS) implemented an immediate response, declared a state of emergency, and called for international assistance. A multi-agency damage and loss assessment coordinated by the Ministry of Finance (MoF) was finalised in March 2013. This provided the basis for the prioritisation of activities under the *Tropical Cyclone Evan Recovery and Rehabilitation Programme* (TCRRP). TCRRP's goal was that *Samoa recovers from Tropical Cyclone Evan, reduces vulnerability and enhances resilience to withstand future shocks.* A number of bi- and multilateral donors contributed to this programme including the New Zealand Ministry of Foreign Affairs and Trade (MFAT) and the Australian Department of Foreign Affairs and Trade (DFAT). DFAT support was primarily to the health and education sectors, and MFAT's to the tourism sector under the Tourism Cyclone Recovery Programme (TCRP). This scope of this evaluation is limited to the recovery and rehabilitation period (May 2013 to end 2015). This summary focuses on the key points and priority recommendations.

Overarching findings

Relevance: The evaluation found the TCRRP and TCRP to be highly relevant to the post-disaster needs assessment, donor strategies, and in general, to sectoral plans. In both education and health, the infrastructure would not have been built or rebuilt without external assistance.

Effectiveness: At both a sectoral and programme level, most expected TCRRP and TCRP outcomes specified in the monitoring and evaluation framework during the implementation period were achieved. However, there is a common pattern that 'soft' outcomes such as investments in public health and primary health care, disaster resilience (including building national awareness and capacity on areas of disaster risk reduction, management, preparedness and responsiveness), and psycho-social support, were not as well-resourced or achieved as those related to infrastructure.

> *Recommendation*: During recovery and rehabilitation, GoS and donors ensure appropriate attention to 'soft' priorities for which existing in country capacity is limited, and areas of special need that may fall through a gap.

The evaluation did not find any evidence of particular attention to gender or disability issues in the health, education or tourism sector response, beyond 'cross cutting' being a recovery principle. There was some attention to the physical accessibility of facilities (as is standard in facility design), but this was limited to the buildings that were constructed or rehabilitated rather than the facility as a whole. While the nature of the TCRP and TCRRP and the Samoan

context has meant that no adverse outcomes from this have been identified, the evaluation has also not identified any specific gains for those vulnerable to exclusion and poverty. The lesson is that expectations of gender, disability, and social inclusion should be explicit in programme agreements and plans, even if to say that on the basis of an adequate analysis it is determined that specific action is not required.

Recommendation: MFAT and DFAT must make sure that staff have an adequate level of skill and commitment – or designated technical support – to assess what gender, disability, and social inclusion activities are appropriate for the assistance provided.

Recommendation: Where major infrastructure works are funded, designs must give attention to the wider accessibility of the facility and include ensuring access for people with low mobility as part of the package.

Impact: For both education and health, the quality of building has improved, and infrastructure funded through TCRRP was reported as being better able to withstand future cyclones, but some issues, particularly water leakage, remain. New school facilities and improved learning environments have improved student and teacher satisfaction. This can be expected to contribute to improved learning outcomes. Pride in the improved school environment has also increased parental involvement in school activities.

The longer term impact of support to health is mixed. Developments in the health sector since the completion of TCRRP have reduced the need for some of the facilities renovated as part of TCRRP. One district facility visited does not appear to be well used, or used to the intended level and capacity; but another is very well used.

Overall, most tourism operators have rebuilt their businesses, the grants and access to low cost loans helped them to do this. However, many would have found another way to do this (such as commercial or family loans). An increase in remittances also played a role. The tourism marketing grants appear to have been most useful for businesses operating at the deluxe and superior levels. Smaller businesses were generally unable to identify improvements in occupancy levels as a consequence of the marketing. Accredited training has provided significant benefit to individuals. There is no evidence to suggest that the unaccredited, three-day courses provided benefit to either the individual or sector.

Efficiency: While the overall leadership and prioritisation processes were viewed to work efficiently, the devastation of Cyclone Evan provided an opportunity for more strategic decision making about sectoral infrastructure. Recovery of infrastructure after a disaster can be considered as an opportunity to take a strategic approach to infrastructure assets rather than simply replace what was there. This required a thorough interrogation of the construction priorities vis-a-vis a longer term, realistically costed and staffed sectoral plans and service user data – which needs to be ready in advance – as a preparedness activity. At the time of funding recovery, donors must also consider strategic needs rather than simply replacement.

Recommendation: In future post disaster reconstruction, take the opportunity to reconfigure infrastructure informed by a detailed sectoral plan that includes risk assessments, analysis of longer term infrastructure needs, and identification of available staff and resources.

The evaluation team believes MoF was the most appropriate agency within GoS to coordinate the recovery programme. Clearer definition of the role and responsibility of the recovery

committee for TCRRP may have avoided some misunderstandings between partners. Some changes in management in the education sector contributed to delays. For TCRP, the management structure proposed in the design was more onerous than necessary, but in practice the implementing agencies worked well together, building on relationships and processes that had been established following the 2009 Tsunami. The importance of this experience highlights the value of Samoan agencies leading and managing the assistance.

Recommendation: Wherever possible, and with the in-country assessment that there is the required capacity, a Samoan agency or agencies should take on the management of external assistance.

In commissioning this evaluation, New Zealand MFAT and Australian DFAT were interested in the lessons from the different modalities employed, which include a project (MFAT, TCRP); direct budget support to the health and education sectors, channelled through the MoF and allocated according to the sector recovery plans (DFAT); and provision of additional technical inputs through direct contracting (DFAT). For TCRP the project modality was appropriate due to capacity issues, and worked well, particularly because of the established relationships and experience of those involved.

In practice the DFAT support to the health and educations sectors was implemented more as programme aid, with allocations to specific areas defined in a funding agreement. While this appears to have been satisfactory to all parties, the confusion has meant that many of the advantages either modality (programme aid or budget support) have not been realised.

Recommendation: The modality and the roles and responsibility of each must be agreed, clearly documented and commonly understood. Whenever there are changes in personnel involved in management of the recovery, these should be reviewed by the parties to the agreement to ensure a common and consistent understanding is maintained.

The workload demands of the many projects associated with recovery activities often falls on people who are already committed on existing work, many of whom have also been personally affected. This evaluation indicates that there was not enough capacity (although it was unclear whether this was in systems, people, or both) to adequately fulfil the administrative requirements. Appropriately accountable and transparent information of why decisions were made and what they were, backed by consistent data, is not available.

*Recommendation***:** For any future assistance, the need for additional staff to administer and manage the increased workload associated with the recovery should be assessed by the agency and, if additional staff are required, this should be addressed.

Recommendation: GoS agencies to increase the accountability and transparency of decision-making and record keeping. Financial management systems and reporting need to be consolidated and streamlined to enable provision of consistent, accurate, information for public information, management, and audit purposes.

In health and education sectors, smaller infrastructure works were managed internally, while larger works were contracted through a competitive tender process and supported by an infrastructure adviser contracted directly to DFAT, and education sector construction was supported by an engineering firm. The external support to infrastructure, working with relevant staff in the sectoral agencies, was consistently considered to have improved the quality of construction, and has also improved value for money.

Recommendation: If it is not available within the relevant GoS agency, donors provide additional technical expertise for construction supervision and management.

A range of different procurement approaches were used. In some cases, different sectors applied different procurement systems to the same suppliers. The Ministry of Agriculture and Fisheries (MAF) used an e-voucher system for procurement of materials from approved suppliers which appears to have been efficient and transparent.

Recommendation: The wider application of electronic purchasing systems trialled in the Cyclone Evan recovery by the Ministry of Agriculture and Fisheries should be explored in different sectors in preparation for future response and recovery efforts.

Sustainability: 'Build back better' was a key recovery principle, and this has been variously applied across TCRRP and TCRP. All infrastructure work appears to have integrated the concept in terms of '*ensuring the replacement is more resilient to natural hazards*', either through modifications to construction or relocation to a different site.

In the tourism sector, there were specific issues associated with a back better approach. Higher end tourism properties appear to have invested in improving the cyclone resilience of their infrastructure. At the lower end of the tourism market, particularly beach fales, it appears that weather-proofing basic structures would not be an economically wise decision.

Recommendation: Application of a 'build back better' principal should consider the realities of the context. This may involve rebuilding in ways which enable operators to rebuild damaged infrastructure in future.

Disaster related damage is exacerbated by a lack of proactive and curative maintenance. There are inadequate resources invested in maintenance, particularly of government facilities. This is the biggest threat to sustainability. Well intentioned donors need to consider that any new structure will add to the maintenance resource requirements.

Recommendation: As part of the design phase, donors should realistically identify how maintenance of new structures will be funded and minimise maintenance and operational costs.

Recommendation: MoF develop and implement a policy on funding maintenance that ensures ongoing preventative maintenance is undertaken to complement the implementation of the Government Asset Management Policy.

Summary of conclusions against evaluation purpose:

- *Purpose 1: achieving the anticipated goals and results specified in the monitoring and evaluation framework during the implementation period:* Most anticipated goals and results have been achieved except those related to 'soft' outcomes.
- *Purpose 2: building national awareness and capacity on areas of disaster risk reduction, management, preparedness and responsiveness:* Largely limited to aspects related to infrastructure. There was little, if any, evidence of contribution to national awareness or capacity.
- *Purpose 3: assess the relevance and overall effectiveness of the programmes in assisting affected sectors with rebuilding and recovery:* GoS advised that they could not rebuild the damaged infrastructure without the support provided by TCRP and TCRRP. However, unless maintenance is addressed, the benefits are unlikely to be sustained. A *build back smarter* approach may be more effective.

3

Background

THE ACTIVITY

Tropical Cyclone Evan passed over Samoa on 13-14 December 2012 bringing heavy rainfall, flash floods, and maximum sustained winds up to 90 knots (166.7 km/h). It is considered the worst tropical cyclone to hit Samoa since 1991, and caused widespread damage to public services, buildings, roads, agriculture, and communications infrastructure. At least five people were killed, and almost 5,000 people were displaced.

The Government of Samoa (GoS) implemented an immediate response, declared a state of emergency, and called for international assistance. A multi-agency damage and loss assessment coordinated by the Ministry of Finance was finalised in March 2013 (GoS, 2013a). This estimated the total value of damage (destroyed durable physical assets) as SAT 235.7 million (approximately US$103.3 million),[1] and losses (the subsequent production losses and higher production costs) at SAT 229.4 million (US$100.6 million).

The assessment provided the basis for the prioritisation of activities for Samoan and international support under the *Tropical Cyclone Evan Recovery and Rehabilitation Programme* (TCRRP). TCRRP was implemented from May 2013 to September 2015 with remaining recovery work integrated into the Government of Samoa's core business. The general focus and principles were outlined in a recovery framework (GoS, 2013b) which effectively formed the TCRPP design document.

The goal of the recovery programme was that *Samoa recovers from Tropical Cyclone Evan, reduces vulnerability and enhances resilience to withstand future shocks.* Four priority outcome areas were identified: (i) the social sector (health, education, community); (ii) cross-cutting sectors (environment, disaster risk reduction, and climate); (iii) infrastructure (water, transport, energy); and productive sectors (tourism, agriculture) (GoS, 2014c, p. 4).[2] A number of bi- and multilateral donors contributed to this programme including the New Zealand Ministry of Foreign Affairs and Trade (MFAT) and the Australian Department of Foreign Affairs and Trade (DFAT).

New Zealand MFAT committed up to NZD$12.6 million to support Samoa's recovery from Tropical Cyclone Evan, including:

- NZD$2.6 million for early relief and recovery (of which NZD$2.5 million was paid)
- NZD$6 million provided through budget support for the wider TC Evan recovery/rebuilding programme

[1] The damage and loss assessment uses the Central Bank of Samoa standard exchange rate of 2.281 tala per US dollar.

[2] This evaluation has been unable to identify a documented Results Diagram, Theory of Change or Programme Logic for TCRRP.

- NZD$4 million (of which NZD$2.1 million was paid) for recovery of the tourism sector as part of TCRP (Evaluation terms of reference, 2018). This was provided through the *Tourism Cyclone Recovery Programme* (TCRP). TCRP activities were implemented from mid-2013 to December 2015. TCRP aimed to *achieve a rapid recovery of the tourism industry and tourism- based livelihoods and employment*, to enable the increased contribution of Samoa's tourism industry to economic growth.

Australia's contribution (AUD$6.75 million) was in general budget support and prioritised the repair and recovery of severely damaged education and health sector infrastructure.

The results diagram for TCRP is included in Appendix 1. There is no equivalent for TCRRP, but relevant details have been extracted from the draft monitoring and evaluation framework (GoS, 2014a). Further detail on the impacts of Cyclone Evan and the recovery programmes is included in the document review (ME001).

EVALUATION PURPOSE AND DESIGN

Purpose

The evaluation has been commissioned with the purpose of assessing the effectiveness of the overarching TCRRP and the TCRP in:

- achieving the anticipated goals and results specified in the monitoring and evaluation framework during the implementation period,
- building national awareness and capacity on areas of disaster risk reduction, management, preparedness and responsiveness, and to,
- assess the relevance and overall effectiveness of the programmes in assisting affected sectors with rebuilding and recovery.

The evaluation terms of reference directs the evaluation to focus on the outcomes achieved and lessons learned during the implementation period and make recommendations to improve and strengthen jointly coordinated disaster management response and preparedness in Samoa.

Scope

The evaluation scope is bounded by implementation under the recovery framework period from May 2013 to December 2015. Therefore it excludes issues and outcomes associated with the immediate response and relief phase.

Design

The evaluation design adopted a utilisation-focused evaluation approach to encourage application of evaluation findings. Reflecting this, the evaluation process maximised involvement of expected users (Ministry of Finance (MoF), Samoa Tourism Authority (STA), Samoa Hotels Association (SHA), Ministry of Education, Sport, and Culture (MESC), Ministry of Health (MoH), MFAT, and DFAT), and provided opportunities to discuss and comment on preliminary findings. Three detailed studies for the sectors where New Zealand (tourism) and

Australian (health and education) assistance was focused were completed as independent reports (Appendices 3, 4 and 5), as this was considered to maximise utility for expected users. These sector studies were provided to each sector for comment. Comment has been integrated into this report. Based on these sector studies and further interviews in agriculture, housing, and community and women and the document review, a broad analysis across all sectors was completed and is documented in this evaluation report.

The evaluation drew on data sourced from: (i) project and other relevant literature such as reports, designs, evaluations, sector studies, and general background information (refer the document review ME001); (ii) interviews with stakeholders [over 140]; (iii) site visits to observe infrastructure work [22]; (iv) workshops for the tourism sector [3] and a workshop for broader sector stakeholders [1]; (v) statistics collected by agencies; (vi) tourist operator and general tourism websites (such as Trip Adviser); and (vii) surveys of training participants [1] and tourist operators [1]. The details are included for each sector study (Appendix 3 to 5).

Data analysis was limited by:

- *Availability of documents*: The late provision of key documents meant that many of the inconsistencies were not identified until after the in-country visit and therefore were not explored during the interviews. The evaluation would have been broader had this been possible.
- *Quality of data:* Data were compiled from a range of sources, including occupancy and employment data from STA, visitor arrivals and expenditure information from Samoa Central Bank, and TCRP reports completed by SHA. This consolidated data set was not as useful as was hoped because of considerable gaps in reporting and a lack of consistency across sources. Financial data on expenditure in education and health was inconsistent (in terms of allocation and expenditure). This has limited the evaluation of efficiency of TCRRP.
- *Availability and memory of interviewees:* For the health sector, many of those involved in the NHS and MoH interviews were not actively involved in the TCRRP, were not employed in NHS or MoH at the time, or did not remember the details. Staff movements and the time that has passed since TCRRP meant that more in-depth interviews were not possible. Individuals involved in some of the more enduring activities (such as ongoing disaster risk reduction activities) did not attend scheduled interviews.

4

Overarching Findings

This section summarises the findings across TCRRP and TCRP. While there is a specific focus on the tourism, health, and education sectors, findings relevant to disaster recovery and rehabilitation, and to risk reduction more broadly are also discussed. Recommendations are included following the discussion on which they are based, and are consolidated, along with the key learnings in Section 5.

Objective 1: The effectiveness of TCRRP and the TCRP

- **Achievement of outcomes**

At both a sectoral and programme level, most outcomes have been achieved. A summary table of achievements against outcomes is included as Appendix 2.

However, across all three sector studies (Appendix 3-5) there is a common pattern that 'soft' outcomes specified in Samoa's recovery framework were generally not as well achieved as those related to infrastructure. For example, in health, there was little focus on outcomes related to public health, disease control, community awareness, and health sector operational development (policies, staffing, coordination). In education, there has been little attention to building psycho-social resilience for children, teachers and families; or developing capacity to prepare for a response to disaster alongside resilience to withstand future shocks. While the focus on infrastructure was welcomed, this emphasis failed to address some of the long-term sectoral issues in Samoa – such as typhoid eradication for health or school rationalisation for education. The reasons for lack of attention to 'soft' outcomes was not specified in reports and the decisions made too long ago (up to five years ago) to be accurately remembered.

Recommendation 1: During recovery and rehabilitation, GoS and donors ensure appropriate attention to 'soft' priorities for which existing in country capacity is limited, and areas of special need that may fall through a gap.

- **Contribution to disaster preparedness and risk reduction**

TCRRP and TCRP contributed to disaster risk reduction by reducing the risk of damage to infrastructure in future extreme events. This was achieved for both health and education by locating new infrastructure at sites less likely to experience damage from future cyclones or storm events. While in some cases, the schools were not relocated as much as desirable, the situation was improved.

The education and health infrastructure funded through TCRRP was reported as being better able to withstand future cyclones. However, for both sectors there remained some issues, particularly water leakage, and ongoing maintenance is minimal. TCRRP has not contributed

to raising awareness amongst students and staff of action to take in response to a natural disaster as MESC had already implemented this programme following the 2009 tsunami.

Higher end tourism properties appear to have invested in improving the cyclone resilience of their infrastructure, driven in part by the engineering certification required to be able to access insurance. At the lower end of the tourism market, particularly beach fales, the information obtained through the evaluation suggests that it is unlikely that an increased investment to weather proof basic structures would be economically sensible given the low levels of occupancy, and the relative ease and low cost to replace simple structures if they are damaged.

Recommendation 2: STA/SHA support further work on insurance to facilitate improved adoption of insurance or understanding of implications for self-insurance.

Otherwise the evaluation identified that since the 2009 tsunami, GoS agencies have implemented a continuous improvement process focused on disaster preparedness and risk reduction. Thus, the additional contribution of TCRRP is difficult to discern, and is likely due to the experience gained through the post Cyclone Evan period rather than specific TCRRP activities.

- **Incorporation of recovery principle: Cross cutting (gender and disability inclusion)**

Gender issues in the education, health and tourism sector were often conceptualised in very limited terms, such as women's and men's participation in meetings, training, or other events. Disability inclusion appeared to be limited to consideration of the physical accessibility of some facilities.

A more comprehensive gender perspective considers the different needs, responsibilities, access to resources and benefits, constraining and enabling factors (including the role of culture) and genuine participation in decision making and leadership roles. The social model of disability inclusion focuses on removing the barriers presented by the way society is organised, rather than focusing on 'fixing' a person's impairment or difference. It includes attention to rights of people with disability, attitudes and discrimination, and general awareness. Gender and disability inclusion also extend to workforce management and planning.

Expectations around gender and disability or any other inclusion were not explicit in the direct agreement for health or education sector support between DFAT and MoF. There was some reported attention to gender in infrastructure development - inclusion of separate birthing facilities in health facility development, and toilets for boys and girls at schools. However these are really standard in facility development and cannot be considered specific inclusion activities.

There was some consideration of the physical accessibility in rehabilitation or construction of new health and education facilities. However, some existing buildings did not include accessibility features and TCRRP nor TCRP did not include work to rectify this. Staff at the renovated Poutasi hospital advised that the facility does not include wheelchair accessible toilets or showers; paths to connect existing buildings were not always included where approved (e.g. Vaivase primary school); or were poorly constructed or not maintained so that they are no longer useable (e.g. Saanapu community health centre).

Relevant to any future disaster recovery and rehabilitation efforts, Samoa has signed the Convention on the Protection of the Rights of Persons with Disabilities (CPRD) (September 2014). With ratification (December 2016) it is now incumbent on the government to '*take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications (including to) … schools, housing, medical facilities and workplaces'* and '*to develop, promulgate and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public*' (CPRD Article 9).

Recommendation 3: Where major infrastructure works are funded, designs must give attention to the wider accessibility of the facility, and include ensuring access for people with low mobility as part of the package.

The evaluation did not find any evidence of particular attention to broader gender or disability issues in the health, education or tourism sector response. The evaluation team found it particularly concerning that a member of the donor staff thought that this was because 'gender is a new issue'. This indicates the need for deeper awareness training among donor staff given that gender has been a stated priority of most international development agencies since at least the Beijing 4th World Conference on Women in 1995. A robust awareness of, and commitment to, gender equity among all donor staff, is essential if partners are to see gender equity as being more than an imposition of donors.

It is fortunate that the nature of the programmes and the Samoan context has meant that no adverse outcomes of the lack of specific attention have been identified - but also, no gains have been made for those vulnerable to exclusion and poverty.

Recommendation 4: Development partners (donors) make sure that their staff have an adequate level of skill and commitment – or designated technical support – to assess what gender, disability, and social inclusion activities are appropriate for the assistance provided.

▪ Constraining and enabling factors

The provision of specialist infrastructure technical assistance to MESC and NHS via a direct contract with DFAT was essential to the achievement of infrastructure related outcomes. MESC and MoH both advised that they had neither the financial resources nor engineering capacity to rehabilitate the infrastructure without assistance. Significantly, progress reports and MESC consistently indicated that in addition to providing engineering advice, support provided by the infrastructure adviser was critical in MESC's successful negotiations with communities to relocate schools out of the hazard area. Consequently, without this external support, the recovery and rehabilitation infrastructure work at schools and health facilities would not have occurred.

MESC also noted that infrastructure work undertaken independently by schools is likely to have been to a lower standard than that undertaken through TCRRP[3] due to the monitoring of TCRRP works quality by the DFAT contracted infrastructure adviser. While MESC have an in-house building manager, MESC advised the evaluation team that quality control of major works required by Category 1 (and some of the works at Category 2) schools was beyond the capacity of this position.

[3] This is supported by comparison of the quality of work undertaken at Safa'ato'a Primary School.

Delays in progress in implementing work under TCRRP in the education sector were a consequence of land ownership issues and ensuring quality of design.

Achievement of the tourism sector outcomes was enhanced by increased levels of remittances which assisted renovation and replacing damaged tourist accommodation and facilities. Continued delay in repairing damaged roads and a relatively poor communication network constrained recovery and ongoing expansion of the sector.

Objective 2: Programme impact

▪ Extent of benefit to stakeholders and beneficiaries

The expected impact of TCRRP was not consistently defined. Consequently, this evaluation drew on the direct funding agreement between the Government of Australia (GoA) and GoS, the recovery framework[4], TCRRP monitoring and evaluation framework[5], and MoH/MESC reporting to determine the expected impact and outcomes from support to each sector. Across both education and health, these can be summarised as (i) improving the service through stronger, safer infrastructure and (ii) strengthened capacity to respond to and recover from natural hazards (a more nuanced discussion of impacts is included in each sector study).

For both education and health, the quality of building was reported in the infrastructure adviser's reports as having improved. This was also apparent in observations during fieldwork. However, the lack of adequate maintenance will adversely affect this over time (refer objective 4). In the case of education, the new school facilities and improved learning environment have improved student and teacher satisfaction. Versions of the example presented in Box 1 were reported by teachers and principals in several schools visited. In addition, teachers are using a greater variety of learning activities as they have more space in the larger classrooms and can display student materials on walls. This can be expected to contribute to improved learning outcomes. Pride in the improved school environment has also increased parental involvement in school activities.

The impact of support to health is mixed. While the infrastructure was completed to the required quality standards, the benefit to stakeholders and beneficiaries is limited due to other factors, as reflected in two of the three facilities visited. For example, completion of the new Tupua Tamasese Meaole (TTM) hospital has reduced the need for the facilities renovated after Cyclone Evan, so the impact of these works on the health service are reduced from what they may have been previously. Some (such as the old laboratory building) has been refurbished a second time for a new purpose. The Saanapu health clinic was intended to be upgraded to a district hospital, but is not operating as such. The additional rooms for a 'multi-purpose building' have apparently not been used. The main clinic building is in use (although closed at the times the evaluation team visited or passed) but has suffered further water damage, including to the room housing the computer and radio equipment – they are still in the same position.

[4] The recovery framework does not specify impact or outcomes. Instead, it identifies priority activities. These have been used to interpret what the intended outcomes at that time were likely to be. This aligned with that from the other sources noted in this paragraph.
[5] The outcomes identified in the M&E Framework have been addressed in each sector study (Appendix 3 – 5).

Box 1: Most significant change as a result of TCRRP as described by a teacher:

The students are happy

The most significant change as a result of having the new school buildings are that the students are happy.

After Cyclone Evan, we had classrooms destroyed. We had to fit all the children into fewer classrooms, so they were very crowded. The children came on time or late for school because the facilities were not good. The buildings were old and not in good condition. It wasn't as nice a place to be. So sometimes the children wouldn't come to school. Then the new classrooms were built and we have new, larger classrooms.

Now the children are very happy. School starts at 8am but the children come early and are always waiting for the school to open. The teachers also arrive early. To improve literacy (something MESC is encouraging) we have started a reading program in the morning to improve Samoan and English literacy. So, when the children arrive, they come in and read. Because the children are happy, they don't stay away from school as much as before. Attendance has increased.

In contrast, the Poutasi District hospital underwent major renovation and now appears to be very well used with almost all beds full. There are some ongoing issues with water leakage but the internal storage room provides good weather resistant protection for medical supplies. The renovated staff accommodation is in use.

NHS staff reported that the equipment purchased, including the two ambulances based at the Apia national hospital, and the x-ray machine located in Savaii are in regular and ongoing use.

The TCRP completion report shows that all outcome indicators established were met. However, the extent to which TCRP contributed to achievement of these is unclear. Other factors may have contributed to the change. For example, business owners identified that the concessional credit enabled them to rebuild their businesses. However, in two of the three cases interviewed, this would not have been possible without the concessional credit. In another case, the owners indicated that the expectation of accessing the loan had led them to incur greater debt than they could reasonably afford. In hindsight, they would not have rebuilt. Grants for rebuilding fale, budget and standard accommodation were considered by business owners to have assisted in rebuilding their properties. However, most respondents identified that without these grants they would have rebuilt using commercial or family loans if needed. The marketing grants appear to have been most effective for businesses operating at the deluxe and superior levels. Smaller businesses were generally unable to identify improvements in occupancy levels as a consequence of the marketing. Accredited training has provided significant benefit to individuals. There is no evidence to suggest that the unaccredited, three-day courses provided benefit to either the individual or sector.

Recommendation 5: Any future support to training from donors or STA / SHA should focus on accredited training as this produces the most sustainable outcomes. Any short courses should be aligned to competencies and training accredited with the Samoa Qualifications Authority. In this way, training participants will be able to have the competencies recognised and accredited towards formal qualifications in the future.

- **Unintended outcomes**

The unexpected outcomes for education and health are significantly different. For education, they were positive and reflect the gains as a consequence of having an improved learning environment (Box 1). In contrast, for health, they are negative and reflect lost opportunity due to the focus on infrastructure.

The focus on infrastructure rather than health outreach and primary health care has meant that some public health outcomes have not been achieved or sustained. MoH advocacy and awareness campaigns during the response phases were credited with a 40 per cent reduction in typhoid cases over 2013 that continued into 2014, but relevant activities did not receive funding in the recovery period or since. Typhoid incidence increased again in 2015 and 2016.

Objective 3: Programme efficiency

Incorporation of recovery principle: value for money

The recovery framework indicated that value for money would be '*enhanced through effective management of the recovery from planning, design, cost estimates, tendering, contracting and implementation evaluation*'. The framework noted that more effective government oversight of external contracts was essential, and also that there were human resource gaps in ministries to ensure this happens. Reflecting this, smaller works (category 2 damage schools in education and renovation of five facilities in health) were managed internally, while larger works were contracted through a competitive tender process.

The larger, competitively tendered works were supported by the previously mentioned infrastructure adviser, who undertook quarterly inputs which included construction inspections and technical advice. This was consistently considered by all stakeholders to have been useful support and evidently picked up a number of construction quality issues that were able to be rectified during the works contract period. In addition, education sector was supported by an engineering firm, Kramer Ausenco who managed the building contracts.

Recommendation 6: If it is not available within the relevant GoS agency, donors provide additional technical expertise for construction supervision and management.

Education sector competitively tendered construction (managed by Kramer Ausenco) appears to have achieved value for money because the cost of buildings was less than that achieved through the Education Sector Programme (ESP) II.[6] One factor contributing to the lower costs was the provision of a detailed bill of quantities as part of the tender package (developed by Kramer Ausenco) for the standard facility design. This reduced the level of risk to builders. Development of detailed bills of quantities to accompany other facility designs should be considered; this is likely to assist a timely, cost effective contracting process for any further works required – whether related to disaster recovery or not.

[6] ESP II was jointly funded by Australia, New Zealand, the ADB and Samoa, and finished in 2014. It helped improve the education system and the quality of education delivered through work across all areas of education. ESP II developed standard designs for school infrastructure and undertook renovations or rebuilding of more than 30 schools. This infrastructure work was completed slightly earlier than, or contemporaneous with, that under TCRRP (DFAT, 2015). The designs were then used for buildings under TCRRP.

Recommendation 7: Sectoral ministries (with technical support as needed) develop detailed bills of quantities for standard facility designs that can be used in post-disaster period and for regular facility development.

The process for works at schools classified as category 3 was slow. As a consequence, schools undertook interim work which was subsequently demolished or not at the desired standard. This built in inefficiency. Problems that emerged were managed by Kramer Ausenco.

Some opportunities to improve value for money were not maximised. For example, in the education sector, a more strategic process to determine priority works would have improved value for money. This could include consideration of the number of children impacted at each school, the level of disadvantage of a particular school, or the potential for rationalisation of schools to support long-term efficiency of MESC and community resources, rather than simply replace damaged buildings. Further, the award of a contract to a builder (on the basis that they had the lowest price) who had a problematic previous track record led to inefficiencies as problems in construction emerged. It would have been more efficient to exclude contractors with problematic track records from the selection process.

- **Procurement**

A range of different procurement approaches were used (see Appendix 6). In some cases, different sectors applied different procurement systems to the same suppliers. For example, the Ministry of Agriculture and Fisheries (MAF) used an e-voucher system for procurement of materials from approved suppliers, and tourism required three quotes; different payment systems were also used. The procurement system applied under TCRP was substantially more complex and time consuming than the MAF system. This drives inefficiencies and frustration in what could be a common, streamlined system.

However, the different procurement modalities did deliver accountable outcomes generally, with some opportunity to improve in their processes, application and transparency.

Recommendation 8: The wider application of electronic purchasing systems trialled in the Cyclone Evan recovery by the Ministry of Agriculture and Fisheries should be explored by GoS in different sectors in preparation for future response and recovery efforts.

There is also a need for improved understanding of what is meant by "value for money". As discussed in Appendix 6, value for money was interpreted to mean cheapest and consequently infrastructure contracts were awarded to the cheapest price bid. This led to subsequent problems.

Management

- **Decision making**

For all sectors, the priorities were defined by the sector advisory committee with consideration of the post-disaster needs and the corporate plans and national frameworks. MoF advised that the TCRRP coordinator from MoF had the final say, particularly when there were competing interests. The final decision was apparently based on identified needs with education or health service delivery, and ensuring services returned to normal always remained the priority. This was then documented in the recovery framework.

For the health sector, a key factor in the decision making (reported and implemented by the property manager that was instrumental in deciding what infrastructure should be supported) was the Ministry's principle that 'what's good for Apia is good for Savaii' – that people should have access to a reasonable level of health care wherever they are. Thus the property manager at that time proposed to focus rehabilitation and construction works in the districts. The evaluation did not identify a more structured decision-making process, such as one drawing on available health data (including for example disease burden, or facility usage). Of course, this doesn't mean that this didn't happen, just that it wasn't recorded or recalled by those interviewed.

In the education sector, the selection process of infrastructure work to be funded under TCRRP was based solely on replacing damaged and destroyed schools. As discussed elsewhere, this was a lost opportunity. MESC identified that implementation would have been improved by working more closely with the Ministry of Women, Community, and Social Development (MWCSD) to involve the community in the decision-making process. However, management at all schools interviewed considered that decision-making in relation to the actual works undertaken at the school was inclusive and enabled informed decisions to be made. Decisions to relocate schools were only made with the full support of the school community. Where this could not be achieved, the buildings were relocated within the existing school site to improve safety.

Recommendation 9: Identify priorities for reconfiguring and rationalising facilities based on needs, populations, and environmental (location) considerations as part of longer term facilities planning.

Recommendation 10: MFAT, DFAT (and other donors) use major rehabilitation and recovery programmes as an opportunity to support partner agencies to consider their strategic needs rather than simply replace what was there previously.

Within tourism, many of the procedures for grants were more onerous than required by any stakeholder. The same funding approval process was applied regardless of the scale of work under a grant. A simpler, faster approval process could have been used for lower value grants.

- **Governance and coordination**

At a governance level, the role and responsibility of the recovery committee for TCRRP was not clearly identified. This contributed to some misunderstandings between partners. To avoid this, the role of governance bodies should be agreed and documented at the commencement of the program and regularly reviewed. At a management level in education, moving responsibility for managing the support between the sector and Ministry level contributed to delays (and possibly some of the inconsistencies in records). GoS should seek consistency in responsibility for management, ideally by the agency that was responsible for these actions prior to the natural disaster. This should reduce delays and increase efficiencies and sustainability.

For TCRP, the management structure proposed in the design was more onerous than necessary. It consisted of:

- a TCRP specific sub-committee of the Tourism Sector Steering Committee (TSSC);

- a facilitation group consisting of senior representatives from SHA, STA, the Planning Urban Management Agency (PUMA), the Disaster Management Office (DMO), and the Ministry of Transport, Works, and Infrastructure (MWTI);
- two focal points - one for the TCRP reconstruction and marketing grants (SHA), and one for the concessional credit facility (Development Bank of Samoa);
- a secretariat within the STA Planning Division (KVA Consult Ltd., 2013, pp. 23-24).

In practice, the TSSC focused more on governance, and SHA on day-to-day management (as the grants component had the most ongoing demands of the assistance). STA directly managed component 3 (capacity building for sector recovery) and component 4 (financial and environment risk management).

The overlap in membership between the TSSC and facilitation group meant that separate meetings were not really necessary. Nevertheless it was clear that those involved worked well together and were committed to the goals of TCRP. This reflected the fact that many of these individuals had worked together during and since the 2009 tsunami. Consequently they had already 'learnt a lot of lessons', and had established ways of working.

The concessional loans facility under TCRP was managed by the Development Bank of Samoa. Applications were assessed against the Bank's existing criteria, but these criteria were not made available to applicants. The lack of transparency in selection criteria has reflected poorly on the Development Bank and process. It has raised questions about how decisions have been made (an accountability and transparency issue) but also made the application process less efficient as operators did not always know what they needed to provide. As a consequence of the lack of transparency, many of those interviewed and anecdotal evidence from discussions with others, indicate a widespread perception that allocation of concessional loans was not equitable. From the Development Bank's perspective, it would be inappropriate for them to make the selection criteria public. However, neither the Development Bank nor the evaluation team were able to identify any negative consequences that may occur if this information was made public. Making the criteria public would have helped mitigate the negative public perception.

- **Incorporation of recovery principle: Reporting**

Introduction of a consistent reporting template across all TCRRP sectors was considered beneficial. The template had been designed to provide the information that donors, GoS, and members of parliament required. However, late submission of reports, limited reporting against indicators, insufficient consideration of risk, and the failure to modify many sections of the report to reflect change over time, limited the utility of progress reports for donors and MoF. Minutes from meetings indicate that MoF raised this with the sector and additional workshops were conducted by the monitoring and evaluation adviser on the use of the template. However, reporting did not change.

DFAT suggested that challenges with obtaining timely and relevant progress reports may have been a consequence of the reporting being seen to be for the development partners rather than providing value to GoS. However, MoF indicated that the reports had provided the information that was needed at a senior level within GoS. Even so, it is unfortunate that the reports do not appear to have been used to make real time decisions, such as about the effective use of savings from the infrastructure programme.

In contrast, the reports from the infrastructure adviser appeared to provide the information required, but they seem to have been 'lost' within the system. Of some 30 documents, only four were provided to the evaluation team by either DFAT, MoF or MESC prior to fieldwork. The remainder of these were provided by the adviser after the fieldwork was completed. None of those interviewed at schools included in site visits were aware of these reports. In future assistance, such advisers can be asked to provide: (i) a consolidated report for MESC, MoF, and other donors, and then (ii) extracts to each school including key information they may require in the future in relation to the finished works and (iii) any lessons to be applied in the future.

Recommendation 11: For similar programmes in the future, reporting to be guided by a standard template that includes key questions and relevant indicators to provide the information needed by the different stakeholders, in a form that they are able to use, when they need it. Stakeholders need to take responsibility for ensuing they have access to, and keep copies of, the required reports, and use this information to make timely and appropriate decisions, and for accountability and later reference.

Recommendation 12: Where specific technical assistance is provided (such as to support infrastructure works), this ideally should be contracted within the overall management structure. Matrix reporting to the donor and other key stakeholders can be established as needed.

- **The modality**

In commissioning this evaluation, MFAT and DFAT were interested in the lessons from the different modalities employed. These include:

- Contracting out TCRP as a project, with a specific design and expected outcomes (MFAT). This was managed by the Samoa Tourism Authority, with a cross-agency steering committee and Focal Point for applications under Component 1 and Component 2 channelled through Samoa Hotels Association.
- Direct budget support to the health and education sectors, channelled through the Ministry of Finance and allocated according to the sector recovery plans (DFAT).
- Provision of additional technical inputs through direct contracting (DFAT).

For TCRP, the first option (project modality) was appropriate and worked well. MoF advised that they would not have had the capacity to manage the TCRP, and so supported this choice of modality. Overall there were positive benefits in terms of local knowledge and ownership, building on existing relationships, and the likelihood of the Samoan institutions managing or overseeing the programme building their own capacity from the experience. There is evidence of the value of such experience, with the Tourism Sector Steering Committee being able to quickly work together well, having done so after the 2009 Tsunami.

Recommendation 13: Wherever possible, and with the in-country assessment that there is the required capacity, a Samoan agency or agencies should take on the management of external assistance.

From DFAT's perspective, assistance to the health and education sectors was provided through budget support. In this context, the funds form part of a broader allocation to the recovery framework and it is not possible to identify exactly what DFAT support funded. As budget support, GoS was responsible for financial and project management. The advantages

of this modality are that it supports the government's own policy, program and systems; avoids duplication of activities within the sector; promotes ownership, alignment and harmonisation; and can promote dialogue at a more strategic level. In addition, as GoS manages budget support funds, this modality requires less (or ideally no) management by the donor. However, under TCRRP these benefits were not maximised and, in some cases, not achieved. This appears to be because from the GoS perspective, TCRRP was programme aid, and they tended to adopt a programme approach.

The evaluation team believes TCRPP should be considered programme aid because its use was clearly defined in the agreement between countries. The decision-making process about priorities and allocation of funding was clear and transparent. It appears satisfactory to all parties. There is clear visibility of where funding was allocated and what it achieved.

The confusion between modality appears to have contributed to the failure to realise many of the benefits of either modality. For example, in providing assistance in what DFAT perceived as a budget support modality, the opportunities for strategic discussion and decision making (such as regarding the rationalisation of education facilities) were not realised. DFAT was not in a position to impose requirements for schools to meet before support was provided. Possibly either because GoS perceived TCRRP as programme support, or due to a misunderstanding among DFAT staff as to their responsibilities in a budget support modality, DFAT became involved with implementation matters such as variations in construction contracts and changes to construction contractors. This increased the workload on DFAT staff rather than minimising their management input as was the intention. In addition, from DFAT's perspective, the use of budget support as a modality precluded a mid-term review to consider how savings could be used. As a result, savings at the completion of the recovery period had not been spent on implementation of the recovery framework as intended by the Direct Funding Agreement. There is some inconsistency in understanding within MESC as to how the remaining funds should be spent.

Recommendation 14: The modality and the roles and responsibility of each must be agreed, clearly documented and commonly understood. Whenever there are changes in personnel involved in management of the recovery, these should be reviewed by the parties to the agreement to ensure a common and consistent understanding is maintained.

In summary, the benefits of using budget support modality for TCRRP were not realised. This appears to be a consequence of misunderstanding about the modality and expectations.

- **Appropriateness of coordination agency**

The evaluation team believes MoF was the most appropriate agency within GoS to coordinate the recovery programme. The alternative would be DMO who stated that they did not have the resources or skills to do this. Funding MoF to backfill positions may have alleviated some of the capacity constraints within MoF.

- **Staffing**

The workload demands of the many projects associated with recovery activities often falls on people who are already committed on existing work, both within MoF and sectoral agencies. Many of these people have also been personally affected, and this should not be forgotten.

Recommendation 15: For any future assistance, the need for additional staff to administer and manage the increased workload associated with the recovery should be assessed by the agency and, if additional staff are required, this should be addressed.

- **GoS information management**

Based on the recovery framework and agreement between MoF and DFAT, a workplan was agreed for work funded through TCRRP. This workplan became the blueprint for activity and expenditure. However, in the health sector, there was inconsistency between different versions of the plan; one version provided to the evaluation team in an interview was stated to be final, but included different information to the 'final' version provided previously (NHS, 2013), and to the final narrative report expenditure information (MoH, 2016b). This expenditure information is also inconsistent with the final expenditure information provided to and reported by the DFAT contracted infrastructure adviser (Kornie, 2015).[7] Similarly, in education, there was inconsistency between documents provided. It was not possible to obtain a document that specified exactly what had been spent in total (partially because the education sector completion report has not yet been produced). DFAT noted that they have still not received from GoS a financial statement identifying exact expenditure that they consider adequate. In tourism, there was also inconsistency between data in different documents. In large part this appears to be because there was not a single database or spreadsheet used to maintain records in each agency.

This evaluation indicates that there was not enough capacity (although it was unclear whether this was in systems, people, or both) to adequately fulfil the administrative requirements in all agencies. Certainly this has become more obvious due to the time since the TCRRP and TCRP were completed (just over two years) with staff moving on and filing systems becoming distant memories. However, it appears that during TCRRP and TCRP inadequate administration systems slowed the process or resulted in weak record keeping. It is apparent that the financial systems of these sectors were not sufficient to provide an appropriately accountable and transparent record, nor do the documentation processes provide sufficient information of why decisions were made.

Recommendation 16: GoS to increase the accountability and transparency of decision-making and record keeping. Financial management systems and reporting need to be consolidated and streamlined to enable provision of consistent, accurate, information for public information, management, and audit purposes.

Recommendation 17: For any future assistance including a grant component, an appropriate, single grant management system must be established by GoS. This system must ensure than updates to the status of grants is maintained and this information consistently provided to relevant stakeholders.

Private sector involvement

The private sector was fully involved in both TCRRP and TCRP. For TCRP, the private sector was both a recipient and deliverer of services, while for TCRRP in education and health, the private sector was a deliverer of services.

[7] This experience is consistent with the that reported in the health SWAp evaluation, which found that poor record-keeping and document control among development partners resulted in multiple, inconsistent and sometimes contradictory data being recorded (Davies, 2013).

For TCRP, the private sector was the direct beneficiary. This was in terms of grants and loans that enabled the private sector to rebuild infrastructure, implement marketing activities and train employees. As discussed elsewhere in this report (for example, Appendix 3):

- the infrastructure work led to significant benefit for the private sector,
- support for marketing was more mixed in contribution,
- there was no evidence identified to suggest that the unaccredited training resulted in any sustainable impact on either the individual or their employer's business, and
- benefits were derived by both the individual and business where the training received led to an accredited qualification.

In addition, options for insurance were investigated and awareness workshops conducted for tourism operators. However, relatively few operators availed themselves of this opportunity, and few have insurance (approximately 10% of those interviewed). As discussed elsewhere in this report (Recommendation 2) further work on insurance is required to facilitate improved adoption of insurance or understanding of implications for self-insurance.

All infrastructure work for TCRRP and TCRP was implemented by building companies operating in Samoa. To enable this, each package of works in the education sector was tendered separately (there was only one in the health sector) so that none of the packages were too large for local companies to be able to tender. This approach maximised involvement of the local private sector and also provided the greatest value for money as experience shows larger contractors would have been more expensive.

None of the activities within TCRP or TCRRP leveraged additional private sector involvement.

Objective 4: Sustainability

Sustainability of improved capacity acquired from the programmes

There was no evidence that capacity gains (other than the actual infrastructure) had been sustained in TCRRP. At an individual level, any gain in capacity from the experience of designing and managing the infrastructure construction had been lost because staff within MESC and MoH had moved to new positions. None indicated that they continued to apply skills gained through their involvement with TCRRP. There was no evidence that systems or processes used to manage the construction had been sustained within MESC, MoH, or STA. This lack of sustainability of capacity gains is to be expected as capacity development was not a specific element of TCRRP.

Incorporation of recovery principle: Build back better

The 'build back better' principle was introduced in the 2009 tsunami recovery and particularly applies to infrastructure and housing repair. The concept was intended to ensure that any government sponsored recovery activity goes beyond replacing what was previously in place, instead ensuring the replacement is more resilient to natural hazards. Building back better can also be extended to '*build back smarter … (to create) systems which use innovation, best practice, technology and local knowledge to enhance recovery options*' (GoS, 2013b, p. 2).

This evaluation found that the principle of build back better was variously understood among stakeholders. Some offered a definition focusing on improving the quality of construction and incorporating features to improve resilience to natural hazards – particularly those that are climate related, for existing facilities. Others presented something much more far reaching that also includes consideration of sector plans, value for money and ongoing maintenance requirements, noting that '*climate resilience sometimes means relocation*'. In the case of the health services, build back better also included building back in a different location because of the ongoing risk assessment.

All infrastructure work appears to have integrated the concept in terms of '*ensuring the replacement is more resilient to natural hazards*'. This is reflected in the infrastructure adviser reports noting that buildings meet the required building standards, are more likely to withstand future natural disasters and (generally) have improved access. In the case of education, teachers and students indicated that the space was more conducive to learning (refer Box 1). Similarly, health facilities have been relocated to safer sites and work in tourism was (generally) less susceptible to natural disaster. In addition most tourist facilities were rebuilt to provide a higher standard of accommodation.

However, the broader concept of building back smarter was less effectively addressed. In neither health nor education were strategic considerations given adequate consideration. This is reflected in not assessing whether the reconstruction provided an opportunity to progress rationalisation of schools or realistic consideration of complementary resourcing (particularly the staffing allocation) required for a facility to function. As a result, Samoa continues to have small schools within walking distance of each other and some TCRRP funded facilities remain unused (for example Saanapu community health centre) due to lack of staff.

To address this, a more realistic and thorough interrogation of the construction priorities vis-a-vis a longer term realistically costed and staffed sectoral plan is required. However, neither health nor education appear to have a long-term infrastructure masterplan. Thus, while MESC, MoH and NHS representatives confirmed that the damage from disasters does provide an opportunity to re-configure facilities rather than simply rebuild what was there, this is not possible due to the lack of existing strategic planning. For this to be overcome, the Coastal Infrastructure Management Plans (CIM) need to be reviewed in advance of a natural disaster. Realistically, this will require external support as none of these agencies have the funding and staff to undertake this.

Recommendation 18: In future post disaster reconstruction, donors and GoS should take the opportunity to reconfigure infrastructure informed by a detailed sectoral plan that includes risk assessments, analysis of longer term infrastructure needs, and identification of available staff and resources.

In the tourism sector, there were specific issues associated with a back better approach. While relocating accommodation away from the coast may be desirable to avoid future damage to infrastructure, tourist demand is for accommodation as close to the water as possible. It will never be financially viable for very small operators with, at best, moderate demand, to build waterfront or simple over-water fales that will not be damaged in a natural disaster. Many such operators do not have the financial or technical resources to rebuild fales constructed from manufactured (rather than traditional, natural) materials. It is also not possible to get insurance for these properties – it is either not available or the cost is

prohibitive for the lower levels of accommodation. In this context a strategic decision must be made that balances the extra costs of building a more robust structure that may still be damaged and may be more expensive to rebuild, against persisting with the basic traditional structures that can be rebuilt using the local materials and skills that have existed for generations. Part of this decision is identifying which strategy will be able to be implemented within the boundaries of the previous and expected profit from the business.

Recommendation 19: Application of a 'build back better' principal should consider the realities of the context. This may involve rebuilding in ways which enable operators to rebuild damaged infrastructure in future.

Maintenance

As noted under Objective 3, sustainability of some health infrastructure has not been achieved. Some have been renovated again for other purposes, other structures are unused, and some elements (access paths) have deteriorated to a point they are no longer fit-for-purpose. This is a consequence of lack of strategic planning prior to the works and maintenance – the major constraint to sustainability. There are inadequate resources invested in maintenance.

The biggest threat to sustainability is the limited investment in routine, proactive maintenance. There was unanimous agreement amongst health, education and tourism sector interviewees that Cyclone Evan damage was exacerbated by poor maintenance. Maintenance (even where there is an existing maintenance plan, as in the health sector) are under resourced both financially and in terms of skills. This is exacerbated by vacancy in critical positions. For example, the NHS property manager position has been vacant since 2015 and MESC also reported that the similar position in education had lengthy periods of vacancy.

At the health and education facilities visited, maintenance was reported to be reactive rather than proactive or corrective. In addition, the limited understanding of preventative maintenance and the relative importance of different types of maintenance meant that the maintenance budget is often spent on items that are not critical (for example, repainting metal handrails was prioritised over fixing a leaky roof) or reallocated during the year to other needs that emerge. This is compounded by the lack of a specific government policy or guidelines on maintenance. MoF, MESC, and NHS representatives interviewed supported development of specific policy to underpin asset maintenance.

The ongoing costs of maintenance of buildings are not adequately considered in the design and approval and new structures. While this was not considered for any of the schools or health facilities funded through TCRRP, perhaps the best example (though not funded through TCRRP) is the imposing new Apia national hospital places a huge drain on very scarce resources – the maintenance manager reported that the maintenance budget for the hospital facilities and equipment was currently just SAT 500,000 a year. Every year it is overspent, and then drawn down against the following year's budget. While this facility was not part of the TCRRP, developments such as this have implications for the sector as a whole, and provides a clear example of the need for all infrastructure approvals to include adequate considerations of ongoing maintenance costs. Inadequate expenditure on maintenance is also exacerbated by diversion of maintenance budgets to disaster recovery efforts.

Recommendation 20: As part of the design phase, donors should realistically identify how maintenance of new structures will be funded and minimise maintenance and operational costs.

Recommendation 21: MoF develop and implement a policy on funding maintenance that ensures ongoing preventative maintenance is undertaken to complement the implementation of the Government Asset Management Policy.

Objective 5: Relevance of the TCRRP and TCRP

Alignment with Government of Samoa, NZ MFAT and DFAT development policy

Samoa's development cooperation policy highlights that development partnerships must respect the government's fundamental role in setting national priorities, as per the principles in the Paris Declaration on Aid Effectiveness (2005) and the Accra Agenda for Action (2008) (MoF, 2010). Samoa's Disaster Advisory Committee (DAC) produced and endorsed a National Disaster Management Plan in the year prior to Cyclone Evan, for the period 2011 to 2014. The plan sets out operational management structures, roles, and responsibilities for disaster management, as required by the Disaster and Emergency Management Act 2007. In terms of early recovery, the plan outlines model interventions which includes reviving key economic and social activities. Thus, the sectors supported by TCRRP (health and education) and TCRP (tourism) aligned with Samoa's recovery priorities.

Samoa produced the recovery framework setting out priority actions for each sector. The recovery framework identified the immediate priorities and the medium to long-term actions for recovery in the education, health and tourism sector. The immediate priorities were met by GoS. MFAT support enabled further priority actions to support recovery of tourism and DFAT support enabled the next set of priorities in education and health to occur. Thus, MFAT and DFAT support at an activity level was aligned with recovery needs.

Health and education sector activities were well aligned with DFAT priorities. However while TCRRP's focus is aligned with the recovery framework, it is not as aligned as it could be with Samoa's Health sector priorities as defined in the Samoa Health Sector Plan 2008 – 2018 (MoH, 2008). The Plan identifies the basis for the plan as the 'crucial areas of health challenges' (non-communicable diseases, reproductive and maternal and child health, infectious diseases, and injury as a significant cause of death and disability). The Plan does not prioritise or specify any infrastructure development. The NHS plan (NHS, 2014) acknowledges the additional resource requirements of infrastructure, including for repair and maintenance. The focus of the TCRRP is relevant to this ongoing aim. As schools are owned by communities rather than GoS, they are not identified in either the Education Sector Plan 2013 – 2018, other than as part of the ESP II.

Support to the tourism sector is aligned with MFAT aid policy which prioritises Pacific region investment in sustainable economic development (specifically including tourism) and improving resilience and responding to disasters.

Objective 6: Lessons learned and recommendations

There was considerable overlap in the lessons learned across the sectors examined in detail. These lessons have been consolidated and are presented here, with accompanying recommendations. As the recommendations are grouped under the relevant lesson, the recommendation numbers are not sequential. Instead they are the same as that referenced in Sections 3 to 5 of the report. For further sector specific detail, refer to the sector studies in Appendix 3 - 5.

1. Remember non-infrastructure needs

This evaluation suggests that although the surge in funding that can follow a disaster event provides an opportunity (and is of course is often needed) to rehabilitate failing infrastructure and develop new facilities, greater weight needs to be given to the 'soft' areas. In the health sector, this includes primary health care, health promotion, and community outreach, and in education, it may include the identified psychological needs of stakeholders, or support to schools with special needs.

Relevant recommendation:

> **Recommendation 1**: During recovery and rehabilitation, GoS and donors ensure appropriate attention to 'soft' priorities for which existing in country capacity is limited, and areas of special need that may fall through a gap.

2. The modality depends on the capacity, but localise as much as possible, and make sure all parties understand their roles and responsibilities

For TCRP, a project modality implemented by local agencies worked well, particularly because of their existing relationships. TCRP has provided an opportunity for further experience, which brings capacity development gains. In the health and education sectors, the direct budget support was implemented more as project-based aid, apparently for a range of reasons (refer the previous discussion under Objective 3). This suggests that for budget support to work as it is intended, both parties need to clearly agree the expectations of how it is to be used and what the accountabilities are. This also may mean that the donor has to let go of the possibility of being able to specifically identify where their support has gone, including where it can be branded, and where evaluations, such as this one, can focus. The benefits offered by a particular modality can only be realised where they are actively pursued.

Relevant recommendations:

> **Recommendation 13:** Wherever possible, and with the in-country assessment that there is the required capacity, a Samoan agency or agencies should take on the management of external assistance.
>
> **Recommendation 14:** The modality and the roles and responsibility of each must be agreed, clearly documented and commonly understood. Whenever there are changes in personnel involved in management of the recovery, these should be reviewed by the parties to the agreement to ensure a common and consistent understanding is maintained.

3. Define and maintain clear responsibilities

A lesson from the education sector is that responsibility for managing the recovery process must be clearly identified before the immediate response phase is complete (usually about three months after the disaster event occurs). This responsibility should not be not changed unless it is unavoidable. Changing this responsibility slows the process of recovery and can reduce the effectiveness of outcomes.

4. Invest in administrative systems and record keeping for long term transparency, accountability, and learning

Across the three focus sectors for this evaluation there was a consistent experience that documentation and record keeping has not allowed for an adequate longer-term standard of accountability and transparency. The more rapid pace of post disaster rehabilitation works can also mean that less time is devoted to documentation. Even so, this evaluation shows that more attention is required to maintaining adequate accurate information to understand why certain decisions were made, what those decision actually were, what resources were finally allocated, and what can be learned from this that needs to be considered in the future.

Relevant recommendations:

Recommendation 16: GoS must increase the accountability and transparency of decision-making and record keeping. Financial management systems and reporting need to be consolidated and streamlined to enable provision of consistent, accurate, information for public information, management, and audit purposes.

Recommendation 17: For any future assistance including a grant component, an appropriate, single grant management system must be established by GoS. This system must ensure than updates to the status of grants is maintained and this information consistently provided to relevant stakeholders.

5. Contract in additional capacity under the over-arching management structure

Post-disaster work falls on people with existing responsibilities. Many have also been personally affected by the disaster. People become very stretched and some things take on a lower priority.

Relevant recommendation:

Recommendation 15: For any future assistance, the need for additional staff to administer and manage the increased workload associated with the recovery should be assessed by the agency and, if additional staff are required, this should be addressed.

Technical expertise is necessary to ensure infrastructure meets the required standards. If this is not available internally, it needs to be contracted in and provided as early as possible. The experience in the health and education sectors showed that having a specialist infrastructure adviser contributed to better quality works and the prevention of some sub-standard construction. Technical expertise of this nature was not provided within TCRP.

Expertise provided to the health and education sectors was contracted to DFAT (AusAID) rather than as part of the direct budget support, which also appears to have contributed to the health and education infrastructure components of TCRRP being implemented more as a project modality rather than truly as budget support.

Further, the adviser provided detailed information during and following each visit, but this to have been lost within the system, and was not known of at the facilities concerned. In future assistance, such advisers can be asked to provide a consolidated report for the sectoral ministries, MoF, and other donors, and then extracts of key information can be provided to the facilities about the finished works and any lessons to be applied in the future.

Relevant recommendation:

> **Recommendation 6**: If it is not available within the relevant GoS agency, donors provide additional technical expertise for construction supervision and management.

6. Open and clear communication is needed throughout the recovery period

Greater attention to clear, consistent, and open communication is required to enable informed decision making and equal access to programmatic resources, and to reduce perceptions of unfair funding decisions. This includes being open about selection criteria, application requirements, and funding allocations for all forms of assistance (lesson specifically from TCRP).

There does not appear to have been much attention to community transparency and feedback mechanisms in Cyclone Evan recovery and rehabilitation, and this is an area that is internally identified by MESC for improvement.

7. Cross cutting issues

There was very little attention to gender, disability and any other inclusion issues in either TCRRP or TCRP, beyond some consideration of the physical accessibility of new facilities. However, some existing buildings did not include ramps, and TCRRP nor TCRP did not include work to rectify this. More significantly, the lack of paths, or damage to paths would limit accessibility in practice.

Relevant recommendation:

> **Recommendation 3**: Where major infrastructure works are funded, designs must give attention to the wider accessibility of the facility, and include ensuring access for people with low mobility as part of the package.

Expectations of gender, disability, and social inclusion should be explicit in programme agreements and plans, even if to say that on the basis of an adequate analysis it is determined that specific action is not required. In addition, all development partner (donor) staff must have a robust awareness of, and commitment to, gender if it is to be effectively addressed.

Relevant recommendation:

> **Recommendation 4**: Development partners (donor) must make sure that their staff have an adequate level of skill and commitment – or designated technical support – to assess what gender, disability, and social inclusion activities are appropriate for the assistance provided.

8. Generic reporting is a good idea, but it needs to be used

Development of generic reporting assisted GoS to consolidate performance, and map this against existing sector plans. However, use of templates for reporting encouraged a 'cut and paste' mentality, reducing the effectiveness of reporting. Regardless of the quality of reports, their use to inform decision making was less than what was needed, and this information has not been maintained in a way that allows longer term access, accountability, and contribution to decision making.

Relevant recommendation:

Recommendation 11: For similar programmes in the future, reporting to be guided by a standard template that includes key questions and relevant indicators to provide the information needed by the different stakeholders, in a form that they are able to use, when that they need it. Stakeholders need to take responsibility for ensuing they have access to, and keep copies of, the required reports, and use this information to make timely and appropriate decisions, and for accountability and later reference.

Recommendation 12: Where specific technical assistance is provided (such as to support infrastructure works), this ideally should be contracted within the overall management structure. Matrix reporting to the donor and other key stakeholders can be established as needed.

9. Contract management

Contractors with a history of poor performance are likely to perform at a lower level. They should be eliminated from the selection process, or specifically monitored and supported for quality assurance and timely construction.

Specific design elements need to be revised for the Samoan context. Contracted works should be sized appropriately to suit local business, maximising their involvement.

Development of detailed bills of quantities for the standard facility designs (schools, but also likely to be relevant for health centres) reduces risk for builders and therefore may lead to lower cost infrastructure and also accelerates the tender process.

Relevant recommendation:

Recommendation 7: Sectoral ministries (with technical support as needed) develop detailed bills of quantities for standard facility designs that can be used in post-disaster period and for regular facility development.

10. Technology innovations can increase the efficiency, accountability, and transparency of recovery procurement

The wider application of electronic purchasing systems trialled in the Cyclone Evan recovery by MAF appears to have been a positive experience with a number of lessons to aid its future application. These include: automation reduced manual administration, improved transparency and accountability and improved efficiency.

Relevant recommendation:

Recommendation 8: The wider application of electronic purchasing systems trialled in the Cyclone Evan recovery by the Ministry of Agriculture and Fisheries should be explored by GoS in different sectors in preparation for future response and recovery efforts.

11. Extend preparedness to the recovery phase – plan for strategic reconfiguration of facilities, rather than just replacement

While this evaluation did not look at the immediate response period there was sufficient indication that the investment in disaster management, the pervasive risk of such events in Samoa, and the relatively recent experience of the Tsunami have contributed to a level of preparedness for the early response phase. The preparedness can be extended further to include the rehabilitation period.

Recovery of infrastructure after a disaster can be considered as an opportunity to take a strategic approach to infrastructure assets rather than simply replace what was there. For this to be possible, prior to occurrence of natural disasters, government agencies must undertake strategic planning which includes consideration of what ideal infrastructure would be if rebuilt from 'a clean slate'. This might also include undertaking preliminary discussions with village councils to prepare for possible changes, including starting the identification of appropriate land. At the time of funding recovery, donors must also consider strategic needs rather than simply replacement.

Relevant recommendation:

Recommendation 9: Identify priorities for reconfiguring and rationalising facilities based on needs, populations, and environmental (location) considerations as part of longer term facilities planning.

Recommendation 10: MFAT, DFAT (and other donors) use major rehabilitation and recovery programmes as an opportunity to support partner agencies to consider their strategic needs rather than simply replace what was there previously.

12. Building back better may not be making the same structures more resilient

The concept of build back better was variously understood and applied in the different sectors. The broadest definitions included consideration of sector plans, value for money and ongoing maintenance requirements, noting that 'climate resilience sometimes means relocation'.

This evaluation shows that there is no point in building back something better if: (a) (in the case of public service facilities) there are not the resources to staff, supply, or maintain those facilities, or it is not the best way to serve the population; or (b) in the case of privately owned facilities such as in the tourism sector, the cost of building and then rebuilding in the future cannot be met by the revenue from the business or the business does not have the capacity to service additional credit.

Relevant recommendation:

Recommendation 18: In future post disaster reconstruction, donors and GoS should take the opportunity to reconfigure infrastructure informed by a detailed sectoral plan that includes risk assessments, analysis of longer term infrastructure needs, and identification of available staff and resources.

Recommendation 19: Application of a 'build back better' principal should consider the realities of the context. This may involve rebuilding in ways which enable operators to rebuild damaged infrastructure in future.

13. Disaster related damage is exacerbated – or sometimes actually caused – by inadequate maintenance

The biggest threat to sustainability of infrastructure related outcomes under TCRRP is the limited investment in routine, proactive maintenance. Maintenance budgets are often inadequate or are reallocated throughout the year. The ongoing costs of maintenance of buildings are not adequately considered in the design and approval and new structures.

Relevant recommendation:

Recommendation 20: As part of the design phase, donors should realistically identify how maintenance of new structures will be funded and minimise maintenance and operational costs.

Recommendation 21: MoF develop and implement a policy on funding maintenance that ensures ongoing preventative maintenance is undertaken to complement the implementation of the Government Asset Management Policy.

14. Insurance is still difficult and often not understood

Insurance is critical to enable tourist operators to rebuild after damage caused by a natural disaster. However, only three operators of the more than 30 operators the evaluation team met with had insurance at the time of Cyclone Evan, with reasons being the unavailability of insurance for fales, the cost, a lack of confidence that the insurance company will pay if they claim for damage caused by a natural disaster.

Relevant recommendation:

Recommendation 2: STA / SHA support further work on insurance to facilitate improved adoption of insurance or understanding of implications for self-insurance.

15. Accredited training provides value to the individual and sector in contrast to unaccredited training.

Sustainability of benefits from training was clearly identified for the individual where they received an accredited qualification. The sustainability of benefit from the non-formal training is more questionable.

Recommendation 5: Any future support to training from donors or STA / SHA that seeks to have long terms sustainable outcomes for the sector should focus on accredited training as this produces the most sustainable outcomes. Any short courses should be aligned to competencies and training accredited with the Samoa Qualifications Authority. In this way, training participants will be able to have the competencies recognised and accredited towards formal qualifications in the future.

16. Marketing strategies should be shaped to reflect the different segments within the industry

Individual operator-based marketing is of value to larger or higher end operators with the capacity to engage in and maintain more sophisticated strategies. For smaller, lower budget operators it appears that investment in centralised sites and destination marketing is more appropriate.

Application of previous lessons

In 2009 Samoa experienced a tsunami following an 8.2 magnitude earthquake. 143 people lost their lives, and 850 homes were damaged (GoS, 2010). The response to this disaster was unprecedented in Samoa and provided many lessons. These include the need for attention to coordination and monitoring and evaluation, led by the sectoral ministries. In the response to Cyclone Evan, sectoral responsibilities were clearly allocated, as reflected in the left column of the table in Appendix 2. The emphasis on *build back better*, and the inclusion of risk reduction measures also reflect key lessons from the tsunami response (GoS, 2014c, p. 3)

The damage and loss assessment refers to the post-tsunami 2009 psychosocial report that recommended an increase in support to scale up services and capacity of national mental health and psychosocial services through NHS and NGOs, '*mental health is continuing to be highlighted as a need in the overall system, particularly in the context of disaster preparation and response*'. It appears that recommendation did not translate into activity in the recovery and rehabilitation programme.

Lessons related to coordination and adopting of a common reporting and centralised monitoring and evaluation framework (GoS, 2014c, p. 3) appear to have been carried through to the response, but as discussed in previous sections, were not as effective as planned.

Application of lessons to Cyclone Gita in 2018

Tropical Cyclone Gita passed by Samoa on 10 February 2018. This cyclone was not nearly as severe as Cyclone Evan. Cyclone Gita brought Category 1 winds, torrential rain, which combined with high existing soil saturation levels resulted in severe flooding and localised landslides. Power and water supply infrastructure was damaged and consequently services disconnected in most of Samoa. However, telephone and internet disruptions were very limited, and largely a consequence of power outages. Schools were closed for a short period to allow school management and committees to clean facilities and undertake work required in their own communities.

The National Initial Damage Assessment and Response Report for Tropical Cyclone Gita prepared by the Disaster Advisory Committee (February 2018) identified that the health sector experienced very minimal damage from Cyclone Gita and only two schools suffered major structural damage, one (Avele College) as a result of the telecommunications post falling on the building and the other (Lalomauga Primary School) lost the roof of the school toilet block. However, 75% of schools reported damage to their equipment and furniture. This was a consequence of water leaking through the roof and ingress through doors and windows. Similarly, the damage reported in the health sector was largely a consequence of ingress of water, often as a consequence of lack of maintenance. The PDNA has not yet been finalised.

The ability to determine how effectively the lessons learned from Cyclone Evan have been applied in responding Cyclone Gita is limited because Cyclone Gita was of lower intensity and impacted Samoa for a shorter period. Consequently, the damage during Cyclone Gita was less than during Cyclone Evan. In addition, as the recovery framework has not been

finalised, the 'official' recovery phase has not yet commenced. Despite this, there are some relevant and useful comparisons:

- The need to document, plan for and commence recovery as quickly as possible was clearly identified in Cyclone Evan. However, while the response to both cyclones was fast, initiation of the recovery following Cyclone Gita has been slow. More than four months after the cyclone, the recovery framework has not been finalised or approved.
- Damage to health facilities was caused by ingress of water, as occurred with Cyclone Evan.
- Damage to books and materials in schools was significantly less part as a consequence of parents and teachers in some schools being more focused on ensuring these items were packed away during Cyclone Gita.

5

Evaluation Conclusions

Summary of conclusions against evaluation purpose:

- *Purpose 1: achieving the anticipated goals and results specified in the monitoring and evaluation framework during the implementation period:* Most anticipated goals and results have been achieved except those related to 'soft' outcomes.
- *Purpose 2: building national awareness and capacity on areas of disaster risk reduction, management, preparedness and responsiveness:* Largely limited to aspects related to infrastructure. There was little, if any, evidence of contribution to national awareness or capacity.
- *Purpose 3: assess the relevance and overall effectiveness of the programmes in assisting affected sectors with rebuilding and recovery:* GoS advised that they could not rebuild the damaged infrastructure without the support provided by TCRP and TCRRP. However, unless maintenance is addressed, the benefits are unlikely to be sustained. A *build back smarter* approach may be more effective.

At both a sectoral and programme level, TCRRP and TCRP have achieved most outcomes and these would not have been achieved without the support provided by donors, including New Zealand and Australia. However, there is a common pattern across all three sector studies that 'soft' outcomes were generally not as well achieved as those related to infrastructure. For health, this has meant that some public health outcomes have not been achieved or sustained. Dedicated attention to 'soft' outcomes is required if they are to be achieved.

Contribution to disaster preparedness and risk reduction was largely limited to aspects related to infrastructure. There was little if any evidence of contribution to national awareness or capacity in this area. In large part, this also reflects GoS agencies implementation of a continuous improvement process focused on disaster preparedness and risk reduction.

Both programmes have provided only limited attention to gender and disability inclusion. The conceptualisation of gender and disability inclusion were limited and expectations were not made explicit in the direct agreement between DFAT and MoF. This reflects a poor understanding of these issues, even among donor staff involved in the recovery activities. As a consequence, disability inclusion appeared to be limited to consideration of the physical accessibility of some facilities, and even there, issues of broader access to, and within, the school or health facility were not addressed. The provision of technical expertise was critical in achieving what disability inclusion that occurred, and more broadly, quality infrastructure. Inclusion of gender and disability expertise is likely to be essential if broader gender or disability issues are to be addressed during the recovery phase.

While the provision of infrastructure has contributed to improved service delivery for both education and health, this has not been maximised as other required resources have not always been provided. In addition, the benefits are unlikely to be sustained due to lack of maintenance. Unless the failure of all parties to address systemic issues with maintenance is addressed, investments in infrastructure will continue to be inefficient, unsustainable, and in some cases, increase operational costs for agencies.

The *build back better* principle is generally positive, however it may not be appropriate in all situations. In addition, there is a need to *build back smarter*, using the opportunity to implement long-term strategic plans in relation to infrastructure in particular, rather than simply replacing what is there. To enable this, long term strategic planning is required to enable a more realistic and thorough interrogation of construction priorities following a natural disaster. A focus on this aspect is necessary before natural disasters occur.

Appendices

APPENDIX ONE: TERMS OF REFERENCE

Joint MFAT and DFAT Evaluation of Tropical Cyclone Evan Disaster Recovery/Rebuilding Programme and Tourism Cyclone Recovery Programme 2013-2015

Overview

This document specifies the Terms of Reference (TOR) for the evaluation of the Tropical Cyclone Evan Disaster Recovery/Rebuilding Programme and Tourism Cyclone Recovery Programme.

This TOR has been developed to obtain proposals to meet NZ MFAT's and DFAT's requirements for the selection of an independent and suitably qualified evaluation team. The final description of the Services that will be included in the contract, will be confirmed through negotiation with the successful evaluation team.

Background

On 13-14 December 2012, Tropical Cyclone Evan (TC Evan) caused widespread damage to Samoa and inflicted devastating effects on tourism properties in coastal and urban areas, as well resulting in the loss of at least five lives and over 4,700 people displaced.[1] The Government of Samoa (GoS) commissioned a Post Disaster Needs Assessment (PDNA) of the damage and loss. The PDNA report placed the cost for the entire recovery and rebuilding at around NZ$300 million.

Informed by the PDNA report, the GoS then produced a recovery framework to enable recovery from the impact of TC Evan through plans and strategic actions in regards to defined financial, reconstruction, risk reduction and human needs.

TC Evan recovery framework

The TC Evan recovery framework (RF): defines the scope of the impact; describes the GoS approach towards financial and physical recovery; specifies financial commitments by sectors over time; recommends priorities and a broad timeline for commitments; and outlines mechanisms to enable implementation and management.

The recovery framework is guided by the following principles:

1. Build back better

Ensures that rebuilt structures and processes guiding its maintenance are more resilient and cost efficient in the long term. It also focuses on removing or relocating structures from areas of high risk.

2. Value for Money

That the management and oversight of the recovery will have effective planning, design, implementation and evaluation processes to deliver the best results or return of investment.

3. Vulnerability

That allocation and distribution of assistance will also be guided by vulnerability rather than visible structural damage alone. This should produce a coalesced response to both chronic and acute vulnerability stemming from the cyclone.

4. Inclusive and informed decisions

That decisions are made through a consultative approach with all stakeholders and there is shared equity, ownership, accountability and transparency.

5. Sustainability

That rebuilding and recovery effort should be sustainable and promote resilience using the 'Build Back Better' principle. This will also contribute to durable structures in the long term.

NZ MFAT committed up to NZD$12.6 million to support Samoa's recovery from TC Evan; including up to NZD$2.6 million for early relief and recovery. This included NZD$6 million provided through budget support for the wider TC Evan Recovery/Rebuilding Programme, NZD$4 million committed (NZD$2.1 million paid) for recovery of the Tourism Sector, and NZD$2.5 million paid towards early relief and recovery.

Australia contributed AUD$6.75 million through general budget support to the GoS to assist with the implementation of Samoa's recovery plan. Priority was given to supporting the repair and recovery of education and health sector infrastructures that were severely damaged. In addition, Australia also funded recovery training programs in carpentry through the Australian Pacific Technical College (APTC) to support recovery needs in the housing sector. A number of technical specialists including bridge and environmental engineers and an M&E specialist were deployed through the Australian Civilian Corp to support infrastructure agencies and the Ministry of Finance with the implementation and oversight of recovery activities.

Coordination and management of this assistance was led by Samoa's Ministry of Finance-Aid Coordination Division while implementation of the program was spread across the following sectors:

- Education
- Health
- Community
- Environment
- Water
- Transport
- Energy
- Tourism
- Agriculture
- Housing.

The targeting of NZD$4 million to assist recovery in the tourism sector recognised tourism's role as one of Samoa's major sources of earning and generating income. The TCRP was designed to ensure that the tourism sector would recover from the damage and losses of TC Evan and lead overall economic recovery for Samoa. This programme was a subset of the overarching GoS recovery programme and used the same reporting templates.

The goal of the TCRP Framework was to achieve rapid recovery of the tourism industry and tourism-based livelihoods and employment. It aimed to produce sustainable tourism for Samoa in the long term and increased contribution of tourism industry to economic growth in the medium term.

TCRP Framework short-term outcomes included: increased resilience of tourism operators through adoption of a "Build Back Better" approach; increased market confidence and demand for Samoa as a tourist destination; and, improved livelihoods and employment for affected operators.

Key outputs included:

1. Ensuring a "Build back Better" approach for all affected tourist operators through the planned reconstruction programme;
2. Recovering sector demand by implementing a targeted marketing strategy in key source markets;
3. Maintaining capacity within the tourism sector by developing a targeted on-the-job and short-term training through the APTC as well as re-designing the existing National University of Samoa tourism and hospitality course; and
4. Improving financial and environmental risk management within the sector through provision of technical to identify foreshore and river level protection for tourist accommodation most affected by cyclone and flooding.

The implementation of the TC Evan Recovery/Rebuilding Programme began in May 2013 and ended in September 2015 with remaining recovery work integrated into the Government's core business. TCRP activities ran between mid-2013 and December 2015. Final completion reporting was submitted in November 2016. An evaluation is required to assess the effectiveness and impact of each programme in supporting Samoa rebuild and recover.

Evaluation Scope

The purpose of the evaluation is:

- To assess the effectiveness of the overarching TC Evan Recovery/Rebuilding Programme and the TCRP in achieving the anticipated goals and results specified in the Monitoring and Evaluation Framework during the implementation period.
- To assess the effectiveness of the overarching TC Evan Recovery/Rebuilding Programme and the TCRP in building national awareness and capacity on areas of disaster risk reduction and/or management, preparedness and responsiveness.
- To assess the relevance and overall effectiveness of the programmes in assisting affected sectors with rebuilding and recovery.

The evaluation will focus on the outcomes achieved and lessons learnt during the implementation period and make recommendations on what actions might be taken to improve and strengthen disaster management response and preparedness in Samoa.

Evaluation objectives, criteria and questions

Objective 1: Assess the effectiveness of TC Evan Recovery/Rebuilding Programme and the TCRP:

- What progress has been made in achieving the key principles of both programmes?
- What factors have enhanced or constrained progress towards realising these principles? (e.g. management of risk)
- What unintended outcomes (positive and negative) have occurred as a result of the programmes and what has constrained or enhanced the achievement of outcomes?

Objective 2: Assess impact of the programmes, in particular:

- To what extent have the programmes benefited their stakeholders and beneficiaries?
- Were there any unintended impacts from the approaches taken to providing support?

Objective 3: Assess programme efficiency, in particular:

- To what extent have the TC Evan Recovery/Rebuilding and TCRP Programmes contributed to strengthening disaster risk management, responsiveness and resilience?
- How effective was the management of the programme by GoS, NZ MFAT and DFAT?

Objective 4: Assess the extent to which the results obtained have proven to be sustainable:

- To what extent have the skills and knowledge acquired from the programmes contributed to improved preparedness and how have they been sustained?
- To what extent are the Samoan government and agencies likely to be able to sustain skills, management capacity, funding and other programme benefits?

Objective 5: To identify lessons learned and cross cutting issues:

- What are key learnings from the TC Evan Recovery/Rebuilding programme and the TCRP - what works and what does not?
- What recommendations can be made to:
- achieve Samoa's disaster management objectives and outcomes?
- achieve tourism sector objectives and outcomes?
- To what extent have cross-cutting issues, in particular disability inclusive development, been effectively addressed in planning, implementation and monitoring and evaluation?

Objective 6: to assess the relevance of the TC Evan Recovery/Rebuilding Programme and TCRP in the development and strengthening of the relevant areas in Disaster Management. In particular:

- How well were the programmes developed?
- To what extent have the programmes remained relevant to the GoS, NZ MFAT and DFAT?
- Did the programmes have clear strategic frameworks aligned with NZ MFAT and DFAT development policy and GoS development objectives?

Evaluation deliverables

The evaluation is expected to take place between October and December 2017 and will include a desk review and an in-country visit in October. The evaluation will follow a consultative and evidence-based approach focusing on site visits and consultations with key stakeholders involved in the recovery plan and implementation. (See Appendix A for a list of key stakeholders to be consulted for the evaluation). The evaluation will also look at the documentation and progress reporting submitted by sectors.

NZ MFAT and DFAT will work in collaboration with the GoS to support the evaluation team to arrange meetings with stakeholders in Samoa.

No.	Services / output	Inputs/tasks	Indicative timeframes
Phase one: Desk based review			
1	Participate in Preliminary Briefing (Steering Group)	The evaluation team will participate in a briefing (via teleconference) with the Steering Group (NZ MFAT, DFAT and GoS) to discuss objectives, plans and expectations of the	January

No.	Services / output	Inputs/tasks	Indicative timeframes
		evaluation.	
2	Complete Document Review (Evaluation Team)	Desk Based activity – literature and documentation review to establish an understanding of the evaluation context and challenges and to identify information to be collected during the in-country component, in order to address the scope of services and TOR of the evaluation. This will form part of the final Evaluation Report. Key documents will be provided by NZ MFAT, DFAT, the Samoa National Disaster Management Organisation, the Samoa Tourism Authority, and the Samoa Ministry of Finance.	January
3	Develop and Finalise Evaluation Plan	Deliver a detailed work plan for the overall evaluation, which includes an Evaluation Plan prepared in accordance with the TOR and submitted to the Steering Group (NZ MFAT, GoS, DFAT) for approval.	January/Early February
Phase two: In-country mission			
4	In-Country Mission	Participate in a briefing with the Steering Group to go over any last minute changes and or questions. Consult with key stakeholders and visit areas that were affected by TC Evan and observe rebuilt structures. Present key findings and conclusions to key stakeholders based on consultations and site visit results. Draft Aide Memoire.	February
5	Draft Evaluation Report	Draft report and circulate to key stakeholders for comment within two weeks of the Aide Memoire.	Early March
7	Final Evaluation Report	Incorporate stakeholder feedback into revised report. (There will be an opportunity to discuss any major changes if necessary). Obtain approval by the Steering Group (MFAT, DFAT and GoS) of the final report.	Mid-March

Evaluation Plan

The Evaluation Plan should identify the most appropriate approach, methodology, and tools to generate credible evidence that corresponds to the evaluation's purpose and the questions being asked.

It is envisaged that this evaluation will include a short literature and documentation review in Phase One. Phase Two would apply a mixed or multi-method evaluation approach, using both qualitative and quantitative methods. This will increase the credibility and validity of the results. The final approach will be confirmed in the Evaluation Plan, in consultation between the evaluation team, NZ MFAT and DFAT.

Relevant documents and data will be provided to the Evaluation Team. See Appendix B for a list of key documents along with other relevant information and data.

The Evaluation Team Leader will be responsible for the development of a draft Evaluation Plan (using NZ MFAT's Evaluation Plan guides). The Evaluation Plan will outline the approach, method and tools to be used to meet the purpose and the objectives of the evaluation.

- approach to stakeholder analysis;
- a communication plan;
- a high-level plan to disseminate the findings;
- an outline of evaluation governance arrangements;
- an outline of the quality ethical and cultural issues to be managed by the evaluation;
- a schedule identifying key deliverables and timeline;
- identification of the risks and how they will be mitigated; and
- a description of how cross cutting issues will be considered throughout the evaluation.

It is anticipated that the Evaluation Plan will identify how the information needs can be met through current documentation (including undertaking documentary analysis), and what information gaps, if any, will need to be filled through fieldwork including the in-country visit. Data collection methods, for example, interviews (structured and semi-structured), focus groups, direct observation and sector studies should be outlined.

The Evaluation may be constrained by availability of key stakeholders and this should be considered in the design described in the Evaluation Plan.

The Evaluation Steering Group will approve the Evaluation Plan, following any required amendments. The Evaluation Plan must be approved prior to the commencement of any field work or other substantive work.

Reporting requirements

The Evaluation Report must as a minimum meet quality standards as set out in MFAT Evaluation Guidelines and Policy.

For the Report we expect:

- an Evaluation Report, including abstracts suitable for publishing and dissemination amongst programme stakeholders; and
- a one to two-page Evaluation Fact Sheet identifying the Evaluation's key findings, short- and medium-term recommendations, and lessons learnt.

As this is an evidence-based evaluation, the findings, conclusions and recommendations must be based on clear evidence presented in a way that allows readers to form their own views on the validity and reliability of the findings, including assessing the vested interests of sources.

Where there is conflicting evidence or interpretations, the report should note the differences and justify the findings.

The draft Evaluation Report will be reviewed by NZ MFAT, DFAT and GoS staff, stakeholders and/or external experts to check for factual errors and completeness.

A signed agreement to the final report will be given by NZ MFAT/DFAT MOF.

Team Composition

In addressing the objectives of this ToR and to ensure the independent nature of the evaluation, we envisage that the evaluation will be undertaken by a small multi-disciplinary team of independent contractors. We encourage the inclusion of locally based expertise as part of the evaluation team

where appropriate. The attributes (knowledge, skills, experience) required of the evaluation team include:

- Evaluation expertise and experience, including undertaking development evaluations in the Pacific region (particularly in Samoa)
- Experience in applying intervention logic, evidence-based models of evaluation based on OECD DAC criteria
- Demonstrated knowledge and experience of Pacific disaster management practices and systems.
- Relevant technical experience and knowledge of Disaster management in a development context, including clinical expertise (and preferably in the Pacific)
- Strong experience in Monitoring and Evaluation in a development context
- Strong analytical skills including in budgetary and financial analysis
- Experience working with bilateral and multilateral agencies.
- Appropriate research, report writing and presentation skills.
- Effective cross-cultural and communication skills
- Ability to work together in a team environment and meet deadlines Proposers are invited to submit a capacity statement and provide curriculum vitae for each nominated consultant for the Activity.

NZ MFAT and DFAT reserve the right to request changes to the Evaluation Team.

Engagement with key stakeholders in Samoa

In support of a consultative and participatory approach, the evaluation team will be expected to engage with a number of key stakeholders.

These stakeholders could include:

- partner country governments (Ministers and officials)
- development partners, including implementing partners
- key non-state actors including private sector and civil society organisations of the partner country

The results of the evaluation will be reported and disseminated to NZ MFAT, DFAT and relevant partner government institutions and other key stakeholders. The Partners reserve the right to publish the evaluation on its website.

Evaluation principles and standards

Consistent with the Development Partners' evaluation principles, the Evaluation will deliver useful, credible findings relevant to the purpose of the Evaluation. The recommendations will be pragmatic and actionable, and presented in a way that promotes learning.

In conducting the Evaluation, the Evaluation Team will work with our partners to increase ownership and use of evaluations. The Evaluation Team will be transparent and independent.

The Evaluation Team must have no vested interest in the outcomes of the Evaluation and be independent of those responsible for policy making, design, delivery and management of the development intervention.

All evaluation processes and outputs are required to be robust and independent (carried out in a way that avoids any adverse effects of political or organisational influence on the findings) and transparent (process open and understood by all parties).

Quality standards

A list of quality standards for development evaluations is presented in Appendix C. These are based on the OECD-Development Assistance Committee (DAC) set of quality standards for development evaluation.

When conducting the evaluation, the Evaluation Team will comply with the respective organisations' Codes of Conduct.

Evaluation governance and management

The Evaluation will be commissioned by NZ MFAT/DFAT and the Evaluation Team will be accountable for its performance to NZ MFAT and DFAT.

The Evaluation will be governed by a Steering Group. The Steering Group will ensure the Evaluation is fit-for-purpose and is delivered in line with the agreed Evaluation Plan. Key responsibilities of the Steering Group will include agreeing the Terms of Reference, Evaluation Plan and Evaluation Report. Details of the purpose, roles and responsibilities are outlined in the Steering Group's Terms of Reference.

The MFAT Activity Manager for Disaster Management is responsible for day-to-day management and administration of the evaluation.

Transparency

It is NZ MFAT and DFAT policy to make Evaluation Report publicly available (e.g. on public websites) unless there is prior agreement not to do so. Any information that could prevent the release of an Evaluation Report under the Official Information or Privacy Acts should not be included in the report.

Ownership of information

All the key deliverables and the data/information collected will become the joint property of NZ MFAT, DFAT and the GoS.

Health and Safety Standards

MFAT is committed to protecting the health, safety and wellbeing of staff, managers, workers and others while work is carried out onshore and offshore.

Accordingly, the successful supplier is expected to operate in accordance with the standards and good practice and obligations contained in the New Zealand Health and Safety at Work Act 2015 (effective 4 April 2016).

Standards for Technical Advisors

The advisor will operate to high standards of professionalism, transparency, and demonstrate focus on capacity development.

Appendix A: List of Key Stakeholders

Appendix B: Relevant Reports/Documentation/Information

Key Evaluation Questions

Objective 1: Assess the ***effectiveness*** of TC Evan Recovery/Rebuilding Programme and the TCRP:

- How effectively were the key principles of cross cutting (particularly gender and disability inclusion), vulnerability, and inclusive and informed decision making incorporated in both programmes? What factors have enhanced or constrained realising these principles?
- What constrained or enhanced the achievement of outcomes?

Objective 2: Assess ***impact*** of the programmes, in particular:

- To what extent have the programmes benefited their stakeholders and beneficiaries (including disaster preparedness and response)?
- What unintended outcomes (positive and negative) have occurred as a result of the programmes or approaches to providing support?

Objective 3: Assess programme ***efficiency,*** in particular:

- How effectively were the key principles of value for money and coordination (including reporting) addressed in both programmes? What factors have enhanced or constrained realising these principles?
- How effective was the management of the programme by GoS, NZ MFAT and DFAT, particularly:
  - Did GoS have the systems in place to efficiently utilise the budget support?
  - What were the strengths and weaknesses of the different modalities used by MFAT and DFAT in this context?
  - Was the Ministry of Finance the most appropriate agency within GoS to coordinate the recovery programme?
  - Were the decision-making processes about programme priorities and allocation of funds satisfactory to all parties?
- Was the private sector appropriately involved?

Objective 4: Assess the extent to which the results obtained have proven to be ***sustainable***:

- To what extent has improved capacity (including skills, knowledge, management capacity, systems and resources) acquired from the programmes been sustained?
- How effectively were the key principles of build back better and sustainability addressed in both programmes? What factors have enhanced or constrained realising these principles?

Objective 5: To identify ***lessons learned*** and ***cross cutting issues***

- What are key learnings from the TC Evan Recovery/Rebuilding programme and the TCRP - what works and what does not?
- To what extent were these lessons applied to GoS preparedness for, and response to, Cyclone Gita in 2018?
- What recommendations can be made to:
    - achieve Samoa's disaster management objectives and outcomes?
    - achieve tourism sector objectives and outcomes?

Objective 6: to assess the ***relevance*** of the TC Evan Recovery/Rebuilding Programme and TCRP in the development and strengthening of the relevant areas in Disaster Management. In particular:

- Did the programmes have clear strategic frameworks aligned with NZ MFAT and DFAT development policy and GoS development objectives?
- How well were the programmes developed?
- To what extent have the programmes remained relevant to the GoS, NZ MFAT and DFAT?

APPENDIX TWO: PROGRESS, ACHIEVEMENTS, AND RESULTS FRAMEWORK

The TCRRP provided support across all sectors. The following two tables attempt to consolidate achievements against each of the expected sector outcomes, and then the achievements against the outcomes included in the TCRRP monitoring and evaluation framework (identified in the table as document (A) and the MoH reporting, particularly the final health sector report (identified as document (B)). This presents a mixed picture of effectiveness, in terms of achievement of identified outcomes, for most sectors.

(1) General recovery and rehabilitation

Source: Compiled from (GoS, 2014c; MoF, 2016; MoH, 2016b; MESC, 2014) and field work

Sector	Outcomes/Outputs (GoS, 2014c, pp. 4-8)	Achievements - emergency phase (December 2012 to June 2013)	Achievements - medium to longer term (July 2013 – December 2015)
Social sectors			
Shelter / housing [Ministry of Finance (MoF)]	Recover damaged housing from the impact of Cyclone Evan and enhance resilience: – Safe and cyclone resistant homes recovered – Revision of National Building Code – Targeted support for vulnerable persons – Awareness of build back better measures	Central Bank of Samoa extended a credit line of SAT 5 million for housing loans with the Housing Corporation, and the World Bank contributed SAT 7.5 million for the lending scheme. SAT 12.4 million has been disbursed. 550 housing loan applications (approximately SAT 9 million) assisted through the Samoa National Provident Fund (SNPF) 120 shelters constructed by Adventist Development and Relief Agency ADRA (European Union / ECHO funding) mainly for affected communities in south eastern Upolu.	Housing Corporation loan facility: – construction of 262 new homes – major renovations to 438 homes – partial renovations to 176 homes 40 homes for households that clearly needed help but had not accessed the other housing facilities supported by UNDP 200 shelters built by the APTC consortium Most shelters built with ADRA assistance upgraded to permanent houses in 2015. Review of the National Building Code completed in September 2013 with UNDP support. Revised Code published in February 2017.
Education [Ministry of Education, Sports, and Culture (MESC)]	Access to quality education in a safe environment: – Schools and adjacent areas undergo a major clean-up operation post- cyclone – Schools and early childhood education centres affected by cyclone Evan are resourced with learning materials, furniture and equipment	– Clean up of schools completed prior to commencement of 2013 school year. – Schools and early childhood education centres equipped with learning materials (assisted by UNICEF). – Initial damage assessments categorised educational facilities into 3 categories: from 1 (minor repairs needed =36 schools); 2	All 36 category 1 damaged schools received repair grants of SAT 3,000 Category 2 schools earmarked for US Embassy assistance. Construction at 6 of the 7 category 3 schools completed (as at November 2016, construction works were on hold for Falease'ela primary school) All primary, secondary and early childhood

Sector	Outcomes/Outputs (GoS, 2014c, pp. 4-8)	Achievements - emergency phase (December 2012 to June 2013)	Achievements - medium to longer term (July 2013 – December 2015)
	– Surveys conducted in Cat 2 and 3-affected schools to assess risk and identify risk reductions programs – Contract works to rebuild and repair Cyclone Evan-affected schools – Identify and document case studies showing resilience measures and lessons learnt – Capacity to prepare for a respond to disaster alongside resilience to withstand future shocks – Emergency shelters, Early Warning System (EWS) and procedures established in all school settings – Safe storage facilities in all school settings – National program delivered post-cyclone Evan to build psycho-social resilience for children, teachers and families – Vulnerability assessment (water shortage, vector problems, access to power and emergency health care) – Health promotion partnerships in schools	(medium damage = 6 schools); 3 (significant damage or destroyed = 7 schools)) – Temporary schooling arrangements put in place so all children, including those with special needs, were able to access learning in January 2013. – MESC monitored alternative schooling arrangements in close consultation with School Committees, parents and teachers.	education centres provided with learning materials and equipment by January 2014 Technical assistance for re-assessments and to confirm building works ensured plans incorporated *build back better* principles. Monitoring visits to schools in Upolu and Savaii in January 2014 indicate that the majority of schools met standards for vector control, safe water and access to power.
Health [Ministry of Health (MoH)]	Sustained, continuous public health improvements for all Recover and improve access to efficient, effective and more resilient quality health services: – Collaboration with and between health sector partners – Improved water quality, reduced endemic typhoid, diarrheal, filariasis and tuberculosis, vector-borne disease – Early identification of infectious disease outbreaks, – Community awareness and environmental	Mass media campaigns to address water quality, food safety, sanitation and primary health care A 40 per cent reduction in typhoid cases over 2013, considered to be related to the ongoing MoH advocacy and awareness campaigns Planning to relocate the Sataua Rural District Hospital which was significantly damaged in the cyclone, along with the old Tupua Tamasese Meaole (TTM) hospital. MoH headquarters available as an emergency shelter from December 13 – 16 for about 605 people, including the elderly, pregnant mothers, children, and babies. MoH teams started public health environmental	No disease (dengue, typhoid, measles) outbreak reported to be related to awareness campaigns 3 out of 4 district hospitals fully repaired and operating by 2014 Contract for design and supervision assigned in to local consultants (Dec-13). Anticipated staff shortages addressed by recruitment of 5 additional temporary workers (Aug-13). Minor damage to MoH headquarters repaired. Building projects implemented included extensive renovation works at Poutasi district hospital, renovation of damaged buildings at original TTM hospital, minor renovation works at Lalomanu, Saanapu, Foailalo and Leulumoega district

Sector	Outcomes/Outputs (GoS, 2014c, pp. 4-8)	Achievements - emergency phase (December 2012 to June 2013)	Achievements - medium to longer term (July 2013 – December 2015)
	improvement – Health policies (urbanization, Climate Change, Natural Disasters) – Access to qualified and skilled health workforce – Psycho-social services strengthened at national/community levels – Coordinated health disaster risk reduction, including *build back better* measures – Continued public access to health care including for those with special needs	and sanitation assessments on 15 December 2012, and were joined by a public health specialist from the New Zealand army on 16 December. Three MOH clinical teams made up of doctors and nurses went into shelters and conducted clinical assessments. Re-establishment or continuation of public health and hospital services	hospitals, construction of relocated Sataua hospital inland Some recovery funding used for replacement and new equipment for the district hospitals (x-ray machine, ambulances, communication equipment) Psychosocial programs not yet commenced. As at Dec-13, not reported in completion report.
Economic recovery			
Agriculture [Ministry of Agriculture and Forestry (MAF)]	Replace lost or damaged agricultural assets to restore production to pre- cyclone levels Enhance the ability of the agricultural sector to better prepare for and respond to future natural disasters: – To recover and improve national self-reliance in food production and nutrition security – To build back better agricultural holdings for sustainable production – To build capacity to respond effectively and timely to future disasters in the agriculture and fishery sectors, including integration of climate change resilience measures – Facilitate emergency livelihoods support to small-scale famers and fishers affected by Cyclone Evan (implemented by ADRA/ECHO)	Initial assessments estimated 7000 farmers were eligible for recovery assistance MAF estimated that there are 3700 beneficiaries located in severely affected areas and 3300 in moderately affected areas. 3 implementation approaches – ADRA emergency response (with ECHO funding); ADRA Emergency Livelihoods Support (FAO funding) and a World Bank funded response	ADRA completed two interventions targeting the most vulnerable households in severely affected areas (2013). This included delivery of agricultural training to 2250 cyclone affected farmers The World Bank *Agriculture and Fisheries Cyclone Response Project* provided cyclone recovery for subsistence, semi-commercial, and commercial farmers and fishers to purchase eligible farm items and fishing equipment using an e voucher system. The World Bank project also supported repairs to MAF facilities damaged during the cyclone, and for disaster preparedness for the sector. The emergency project was fully completed by March 2016.
Tourism [Samoa Tourism Authority (STA)]	To achieve rapid recovery of the tourism industry and tourism-based livelihoods and employment: – increased resilience of tourism operators through *build back better* reconstruction approach – increased market confidence and demand for	Priority action focused on provision of funding assistance for accommodation properties deemed to be directly affected by the cyclone. Of 31 applications approved, 22 received funding and 9 are still to use their approved funding. 18 applications for marketing support to	42 construction proposals completed Inspections of all construction proposals indicated full compliance with the tourism accommodation standards, National Building Code, health and safety standards, fire and electrical safety standards, disaster management requirements. 103 marketing proposals had been approved and

Sector	Outcomes/Outputs (GoS, 2014c, pp. 4-8)	Achievements - emergency phase (December 2012 to June 2013)	Achievements - medium to longer term (July 2013 – December 2015)
	Samoa as a tourist destination – improved livelihoods for affected operators – improved financial and risk management of the sector	support consumer confidence post Cyclone Evan were approved with 13 grants distributed to June 2013.	completed. 20 tourism workers from affected regions took up accredited carpentry courses with assistance from APTC Following distribution of earlier grants assistance moved to a focus on capacity development to re-build the sector. Training completed included in risk management
Infrastructure			
Water and sanitation [Ministry of Natural Resources and Environment (MNRE) / Samoa Water Authority (SWA)]	Reliable, clean, affordable water and basic sanitation within the framework of Integrated water resources management, for all people in Samoa to sustain health improvements and alleviate poverty: – emergency water supplies throughout affected areas, complete removal of debris from SWA facilities, clearance of access routes, fencing to secure facilities – waste water treatment plant upgrade, including repairs, fencing, chlorination, improved access roads, flood protection including floodway (Tiavi, Fuluasou, Alaoa) – upgrade transmission water mains and sub-mains, repairs to damaged pipelines, improved road access (Mallololelei, Tiavi, Alaoa) – spring boxes – reconstruction and provision of raw water pipeline (Alaoa) – Comprehensive Community Disaster and Climate Risk Management Program (CDCRM) with MNRE	Water supplies were restored to approximately 70,000 within 12 days of the cyclone All activities identified for immediate implementation during and after the cyclone completed through the establishment of temporary arrangements and structures for provision of emergency water supplies throughout affected areas. Emergency works to remove debris from SWA facilities, clearance of access routes and cleaning of flooded water treatment plants completed Permanent intake structure for Tafitoala, raw water transmission main to the waste water treatment plant completed installation of the reservoir tank and river crossing transmission line to be completed.	Reconstruction of Maloloieiei treatment plant original permanent intake and security fence completed by SWA in 2013. Upgrading of transmission main completed June 2016. Tafitoala and Alaoa water treatment plants surveyed by Australian Civilian Corps (ACC) deployment to finalise flood modelling, works design and costing. Aiaoa: WTP Filter Sand Replacement of Filter Sand swept away by Cyclone Flooding completed Replacement of sand in Slow Sand Filter Tanks completed and ongoing maintenance of scouring of the SSF Aiaoa: water treatment plant: New raised (for flood protection) operator house and chlorination building constructed; intake structure cleaned, and river flow towards East intake completed; Transmission main reinstatement completed. Cleaning and condition assessment of the spring boxes completed in June 2013 *Tafitoala*: Immediate repairs to water treatment plant buildings and fence completed in 2013. Flood protection and channel diversion for *Tafitoala* and Aiaoa surveyed by an AusAID ACC surveyor who then finalized flood modelling and designs for a phased approach to works. Construction works were on hold in 2015 *Tiavi*: works associated with the Cross-Island Road widening, and intake repairs completed in

Sector	Outcomes/Outputs (GoS, 2014c, pp. 4-8)	Achievements - emergency phase (December 2012 to June 2013)	Achievements - medium to longer term (July 2013 – December 2015)
			2013 *Fuluasou*: Security fence and operator building repaired, water mains to the allocated conference area and installation of fire hydrants completed in 2014.
Energy [Electric Power Corporation (EPC)]	Restore and improve reliability and quality of electricity supply to all customers affected by Cyclone Evan Develop alternative electricity supply for critical facilities – remove all fallen powerlines to remove unsafe hazards to public and properties – repair all damaged hydro plants, powerlines, and facilities – building facilities and powerlines better. – conduct feasibility study of constructing a dam in Alaoa for Vaisigano river for water storage for hydro and drinking water development and flood control – harden construction of powerlines and hydro stations – improve insurance cover to reduce financial risks to utility for coverage of loss of revenue and extra expenses associated with recovery program	Three hydro stations had major flood damage, two experienced moderate damages but were back in operation with emergency repairs EPC implemented technical and operational recovery to restore electricity services to all customers, and repairing the three damaged hydro plants. Full inspection of electrical wiring and repair of powerlines on Upolu to restore electricity to customers with little to no damage to their houses and facilities was completed on March 2013.	Commencement of Renewable Energy program with the JICA and New Zealand government funded solar power systems – the system on Upoiu was launched during the September 2014 SIDS Conference. A wind power generating plant with two 275kw machines funded by United Arab Emirates was constructed and commissioned in late 2014. With the reform of the Power Sector under the Electricity Act 2010, 6 private companies offered to finance and construct renewable energy power generation plants to generate and sell electricity to EPC grid under power purchase agreements. Rehabilitation and refurbishment of the Samasoni, Fale Ole Fee and Alaoa hydro schemes and construction of 3 new small hydro schemes, Faieata (Savaii) Fausaga -Tafitoala and Faleaseela. Funding for these is outside the recovery budget and construction is ongoing.
Roads and transport [Land Transport Authority (LTA)]	To recover and build resilient infrastructure in areas affected by Cyclone Evan, integrating best practice climate resilience measures into the design and planning of all transport networks, leading to an efficient, safe and sustainable transport system and networks: – provision of rapid, emergency response works to rehabilitate roads and bridges for emergency response, as well as continued public and commercial access. – rehabilitation, reconstruction for improved resilience of damaged transport	90% of primary and secondary roads cleared within 2 days of Cyclone Evan and access across Upolu's road network re-established. Other works included attention to damaged bus shelters and assessments of additional transport recovery needs.	Reconstruction works relating to sections along the cross-island road and Tafitoala, including *build back better* measures ongoing. Repair works on bridges (Tafitoala, Nu'usuatia) completed by October 2013 Design of 3 bridges (Luatuanu'u West, Fagali'l Centre, Solosolo West) incorporating climate resilience measures completed and awaiting approvals prior to procurement. Design and supervision for reconstruction of Leone Bridge, Alafa'alava Road and Cross Island Road (to *build back better* standards), falls under

Sector	Outcomes/Outputs (GoS, 2014c, pp. 4-8)	Achievements - emergency phase (December 2012 to June 2013)	Achievements - medium to longer term (July 2013 – December 2015)
	infrastructure to facilitate emergency response, as well as continued public and commercial access. – reconstruction of improved and resilient road infrastructure, including damage and flood protection measures to reduce damages due to weather and related complaints		the World Bank Enhanced Road Access Project (ERAP) and there are plans to award some contracts by April 2014. Roads, drainage and bridges maintained and rehabilitated as part of budget support. Recovery of the West Coast Road will be implemented under a separate West Coast Road project.
Cross cutting			
Community [Ministry of Women, Children, Social Development (MWCSD)]	To ensure that communities affected by Cyclone Evan will recover and enhance their capacities through better planning and integration of DRR and DRM across all community development initiatives: – strengthened ongoing identification of families and communities affected by the cyclone through social Impact assessments – strengthened social cohesion through village governance and leadership for DRR and DRM and enhanced awareness of and resilience to future shocks – enhanced community evacuation centres at village level through upgrading existing resources	MWCSD facilitated village consultations to identify the type of support required, including to poor and vulnerable Beneficiary list initially identified by MWCSD, drawing on data from development partners. Village activities included clearing of debris in surrounding areas. Initial sector recovery plan reviewed in consultation with MWCSD and MOF.	Revision of MWCSD's plan to incorporate the need to ensure the community is ready to respond to the possibility of further shocks At the end of 2015 the recovery budget allocated for the community sector which remained unutilised was reallocated to other recovery sectors.
Environment / DRR [MNRE and DMO]	Recover from the impact of Cyclone Evan and strengthen the resilience of the natural and built environment: – improved understanding of hydro-meteorological hazards and risks including modelling and mapping – improved real time monitoring of rainfall and stream flow and establishment of a flood forecasting system – rehabilitated damaged habitats (watershed areas, reserves, national parks and forest) to a viable healthy state	DMO provided the coordination centre for immediate response and the relief effort, providing information in meetings and for cluster updates MNRE prioritised clearing debris in town and villages that were affected by the flood, clearing and removal of downed trees and debris from rivers, streams and sea-walls, restoration of river gauges that received minor damages, and dredging in some rivers such as the Vaisigano River to prevent further floods Environment recovery including: – rehabilitation of upland, lowland, coastal, and marine habitats	CDCRM implemented in 4 villages in Upolu and 15 villages in Savaii have completed delivery (ongoing into 2014) Rehabilitation of damaged areas of the forest, protection of refuge areas or habitats, control of invasive species, reconstruction of damaged storage facilities, walkways, and signage, and surveys or research to better inform management of threatened species: – River gauges at 6 sites restored, and operational except for 2 (Tafitoala, Alaoa West) – Redesign of Mt Vaea trail

Sector	Outcomes/Outputs (GoS, 2014c, pp. 4-8)	Achievements - emergency phase (December 2012 to June 2013)	Achievements - medium to longer term (July 2013 – December 2015)
	– establishment of a robust communication and alert dissemination system for flooding – well informed and prepared villages, improved community awareness and understanding of risk perceptions and strengthened preparedness – strengthening of institutional and legislative capacity to mainstream climate and disaster risk into urban planning and coastal management – Strengthening the disaster and climate resilience of rivers and streams – better equipped evacuation facilities and well trained facilities or shelter management teams – revised / confirmed relevant legal mechanisms.	– clean up of downed trees in watershed areas, replanting along watershed areas – native replanting of seedlings and removal of noxious weeds – reconstruction and restoration of buildings, river gauging and observation equipment and nurseries.	– 5 community and 1 ministry nurseries reconstructed – Replanting of refuge areas or habitats and key biodiversity areas such as Lake Lanoto'o National Park – 11,889 native seedlings replanted across Lauli, Leusoalii, Luatuanuu, Solosolo, Eva, Fusi, Saoluafata, Manunu, Lufilufi, Faleapuna, Falefa, Lalomauga, Falevao, Lofofaga Safata – 1 hectare of mangrove at Fausaga Safata replanted – Invasive species are monitored through the on-going programs. – Construction of coastal and river protection works at Mulivai River, Vaisigano River, Laulii River and Siutu village works expected by August 2014 (completion not reported in final report) – Restoration of Fuluasou/Faleata complete and used during the SIDS Conference (supported by the Government of Germany in 2014)

(2) The Tourism Cyclone Recovery Programme

Source: Extracted from (MFAT, 2017)

Agreed results measurement table from activity design document			**Data at programme completion**	
Results	Indicators	Targets (planned)	Results (actual)	Notes
Long-term outcomes				
Improved sustainable tourism	Formal investment in the sector	Up to 120 million additional investments by 2017	No data	
Medium-term outcomes				
Increased contribution of tourism industry to economic growth	Growth in foreign exchange earnings	5% growth per annum	Total foreign exchanges earnings from tourism - slow but trending positively with an increase of 3.5% on 2012 earnings	Sector is still in recovery mode and the overall impact of the TCRP may not be realised for some time. Decline in tourist arrivals in 2013, but meetings, incentives, conventions and exhibitions (MICE) in 2014 and 2015, including UNSIDS Conference, the Commonwealth Youth Games, and the Manu Samoa vs. All Blacks games contributed to positive consecutive increases in tourism foreign exchange earnings from 2014 to 2015. Trend expected increase throughout the years.
Short-term outcomes				
Outcome 1: Increased resilience of tourism operators through adoption of *build back better* approach	Number of affected accommodation providers in compliance with National Building Code, PUMA environmental safeguards, DMO disaster management plans and	100%	80% (36/45) of the properties under the reconstruction grant facility are compliant with Samoa accommodations standards and building codes 89% are compliant with national industry	The high percentage of operators meeting national building conditions is positive and as a short-term outcome means operator infrastructure is more resilient and can impacts from future disasters will be minimal.

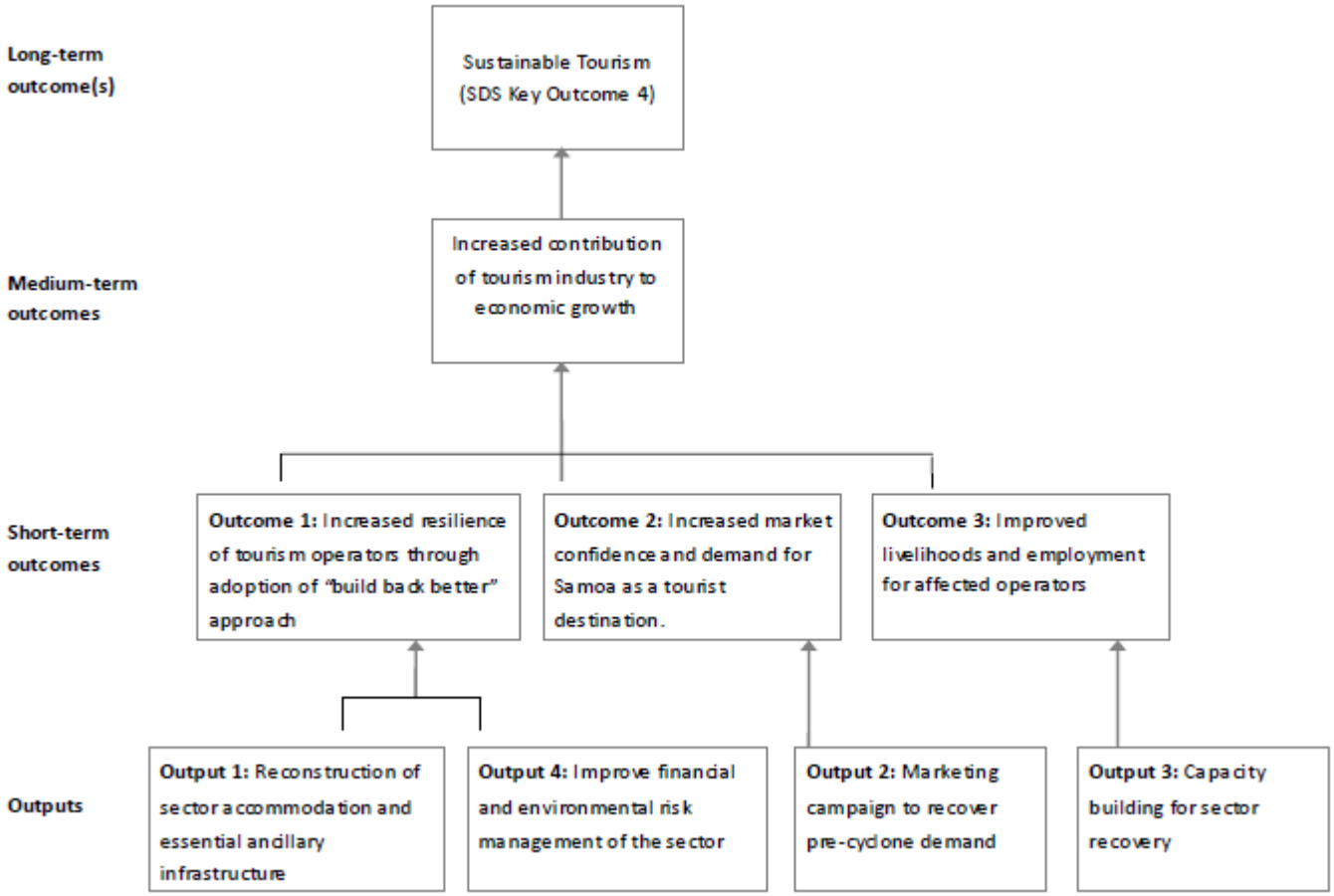
Agreed results measurement table from activity design document			Data at programme completion	
Results	Indicators	Targets (planned)	Results (actual)	Notes
	Samoa accommodation standards by end 2015		standards (PUMA environmental safeguards) 13% increase in total post room numbers in comparison to pre-cyclone room numbers in 2012	Source: TCRP Progress Report Sept-Dec 2015
Output 1: Reconstruction of sector accommodation and essential ancillary infrastructure	Number of operators accessing the reconstruction grant	68 operators accessing the reconstruction grant	45 operators classified as damaged accessed the reconstruction grant by the end of the programme. This is an increase of 21% since 2013. Of the 45 operators, 36 have completed reconstruction while 4 are still under constructions at the end of the programme.	Although there was a genuine interest in accessing the grant, the operators found the effort needed to complete the TCRP process was too time consuming. This has resulted in operators forfeiting the assistance provided through the TCRP.
Output 4: Financial and environmental risk management of the sector	Insurance study Coastal Protection technical assistance to provide guidance on coastal management plans.	Complete studies and TA	Financial risk management component including the financial risk assessment completed in Jul – Dec 2015 semester Financial risk management implementation plan was completed and submitted in September 2015 with the following recommendations: – Self-insurance or risk retention – Creation of industry association mutual insurance scheme – Collective insurance – Mutual trust fund Technical assessments to identify the most feasible shoreline protection options for Tafatafa, Lano and Maninoa Siumu completed end Oct-2015. This was in addition to Manase's coastal protection having been identified as the best option for beach replenishment with suitable control measures.	It is assumed that operators are more aware of the risks that could impact their business and be more prepared through the completion of the financial risk management component, but there is little assessment of the impacts of this in the short to medium term (TCRP Progress Report Sept-Dec 2015)

Agreed results measurement table from activity design document			Data at programme completion	
Results	Indicators	Targets (planned)	Results (actual)	Notes
Outcome 2: Increased market confidence and demand for Samoa as a Tourist destination.	Growth in total tourist numbers	15% total growth in numbers beyond 2016	Decrease of 7% in visitor arrivals in 2013 Increase of 6% in 2014 Increase of 5.6% in 2015	See note re outcome 1 above
Output 2: Marketing campaign to recover pre-cyclone demand	Provision and full utilisation of a contestable grant for marketing and promotions of operators affected by Cyclone Evan.	Full utilisation of marketing grant funds.	66% (69/105) operators who applied for the marketing grant accessed the grant by the end of the programme.	Little assessment on what specific marketing strategies were developed from accessing the market grant facility. Assumed that operators would have promoted their businesses and attracted tourists in the short to medium term.
Outcome 3: Improved livelihoods and employment for affected operators	Levels of employment for affected accommodation categories by 2014	949 employees to be reinstated within affected businesses	Of the 106 properties that were surveyed, 28% maintained[8] their pre-cyclone employee numbers.	28% is quite a low percentage and an indication that more employees would have been needed. The rebuild would have presented an opportunity to attract more employees (TCRP Progress Report Sept-Dec 2015)
Output 3: Capacity building for sector recovery	Hospitality training delivered to the sector.		381 employees attended management, hospitality, customer service related courses facilitated by Samoa Tourism Authority and the TCRP Secretariat over the life of the programme (gender breakdown not provided)	As a result of staff capacity development, in the short term, operators will have more developed service standards for tourists (TCRP Progress Report Sept-Dec 2015)

[8] Note there is inconsistent information as the same report states that of 106 properties surveyed 28% *maintained* their post cyclone employee numbers by December 2015.

(3) TCRP Results Framework

Goal of the Activity: Achieve a rapid recovery of the tourism industry and tourism based livelihoods and employment



APPENDIX THREE: SECTORAL STUDY TOURISM

BACKGROUND

▪ Damage and loss in the tourism sector

The post disaster needs assessment (GoS, 2013a) identified that 267 out of 2,148 hotel rooms sustained total or partial destruction from Cyclone Evan. Much of the damage cost was in the high revenue yielding deluxe and superior hotel room categories. Aggie Grey's hotel and bungalows accounted for 92 percent (SAT 17.61 million) of the total estimated damages in the deluxe category, and 67 percent of the total damages of the sector. There was also some damage to water and electricity supplies to facilities, especially outside of Apia. Subsequent revenue losses over the expected reconstruction period (into 2015) were estimated to be SAT 21.7 million. Under TCRP 137 affected properties were assessed.

The hotel damage and decrease in foreign tourist numbers was predicted to have spin-off effects into other businesses associated with the tourist industry. As a result, an estimated 974 jobs (491 by women and 483 men) were predicted to be lost. Because of the importance of tourism to the Samoan economy, these losses would have a negative macroeconomic impact, bring a decline in GDP, fewer foreign exchange receipts, and tax revenue losses.

The required budget for recovery and disaster-resilient reconstruction of the sector was estimated at SAT 35.21 million, to be met through both private resources and public-sector support. This included clearing debris and removing mud, capacity building, establishing a credit facility to replace working capital, an information and marketing campaign, and reconstruction of sector facilities.

▪ The activity

The Tourism Cyclone Recovery Programme (TCRP) activities ran between mid-2013 and December 2015 under a project modality. Management was contracted to the Samoa Tourism Authority (STA), on the basis of a design prepared by KVA Consult Ltd. The programme aimed to *achieve a rapid recovery of the tourism industry and tourism-based livelihoods and employment*, to enable the increased contribution of Samoa's tourism industry to economic growth. The expected outputs and outcomes as per the initial design (KVA Consult Ltd., 2013) are shown in Table 1.

Table 1 TCRP expected outcomes and outputs

Outcomes	Outputs
1. Increased resilience of tourism building operators through adoption of a *build back better* reconstruction approach	Output 1. Reconstruction of sector accommodation and essential ancillary infrastructure
	Output 4: Financial and environmental risk management of the sector
2. Increased market confidence and demand for Samoa as a tourist destination	Output 2: Marketing campaign to recover pre- cyclone demand
3. Improved livelihoods and employment for affected operators	Output 3: Capacity building for sector recovery

Main types of assistance

To achieve outcome 1, three types of assistance were provided to tourism operators:

1. *Concessional credit*: The Development Bank of Samoa provided lower cost loans to businesses that were badly damaged by Tropical Cyclone Evan. This was facilitated by a directive from the Cabinet to the Central Bank to provide funds to the Development Bank.

   Concessional credit was provided to 17 tourist accommodation facilities with a total value of loans of SAT27,576,638. These loans are provided at a 3% interest rate in comparison to the normal 8% with a maximum term of 20 years. These terms were determined by Cabinet, and loans were approved by the Central Bank Board.

   Priority was given to deluxe and superior accommodation to rebuild to pre-cyclone bed numbers. The Development Bank of Samoa believes the market needs were met as there were remaining funds in the budget which they made available to operators in the standard accommodation category.

2. *Import tax concessions*: Under the Samoa Tourism and Hotel Development Incentive Act (No.15/2003) a number of tax incentives have been available to 'first class'[9] tourism operators. These include tourism investment tax credit, import duty concessions (for purchasing materials not available in Samoa), and income tax holidays. The TCRP design suggested that these, particularly import duty concessions, should be extended to tourism operators that experienced damage from Cyclone Evan. This required legislative amendment including extension of the provisions beyond 2013. The extension did occur (until 30 June 2018), but the MCIL advised that only one tourism operator used this mechanism.[10] It does not appear that the legislation was extended to include different operator categories.

3. *Reconstruction grants*: These focused on the day and overnight beach fale, budget, and standard accommodation categories. The grant was provided as materials, purchased to a pre-agreed value from particular suppliers who were repaid by the MoF. An equity contribution from the operator was included in most grant calculations.

In addition to this direct support to tourism operators, the STA oversaw completion (in late 2015) of a financial risk management implementation plan tailored for the sector. Follow up to this was ongoing post TCRP; some recommendations are discussed following (see particularly the discussion of insurance).

To achieve outcome 2 (*increased market confidence and demand for Samoa as a tourist destination*), up to SAT 16,000 was provided as a cash grant to operators to use for marketing activities (with a required 20% (up to SAT 4000) owner equity contribution). Grants were used for niche marketing advertisements, printing brochures, website development, or linking to other marketing or booking engines. STA advised that requests for business cards and producing signage for buildings were addressed through the Private Sector Support Facility.

The main activity in relation to outcome 3 (*improved livelihoods and employment for affected operators*) was training for sector personnel. This included funding to the Australia Pacific Technical College to provided on-the-job and course based training. Funding was also provided to the National University of Samoa for re-development of tourism courses, and for scholarships for tourism and hospitality courses.

[9] This is as per the Samoa Accommodation Standards (SAS) administered by STA and assumed to equate to the deluxe category used by SHA.

[10] A document SHA provided after the evaluation to the evaluation team lists 13 operators that have received import tax concessions (MCIL, 2016). SHA states that this is the correct information, but the document does not state when or how this support was accessed, and therefore how it realtes to TCRRP.

Table 2 summarises the different categories of tourism operator accessing the various kinds of assistance.[11]

Table 2 Summary of TCRP provided assistance

Category	Received TCRP assistance (not training)	Accessed concessional credit	TCRP Grants		Staff attended training
			Construction	Marketing	
Beach fales	29	0	10	25	59
Budget	26	4	17	25	60
Holiday homes	1			1	2
Standard	37	7	5	35	84
Superior	2	2	0	2	40
Deluxe	7	4	0	5	40
Support and attractions	9		1	9	67
Total	111	17	33	102	352

Note: Training was provided to the sector in general, not just affected properties.

METHODOLOGY

During the in-country mission, the evaluation team met with a range of individuals and groups in the sector. Site visits were made to 14 tourism operators in the affected area. Two half day workshops were held with tourism operators, attended by 30 (beach fale, budget, standard operators) and two (superior and deluxe operators). Surveys were conducted across participants in the Diploma of Business Management (7 respondents) and tourism operators (21 respondents).

Table 3 Summary of tourism sector consultations for the evaluation

Government agencies	Samoa Tourism Authority (8 people including CEO) Additional meetings regarding data, procurement, and training
Industry bodies	Samoa Hotel Association (SHA) (2 people, including CEO) Samoa Chamber of Commerce (1)
Training providers (relevant to outcome 3)	Australia – Pacific Technical College (phone only) National University of Samoa Samoa Qualification Agency (SQA) (1)
Tourism operators	Beach fales (14 properties) Budget and standard (15 properties) Superior and deluxe (2 properties)
Training participants	Diploma in Business Management (3) Non-formal courses (8)

[11] There is some variation between these total numbers and those included in SHA reports. Considerable effort was made to consolidate and cross check information across various reports. A number of duplicate records, missing entries, or changed circumstances (e.g. grant approved but not paid) were identified. The figures used in this report represent the best efforts of the evaluation team to compile and check the support provided. It is acknowledged that maintaining this information would have been difficult due to inconsistent names, categories, and data provision by tourism operators, combined with poor communication infrastructure particularly post-cyclone.

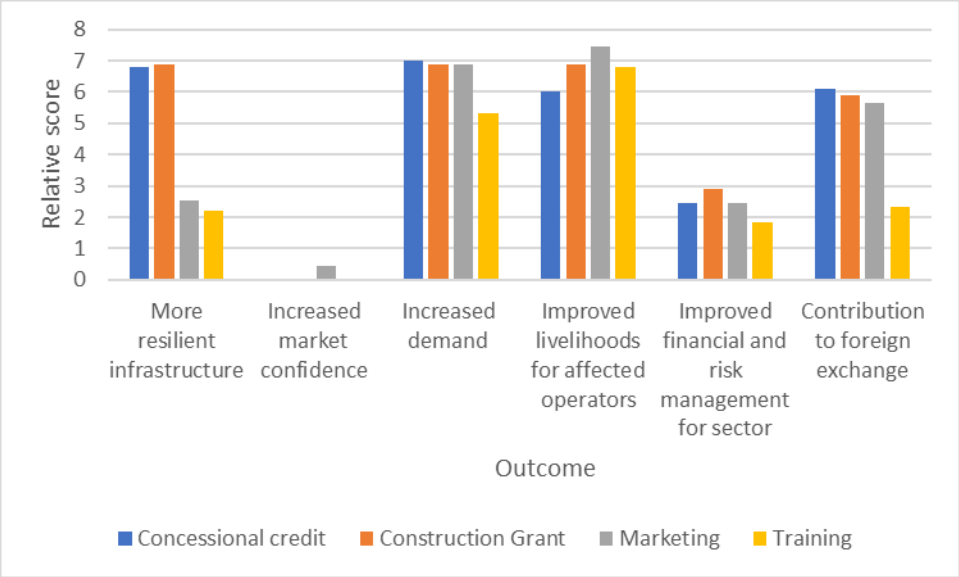
Data was compiled from a range of sources, including occupancy and employment data from STA, visitor arrivals and expenditure information from Central Bank of Samoa, and TCRP reports completed by SHA. This consolidated data set was not as useful as was hoped because of considerable gaps in reporting and a lack of consistency between these sources and across spreadsheets from the same source. Data from tourist operator websites and Trip Adviser was also sourced.

FINDINGS

- **Objective 1: Effectiveness**

All available evidence suggests that management of the program was effective. Relations between TCRP managers appear constructive, reporting provided the information stakeholders needed and generally occurred in a timely manner. This section discusses the various forms of assistance in more detail, as well as the cross cutting issues of gender and disability inclusion.

The figure below shows the perception of stakeholders who participated in the final workshop on the effectiveness of each type of assistance in contributing to outcomes. Stakeholders score was their assessment of the performance of each type of assistance in contributing to the outcome following presentation of the evaluation findings in relation to the indicators for that outcome. The relative scores indicate that from stakeholder's perspective, the contribution of each strategy varied between outcomes. For example, concessional loans and construction grants made greater contributions to more resilient infrastructure than did other strategies; whereas there was little difference in contribution of strategies to improving livelihoods. None of the strategies were considered to make a significant contribution to improving financial and risk management. Not unexpectedly, this suggests that the type of strategies adopted should be specifically selected on the basis of the desired outcomes.



Effectiveness of credit and tax concessions

A number of businesses interviewed or surveyed indicated that they would like to have made use of the import tax concession. However many of those interviewed were not aware that it was available and others found that the bureaucratic process prevented them accessing the import tax concession. One accommodation provider explained that they had spent an extensive period of

time trying to identify which agency and who within that agency was responsible for the import tax concession. Unfortunately, they were unable to identify this until after the concession closed. As a consequence, this form of support was not well utilised. MCIL reported to the evaluation team that only one operator accessed credit and tax concessions.[12]

The Development Bank of Samoa (DBS) reported that by the end of 2014 all rebuild work for operators that accessed the concessional loans was complete, and only a few were struggling to repay the loans. In some cases, the term had been extended up to 20 years to enable the operator to generate an income to repay the loan. In the case of repayment difficulties, DBS works with the borrower to determine whether new arrangements for repayment can be established. In only one case has DBS had to sell the assets to recover the loan.

The Central Bank reported that 4 - 5% of all concessional credit loans issued for Cyclone Evan recovery were classified as non-performing, and these were skewed towards tourism. The deluxe and superior accommodation operators with larger loans have tended to have greater problem in making repayments than standard accommodation operators. This difficulty is exacerbated by operators having to reduce their rates in an effort to maintain occupancy levels.

If the concessional credit had not been available, DBS considered that the tourist operators would have sought commercial loans from a commercial bank. This is not as favourable a situation for operators as the interest rates are higher and there is less flexibility in adjusting repayment period. Several of the tourist operators who received concessional credit identified that if concessional credit had not been available, they would not have borrowed money and would have either closed or not have rebuilt certain facilities.[13]

DBS considers concessional credit presents the Bank with a high level of risk. This is because of the low margin between the cost of money to the bank, the interest received on the concessional loan, and the requirement that they would pay the loan plus interest to the Central Bank. Consequently, they recommended that future support consider providing blended finance. This should be investigated further as it is unclear how this differs from what occurred in practice, with many operators using their savings and also obtaining additional loans from commercial financial institutions.

Effectiveness of reconstruction grants

SHA reported that all construction completed as at 31 December 2015 was in accordance with the required standards. Assessment was made by the TCRP facilitation group, which included representatives from the Ministry of Works, Transport and Infrastructure (MWTI), the Planning Urban Management Agency (PUMA) and STA, with SHA as the focal point. For compliance with PUMA environmental safeguards, the main requirement is an approved development consent application from the PUMA Office. Compliance to the building code and the accommodation standards was assessed on the basis of applications (including plans), the initial recommendations of KVA, and site visits to completed projects. It is noted that although apparently included in the number of compliant properties, open fales are not subject to the National Building Code.

Three properties[14] were still in progress at 31 December 2015 and were recommended to be assessed at a later date by MWTI.

[12] A document SHA provided after the evaluation to the evaluation team at the end of the evaluation lists 13 operators that have received import tax concessions (MCIL, 2016).
[13] SHA notes that operators had the right to decline or pursue all forms of assistance.
[14] Matareva Beach Fales, Sina PJ Beach Fales, Moegaamanaia Beach Fales, Vaea Hotel were last sighted by the Facilitation Group in November 2015 and recorded as having incomplete construction.

Table 4 Number of properties in compliance with standards at 31 December 2015

	Compliant	Non-compliant
PUMA Environmental Safeguards	40	5: 3 declined, 2 withdrawn
National Building Code	36 (33)	9 (12): 3 declined, 2 (5) withdrawn, 4 reconstruction still in process)
Samoa Accommodation Standards	36 (33)	9 (12): 3 declined, 2 (5) withdrawn, 4 reconstruction still in process)

Source: (SHA, 2016) (Annex III). The numbers in brackets represent the recalculation of the evaluation team based on the revised total.[15] The number of applications compliant to the PUMA standards has not been verified, but is as reported by SHA (SHA, 2016).

It is widely agreed that the reconstruction grants enabled operators to rebuild more quickly, with more attention to, or at least understanding of, building standards intended to reduce environmental risk, as was reported by MFAT in their TCRP completion assessment (MFAT, 2017). Arguably two significant disaster events within three years (the 2009 tsunami and 2012 cyclone) might also have prompted greater attention to this. SHA considers that there is currently an adequate amount of stock in each category, especially in the superior and standard which are primarily Samoa investments. The challenge now is to increase visitor numbers, rather than the number of rooms.

Effectiveness of marketing

The Tourism Sector Steering Committee reported that because the STA was implementing a destination marketing strategy for Samoa that was considered sufficient at a national level. The TCRP focus was therefore on individual operator marketing.

The effectiveness of the marketing campaign implemented under TCRP was therefore largely dependent on that being implemented by STA – if STA's work was not effective in encouraging more visitors to Samoa as a destination, the individual operators have less chance of increasing their occupancy levels or revenue. Visitor levels are also influenced by airline capacity, schedules, and costs. Samoa had been experiencing a downturn in tourism prior to Cyclone Evan. Table 5 shows that tourism numbers in 2016 were 11,347 visitors (or 8 percent) more than in 2012, but markets and purposes are fairly constant[16] and don't appear to have been influenced by TCRP. The fales visited report that their visitor levels have not changed much, but 2017 was been particularly slow.

[15] It appears that the difference between this total (33) and that from SHA (36) is because two operators closed between being approved for the grant (Treasure Garden & R.T's (R&Ts)) and accessing the funds, and one property (Sunset View Fales) being included twice. SHA reported that at the completion of TCRP, 36 properties had completed their rebuild 4 were still in process, and 23 had been approved but withdrew or had been declined. The list provided to the evaluation team showing 36 operators approved for the reconstruction grant is *Annex 2: Section A: Tourism Cyclone Recovery Programme Round 1 - 8 Applications and Approvals (Sector Recovery Progress Report – Tourism (Jul – Dec 2014)).* This list was used as the master list and cross checked with information from the excel spreadsheet *Tourism Business Stock_for TCRP FINAL* which lists 34 reconstruction grants and 103 marketing grants and the *TCRP Progress Report 6 - 1 Sept 2015 to 31 Dec 2015.docx_v4*, including *Annex 1 - TCRP Individual Applications as at 31 Dec 2015*, and *Annex 3 - Progress of Results Framework*.

[16] It is not known what constitutes the largest changes – other countries and other purposes, but these are expected to represent an aggregation of small numbers, that are not otherwise noteworthy.

Table 5 Tourism arrivals by market and purpose pre and post cyclone

Arrivals, by market	2012	2016		Arrivals, by purpose	2012	2016
American Samoa	17%	11%		Holiday	39%	39%
Australia	21%	20%		Visiting friends and relatives	39%	33%
Europe	3%	4%		Business and conference	10%	8%
New Zealand	44%	46%		Sport	1%	1%
USA	6%	7%		Other	10%	18%
Other countries	9%	12%		Total arrivals	134,564	145,911

Source: Central Bank of Samoa (2017) *Tourism earnings, average expenditure and tourism price index* (document provided to evaluation team).

Effectiveness of training

Three types of training were supported under TCRP, and these were implemented in accordance with the TCRP design. These were (1) a diploma in business management, and (2) certificate III in hospitality, which were both Australian accredited. The third type was a set of short (three day) courses conducted in different locations targeting skill gaps identified in prior training needs analyses conducted by APTC, SQA and STA. Existing APTC course content was modified slightly to suit specific sector needs; these courses were not competency based. However, they did use a variety of training methods including scenarios, role-plays, videos of good and bad practice. STC advised that conducting training in different locations is unusual in Samoa and was appreciated. No pre-or post-test of knowledge and skills was undertaken, and there has been no follow-up evaluation. STC considers that there have been some opportunities missed to further up skill the sector.

Gender and disability inclusion

Expectations around gender and disability or any other inclusion were not explicit in the TCRP design or in any other documentation reviewed. There was no specific attention to gender issues, particularly those related to workforce issues in TCRP. This is assessed not to be an issue given the apparently balanced make-up of the tourism workforce and the type of assistance provided. Positively customer service training was reported to have included attention to disability sensitivity, but the content of this was not assessed as part of the evaluation. In this vein, management training could have included attention to potential gender and disability issues relevant to human resource management, however those interviewed were unable to recall any specific matters discussed.

There was no mention of accessibility considerations in tourism facility construction, with the exception of one progress report (STA, 2014) stating that there was '*Inclusion of disability access to building plans for some of the beach fale properties and new businesses*', but no examples were identified. Accessibility was not identified in any of the applications for the reconstruction grant, and was not observed in the beach fale, budget, or standard properties visited.

Constraints and enablers to the achievement of outcomes

The tourism sector is intertwined with others – roads, basic services, telecommunications, agriculture and resource management, that were also affected by the cyclone. Several operators noted that the quality of roads and communications infrastructure were particular constraints. In some locations, roads damaged by Cyclone Evan had still not been repaired to their former state. As evidenced by comments on Trip Adviser (for example, "… what a drive there, very slow and rough road. A solid 20mins drive on a road about 3kms long", "The last 6km of road are a

nightmare", "The only criticism is the road in to the resort. It is in need of some much needed maintenance"), this reduced the desirability of these tourist resorts with clients. In addition, the failure to replace high-speed internet connections damaged by the cyclone had also adversely affected some tourist venues. In an age of increasing expectations, decent road and internet access, and high standards of staff service are essential, particularly for superior and deluxe accommodation, to be competitive internationally.

Many operators took the decision to immediately start to clean up and rebuild themselves. While they were rebuilding, some operators had to lay off staff, which then took time to bring back, recruit, or train new, once open. Particularly in the early stages, cash flow could be a problem. Most tourism operators interviewed indicated that they had sought and used funds from overseas family members to assist in renovate or replace damaged facilities.

Remittances are increasing with a general upward trend in Samoa (as seen in figure 1), but there was a spike following the Tsunami in 2009 and then again following Cyclone Evan at the end of 2012. Figure 2 shows that this increase was short lived, and by February 2013 had returned to pre-cyclone levels. These remittances are believed to have played a significant role in post cyclone recovery, including in the tourism sector.

Figure 1 Value of private remittances to Samoa 2007 – 2017 (by calendar year) (million SAT)

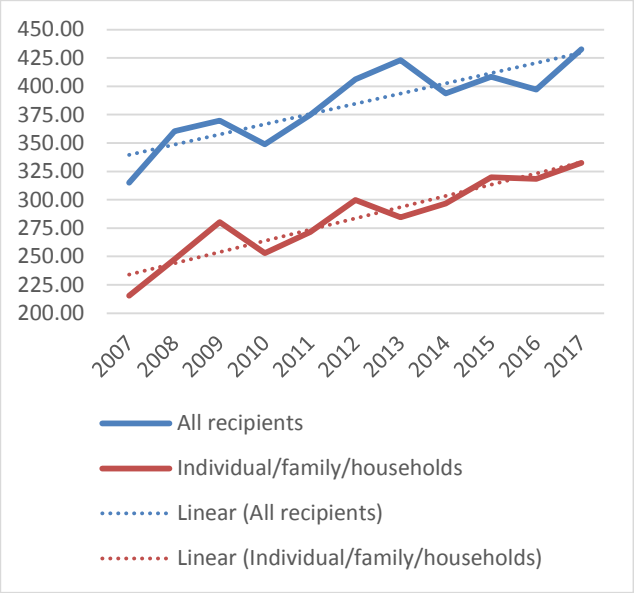
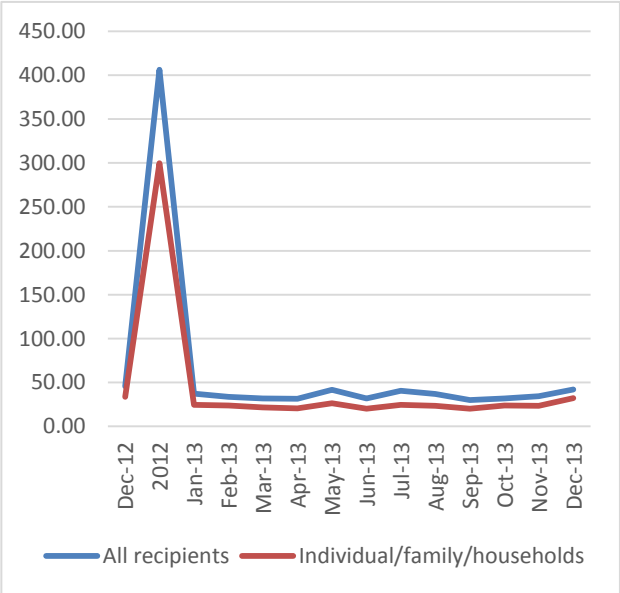


Figure 2 Value of private remittances to Samoa for 12 months post Cyclone Evan (by month) (million SAT)



Source: Central Bank of Samoa, Inflow of private remittances, Gross Private Remittances June 2016-January 2018

- **Objective 2: Impact**

The qualitative data from the in-country component of the evaluation shows that tourism operators are appreciative of the assistance, and identified that the concessional credit and reconstruction grants enabled them to rebuild their businesses faster and to a better standard than they would have otherwise.

Two of the three operators that had accessed concessional credit that were interviewed stated that they would not have been able to rebuild without the concessional credit. The other indicated that the expectation of obtaining the loan had led them to incur greater debt than they could reasonably afford. In hindsight, they would not have rebuilt.

Box 1: Change in focus

(As told by owner of a Standard accommodation who received a concessional credit)

For us, the most significant change was because of the grant. We had no debt before the cyclone. We had got a loan from my father soon after the cyclone because we needed to rebuild and become operational really quickly because we had guests booked in. But we needed to repay this and we had a focus on the debt.

Through TCRP we got a grant for SAT 100,000. This enabled us to repay the loan so that we are now able to focus on operating the business rather than repaying debt. The grant only allowed us to rebuild structures that had been there before the cyclone.

Getting the loan meant that we could build to a better standard than we had before. As a result, we ended up with a better product than we had at the start of the cyclone. Because we got more than we expected, we tried to spend it wisely and maximise the value that we got. We spent a lot of time working out exactly what was required to build to the standard that we did. This meant that we selected items from different suppliers in Samoa and some specialty items. We couldn't really have rebuilt better if we had only obtained things from the major suppliers in town.

Being able to restore our business has meant that we could maintaining income and lifestyle that we were used to. I am not sure whether we would have been able to keep the business going if we not had not received the grant.

Most operators that had received reconstruction grants for rebuilding fale, budget and standard accommodation identified that without these grants they would have rebuilt using commercial or family loans or contributions if needed. However, these other options would have caused increased stress on family relationships and for them personally. The use of grant funding was seen as preferable. Most of those interviewed and respondents to surveys who received grant funding indicated that their annual occupancy had either remained the same or increased slightly. The remaining said that their occupancy was 'up and down' with no clear pattern. This is consistent with the = average occupancy rates data provided by STA (Table 6). We also explored changes in occupancy rates for properties that had received the various forms of assistance, but no conclusions could be drawn because the data was incomplete.

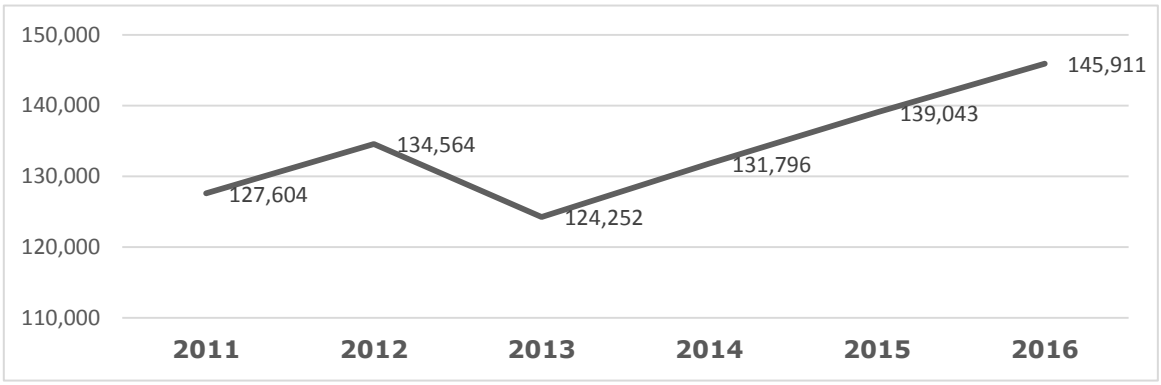
Table 6 Average occupancy rates 2012-2017

Category	2012	2013	2014	2015	2016	2017
Deluxe	54.5	54	57.4	50.7	53.5	62.3
Superior	51.5	56.6	57.7	54.5	50	45.7
Standard	22.5	25.3	28.7	27.9	18.2	25.2
Budget	17.3	21.3	20.7	23.5	26.9	25.4
Totals	36.5	39.3	41.1	39.15	37.2	39.7
Beach Fales	18.1	14.7	13.4	15.9	16.3	18.6

Source: Summary data provided by Samoa Tourism Authority

The TCRP completion report and available quantitative data shows that outcome indicators from the design have been met. Figure 1 shows that tourism arrivals and earnings have increased steadily since Cyclone Evan. However, the extent to which TCRP contributed to achievement of these is unclear. Further, while TCRP may have contributed to the speed of recovery within the tourism sector, it does not appear that the rate of increase in tourism arrivals has accelerated as we might have expected from the investment, particularly in marketing. For the period 2004 – 2012 inclusive, and then for 2015 and 2016 the average annual increase in tourism arrivals was 5 percent (Central Bank of Samoa, 2017) (Figure 1). This is in line with the growth rate target stipulated in the Samoa Tourism Sector Plan 2014-2019.

Figure 1 Total tourism arrivals and earnings pre- and post-cyclone



% increase on previous year	-1%	5%	-8%	6%	5%	5%
% increase on 2012			-8%	-2%	3%	8%
Total earnings (million tala)	302.09	324.69	319.21	342.71	363.85	384.10
% increase on previous year	-8%	7%	-2%	7%	6%	6%
% increase on 2012			-2%	6%	12%	18%

Note: Total arrivals and earnings excludes cruise ship arrivals and earnings
Source: Central Bank of Samoa (2017) *Tourism earnings, average expenditure and tourism price index* (document provided to evaluation team)

A small number of businesses (fale workshop participants that received marketing grants but did not receive a grant for reconstruction) indicated that they did not have the funds to repair the damage caused by Cyclone Evan. As a consequence, they were no longer taking overnight guests and only operated for day use. From discussion, it appeared that even this market was negligible and they had effectively closed. It also appeared that the business skills were quite limited and without additional support, a grant to enable reconstruction was unlikely to have enabled their business to have been viable.

The marketing grants appear to have had the most impact for businesses operating at the deluxe and superior levels. These operators generally used the marketing grant to revise or expand an existing marketing program or website. In most cases, they also contributed significant additional funds to the marketing program. Many of those who participated in the survey and workshop indicated that the marketing had resulted in significant benefits for their business and, as a consequence, they had continued this marketing program (Box 2).

Box 2 Value of marketing grant

A standard operator used the marketing grant to engage a public relations representative. They found that in the highly competitive environment this work was invaluable in recovering the Australian market after the effects of Cyclone Evan, and in promoting the profile of the resort and of Samoa as a travel destination. The PR representative increased the media exposure for the resort, and researched and recommended advertising and promotional opportunities. The resort noticed an increase in clientele from Australia during the latter part of this 12 month period.

One budget accommodation operator interviewed said that some of the marketing grant of SAT 13,426.73 (+3,356.68 equity contribution) had been put towards attending at a Samoa tourism roadshow in Australia and New Zealand. The person who attended also completed the TCRP supported Diploma of Management. He told us that the relationships developed from the roadshow are ongoing, and it has definitely resulted in an increase in business – '*before we completed 1 or 2 books, now we have about 5 books in a year*' (with about 200 guests per book).

Accredited training has provided significant benefit to individuals and to a lesser extent, their employer. All participants who completed the survey or were interviewed identified numerous ways in which they applied the learning. The most consistent area was related to human resource management and encompassed developing job descriptions; and inducting, training and managing staff. Other areas that were frequently reported included time management, decision-making, marketing and financial management (Box 3). Half of the survey respondents and interviewees indicated that they had received a pay rise from their employer after successful completion of the Diploma in Business Management and several had received a promotion. This had benefits to themselves and their family (Box 4).

Gaining a formally accredited qualification was considered to be significant for many participants. This was because most had no other formal qualifications and this provided an opportunity for promotion. Almost all survey respondents identified expected outcomes as a result of successful completion of the Diploma in Business Management. They consistently reported that the course had provided them with increased confidence and improve their ability to manage time at work and home. As a result, they were able to spend more time with their family, and in some cases have a greater involvement in their children's education. None of those interviewed for survey respondents were able to identify any negative outcomes as a consequence of the training.

Box 3: Derailed train back on track

(As told by a Diploma of Business graduate)

The most significant change for me as a result of doing the course was that I learnt how to delegate and prioritise.

Before, I used to do everything: I used to do the marketing, counting, handle all the events, oversee the bar and the restaurant, and all the other things: I did everything that one person should be doing. I did this because I didn't delegate it to the other staff, and I didn't delegate because I didn't trust the staff. Because I was doing too much, I would get distracted and not finish a task. For example, I would be shopping for food for the restaurant and get distracted and not get what was required. Then we didn't have the food that was needed for that night. I found this all very stressful.

The content of the diploma helped me learn how to prioritise and to delegate. But it was really how the way the course was delivered. The course was really focused, so it opened my eyes to see what was necessary and to prioritise this. The trainer also had over 20 years of experience and shared a lot of his own personal experience. This helped me realise that what I was doing was wrong and there was a better way. This was also good for my own personal growth.

Now I am able to focus on what I need to do rather than on doing everything. I delegate the things that others can do. For example, now I delegate the book entries for accounting, we have employed another person to oversee the bar and restaurant. Now I prioritise what needs to be done first. This works much better and I am getting more done and so the business has been able to develop. This is also less stressful for me. Because I

have been able to focus on the marketing we have seen an increase in the number of guests that are staying here. Our books are done on time and the restaurant and bar operates much more effectively because there is somebody there all the time. As a result, our business has grown. Doing the course has helped me secure loyal guests who come back each year.

All those interviewed or who completed the survey commended the course and its relevance to Samoa. However, they identified a number of ways in which it could be improved. Suggestions included conducting the course during school holidays (easier for some parents); providing the course in Savaii to maximise access; and recognising not all participants will have access to a computer or Internet to complete homework and submit assignments.

Given that participation required a high level of personal commitment. Most participants received no assistance from their employer in terms of pay for time attending, transport to the course or refund of costs for transport. Several were able to use Internet facilities at work to complete assignments.

Box 4 The Noble Struggle

(As told by a graduate from the Diploma in Business Management)

For me, the most significant change as a result of doing the Diploma in Management was that I got a pay rise.

Before I did the course, I didn't have enough money to easily meet all my commitments. I was able to put the food on the table for my family, and contribute to my brothers' school fees - I have six brothers, all younger than me. I was also able to make a church contribution, but sometimes I would come in to work on a Sunday because I didn't have enough money for the church.

I did the Diploma in Management over a year. We had classes in the morning several times a week. We weren't paid for this time, you had to do it in your own time. Another colleague and I did it together, and sometimes we alternated, one of us would work and one would go into the course and then we shared what we learnt. That worked really well because we didn't miss so much work.

I learnt a lot on the course and now I have the opportunity to use it. Now I'm managing much more of the business, both the resources and staff. I'm also sharing my knowledge with my colleagues at a meeting each week and I train new recruits in what I learnt. We learnt how to handle mean customers and resolve issues, so I am now able to do that as well. Because of this, my boss has given me a promotion to being a manager and a pay rise.

Now I have enough money to meet all my family commitments. All my younger brothers have the fees for their school, my family has what it needs, and I always have enough money for our family contribution for church. Now I only come in to work on a Sunday if I really want to, not because I need the money or don't have the money for church. Usually I give the Sunday's work to other staff because they earn less and need the extra money more.

This is important because as a Samoan, I have so much to take care of; my family, the church, and my village. Because I live with my extended family there are also extra commitments, and it is always good to have enough money to be able to supply everything that my family needs. This is especially important when you're the eldest.

The number of people interviewed who had completed the unaccredited training was limited. Many had moved on. Consequently it is not possible to make any generalisations about the outcomes of these courses. However, there was no evidence identified to suggest that the unaccredited, three-day courses resulted in any sustainable impact on either the individual or sector. For example, some of those interviewed had extremely limited English and would have difficulty in working as a tour guide (the training they had completed); employers interviewed were unable to identify improved performance as a consequence of the training; and many were no longer employed by the same business (and some were unemployed).

- **Objective 3: Efficiency**

Value for money

A cost-utility analysis was applied to assess value for money for the different types of assistance provided (Appendix 7). As would be expected, this showed that different stakeholder groups placed greater priority on different outcomes. For example, tourism operators prioritised increased demand, donors prioritised improved livelihoods for affected operators, STA prioritised improved financial and risk management within the sector, while the banks (Development Bank of Samoa and the Central Bank) prioritised contribution to foreign exchange. The perceived contribution of each type of assistance to the outcomes also varied significantly. In general, training was considered to have contributed little, if at all, to outcomes while the remaining three approaches (concessional loans, construction grants and marketing grants) were seen as having broadly similar contributions (Appendix 7).

The cost utility ratio (the cost to produce one unit of utility) indicated that construction grants provided the greatest value for money (Appendix 7). Given that the data on which this was based was more limited than desired, extensive sensitivity analysis was undertaken. The result did not change.

Efficiency in providing different types of assistance

Grants

As the focal point for the construction and marketing grants SHA firstly ensured all applications were compliant and complete. Applications were then forward to STA for further vetting and a recommendation for approval or otherwise was made to the TSSC. STA dealt directly with the suppliers and operators, on the basis of the bills of quantities and the implementation plans as goods were provided in kind rather than as cash.

Within the grant processes for reconstruction and marketing assistance, tourism operators were required to use three-quotes for all procurement. This was regardless of the value of procurement. This was time consuming and difficult given limited operator skills in this area and limited supply base, particularly for marketing services. Consequently, it was reported in the TCRP procurement group interview that this requirement was ignored for marketing grants from mid programme. For small grants (20% of marketing grants and almost 25% of construction grants were less than SAT5,100), the process was onerous and would have outweighed the value of the grant.

A number of operators withdrew from the construction grant process because of process difficulties, these operators considered that the 'eligible amount as assessed by KVA was disproportionate to the effort and lengthy procedure required by TCRP to access their assistance. Thus, forfeiting their eligible assistance as this was viewed by the operators as immaterial in comparison to the resources and efforts it would have taken to access and go through the application process. More than a quarter of operators forfeited their access to marketing grants due to incomplete applications (SHA, 2016).

Concessional credit

The Development Bank stated that their facilitation of the concessional credit went smoothly. Applications were assessed against the Bank's existing criteria, but these criteria were not made available to applicants. Instead, the Development Bank identified the documents that applicants were required to submit and any gaps in the application, and then would go back to the applicant to address those gaps. The lack of transparency in selection criteria has reflected poorly on the Development Bank and process. It has raised questions about how decisions have been made (an accountability and transparency issue) but also made the application process less efficient as operators did not always know what they needed to provide. Many of those interviewed, and

anecdotal evidence from discussions with others, indicate a perception that allocation of concessional loans was not equitable. From the Development Bank's perspective, it would be inappropriate for them to make the selection criteria public. However, neither the Development Bank nor the evaluation team were able to identify any negative consequences that may occur if this information was made public. Making the criteria public would have helped mitigate the negative public perception.

Marketing

As the focal point, SHA was the first contact for the marketing grant applications and checked completeness and undertook the first review of the marketing plan and then forwarded this to the marketing section in STA. STA reviewed the alignment of the TCRP applications with their own activities. STA then made their assessment and recommendations to the TSSC for their approval or rejection.

As the marketing grants were intended to support activities to recover pre cyclone demand, the SHA reports that activities such as e-commerce enabled websites, and online campaigns were strongly encouraged. This led to a digital marketing workshop facilitated by an Australian representative of the World Hotel Link group, whereby operators were shown how to effectively use their websites and banner and newspaper ads for promotions and campaigns. SHA considers that at the time the workshop was perhaps not at the right level for many participants. Many of the accommodation operators had low (or no) levels of computer literacy, and internet access remains expensive in Samoa. The workshop was better received by operators in the standard, superior and deluxe categories.

World Hotel Link also offered access to a website service, with various capacities including e-commerce, and social media linkages, a mobile application, and real time booking with automatic calendar updates, and operator back-end access. SHA says that this was heavily subsidised (apparently by the European Union) and offered at US$600/year (an alternative service, *Tomahawk*, from New Zealand, is reported to be about NZ$30,000/year). Nevertheless, even this highly subsidised rate has been too high for many operators. World Hotel Link features heavily in the marketing applications. 44 of the approximately 105 marketing applications included with SHA's final TCRP reporting (SHA, 2016, p. Annex 1) include website development from WHL, allocating usually SAT$1,400, but for a few properties as much as SAT$6,200. At December 2015, 14 of these 44 were complete, 7 had no progress, 22 were still in progress, and 1 was on hold.

The Samoa Tourism Authority now has an excellent website (http://www.samoa.travel) with information and in some cases, booking links to various operators, including beach fale and budget operators. Again with hindsight it appears that this may have been a more value for money approach than the individual operator approach employed under TCRP. However this in itself is contested. SHA notes that the STA Website has a 10% commission, no integration with other channel managers, most enquiries will need to be approved by operators, whereas individual websites enable operators to receive direct bookings receiving full payment, live inventory, personal management of availability and rates, and direct access to online travel agents along with a range of other functions. Assessing the actual merits of the different approaches requires access to accurate occupancy and visitor source data that is not available.

Governance and management

MFAT reported that SHA effectively used the Tourism Sector Steering Committee (TSSC) to ensure that operators were compliant with national industry and building standards (MFAT, 2017). The in-country visit confirmed that the TSSC worked well and was committed to the goals of TCRP, and that having worked together during and since the 2009 tsunami they had already 'learnt a lot of lessons', and had established ways of working. TCRP was fortunate that main staff had remained in their positions or at least agencies for a long time and institutional memory was as good as

could be hoped for, for this evaluation at this time. TSSC's role was more governance, and STA and SHA's more day to day management, rather than the management and secretariat functions respectively specified in the design. The concessional loans facility was managed by DBS.

For TCRP, the management structure proposed in the design was more onerous than necessary, particularly because of the overlap in membership between groups and was appropriately adapted in country to meet the needs. It consisted of:

- a TCRP specific sub-committee of the Tourism Sector Steering Committee (TSSC) with the responsibility 'to guide TCRP approvals and monitoring processes as well as coordination of development partner and GoS interventions', and with the mandate to approve progress reports and evaluations or reviews;
- a facilitation group consisting of senior representatives from SHA, STA, the Planning Urban Management Agency (PUMA), the Disaster Management Office (DMO), and the Ministry of Transport, Works, and Infrastructure (MWTI), to guide the TCRP reconstruction program implementation, ensuring implementation of the build back better approach, and guaranteeing quality outputs;
- two focal points - one for the TCRP reconstruction and marketing grants (SHA), and one for the concessional credit facility (Development Bank of Samoa);
- a secretariat within the STA Planning Division, to '*monitor the overall TCRP policy and programme implementation as well as manage and administer the NZAP grant component of the TCRP* (and to) *consolidate progress reports from focal points and submit to TCRP Committee for approval*' (KVA Consult Ltd., 2013, pp. 23-24).

In practice, the TSSC focused more on governance, and SHA on day-to-day management (as the grants component had the most ongoing demands of the assistance). STA directly managed component 3 (capacity building for sector recovery) and component 4 (financial and environment risk management). DBS managed the concessional credit facility.

The more detailed review of documentation now completed (because more documents were provided during the evaluation visit) indicates that record keeping needed to be more streamlined, with one version of information maintained, in a consistent format, and added to periodically rather than changed or started afresh for each report or application round. It appears that multiple formats have been used and updates of information have not been consistently carried over. This means that the TCRP completion information is not transparent, nor accurate. There are some discrepancies between the records of grants being disbursed to particular operators, and those operators' memories of receiving those grants. The evaluation team has been unable to adequately verify the final number and value of marketing and reconstruction grants.

Recommendation: For any future assistance including a grant component, an appropriate, single grant management system must be established by GoS. This system must ensure than updates to the status of grants is maintained and this information consistently provided to relevant stakeholders.

Modality

TCRP adopted a program approach rather than being delivered as budget support. MoF advised that they would not have had the capacity to manage the TCRP. Therefore, they supported the choice of modality for provision of this assistance.

Damage assessments and supervision

STA and KVA undertook a rapid assessment of all accredited tourism related operators in the affected areas in the month after the cyclone. They applied lessons from the Tourism Tsunami

Rebuilding Program, and evidently were able to present a good picture of the damage and needs in a very short time, especially considering the challenging conditions.

However, because much of the damage was rain and flooding rather than wind, loss to internal structural integrity, and longer-term water damage took longer to appear. When this became evident, there was not a mechanism for another inspection or adjustment to the initial application.

The role of the Facilitation Group was to '*guide TCRP reconstruction program implementation to ensure build back better approach and guarantee quality output*'. There is no information in available reports as to how this occurred. During fieldwork it appeared that the primary quality control mechanism was inspections undertaken by STA staff. Although extremely committed and well-intentioned, these staff are not qualified in building supervision. Consequently, their contribution quality would be limited[17]. Provision of infrastructure advisory support may have been beneficial.

Decision making and provision of information

A number of tourism operators suggested that information about availability of grants for reconstruction and marketing was inadequate; some operators reported not knowing about the grants at all. This appears to be more reported by deluxe operators, and they were not eligible for the reconstruction grants. SHA and STA provided information through letters to members of the Association, newspaper advertisements, emails, and in some cases, phone calls. The evaluation team believes that the methods used to communicate the availability of grants were as exhaustive as could be expected.

SHA and STA conducted a number of workshops across Samoa to support tourism operators apply for both reconstruction and marketing grants. These workshops were specifically designed for smaller operators with less capacity to pursue such grants. As shown in Table 7, the reason beach fales did not access assistance is because they were unable to complete the required documentation in time. This evaluation considers that a sufficient investment was made in assisting operators to complete the applications, and for those who were unable to, the grant is unlikely to have been used effectively.

Table 7 Summary of operators not accessing TCRP assistance

Category	Construction	Marketing	Both	Did not meet deadlines / incomplete application	Land / management issues	Did not wish to apply
Beach fales	1	11	2	14	0	0
Budget	0	7	1	7	1	0
Standard	2	3	1	2	2	2
Superior	NA	1		1		
Holiday Home		1		1		
List only	0	5	2	7	0	0
Deluxe	NA	2	0	0	0	2
Total	*3*	*30*	*6*	*32*	*3*	*4*

Source: (SHA, 2016)

SHA noted that the procedure for application for funds had been modified based on lessons learnt from the Tourism Tsunami Rebuilding Programme (TTRP). However, some operators still

[17] STA has since advised that a member fof the Facilitation Group from the Building Division of the Ministry of Works, Transport and Infrastructure also attended the visits. The Evaluation Team has not been able to independently confirm this.

considered the value of the funds for which they were eligible under the reconstruction facility was disproportionate to the effort and lengthy procedure required to access the funds. Data collected during surveys and the workshop suggest that this was generally larger operators who are able to access funds for reconstruction through other means. It would be useful for SHA to review the process for reconstruction grants to assess how this could be simplified while still meeting transparency and accountability requirements.

Private sector participation

TCRP was focused on the private sector – accommodation and other tourism service providers. Those providing the assistance included private building contractors (rebuilding facilities), private hardware shops (supplying materials), or private marketing businesses (developing marketing materials and supplying marketing services). The only exception was the provision of training through APTC.

As discussed in Appendix 4, efficiency of the processes used to purchase materials from these suppliers could have been improved. These improvements would reduce the overhead cost to the private supplier and beneficiary, and contribute to improved quality of materials used for construction.

- **Objective 4: Sustainability**

The TCRP design identifies the key sustainability issues and approaches as:

- ensuring a *build back better* approach for all affected tourist operators through the planned reconstruction programme (output one);
- recovering sector demand by implementing a targeted marketing strategy in key source markets (output 2);
- maintaining capacity within sector by developing a targeted on the job and short-term training through APTC as well as re-designing existing NUS tourism and hospitality course (output 3).
- Improving financial and environmental risk management within the sector through provision of technical assistance to identify foreshore and river levee protection for tourist accommodation most affected by cyclone and flooding (output 4) (KVA Consult Ltd., 2013, p. 25):

Build back better

The 'build back better' principle was introduced to Samoa in the 2009 tsunami recovery. It particularly applies to infrastructure, and ensure that rebuilding ensures processes and structures that are more resilient to a range of common hazards such as cyclone winds, flooding, earthquake, landslides, tidal surges and tsunami. The rationale is that while creating more resilient structures and systems is more expensive and can take longer, there will in a longer-term cost saving at the time of the next disaster event (GoS, 2013c).

In the tourism sector, the understanding of build back better, and consequently the approach to its implementation, was varied. Some understood this to be relocating accommodation further inland where it would not be damaged by waves or flooding. Others saw it as building accommodation to a higher standard of finish. Others interpreted build back better as rebuilding accommodation so that it was better able to withstand cyclones. Several of those interviewed reported that they had built accommodation at the top of the hill. Their intent was that tourists would stay there rather than on the coast, or in some cases, that tourists could use this during natural disasters. Others had rebuilt the accommodation to a higher standard than previously. For example, the rooms were larger, materials used and standard of finish were of a better appearance, weather protection included covered walkways and outdoor seating areas. Some described the replacement of

traditional natural materials with manufactured materials. Each of these have pros and cons, and in the tourism sector a realistic, nuanced interpretation of build back better must be applied.

Figure 2 Beachfront fales built with traditional materials and methods – poular with tourists and easily rebuilt

While relocating accommodation away from the coast may be desirable to avoid future damage to infrastructure, tourist demand is for accommodation as close to the water as possible (as those in Figure 2), and there is no real value in building accommodation for which there is limited or no demand. Hillside tree clearance for construction also contributes to disaster risk, particularly risk of landslides and flooding.

It will never be financially viable for very small operators with at best moderate demand to build waterfront or over-water structures that will not be damaged in a natural disaster. Many small family operators of beach fale do not have the financial or technical resources to rebuild fale constructed from manufactured (rather than traditional, natural) materials. It is also not possible to get insurance for these properties – it is either not available or the cost is prohibitive for the lower levels of accommodation.

Given the frequency of cyclones in Samoa (a 60% probability of a cyclone occurring within 5 degrees of Samoa in any year [Carter, 1990; UN, 2006]) the reality of damage must be accepted. In this context a strategic decision must be made that balances the extra costs of building a more robust structure that may still be damaged and may be more expensive to rebuild, against persisting with the basic traditional structures that can be rebuilt using the local materials and skills that have existed for generations, through reinvesting profits that have been earnt from a business for which there is adequate demand. For businesses that are not able to do this, it unfortunately will result in reduction of operators or rooms – but there is currently an over-supply of fales. For the tourism sector this may not be an issue, but for households dependent on these businesses it most likely will be.

At the higher levels, particularly superior and deluxe, it is clear that the operators met with have built back to more disaster resilient standards, motivated also by the requirement to take out insurance when borrowing money. The insurance requires engineering certificates, which were reported to include assessment of disaster resilience (see following).

Recommendation: Application of a 'build back better' principal should consider the realities of the context and may involve building in ways which enable operators to rebuild damaged infrastructure.

Improving financial and environmental risk management

Insurance is critical to enable tourist operators to rebuild after damage caused by a natural disaster. However, only three operators of the more than 30 met with operators had insurance at the time of Cyclone Evan, with reasons being the unavailability of insurance for fales, the cost, a lack of confidence that the insurance company will pay if they claim for damage caused by a natural disaster.

Operators who attended the workshops who had insurance were not compensated for damage from Cyclone Evan; in all cases they found that cyclones were not covered under their policy. Tourist operators advised that they don't take out insurance because it is not available for beach

fales, they can't afford it, or they do not trust that the insurer will pay for natural disaster related damage.

Under TCRP STA commissioned a study to look at risk management in the sector (Walsh, 2015a; Walsh, 2015b). This study found the benefits of insurance to exceed the costs (benefit to cost ratio of insurance for fales was 7:1 and for budget and standard accommodation, 14:1). Therefore follow-up was to promote businesses to take insurance for replacement value with minimal excess. To support this, STA conducted workshops to increase tourist operators understanding of insurance. They advised that these were the least well attended of all training provided.

Realistically insurance for fale may not be of as much value as a 7:1 ratio suggests. This is because it is unlikely that many fale would meet the requirements to be covered. The 2015 report stated that replacement value insurances policies would generally require premises to meet a range of conditions, including the premises (i) to be built to cyclone proof standards and (ii) is not in a high-risk area for tsunami or flood. Observation of fale during fieldwork indicated that many would not meet these requirements. This needs to be considered as part of STA's Risk Management Plan.

Recommendation: STA / SHA support further work on insurance to facilitate improved adoption of insurance or understanding of implications for self-insurance.

Recovering sector demand

The sustainability of activities supported under the marketing is variable. New websites or marketing initiatives developed with the grants had generally not been successful and not been maintained by the smaller operators. The cost of maintenance of the websites was prohibitive, particularly for beach fales, and they did not report noticing more enquiries or bookings. Similarly, only one participant in the workshop had reprinted any of the brochures or business cards produced. This would suggest that they did not provide significant value. These businesses were generally unable to identify improvements in occupancy levels as a consequence of the marketing.

About a third of the marketing grant applications included funding for advertising via Jason's print advertising (from New Zealand).

Maintaining capacity through training

Sustainability of benefits from training was clearly identified for the individual where they received an accredited qualification. Anecdotal evidence suggested that the benefits had been largely sustained within the Samoan tourism sector as most trainees had remained working in this sector.

The sustainability of benefit from the non-formal training is more questionable. This is largely because there was limited benefit in evidence; few of those we sought to interview remained at their former place of employment, none of the 31 accommodation providers interviewed were able to identify staff who had undertaken this training, and the value to participants we did interview was questionable.

Recommendation: Any future support to training from donors or STA / SHA that seeks to have long terms sustainable outcomes for the sector should focus on accredited training (or as a minimum, competencies specified in Samoa's Qualification Framework) as this produces the most sustainable outcomes.

- **Objective 5: Relevance**

Alignment with recovery needs

The damage and loss assessment identified the tourism sector as a priority for rehabilitation, being 'the main growth engine of the Samoan economy' and therefore the recovery in this sector being

able to 'lead the overall economic recovery' (GoS, 2013a, p. 37). The key recommendations included 'for the rapid and sustained recovery of the sector' were:

- building back better and improving the quality and standard of rooms and services
- stimulating overseas tourist demand for Samoa as a safe tourist destination
- diversifying rapidly the source markets for tourists to reduce high dependence on a few sources[18]
- diversifying tourist attractions and recreational facilities and services, and enabling hosting of regional and international events throughout the year to reduce the gap between the peak and off-peak demand
- providing timely fiscal incentives to support the rapid increase in room capacity in the deluxe and superior accommodation properties with beachfronts to cater to the strong demand for those types of properties, and because they bring the highest national foreign exchange earnings, government tax collections, and employment impacts
- considering special intervention to assist the rebuilding of Aggie Grey's hotel and bungalows, including potentially construction of an appropriate river levee for future flood protection.

The damage and loss assessment identified that without external assistance the private businesses operating tourism accommodation were unlikely to be able to quickly 'build back better' to achieve pre-cyclone room capacity within the target 24-month period. A marketing campaign was proposed to recover demand in the sector within 30 months. The assessment also recommended upskilling of the pool of employees through investment in courses at the Australia-Pacific Technical College and National University of Samoa, and improving financial and environmental risk management in the tourism sector.

The design of TCRP is clearly directly aligned with the findings and recommendations of the damage and loss assessment. At completion, MFAT assessed the relevance of TCRP as very good (score = 5), noting that the outputs and outcomes achieved were consistent with the overall goal of the activity, and that it was able to stimulate additional employment, foreign exchange earnings and government revenue (MFAT, 2017).

The design targeted capacity building activities at displaced employees from hotel properties affected by tropical Cyclone Evan and to prepare additional new personnel to meet the projected requirements for skilled personnel in deluxe and superior properties. However, implementation did not reflect this design. Many of the participants were from properties that were not affected by the cyclone and a minority of trainees were from deluxe or superior properties.

The design included activities to redesign the existing tourism and hospitality course at the National University of Samoa did not occur. Consequently, the scholarships for tourism and hospitality specified in the design were not provided. There is no evidence in available reports as to why this changed nor from interviews, including those with the National University of Samoa.

Independent of cyclone recovery, the Government of Samoa recognises the tourist sector as a key driver of economic growth. Priorities included in the 2009–2013 Tourism Development Plan included marketing and promotions infrastructure support, and a range of tax concessions for investment in the sector (GoS, 2013a, pp. 32-33). These three strategies were continued into the TCRP. The National Tourism Climate Change Adaptation Strategy for Samoa 2011 – 2016 guides tourism sector adaptation to the impacts of climate change. TCRP strategies such as coastal protection and disaster proofing aspects of build back better are important aspects of this.

[18] The damage and loss assessment noted that the Samoa Tourism Authority destination marketing program was ongoing, and therefore post-cyclone specific marketing support should supplement this (GoS, 2013a).

- **Objective 6: Lessons learned**

Accredited training provides value to the individual and sector in contrast to unaccredited training.

Short, three-day courses are unlikely to provide the level of skills required within the tourism sector. These courses should be considered as an introduction rather than providing the required skills upgrade. At the time the courses were developed, industry competency requirements had not been defined. This has now been done by Samoa Qualifications Authority. Therefore in future, all short courses should be aligned to these competencies and training accredited with the Samoa Qualifications Authority[19]. In this way, training participants will be able to have the competencies recognised and accredited towards formal qualifications in the future.

Marketing strategies should be shaped to reflect the different segments within the industry

Individual operator based marketing is of value to larger or higher end operators with the capacity to engage in and maintain more sophisticated strategies. For smaller, lower budget operators it appears that investment in centralised sites and destination marketing is more appropriate.

Technology innovations can increase the efficiency, accountability, and transparency of recovery procurement

The wider application of electronic purchasing systems trialled in the Cyclone Evan recovery by the Ministry of Agriculture and Fisheries should be explored in different sectors in preparation for future response and recovery efforts.

Open and clear communication is needed throughout the recovery period

Greater attention to clear, consistent, and open communication is required to enable informed decision making and equal access to programmatic resources, and to reduce perceptions of unfair funding decisions. This includes being open about selection criteria, application requirements, and funding allocations for all forms of assistance[20].

Application of learning to Cyclone Gita

Tropical Cyclone Gita passed by Samoa on 10 February 2018. This cyclone was not nearly as severe as Cyclone Evan. Cyclone Gita brought Category 1 winds, torrential rain, which combined with high existing soil saturation levels resulted in severe flooding and localised landslides. Power and water supply infrastructure was damaged and consequently services disconnected in most of Samoa. However, telephone and internet disruptions were very limited, and largely a consequence of power outages. Schools were closed for a short period to allow school management and committees to clean facilities and undertake work required in their own communities.

The National Initial Damage Assessment and Response Report for Tropical Cyclone Gita prepared by the Disaster Advisory Committee (February 2018) identified that damage sustained in Upolu was minimal, except for Sheraton Aggie Grey's Hotel. On Savaii, four properties were damaged, the value of damage was not identified in the report. From reviews on various websites, it appears that none of these properties were closed for any length of time and no visitors referred to damaged buildings. It would therefore appear that damage was minimal. Across both islands, the restoration of services (electricity, water and telephone) and clearance of debris were the priority. This is all now completed. The needs assessment has not yet been finalised.

[19] STA has advised that this now occurs.
[20] For clarification, communication in relation to grants was found to be satisfactory. The challenges were primarily with other forms of assistance.

In practice, the ability to determine how effectively the lessons learned from Cyclone Evan have been applied in responding Cyclone Gita. This is because Cyclone Gita was of lower intensity and impacted Samoa for a shorter period. Consequently, the damage during Cyclone Gita was less than during Cyclone Evan. In addition, as the recovery framework has not been finalised, the 'official' recovery phase has not yet commenced. However, from discussions with tourist operators, it appears that any impact of Tropical Cyclone Gita on the tourist sector has already passed.

APPENDIX FOUR: SECTORAL STUDY EDUCATION

BACKGROUND

The Tropical Cyclone Evan Disaster Recovery/Rebuilding Programme (TCRRP) was implemented from May 2013 to September 2015 with remaining recovery work integrated into the Government of Samoa's core business. The general focus and principles were outlined in a recovery framework (Government of Samoa, 2013), and descriptions of success and progress indicators in the later monitoring and evaluation framework (Government of Samoa, 2014a).

The goal of the recovery program was that Samoa recovers from Tropical Cyclone Evan, reduces vulnerability and enhances resilience to withstand future shocks. Four priority outcome areas were identified: (i) the social sector (health, education, community); (ii) cross-cutting sectors (environment, disaster risk reduction, and climate); (iii) infrastructure (water, transport, energy); and productive sectors (tourism, agriculture) (Government of Samoa, 2014, p. 4).

This sector study focuses on TCRRP activities in the education sector with specific attention to support provided through Australian Aid.

▪ Damage and loss in the education sector

The Post Disaster Needs Assessment (PDNA) (GoS, 2013a) identified that Cyclone Evan caused an estimated SAT 7.2 million in damage and SAT 0.628 million in losses to government primary and secondary schools, mission schools, private schools, early childhood education, pre-schools, the National University of Samoa, and the public library. The loss of livelihoods also affected families' ability to cover school costs. In addition, many schools were used as temporary shelters following the cyclone.

The PDNA recommended that the building standards of government schools be scrutinised, particularly with regards to roofing and ceiling fixtures, where the major damage was sustained. New building designs need to be suitable to the climate, disaster risks, and maintenance capacities. Some schools were recommended for relocation to limit the risk of flood damage.

▪ The activity

Roles and responsibilities for education sector activity

The responsibility for management of TCRRP support to the education sector was not consistent and moved between MESC and the education sector several times[21]. MESC has responsibility for all schools that were supported by TCRRP. The education sector is broader and comprises: government and non-government primary and secondary schools; early childhood education (ECE); post-school education and training (including the National University of Samoa); and the policy, planning and regulation bodies – MESC (for schools and early childhood) and Samoa Qualifications Authority (for post-school education and training). While implementation was MESC's responsibility, this was located within different units of the organisation.

Main types of assistance

Australia's contribution (AUD$6.75 million) was in general budget support to assist with the implementation of the recovery plan (GoS, 2013). There is a lack of clarity on the proportion allocated to education. The Infrastructure Adviser's reports indicate a budget of SAT9.47m for education, but notes that this needs to be confirmed. From discussions, it is assumed that DFAT's

[21] It has not been possible to obtain the specific times at which each organisation was responsible for implementation. However, there were three or four movement in responsibility over the life of the support, starting and ending with MESC.

funding was divided approximately equally between the health and education sectors, but this was unable to be confirmed (including by DFAT and MoF).

Priority was given to supporting the repair and recovery of severely damaged education and health sector infrastructure. Schools were categorised into three groups: category 1 – slight damage (36 schools), category 2 – medium damage (6 schools), and category 3 – major damage or destroyed (7 schools) (MESC, 2014). The Ministry of Education, Sport, and Culture (MESC) prioritised the most severely damaged schools for support under TCRRP using DFAT funds. DFAT also directly contracted an infrastructure adviser to monitor and provide technical advice who to the ministries of health and education for TCRRP construction works.

In addition to the infrastructure rehabilitation component, category two schools received a disbursement of up to SAT10,000, and category one schools, a smaller disbursement funded by MESC. Japan, China and USA each funded the rehabilitation of an additional school (MoF, 2016, pp. 25-26).

METHODOLOGY

An initial document review was completed prior to fieldwork. This included all documents made available by DFAT and MFAT, and additional literature located in various literature searches. During fieldwork (18 to 30 June 2018) data was collected through semi-structured interviews conducted with managers and staff from MESC [over 20], Kramer Ausenco (the Contract manager) [2], builders [2], suppliers of materials to category one and category two schools, the infrastructure adviser [1] and school principals, members of school committees, teachers and students [5 schools]. Infrastructure works undertaken at five schools (Vaivase, Savaia, Lefaga, Falease'ela and Safa'ato'a Primary Schools) were observed. This included one category 3 school that had funded and managed their own infrastructure work; three category 3 schools where work was funded by DFAT; and one category 2 school. Following fieldwork, over 25 additional reports were sourced, and curriculum material were also reviewed. It is unfortunate that these were not made available at the time of the document review.

Data was analysed using content analysis against each of the key evaluation questions (these are listed in Appendix 1).

Stakeholders were invited to a debriefing workshop conducted in Apia on 29 June 2018. All attendees were provided with a copy of the draft aide memoire summarising key findings against the evaluation objectives, and an electronic copy of the draft aide memoire was made available to those interviewed. Stakeholders were requested to provide comment on the draft aide memoire by 7 July 2018. All comments received have been integrated into this sector study. The draft sector study was provided to MESC, DFAT and MFAT for comment and comment integrated.

FINDINGS

- **Objective 1: Effectiveness**

The education sector outcomes and outputs specified by Government of Samoa (GoS) relating to infrastructure were largely achieved (Table 2). Australian support was essential for achievement of these outcomes. Outcomes related to vulnerability and resilience have been partially achieved by MESC without external assistance.

Table 8 Summary of achievements against GoS outcomes/outputs

Outcomes/Outputs (GoS, 2014c, pp. 4-8)	Achievements - emergency phase (December 2012 to June 2013)	Achievements - medium to longer term (July 2013 – December 2015)
✓ Schools and adjacent areas undergo a major clean-up operation post- cyclone	Clean up of schools completed prior to commencement of 2013 school year.	
✓ Schools and early childhood education centres affected by cyclone Evan are resourced with learning materials, furniture and equipment	Schools and early childhood education centres equipped with learning materials (assisted by UNICEF).	All primary, secondary and early childhood education centres provided with learning materials and equipment by January 2014
✓ Surveys conducted in Cat 2 and 3-affected schools to assess risk and identify risk reductions programs		
	Temporary schooling arrangements put in place so all children, including those with special needs, were able to access learning in January 2013. MESC monitored alternative schooling arrangements in close consultation with School Committees, parents and teachers.	
✓ Contract works to rebuild and repair Cyclone Evan-affected schools	Initial damage assessments categorised educational facilities into 3 categories: from 1 (minor repairs needed =36 schools); 2 (medium damage = 6 schools); 3 (significant damage or destroyed = 7 schools))	All 36 category 1 damaged schools received repair grants of SAT 3,000 Category 2 schools earmarked for US Embassy assistance. Construction at 6 of the 7 category 3 schools completed (as at November 2016, construction works were on hold for Falease'ela primary school) Technical assistance for re-assessments and to confirm building works ensured plans incorporated *build back better* principles. Monitoring visits to schools in Upolu and Savaii in January 2014 indicate that the majority of schools met standards for vector control, safe water and access to power.
? Identify and document case studies showing resilience measures and lessons learnt		No evidence for this was identified during field work.
? Capacity to prepare for a		MESC financial resources limit

Outcomes/Outputs (GoS, 2014c, pp. 4-8)	Achievements - emergency phase (December 2012 to June 2013)	Achievements - medium to longer term (July 2013 – December 2015)
response to disaster alongside resilience to withstand future shocks		ability to prepare and respond.
✓ Emergency shelters, Early Warning System (EWS) and procedures established in all school settings		Emergency shelters have been identified across Samoa, an EWS in place and procedures established and implemented in schools visited.
? Safe storage facilities in all school settings		Some schools observed had safe storage facilities. But these are not available in all schools.
? National program delivered post-cyclone Evan to build psycho-social resilience for children, teachers and families		No evidence for this was identified during field work.
? Vulnerability assessment (water shortage, vector problems, access to power and emergency health care)		No evidence for this was identified during field work.
? Health promotion partnerships in schools		No evidence for this was identified during field work.

Source: Compiled from (Government of Samoa, 2014) (Government of Samoa, 2013a) (MoF, 2010) and field work

The recovery framework (GoS, 2013) identified that disaster and climate change awareness should be part of the school curricula. This appears to have previously occurred, with awareness incorporated in a variety of mechanisms including literacy activities and competitions. No further change was identified to either the primary and secondary curricula as part of TCRRP.

The recovery framework also identified that safety and emergency procedures should be developed for each school. Again, these appear to have been introduced by MESC following the 2009 tsunami. Principals, teachers, and students interviewed stated that internal practice improves over time, and new procedures are not required.

Incorporation of cross cutting principles

Expectations around gender and disability or any other inclusion were not explicit in the direct agreement for education sector support between DFAT and MOF. However, both gender and disability inclusion have been integrated in the education sector infrastructure development.

The standard design for MESC school rooms used in the recovery work[22] include ramp access. Consequently, all education facilities built under TCRRP included ramps which can be used by persons with mobility disabilities. However, existing school buildings generally did not include ramps, and TCRRP did not include work to rectify this. More significantly, the lack of paths between buildings, including connections to the new buildings, would limit accessibility in practice (Figure 1).

[22] Developed with Education Sector Program (ESP) II support.

Recommendation: Where major infrastructure works are funded at a school, paths to connect buildings and provide access for people with low mobility should be included as part of the package.

Figure 1 Standard design for ramp to classroom and Vaivase Primary School – lack of access between classrooms

Adequate toilets with safe access and privacy for girls and boys, and female and male teachers were included as relevant in all infrastructure work (both that funded by Australia and funded by schools themselves). No other gender related matters relevant to this work could be identified, but this is considered to be acceptable given the focus of the work.

Constraints to the effectiveness of recovery

When severe, destruction caused by an event such as Cyclone Evan provides 'a clean slate' and an opportunity to review the location of infrastructure assets to determine whether they are the most appropriate, and whether facilities should be reconfigured or rationalised. However, the recovery framework focused on rebuilding damaged or destroyed buildings and did not consider the broader context of education facilities. As a consequence, a number of schools (including the visited Vaivase Primary School) were provided with new buildings to replace those destroyed, but continue to have an inadequate number of classrooms to meet the school's needs. DFAT noted that in hindsight, the rebuilding program may have provided a cost-effective opportunity for DFAT to fund construction of additional classrooms to meet local needs where this would support a long-term strategic approach to education facilities. In addition, using the savings to bring other buildings at the affected schools up to a reasonable standard could have been considered.

The infrastructure adviser's reports from 2013 indicate that MESC was developing a policy for school rationalisation. However, community ownership of the schools and land on which they are built, combined with historical practice, and therefore current expectation, of a school in each village, presents a challenge. Given MESC's constrained resources and the increased cost of materials, such as information technology, rationalisation of schools is increasingly essential for provision of quality education services. The TCRRP plan for school rehabilitation did not take this into account. As a consequence, in some cases schools are within walking distance of each other (for example, Savaia and Falease'ela Primary Schools which have been rebuilt with Australian funds, and Safa'ato'a Primary School rebuilt with community funds). In the long term, this is not an efficient nor strategic decision.

For school rationalisation to be effective, MESC believe that it must be driven by the village council, rather than a directive from the Ministry which is likely to create significant resistance. In one case, the failure to rebuild a school requiring relocation away from the coast (Lefaga), due to land ownership issues, resulted in the Lefaga village council deciding to send the children to the nearby rebuilt school (Savaia) instead of rebuilding the Lefaga school. This is significant because it is the first example of rationalisation in this way. MESC thinks that the fact that the new school

looked good and was fenced may have encouraged Lefaga village to look to send their children there; nevertheless, such opportunities should be pursued in future.

Recommendation: MESC undertake strategic planning that considers what ideal infrastructure would be if rebuilt from 'a clean slate'. This should consider school location and size to maximise efficiency.

Recommendation: DFAT (and other donors) use major rehabilitation and recovery programmes as an opportunity to support partner agencies consider their strategic needs rather than simply replace what was there previously.

In the period until damaged and destroyed classrooms were replaced, students were either squeezed into already overcrowded classrooms, taught in the school hall – along with other classes, or in homes throughout the village. None of these solutions were ideal, and all will adversely affect learning. Consequently, to maximise the effectiveness of rehabilitation work, it needs to occur as quickly as possible. However, rebuilding was delayed by land issues, and a lack of ownership of the responsibility for rebuilding by either the Ministry or education sector. These factors will be discussed later in this report.

Support to effective recovery

The provision of technical assistance was essential to the achievement of outcomes. MESC advised that they had neither the financial resources nor engineering capacity to rehabilitate the infrastructure without assistance. Significantly, progress reports consistently indicated that in addition to engineering advice, the infrastructure adviser was critical in successful negotiations with communities to relocate schools out of the hazard area. Consequently, without external support, the recovery and rehabilitation infrastructure work at schools would not have occurred. Had Australia not provided these funds, MESC would have had to source them from another donor, and they suggested that China was the most probable source.

MESC noted that infrastructure work undertaken independently by schools is likely to have been to a lower standard than that undertaken through TCRRP[23]. This is due to the monitoring of TCRRP works quality by the DFAT contracted infrastructure adviser working with MESC staff. While MESC have an in-house building manager, MESC advised the evaluation team that quality control of major works such required by Category 1 (and some of the works at Category 2) schools is beyond the capacity of this position. Support is essential as there is a lack of awareness of required building standards among many in the community. This is despite MESC having developed and provided booklets to schools on required standards.

Recommendation: Technical expertise be provided to all schools undertaking significant rehabilitation and renovation work to ensure infrastructure works meet the required standards.

While improvements are always possible, it is significant that across all interviews and reports, stakeholders were unable to identify any negative outcomes as a consequence of support provided to the education sector through TCRRP. This should be recognised as a significant (and infrequent) achievement.

▪ Objective 2: Impact

The expected impact of TCRRP is not consistently defined. However, based on the recovery framework and the direct funding agreement between the Government of Australia (GoA) and Government of Samoa (GoS), the expected impact from support to the education sector could be assumed to be:

(i) Reconstruction of education sector facilities to the pre-Cyclone standard, and

[23] This is supported by comparison of the quality of work undertaken at Safa'ato'a Primary School.

(ii) Improving future resilience to natural hazards.

As noted previously, both impacts have been achieved. The reconstruction of education sector facilities would not have been possible without external support. The improved quality of replaced buildings will assist future resilience to natural hazards, but the benefit of this will only be fully maximised if buildings are effectively maintained (see the later section on *programme efficiency*).

The TCRRP contribution to future resilience to natural hazards is limited. This is because since the 2009 tsunami, MESC has implemented a continuous improvement process focused on response of teachers, students and the broader school community to natural disasters. The implementation of this program was confirmed by discussions with students at each school.

The benefits of (i) restoring destroyed education facilities and (ii) ensuring that new facilities were of a higher standard than those previously available, were consistently reported. These were all unexpected benefits of TCRRP support. The example presented in Box 1 was reported by teachers and principals in several schools visited.

Box 5 The students are happy

The most significant change as a result of having the new school buildings are that the students are happy.

After Cyclone Evan, we had classrooms destroyed. We had to fit all the children into fewer classrooms, so they were very crowded. The children came on time or late for school because the facilities were not good. The buildings were old and not in good condition. It wasn't as nice a place to be. So sometimes the children wouldn't come to school. Then the new classrooms were built and we have new, larger classrooms.

Now the children are very happy. School starts at 8 AM but the children come early and are always waiting for the school to open. The teachers also arrive early. To improve literacy (something MESC is encouraging) we have started a reading program in the morning to improve Samoan and English literacy. So, when the children arrive, they come in and read. Because the children are happy, they don't stay away from school as much as before. Attendance has increased.

- **Objective 3: Efficiency**

The efficiency with which the programme is implemented is determined by a number of factors - from the design, through implementation, to evaluation. This in turn influences value for money (refer Appendix 4).

Design

The design process determined which schools would receive support from TCRRP. This process was based on the assessment of damage documented in the PDNA. DFAT agreed to fund recovery work at schools for which the level of damage was greatest (category 3). No other factors were considered in the selection of schools. Efficiency could have been improved through adoption of a broader range of selection criteria. For example, the number of children impacted at each school, the level of disadvantage of a particular school, or (as previously discussed) the potential for rationalisation of schools to support long-term efficiency of MESC and community resources. The failure to take these factors into consideration has resulted in a loss of opportunity to improve efficiency and effectiveness of education in Samoa. (Refer previous recommendation 2 and 3)

Implementation

Work was tendered in three separate packages: the first package of schools being those that could be most easily progressed as there was no anticipated land ownership issues. Following this, two more packages were awarded with the final package being those with the greatest challenges in terms of land ownership. The smaller packages also allowed local contractors to tender for the

work (a cheaper approach than had larger, external contractors been awarded the contract). Under the circumstances at the time, this approach is considered by the evaluation team to have represented an efficient approach.

Kramer Ausenco advised that in one case, the contract was awarded to a builder who had a problematic previous track record on the basis that they had the lowest price. During construction, problems emerged, however it was decided to continue with this contractor to avoid delay associated with re-tendering. Such delay would have prevented the school (Falease'ela) being open at the start of the school year. In hindsight, it would have been more efficient to exclude contractors with problematic track records from the selection process.

MESC identified that implementation would have been improved by working more closely with the Ministry of Women, Community, and Social Development (MWCSD) to involve the community in the decision-making process. However, management at all schools interviewed considered that decision-making in relation to the actual works undertaken at the school was inclusive and enabled informed decisions to be made. Decisions to relocate schools were only made with the full support of the school community. Where this could not be achieved, the buildings were relocated within the existing school site to improve safety. Discussions indicated that community stakeholders were better able to envisage the final works when they saw the layout in place on the ground rather than on paper plans. As a consequence, in two cases involvement of school community in the decision-making process after building set-out was completed, was reported to have improved the layout of buildings. Providing this flexibility for future infrastructure work should be considered.

Recommendation: Infrastructure layouts be marked on the actual site before finalisation of plans to facilitate effective community engagement.

MESC recognised that consistent responsibility for implementing the recovery framework was critical for maximising efficiency. However, in practice, this responsibility changed several times at both an organisational and individual level during the recovery period, which delayed commencement of recovery activities in schools. The reasons for the changes are not always clear. As a consequence, some schools completed interim works to make facilities safe or usable that were ultimately demolished. In a context of scarce resources, while necessary at the time, this investment does not represent an efficient use of resources. In addition, the change in responsibility for works was considered by some stakeholders to account for particular works not having been completed. For example, a variation to construct paths at Vaivase Primary School to maximise physical access has not been progressed.

MESC and DFAT considered coordination more difficult when TCRRP was managed at a sectoral level than when managed by MESC. This is because most work was at a school level, and MESC, rather than the sector, has direct responsibility for schools. To further complicate this, the ownership of schools resides with the community rather than the government.

The provision of an infrastructure adviser to support MESC, and Kramer Ausenco to manage the contracts, was critical to both efficiency and effectiveness because MESC did not have internal infrastructure and contract management expertise. Without this, MESC advised they would not have been able to manage this major infrastructure activity.

Kramer Ausenco developed estimates for the work based on the actual costs of similar work undertaken previously under the Australian funded Education Sector Program (ESP) II. The actual costs were significantly less than the estimates. This appears to be a combination of two factors: (i) increased competition in the Samoan building industry; and (ii) use of detailed bills of quantities. The bills of quantities for the standard designs used by MESC may lead to lower cost infrastructure as it reduces risk for builders, and facilitates contract management.

Recommendation: MESC, with engineering support, develop detailed bills of quantities for each of their standard designs.

MESC reported that in some cases builders completed work associated with a variation before seeking formal approval (the approval process was the standard GoS approval process). However, all reports indicated that the variations were reasonable and required. Despite this, due process should be followed.

The work undertaken at schools with less damage (category 2) was completed faster than work undertaken at category 3 schools. Work at category 2 schools used a manual system to procure materials for repair and renovation. However, the efficiency of this could be improved through the application of an E-procurement system, such as that used by the Ministry of Agriculture and Fisheries (MAF) under TCRRP. This system would reduce the time before materials can be procured, the administration requirements, and the potential for fraud.

Introduction of a consistent reporting template across all TCRRP sectors was considered beneficial. The template had been designed to provide the information that donors, GoS, and members of parliament required. However, the lack of timeliness of submission of reports, limited reporting against indicators, insufficient consideration of risk, and the failure to modify many sections of the report to reflect change over time, limited the utility of progress reports for donors and MoF. Minutes from meetings indicate that MoF raised this with the sector and additional workshops were conducted by the monitoring and evaluation adviser on the use of the template. However, reporting did not change.

DFAT suggested that challenges with obtaining timely and relevant progress reports may have been a consequence of the reporting being seen to be for the development partners rather than providing value to GoS. However, MoF indicated that the reports had provided the information that was needed at a senior level within GoS. Even so, it is unfortunate that the reports do not appear to have been used to make real time decisions, such as about the effective use of savings from the infrastructure programme.

In contrast, the reports from the infrastructure adviser appeared to provide the information required, but they seem to have been 'lost' within the system. Of some 30 documents, only four were provided to the evaluation team by either DFAT, MoF or MESC prior to fieldwork. The remainder of these were provided by the adviser after the fieldwork was completed. None of those interviewed at schools included in site visits were aware of these reports. In future assistance, such advisers can be asked to provide: (i) a consolidated report for MESC, MoF, and other donors, and then (ii) extracts to each school including key information they may require in the future in relation to the finished works and (iii) any lessons to be applied in the future.

Recommendation: Reporting to be guided by a standard template that includes key questions and relevant indicators. Most importantly, reporting to provide the information needed by the different stakeholders in a form that they are able to use when that they need it. Stakeholders to take responsibility for ensuing they have access to, and keep copies of, the required reports, and use this information to make timely and appropriate decisions, and for accountability and later reference.

Modality

TCRRP funding for the education sector was provided through budget support. As such, GoS was responsible for financial and project management. The advantages of this modality are that it supports the government's own policy, program and systems; avoids duplication of activities within the sector; promotes ownership, alignment and harmonisation; and can promote dialogue at a more strategic level. In addition, as GoS manages budget support funds, this modality requires less (or ideally no) management by the donor. However, under TCRRP these benefits

were not maximised and, in some cases, not achieved, because this budget support modality slipped towards a programme approach.

Firstly this was because the sector recovery plan was developed and then essentially carved up between different donors and GoS. Thus, the use of budget support did not contribute to avoidance of duplication of activity, nor were the opportunities for strategic discussion and decision making (such as regarding the rationalisation education facilities) realised. Next, DFAT became involved with implementation matters such as variations in construction contract and changes in construction company. This increased the workload on DFAT staff rather than achieving the desired minimal management input. It is likely this occurred due to either a misunderstanding among DFAT staff as to their responsibilities in this modality, or GoS's perception that this was effectively a partner programme rather than budget support. This perception may have been compounded by DFAT contracting an infrastructure adviser to support MESC and directing that MESC contract a managing contractor (Kramer Ausenco were awarded this contract) to manage the contracts.

In providing assistance through a budget support modality, DFAT was not in a position to impose requirements for schools to meet before support was provided. Consequently, while it was recognised that schools should be relocated away from potential damage from ocean and rivers, DFAT was unable to redirect funding away from schools unprepared to relocate or rationalise. Had funding been provided through a project modality, DFAT could have required the funds to be redirected. MESC acknowledged that ideally some schools would have relocated and the opportunity taken to rationalise schools, this was not possible given community attitudes.

In addition, from DFAT's perspective, use of budget support as a modality precluded a mid-term review to consider how savings could be used. As a result, savings at the completion of the recovery period had not been spent on implementation of the recovery framework as intended by the Direct Funding Agreement. There is some inconsistency among in understanding within MESC as to how the remaining funds should be spent.

A further disadvantage of the modality was in terms of public relations. From DFAT's perspective, providing funding through budget support reduces the visibility of where their funding is allocated and what it achieves. This presents challenges when reporting to Canberra and advocating for support for development assistance to the Australian public. However, given that the allocation of funds was visible and well reported in the infrastructure adviser reports, it was always possible to report what was achieved for the investment. From the perspective of in-country public relations; staff and parents at several schools visited as part of the field work, were not aware that Australia had funded this work. In one case, stakeholders thought that the funds had come from China.

In summary, the benefits of using budget support modality were not realised. This appears to be a consequence of misunderstanding between DFAT and GoS about the modality and expectations.

Private sector participation

The private sector was fully involved in the education sector recovery work funded by DFAT. All infrastructure work was implemented by building companies operating in Samoa. To enable this, each package of works was tendered separately so that none of the packages were too large for local companies to be able to tender. This approach maximised involvement of the local private sector and also provided the greatest value for money as experience shows larger contractors would have been more expensive.

Interestingly, leadership at one school (Safa'ato'a) decided to undertake the recovery work themselves so that it could be completed quickly. They raised funds to enable this through the leaders of the local community (matai) and possibly a bank loan (though information on this was contradictory). Because the work was undertaken without the same level of supervision as that

undertaken through TCRRP, the quality of the work is not as high. Some structural problems with this work have been identified and are detailed in the infrastructure adviser reports.

- **Objective 4: Sustainability**

Build back better

The principle of build back better has been effectively addressed in support to education recovery. For example, reports indicate that buildings meet the required building standards, are more likely to withstand future natural disasters and have improved access. In addition, teachers and students indicated that the space was more conducive to learning (refer Box 1). However, sustainability is a greater challenge.

Capacity

There was no evidence that capacity gains from the experience of designing and managing the infrastructure construction had been sustained. Staff within MESC had moved to new positions and none indicated that they continued to apply skills gained through their involvement with TCRRP. There was no evidence that systems or processes used to manage the construction had been sustained within MESC.

Maintenance

Effective ongoing maintenance was consistently identified as a major constraint to sustainability. This is a consequence of school ownership and resource availability. In Samoa, schools are owned and maintained by the community with MESC providing school grants (SAT 100 per pupil) which contributes towards funding for maintenance. These grants can be used for materials, but not labour. The school grant is insufficient to maintain the facilities, and staff and parents and school committees at schools often do not have the skills required to effectively maintain their school. There was also a lack of understanding about the relative significance of different maintenance issues. For example, repainting metal handrails was prioritised over repairing a leaking roof.[24] While the school inspector has responsibility for monitoring and reporting implementation of maintenance, those interviewed suggested few have the skills to do this. As a consequence, the condition of the schools deteriorates, and the buildings are less able to withstand an extreme event. If appropriate maintenance was undertaken, most stakeholders considered the extent of damage would be significantly less in past and future natural disasters.

Maintenance requirements of infrastructure funded through TCRRP is limited as the work is still relatively new. Even so, during school visits, the evaluation team observed that some maintenance is needed (Figure 2). For example, taps or pipes broken from water tanks meant the tanks did not hold water and a small number of broken louvres would allow ingress of water during storms.

Figure 2 Vaivase Primary School broken pipe from water tank

From discussions with a school principal, there was also an indication that the current low maintenance needs of the new buildings may undermine the school communities' long term commitment to maintenance. Because 'there is always something to

[24] Many principals were also unaware of whether the school was or w This may lead to fewer claims than should occur. Since Cyclone Evan, the nce pilot (established in 2013) enables Samoa to secure insurance for natural disasters at a reasonable price. Insurance payouts are assured within weeks of a triggering event which will provide Samoa with an increased ability to implement recovery plans in a timely manner. GoS now requires all government buildings to be insured.

do at old schools', parents retain a habit of maintaining the school. However, they do not see the need for maintenance on new buildings, and have limited awareness of the need for preventative maintenance. By the time the need is obvious (long after the maintenance should have occurred), the habit and sense of responsibility for maintenance has been broken. In addition, often the maintenance required on 'new' buildings is beyond the skills and experience of parents. This may reduce parents' commitment to maintaining buildings into the future.

The limited understanding of preventative maintenance meant that the maintenance budget is often reallocated during the year to other needs that emerge. This is compounded by the lack of a specific government policy or guidelines on maintenance. MoF and MESC representatives interviewed supported development of specific policy to underpin asset maintenance.

Recommendation: MoF develop and implement a policy on funding maintenance that ensures ongoing preventative maintenance is undertaken to complement the implementation of the Government Asset Management Policy.

Application of learning to Cyclone Gita

Tropical Cyclone Gita passed by Samoa on 10 February 2018. This cyclone was not nearly as severe as Cyclone Evan. Cyclone Gita brought Category 1 winds, torrential rain, which combined with high existing soil saturation levels resulted in severe flooding and localised landslides. Power and water supply infrastructure was damaged and consequently services disconnected in most of Samoa. However, telephone and internet disruptions were very limited, and largely a consequence of power outages. Schools were closed for a short period to allow school management and committees to clean facilities and undertake work required in their own communities.

The National Initial Damage Assessment and Response Report for Tropical Cyclone Gita prepared by the Disaster Advisory Committee (February 2018) identified that only two schools suffered major structural damage, one (Avele College) as a result of the telecommunications post falling on the building and the other (Lalomauga Primary School) lost the roof of the school toilet block. However, 75% of schools reported damage to their equipment and furniture. This was a consequence of water leaking through the roof and ingress through doors and windows. The PDNA has not yet been finalised.

In practice, the ability to determine how effectively the lessons learned from Cyclone Evan have been applied in responding to Cyclone Gita is limited. This is because Cyclone Gita was of lower intensity and impacted Samoa for a shorter period and caused much less damage. In addition, the recovery phase has not yet commenced. Despite this, there are some relevant and useful comparisons:

- The need to document, plan for and commence recovery as quickly as possible was clearly identified in Cyclone Evan. However, while the response to both cyclones was fast, initiation of the recovery following Cyclone Gita has been slow. More than four months after the cyclone, the recovery framework has not been finalised or approved. This is because it is waiting on finalisation of the plan for one sector (not education).
- Damage to books and materials in schools was significantly less. While the severity of the cyclone was a significant factor, there were other contributing factors:
- People had learnt from Cyclone Evan the damage cyclones could inflict through leakage. As a consequence, parents and teachers in some schools were more focused on ensuring these items were packed away during Cyclone Gita.
- Cyclone Gita occurred during term. This provided greater opportunity for the material to be packed away where it was better able to be kept dry. In contrast, Cyclone Evan occurred during school holidays. Therefore, teachers and parents were not at the school to store materials away in dry places.

Both MESC and Kramer Ausenco are aware of the specific building design elements that need to be changed and intend to integrate this into all future work.

- **Objective 5: Relevance**

Samoa's development cooperation policy highlights that development partnerships must respect the government's fundamental role in setting national priorities, as per the principles in the Paris Declaration on Aid Effectiveness (2005) and the Accra Agenda for Action (2008) (MoF, 2010). In line with this, Samoa produced the recovery framework setting out priority actions for each sector.

The recovery framework identified the immediate priorities and the medium to long-term actions for recovery in the education sector. The immediate priorities were met by MESC. DFAT support enabled the next set of priorities, rebuilding facilities at the seven most severely damaged schools (category 3). Thus, DFAT support was aligned with recovery needs.

The psychological needs identified in the PDNA do not appear to have been met. From interviews this appears to be an area of weaker capacity in Samoa. It is therefore more likely to require external assistance if it is to be implemented. In future, if such 'soft' areas are priorities for GoS, donors should consider supporting these.

Thus, the support DFAT provided to the education sector through TCRRP was well aligned with GoS and DFAT development policy.

The assistance provided was well developed as a consequence of the support provided by the infrastructure adviser and the programme manager (Kramer Ausenco). However, the scope was perhaps more limited than desirable. As noted previously, supporting the identified psychological needs of stakeholders may have been an area in which assistance from DFAT would have provided value. Similarly, schools for children with special needs may have fallen through a gap as they were not considered as part of the education sector needs analysis. There is no reference to the needs of the special needs school in the PDNA or recovery framework.[25]

Recommendation: During recovery and rehabilitation, donors consider supporting 'soft' GoS priorities for which existing in country capacity is limited and areas supporting people with disability that may fall through a gap.

Following the 2009 tsunami, GoS and number of lessons to be applied to recovery and rehabilitation following future natural disasters. The application of these following Cyclone Evan was mixed:

- Undertake coordination, monitoring and evaluation at a sectoral level. While this occurred in the education sector the movement of responsibility for coordination between the sectoral level and the Ministry created difficulties. As previously noted, responsibility should be consistent throughout recovery and rehabilitation period.
- There was a strong emphasis on build back better. However, there was not a consistent understanding of what this meant. As a consequence, it generally only considered the standard of building. There appeared little or no consideration of a more strategic approach to location of buildings (other than away from potential flooding).
- There does not appear to have been any focus on mental health in the context of disaster preparedness. There was no evidence that mental health issues for teachers or students had been considered.
- Lessons related to coordination and adopting of a common reporting and centralised monitoring and evaluation framework were implemented, but as previously discussed, not as effective as intended.

[25] it is possible that there was no significant damage to these schools. This was not verified during fieldwork.

- **Objective 6: Lessons learned**

Both MESC and Kramer Ausenco identified a number of lessons from the recovery process after Cyclone Evan. MESC intend to apply those lessons they learnt to the recovery after Cyclone Gita and other infrastructure works. In addition, this evaluation has identified a number of other lessons that can be applied to improve efficiency or effectiveness in future. The consolidated list of lessons are:

Preparedness and strategic approach

While cyclones are a normal element of Samoa's environment and the immediate response of schools generally planned, rehabilitation and recovery has more limited attention. Neither schools nor MESC make financial provision for replacement of materials or buildings, both are generally dependent on donors to enable rehabilitation and recovery. Greater attention is required to long term planning for rehabilitation and recovery.

Recovery of infrastructure after a disaster should be considered as an opportunity to take a strategic approach to infrastructure assets rather than simply replace what was there. For this to be possible, prior to occurrence of natural disasters, government agencies must undertake strategic planning which includes consideration of what ideal infrastructure would reflect if they were to be rebuilt from 'a clean slate'. At the time of funding recovery, donors must also consider strategic needs rather than simply replacement.

Planning and accountability

Land ownership issues are complex. Even where the matai offer land for use, this may not be with the full consent of the family and caused significant delay.

Community stakeholders are better able to envisage the final works when they see the layout in place on the ground rather than on paper plans.

Development of detailed bills of quantities for the standard designs used by MESC may lead to lower cost infrastructure in future as it reduces risk for builders.

Sizing contracting packages to suit local business, maximises their involvement.

There does not appear to have been much attention to community transparency and feedback mechanisms in Cyclone Evan recovery and rehabilitation, and this is an area that is internally identified for improvement. MESC identified that involvement of MWCSD can better support involvement of the community in the decision-making process.

Management, coordination and reporting

Responsibility for managing the recovery process must be clearly identified before the immediate response phase is complete (usually about three months after the disaster event occurs). This responsibility should not be not changed unless it is unavoidable. Changing this responsibility slows the process of recovery and can reduce the effectiveness of outcomes.

The modality and the roles and responsibility for partner agencies must be agreed, clearly documented and commonly understood. Whenever there are changes in personnel involved in management of the recovery, these should be reviewed to ensure a common and consistent understanding is maintained. The benefits offered by a particular modality can only be realised where they are actively pursued.

Use of an E-procurement system where schools manage their own restoration work may be more efficient than manual systems.

Development of generic reporting assisted the Government of Samoa to consolidate performance, and map this against existing sector plans. However, use of templates for reporting encouraged a 'cut and paste' mentality, reducing the effectiveness of reporting. Regardless of the quality of reports, their use to inform decision making was less than what was needed, and this information has not been maintained in a way that allows longer term access, accountability, and contribution to decision making.

Delays will occur where those managing infrastructure works do not have experience in: construction, the GoS procurement system and the roles of others (such as MoF and Attorney General's Department) in the procurement process.

Quality control

Provision of technical expertise is necessary to ensure infrastructure works meet the required standards. If this is not available internally (as in the case of MESC) this needs to be externally sourced from the start of the design process and provided to all schools undertaking recovery work.

Contractors with a history of poor performance are likely to perform at a lower level. These vendors/suppliers/contractors should be eliminated from the selection process or specifically monitored and supported for quality assurance and timely construction.

Specific design elements need to be revised for the Samoan context. The Infrastructure Adviser and Kramer Ausenco have identified removal of the step from the veranda to the classroom (it limits access for people with disability) and door locks specifically designed for classrooms are not appropriate in the Samoan culture where teachers do not want to lock the door from the outside every time they close the door.

Cross cutting issues

Explicit expectations around gender, disability and any other inclusion issues should be made in the direct agreement between DFAT and partner agencies if these are to be implemented. The agreement should also recognise where specific action is not appropriate.

APPENDIX FIVE: SECTORAL STUDY HEALTH

BACKGROUND

▪ Damage and loss in the health sector

The post disaster needs assessment estimated the damage and loss to the health sector (for national health surveillance, public health, health promotion, health protection, and additional primary and secondary care services) from Tropical Cyclone Evan at SAT 5.8 million, including damage to physical assets (SAT 3.6 million) and anticipated higher expenditures and losses in revenue (GoS, 2013a).

There was some, although not severe, damage to Ministry of Health (MoH) infrastructure. National Health Service (NHS) infrastructure and health facilities experienced greater damage, in some cases compounding damage sustained during the 2009 tsunami and subsequent weather events, and that had not been fully repaired or properly maintained since. Subsequently the post disaster needs assessment included recommendations to relocate some health facilities (Poutasi and Sataua district hospitals and Fusi and Lefaga community health centres) because of the vulnerability of the sites, and to better serve inland and rural populations (GoS, 2013a).

In the immediate post-cyclone period health issues facing communities included increased diarrhoea, mostly linked to poor water quality and poor environmental sanitation linked to flood damage. Access to health care was constrained by damage to roads or a lack of money to travel. The National Health Service was able to reach some of the rural villages to deliver care, but there were some gaps. Psychosocial impacts were identified, and psychosocial services for affected populations, volunteers; and public servants, particularly the first responders (medical, police, emergency services) were identified as a significant need. Psychosocial support was a pre-existing gap in the health sector.

▪ The activity

Roles and responsibilities for health sector activity

At the time of Tropical Cyclone Evan, the public health sector had been through a recent restructure, and health sector activities fell across two agencies. The MoH assumed responsibility for regulatory oversight, guiding policy, defining health priorities, monitoring overall health system performance, disease surveillance, and basic health promotion and prevention services, including sanitation regulation and services. As the biggest publicly funded provider of health services to the population, the NHS had (and still has) responsibility for the main referral hospital in Apia (Tupua Tamasese Meaole (TTM) Hospital), the subsidiary referral hospital in Savai'i (Malietoa Tanumafili II Hospital), and six rural district hospitals. Outreach services from the district hospitals are provided at the Community Health Centres, which are owned by and located in village communities.

Main types of assistance

During the initial post disaster period the MoH and NHS implemented public health initiatives including mass media campaigns and community outreach to address water quality, food safety, sanitation and primary health care (GoS, 2013a). TCRRP activity focused on infrastructure rehabilitation and reconstruction, including some internal and external renovation to the MoH headquarters and the Savaii office. The MoH budget was fully utilised in the 2013-2014 financial year (MoH, 2016b).

Most infrastructure rehabilitation and reconstruction was of NHS service facilities, including district hospitals, community health centres, and the TTM hospital in Apia. Various items of equipment,

including two ambulances to be based at the TTM hospital, an x-ray machine for Savaii, and some smaller items were also procured.

The overall budget and last provided expenditure statement for the re-establishment or continuation of public health and hospital services is provided below. Australia's contribution of AUD$6.75 million in direct budget support is assumed to have been divided equally between the health and education sectors, but this was unable to be confirmed (including by DFAT). As discussed in the section on efficiency, there is inconsistency in monetary amounts across different documents, and this evaluation is unable to provide a final budget or expenditure figure with any certainty.

Table 9 Summary of health sector budget and expenditure for Cyclone Evan recovery and rehabilitation

MoH budget (SAT):	
240,000	Immediate post cyclone assistance from NZ (NZD$150,000)
662,000	FY 2013-2014 (assumed to be GoS funds)
902,900	Total, fully expended in FY 2013-2014
NHS budget (SAT)	
7,978,500	Total funds received (including contribution from Australia of approx. AUD$3.375 million)
4,060,521	Expenditure – construction work
2,832,633	Procurement of goods and services
307,532	Withholding tax
7,144,661	Total expenditure as at December 2015

Source: (MoH, 2016b, p. 1)

METHODOLOGY

Three main meetings were held with health sector representatives, as follows:

- Ministry of Health (two people)
- National Health Service (eight people)
- Former NHS property manager (from the time of the Cyclone Evan recovery programme)

Further information relevant to the health sector was obtained through interviews with the engineer contracted by DFAT to support and monitor construction activities in the health and education sector, and procurement focused interviews with various actors.

Site visits were made to see the repair and reconstruction works at TTM hospital, Sa'anapu health centre, and Poutasi district hospital. These visits provided an opportunity to talk to staff at these locations.

A range of documents were reviewed including the post disaster needs assessment relevant to the health sector, the rehabilitation and reconstruction workplan, progress reports, and general planning documents (Health Sector Plan 2008 – 2018, Samoa NHS Corporate Plan 2014-2016, and Climate Adaptation Strategy for Health 2013-2014).

Perhaps more than the other sectors included in the evaluation, the health sector interviews have not enabled a very comprehensive assessment of the TCRRP against the key evaluation questions. Many of those involved in the NHS and MoH interviews (1 and 2 above) were not actively involved

in the TCRRP, were not employed in NHS or MoH at the time, or did not remember the details. Staff movements and the time that has passed since TCRRP meant that more in-depth interviews were not possible. Individuals involved in some of the more enduring activities (such as ongoing disaster risk reduction activities) did not attend scheduled interviews. There is therefore more reliance on the documents reviewed in the analysis. However, the late provision of key documents has also meant that many of the inconsistencies were not identified until after the in-country visit and therefore were not explored during the interviews.

FINDINGS

- **Objective 1: Effectiveness**

There is inconsistency in the outputs and outcomes specified in key documents, which makes it difficult to assess the effectiveness of the programme against what it was expected to achieve, as this expectation appears to be different – and unclear - for different actors. In some cases the difference is just in wording, but the intent is similar; in other cases it suggests changing but not mutually agreed priorities, or a lack of a clearly agreed focus. While many of the specified outcomes were about disease control, community awareness, and health sector operational development (policies, staffing, coordination), TCRRP activities focused on health facility infrastructure.

MoH reported that this emphasis on infrastructure was welcomed by the health sector because of an existing need to upgrade and ensure the safety of facilities including their compliance with occupational health and safety legislation. However, this did not incorporate a public health perspective. For example, the Ministry of Health had been struggling with insufficient funding for a typhoid eradication program. Typhoid has long been endemic in Samoa and along with other water borne diseases the risk is greatly exacerbated in post disaster settings when clean water and sanitation facilities are challenged.

There might have been more progress towards and achievement of these former outcomes than was identified through the evaluation. However, this is likely to have been through the regular programming of NHS and MoH and not identified by those interviewed, nor from the document review, as directly linked to TCRRP. Thus, there is no evidence that TCRRP has contributed to public health outcomes.

The infrastructure programme was outlined in a workplan developed by the (then) National Health Services property manager. The workplan included the following objectives:

1. To relocate (Sataua) hospital inland according to a cabinet directive
2. To repair hospital buildings and support infrastructure damaged by Cyclone Evan
3. To upgrade information and communication network systems between all hospitals
4. To provide effective logistics support to clinicians in the field during an emergency
5. To provide new medical equipment/tools for all district hospitals to strengthen delivery of primary health care services (NHS, 2013)

These objectives were largely met before the end of 2014.

Table 10 attempts to consolidate achievements against the outcomes included in the TCRRP monitoring and evaluation framework (identified in the table as document (A) and the MoH reporting, particularly the final health sector report (identified as document (B)). This presents a mixed picture of effectiveness across the broader health sector, in terms of achievement of identified outcomes.

Table 10 Summary of achievements against health sector outcomes/outputs

Outcomes/Outputs **(A):** (GoS, 2014a) **/ (B):** (MoH, 2016b)	**Achievements - emergency phase (December 2012 to June 2013)** (MoH, 2014)	**Achievements - medium to longer term (July 2013 – December 2015)** (MoH, 2016b)
Collaboration with/between health sector partners (incl. strengthened NGOs) (A) to create safe and healthy village environments for Samoan families and children (B) NGO health sector strengthened as integrated component of health system (B)	MoH teams started public health environmental and sanitation assessments on 15 December 2012, and were joined by a public health specialist from the New Zealand army on 16 December.	No specific TCRRP activity or outcomes identified in evaluation; no mention of NGO relationships. Public – private partnerships (e.g. general practitioner services) ongoing
Evidence of improved water quality (A) through testing and monitoring (B)		Ongoing monitoring and testing of water quality and surveillance by Health Protection and Enforcement Division / IHR and Surveillance Team
(Effective programs to reduce) endemic typhoid, diarrheal, filariasis and tuberculosis, vector-borne disease (A/B) Early identification of infectious disease outbreaks (A) of public health importance (B) Reverse the endemic status of typhoid in Samoa (B) General health of the public is protected from vector borne diseases (B)	Mass media campaigns to address water quality, food safety, sanitation and primary health care A 40 per cent reduction in typhoid cases over 2013, considered to be related to the ongoing MoH advocacy and awareness campaigns	No disease (dengue, typhoid, measles) outbreaks, reported to be related to awareness campaigns Ongoing monitoring and tracking of potential disease outbreaks by IHR and Surveillance Team Planned typhoid vaccination programme not implemented MMR immunisation coverage increased from 2011(66%) to 2013 (85%) (MoH, 2016b)
Community awareness and environmental improvement (A/B) / Disaster and climate risk management is strengthened in the community (B)		No specific activity or outcomes identified in evaluation Some activity implemented by other agencies, particularly MWCSD and MNRE
Evidence of appropriate policies developed in response to emerging health issues, including health threats arising from increased urbanization, climate change, natural disasters (A/B)		MoH completed the Climate Adaptation Strategy for Health 2013-2014. No reference to specific lessons from Cyclone Evan
Access to qualified and skilled health workforce (A) / increased availability of appropriately qualified and skilled health workforce for the Immediate and medium term priorities.		Anticipated staff shortages addressed by recruitment of 5 additional temporary workers early in the recovery phase (Aug-13).
Psycho-social services strengthened at national/community levels (A) through a psychosocial program development in		Psychosocial programs not implemented

Outcomes/Outputs **(A):** (GoS, 2014a) **/ (B):** (MoH, 2016b)	**Achievements - emergency phase** **(December 2012 to June 2013)** (MoH, 2014)	**Achievements - medium to longer term** **(July 2013 – December 2015)** (MoH, 2016b)
line with the Mental Health Act 2007 and the Mental Health Policy and Plan of Action (B) / There is psychosocial wellbeing for all to withstand shocks arising from emergency and/or disaster situations (B)		
Coordinated health disaster risk reduction, including build back better measures (A) / Health disaster readiness and response with resilient measures to BBB assured through strong coordination at national level and community organizational levels such as village councils with emphasis on women's and youth committees (B)	Planning to relocate the Sataua Rural District Hospital which was significantly damaged in the cyclone, along with the old Tupua Tamasese Meaole (TTM) hospital	Limited to build back better measures incorporated in MoH and NHS construction activities.
Continued public access to health care including for those with special needs (A/B) / Health services restored to the public and communities (B) / Recover from the impact of Cyclone Evan and improve access to and utilization of efficient, effective and quality health services to improve health status of the Samoan population. This is planned to be achieved through enhancing resilience of the Health Sector infrastructure by rebuilding stronger and safer health facilities and work facilities (B)	Three MoH clinical teams made up of doctors and nurses went into shelters and conducted clinical assessments. Re-establishment or continuation of public health and hospital services MoH headquarters available as an emergency shelter from December 13 – 16 for about 605 people, including the elderly, pregnant mothers, children, and babies.	Completion of infrastructure rehabilitation and construction works at TTM and district hospitals and health centres Some recovery funding used for replacement and new equipment for the district hospitals (x-ray machine, ambulances, communication equipment) (see detail above)

- **Gender and disability inclusion**

Gender issues in the health sector are often conceptualised in limited terms, such as women and men's participation in meetings, training, or other events, or in a technical sense, sexual and reproductive health concerns. This is frequently only from the perspective of women (ignoring men). A more comprehensive gender perspective considers different disease burdens experienced by females and males, differences in behaviours with potentially negative health consequences, such as smoking or excessive alcohol consumption, household decision making related to health seeking behaviour, and gender differences in, or control over household diet and nutrition, including related to children. The social model of disability inclusion focuses on removing the barriers presented by the way society is organised, rather than focusing on 'fixing' a person's impairment or difference. It includes attention to rights of people with disability, attitudes and discrimination, and general awareness. Gender and disability inclusion also extend to workforce management and planning.

Expectations around gender and disability or any other inclusion were not explicit in the direct agreement for health sector support between DFAT and MoH/NHS. Non-infrastructure issues are reported to have been part of other ongoing program including the sector wide approach (SWAp), but the evaluation of the SWAp notes reported 'Few explicit references to gender equity or disability inclusiveness in SWAp-related documentation' (Davies, 2013, p. 33) and did not mention any noteworthy activity in this area. The SWAp inception report recorded a zero budget for 'Physical disability services improvement' (Davies, 2013, p. 48). The evaluation did not find any evidence of particular attention to broader gender or disability issues in the health sector response.

Within the infrastructure focus, one interview respondent said that there was a focus on 'ante-natal wards' (assumed to be birthing facilities). The design of the relocated Sataua hospital on Savaii, which has been used in similar facilities elsewhere in Samoa includes 'two distinct wings - one for outpatients and one for inpatients and a birthing room', and the visited Poutasi district hospital includes a maternity ward among the renovated facilities, but otherwise there was no reference to this emphasis in any of the interviews or documents reviewed.

Photo 1 Maternity ward at Poutasi District Hospital – in use at the time of the site visit

Since Samoa ratified the Convention on the Protection of the Rights of Persons with Disabilities in 2016 it is incumbent on the government to '*take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications (including to) … schools, housing, medical facilities and workplaces'* and '*to develop, promulgate and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public*' (CPRD Article 9). DFAT staff reported that the accessibility of infrastructure to people with (mobility) disabilities was discussed and the DFAT infrastructure adviser was an active advocate for this, as was the NHS facilities manager at the time. Reportedly it was, and continues to be, NHS policy that buildings should be accessible. Further, access ramps are also used for patient trolleys and for delivery of supplies and heavy equipment. This makes their inclusion and maintenance even more essential.

Photo 2: Damage to access ramps at Saanapu health centre, June 2018

Most health facilities were reported to have access ramps. Single level walkways were repaired under TCRRP at the TTM hospital; Poutasi hospital is on one level, and while wheelchair accessible, staff advised

that it does not include accessible toilets or showers. At the Saanapu community health centre, access ramps refurbished with Cyclone Evan funds are now in poor condition with the concreting at the base largely rubble making their use for wheelchairs or trolleys difficult (see Photo 2).

- **Objective 2: Impact**

The expected impact of TCRRP is assumed to be the identified health sector recovery goals, included in the TCRRP monitoring and evaluation framework (document (A) and MoH reporting, particularly the final health sector report (document (B). These goals consolidated from both documents are:

- Sustained, continuous public health improvements [for all (A)]; [of the population and communities (B)]
- Recover and improve access to efficient, effective and more resilient quality health services (A) … to improve health status of the Samoan population. This is planned to be achieved through enhancing resilience of the Health Sector infrastructure by rebuilding stronger and safer health facilities and work facilities (B)
- Strengthen the capacity of health sector to improve risk management and response to disasters, emergencies and climate change (B)

The early response is credited with avoiding disease outbreaks (see effectiveness section above). However the MoH reported that the lack of ongoing attention particularly to typhoid eradication has meant that these public health improvements have not been sustained. Funding for the typhoid eradication plan was not able to be secured either during TCRRP or since, and typhoid is still endemic. MoH reported that typhoid incidence increased in 2015 and 2016 (to about 20 cases per month).

In terms of health sector infrastructure, the evaluation team visited three renovated or reconstructed facilities to discuss the longer term sustainability and impact of works completed under TCRRP.

At TTM hospital, Apia, there were renovations to walkways and buildings in the old hospital. A list of works was provided to the team after the visit. Some areas are still in use, others, such as the old laboratory building has been refurbished a second time (for use but the kidney foundation). The completion of phase II of the new hospital construction (funded largely by the Chinese government) has reduced the need for the TTM facilities renovated after Cyclone Evan, so the impact of these works on the health service are reduced from what they may have been initially.

The Saanapu health clinic was scheduled to be upgraded to a district hospital. Works included refurbishment and construction of additional rooms for a 'multi-purpose building'. A nurse based in Poutasi, but sometimes stationed at Saanapu, reported that the building was staff quarters for an expected doctor and nurse for the hospital, but they did not eventuate. The building is reported to have not been used – it is in good condition apart from damage to window screens, litter on the floor and lack of general cleaning. The furniture purchased for the building is gone. The main clinic building is in use but run down. It has suffered some further water damage, including to the room housing the computer and radio equipment – and they are still kept in the same position. The clinic was not open at the time of the visit, although during the advertised Monday – Friday, 9am – 5pm hours, but the nurse said they receive about 100 patients for week for various clinic activities including ante-natal care and community outreach. The facility is not operating as a district hospital.

The Poutasi District hospital underwent major renovation including to the roof, ceilings, masonry concrete walls, walkways and driveways, nurses' quarters, plumbing, wiring, and toilet and shower facilities. The hospital was officially reopened in September 2014 by the Prime Minister of Samoa and the Australian High Commissioner. During the visit the hospital appeared to be very well used with almost all beds full. There are some ongoing issues with water leakage but the internal storage room provides good weather resistant protection for medical supplies. The renovated staff accommodation is in use by two nurses living there full time, plus others using it during night shifts, and it also being used for additional storage.

Photo 3 Ambulances at TTM hospital procured with TCRRP funds

NHS staff reported that the equipment purchased, including the two ambulances based at the Apia national hospital, and the x-ray machine located in Savaii are in regular and ongoing use.

It is apparent that there has been incremental strengthening of health sector capacity to improve risk management and response to disasters, emergencies and climate change, but the evaluation did not identify anything specific, other than the experience gained, from TCRRP.

Unintended outcomes

The focus on infrastructure rather than health outreach and primary health care has meant that some public health outcomes have not been achieved or sustained. MoH advocacy and awareness campaigns are credited with a 40 per cent reduction in typhoid cases over 2013 that continued into 2014, but as noted above, this increased again in 2015 and 2016. The interface between clean water and sanitation and public health is made complex by the existence of two water supply schemes – one under the Samoa Water Authority, and a community based scheme which sits under the Ministry of Women, Community, and Social Development (MWCSD). Communities are responsible for the maintenance of these latter schemes and ensuring that the water is safe to drink, but testing shows that they often do not comply with clean water standards, thus increasing the risk of typhoid and other gastro-intestinal conditions. This is an area that was perhaps neglected because of the infrastructure focus.

- **Objective 3: Efficiency**

Value for money

Building works were managed in two ways:

1. Renovation of five facilities, including the works at Poutasi hospital and Saanapu clinic were managed internally with the work completed by NHS carpenters supplemented with additional staff (more carpenters and a senior builder) recruited with the TCRRP funds
2. Contracting of larger works through a competitive tender process.

Additional support was provided by an infrastructure adviser (an engineer) contracted directly by AusAID (at that time). This adviser provided quarterly inputs which included construction inspections and technical advice to the NHS property manager overseeing the program. Construction specifications were produced internally under the supervision of the principal builder and submitted to MWTI for review and approval.

The adviser's reports indicate that the first of these mechanisms (internally managed renovations) was less problematic than the second (competitively tendered larger construction), and delivered a higher quality of work. A number of issues were identified in the Sataua hospital construction that needed to be rectified. The first mechanism was normal process for the NHS, and was preferred because it enabled them to retain control, and removed the need for a tender process. The second process was not normal practice, basically because government agencies usually only undertakes such work where it is donor funded. In these cases, the donor usually manages the work directly through a project manager.

The documentation suggests that there was considerable value gained from DFAT's appointment of a qualified and experienced infrastructure adviser (who specialised in health facility infrastructure) to monitor the construction works and provide technical advice to the GoS personnel who did not have this technical background. This was confirmed by the main GoS staff person involved. Particularly in the case of the Sataua hospital, the DFAT adviser identified a large number of construction quality issues that needed to be addressed during the works period.

Recommendation 22: If it is not available within the relevant GoS agency, donors provide technical expertise to monitor and support significant rehabilitation and renovation to ensure that works meet the required standards.

Financial systems

Once the workplan was agreed, this was the blueprint for activity and expenditure. However, there is inconsistency between different versions of the plan; one version provided to the evaluation team in an interview was stated to be final (indicated as 'final plan' in Table 11), but included different information to the version provided previously (NHS, 2013), and to the final narrative report expenditure information (MoH, 2016b). This expenditure information is also inconsistent with the final expenditure information provided by and reported to the engineer contracted by DFAT to support the health and education sector construction works under TCRRP (Kornie, 2015). From this it is apparent that the financial systems were not sufficient to provide an appropriately accountable and transparent record, nor do the documentation processes provide sufficient information of why decisions were made. Both the Samoa Health Sector Plan 2008-2018 and the Samoa National Health Service Corporate Plan 2014-2016 identify governance, including accountability and systems as a priority area for investment.

Recommendation: In accordance with MoH and NHS plans, increase the accountability and transparency of decision-making and record keeping. Financial management systems and reporting need to be consolidated and streamlined to enable provision of consistent, accurate, information for public information, management, and audit purposes.

Note that this recommendation is also consistent with the experience of the SWAp evaluation, which found that poor record-keeping and document control among development partners resulted in multiple, inconsistent and sometimes contradictory data being recorded (Davies, 2013, p. 1).

Table 11 Comparison of identified needs, sector plan, and actual activity in the health sector under TCRRP

	From post disaster needs assessment	From workplan (NHS, 2013)	From summary of expenditure (MoH, 2016b)	Actual expenditure*
Foailalo District hospital	Nil	Hospital, visitors' house, standby generator (included in final plan only)	Renovation to hospital, visitors' house, standby generator	40,567.04 (41,432)
Fusi Health Center	Major structural damage	Construction of a new multipurpose clinic (not included in final plan)		
Lalomanu District Hospital		Upgrade Nurse quarters	Staff quarters renovations	130,586.09 (137,337)
Lefaga Health Centre	Major building destroyed			
Leulumoega District Hospital	Damage to skylight	Hospital (included in final plan only)	Renovation to both wards and toilet facilities, upgrade landscape and rails	96,592.22 (115,770)
		Standby generator	New generator	111,458.10 (122,073 incl. Lufilufi)
Lufilufi Community Health Centre	Windows needing storm proofing (leakage)	Hospital / standby generator (included in final plan only)		
Malietoa Tanumafili II Hospital	Damage to roofing			
Poutasi District Hospital		Extension of ward	Reconstruction works to hospital, repair staff quarters, supply new inpatient beds and home appliances	280,525.49 (292,053)
Saanapu District Hospital		Repair and renovate the multipurpose clinic New public toilet facilities	Staff quarters renovations	73,379.35 (73,723)

	From post disaster needs assessment	From workplan (NHS, 2013)	From summary of expenditure (MoH, 2016b)	Actual expenditure*
Safotu District Hospital	Nil			
Sataua District Hospital	Seawater damage; damage to fencing and minor chattels	Relocate district hospital and staff quarters	New hospital**	3,009,099.93 (3,290,538)
Satupaitea Health Centre		Planning & preparatory works	-	9,141.85 (10,013)
TTM hospital	Damage to roofing and door; water pasteurization (hot water panels) partly damaged; damage to signage and fencing	Renovations to damaged buildings	Renovation works to old buildings**	420,629.33 (381,271)
		New incinerator	New incinerator**	Contract signed
		2x new ambulance for accident and emergency unit	2 ambulances**	674,377.42 (738,580)
		Replace damaged dental chair & compressor	Oral and dental clinic	-
All district hospitals/health centres		Medical clinic equipment, tools, devices and accessories	Medical equipment, x-ray equipment, laundry equipment	956,803.03 (1,331,156)
		Upgrade and improve means of data and voice information and communication network systems	Medical equipment, tools, devise (IT section)	678,317.35 (630,551)
Tools for building and equipment maintenance		Essential tools and equipment to conduct preventive maintenance	NHS tools for (building and equipment) maintenance	233,438.26 (233,438)
Hire temporary maintenance staff		1x supervisor; 4x LH carpenters; 6x carpenters	Hire temporary maintenance staff	168,422.06 (200,000 allocation)

	From post disaster needs assessment	From workplan (NHS, 2013)	From summary of expenditure (MoH, 2016b)	Actual expenditure*
Hire local professional experts		AGs office; engineers; health professionals	Hire local professional experts	9,817.50 (150,000 allocation)
Unpaid withholding tax				307,531.77
Total expenditure				7,200,686.79 (7,747,935)

* Two figures are provided for actual expenditure: the first is final expenditure as at 1 December 2015 reported in the MPH health sector final report (MoH, 2016b), the second (in brackets) is reported as complete in the engineer contracted through DFAT to support construction activities in the health and education sectors (Kornie, 2015)

** NHS advised that these items were allocated to DFAT funding.

Decision making processes

MoH and NHS advised that broad priorities were defined by the Health Programme Advisory Committee with consideration of the post-disaster needs and the corporate plans and national frameworks. Within these priorities, the TCRRP Coordinator (from MOF) had the final say on specific activities and details, particularly when there were competing interests. The final decision was apparently based on identified needs with health service delivery and ensuring services returned to normal always the priority.

A key factor in the decision making was the principle that 'what's good for Apia is good for Savaii' – that people should have access to a reasonable level of health care wherever they are. Thus the property manager at that time proposed to focus rehabilitation and construction works in the districts. The evaluation did not identify a more structured decision-making process, such as one drawing on available health data (including for example disease burden, facility usage). Of course, this doesn't mean that this didn't happen, just that it wasn't recorded or recalled by those interviewed.

- **Objective 4: Sustainability**

Improved capacity

Capacity development was not a part of the health sector recovery programme, and there was no evidence of any specific changes in capacity, other than of health facilities through reconstruction efforts. The key staff person involved in managing the reconstruction programme has moved to a new position in different sector, meaning that some of the capacity gained through experience has been lost. Others, particularly finance staff, remain. The evaluation did not look at the immediate response period and so cannot comment with any specificity on capacity gained through that experience.

Build back better

Within the health sector the principle of build back better was variously understood. Some offered a definition focusing on improving the quality of construction and incorporating features to improve resilience to natural hazards – particularly those that are climate related, for existing facilities. Others presented something much more far reaching that also includes consideration of sector plans, value for money and ongoing maintenance requirements, noting that 'climate resilience sometimes means relocation'.

A strength of the health sector programme was that 'build back better' was implemented in this latter way – rather than just building back what was already there to a better or more weather resistant standard, the opportunity was taken to reconfigure and relocate some facilities (see example in Box 6).

Box 6: Building back different vs. building back the same, better– Sataua district hospital, Savaii

More than half of the infrastructure rehabilitation budget (approximately ST 4.9 million compared) was spent on the relocation of the Sataua District Hospital on Savaii. A new eight-bed facility was constructed using a modified design that had been used for other district hospitals. The damage to Sataua hospital was sustained largely during the 2009 Tsunami and then due to the combination of harsh conditions because of its coastal location, and poor repair and maintenance contributed to deteriorate. The hospital experienced some further damage from Cyclone Evan but more due to the condition that it was in at the time. The vulnerable location also meant that Sataua hospital staff were 'obliged to relocate the hospital patients, equipment, drugs and records in the event of a cyclone or tsunami warning' and the hospital was regarded as the most-needy NHS facility in Samoa (Kornie, 2014).

A decision was made to relocate this hospital using the TCRRP funds. The new hospital was opened by the Prime Minister of Samoa in April 2014.

In the case of Saanapu community health centre, the focus on building back an existing facility to a different standard and capacity does not appear to have a sustainable benefit because the complementary resourcing – particularly the staffing allocation, has not been forthcoming. MoH and NHS representatives confirmed that the damage of disasters does provide an opportunity to re-configure facilities rather than just rebuild what was there, but in hindsight this is best done in the context of a longer term costed and staffed sectoral plan (which currently does not exist).

Recommendation: In future post disaster reconstruction, take the opportunity to reconfigure infrastructure according to current risk assessments and longer term needs. However this needs to be informed by a detailed sectoral plan, including specific infrastructure needs and analysis of available staff and resources.

The biggest threat to sustainability is the limited investment in routine, proactive maintenance. There was unanimous agreement amongst health sector interviewees that Cyclone Evan damage was exacerbated by poor maintenance. Prior to the Tsunami, the then NHS property manager reported that there was not a maintenance plan for NHS facilities in place, nor was maintenance documented. A maintenance plan was then put in place but was under resourced. Whether implementation of this maintenance planning has continued is unclear; the NHS property manager position has been vacant since the Cyclone Evan period incumbent moved on in 2015. At the facilities visited, maintenance was reported to be reactive rather than proactive or corrective.

The ongoing costs of maintenance of buildings are not adequately considered in the design and approval and new structures. For example, the imposing new Apia national hospital places a huge drain on very scarce resources – the maintenance manager reported that the annual maintenance budget for the hospital facilities and equipment was currently just ST 500,000 a year. Every year it is overspent, and then drawn down against the following year's budget. Inadequate expenditure on maintenance is exacerbated by diversion of maintenance budgets to disaster recovery efforts.

Recommendation: MoF develop and implement a policy on funding maintenance that ensures ongoing preventative maintenance is undertaken.

▪ Objective 5: Relevance

Alignment with Australian and Samoan Government development policy and objectives

Health sector activities were well aligned with DFAT priorities. Samoa Health sector priorities are defined in the Samoa Health Sector Plan 2008 – 2018 (MoH, 2008), which sets broad direction, and includes six key strategies:

1. Strengthen health promotion and primordial prevention
2. Enhance quality health care service delivery including management of infectious diseases
3. Strengthen governance, human resources and health systems in the sector
4. Partnership commitment
5. Financing health services
6. Donor harmonization

Health sector programming under TCRRP was indirectly linked to strategies 4, 5, and 6 above, and insofar as health facilities are a key part of health care service delivery, to strategy 2. However TCRRP's focus is not as aligned as it could be, particularly when considering the 'crucial areas of health challenges' identified as the basis for the plan (non-communicable diseases, reproductive and maternal and child health, infectious diseases, and injury as a significant cause of death and disability). The plan does not prioritise or specify any infrastructure development. The NHS plan (NHS, 2014) proposes managing environmental impacts from the perspective of addressing injury and the additional risk of disease. The plan acknowledges the additional resource requirements of infrastructure, including for repair and maintenance. It proposes intensifying maintenance capacity building in terms of both staff skills and tools and materials. The focus of the TCRRP is relevant to this ongoing aim, as it is to the identified key result areas[26] of service delivery, information, communication and technology, infrastructure, plant and equipment, disasters and emergencies Partnerships. The findings of this evaluation also support the identification of governance and finance (systems) as relevant priorities.

▪ Objective 6: Lessons learned

MoH identified the main lessons from the Tropical Cyclone Evan Recovery period as being related to the workload demands of the many projects in the NHS falling on the same people, which, when combined with the lack of investment in improving procurement processes and building general capacity creates constraints (MoH, 2016b). This evaluation does indicate that there was not enough capacity (although it was unclear whether this was in systems, people, or both) to adequately fulfil the administrative requirements.

This evaluation suggests that although the surge in funding that can follow a disaster event provides an opportunity (and is of course is often needed) to rehabilitate failing infrastructure and develop new facilities, greater weight needs to be given to the 'soft' areas of health services, including primary health care, health promotion, and community

[26] The NHS plan includes 11 priority key result areas: primary health care, human resources; patient care; finance; governance; infrastructure, plant and equipment; service delivery; disasters and emergencies; medical products, supply and pharmaceuticals; partnerships; and information, communication & technology. It is noted that these encompass almost all areas of the health sector.

outreach. This is particularly so to reinforce behaviours and systems to prevent water borne diseases in the post disaster period and beyond. These can all have a significant impact on people's health. An over-investment in infrastructure also increases the long-term costs – due to maintenance, staffing, and other operating costs, that can take away from other health programmes.

Application of lessons to Cyclone Gita in 2018

The health sector experienced very minimal damage from Cyclone Gita, and no application of specific lessons have been identified.

APPENDIX SIX: PROCUREMENT SYSTEMS ANALYSIS

BACKGROUND

The purpose of this element of the evaluation was to review the effectiveness and efficiency of the procurement and grant processes used post emergency response and to recommend any improvements. Specifically, the processes studied were competitive tendering, direct sourcing and e-vouchers for TCRRP and grants and tourism operator three-quotes modalities for TCRP.

While contributing to all KEQs, findings and conclusions here best align with Objective 3: The degree to which the Programme could be considered efficient. The evaluation is of procurement and grant processes in terms of:

- The extent to which they were effective and efficient in distribution of funds
- Any constraints within, or benefits of, the procurement and grant processes which limited or enhanced the delivery of programme outcomes.

METHODOLOGY

Data is drawn from document reviews and interviews and was sourced from Ministry of Finance (MoF), line-ministries, associations and the consulting, hardware and construction supply base.

Interviews were held with the following stakeholders:

	Overall	Health (MoH/NHS)	Education (MESC)	Tourism	Other
Ministry	Ministry of Finance, Procurement	Previous NHS advisor and reconstruction lead Sector advisor and Support Services Manager	Procurement staff, Building Maintenance Manager, Principal Education Officer School Improvements	STA	Ministry of Agriculture and Fisheries
Associations				SHA	
Providers		Kramer Ausenco Ah Liki Contractors	Kramer Ausenco Diamond Head Contractors Ah Liki Contractors	Bluebird Hardware ACE Hardware	Bluebird Hardware ACE Hardware

FINDINGS

The type of procurement modalities, excluding the emergency response, were:

Procurement Method	Description	Ministry/ies and application	Programme
Competitive tendering	GoS standard Procurement processes	MESC and MoH/NHS reconstruction contracts (materials and labour) delivered through agreements between line-ministries and contractors	TCRRP
Direct sourced	GoS Procurement processes, emergency award and waiver	MESC consultancy, construction project management, MESC	TCRRP
e-voucher, pre-approved suppliers	MAF blanket agreements, monthly orders with hardware suppliers	Agriculture and Farming: reconstruction grants – Infinity system or e-voucher, supplier contract, monthly supplier invoices to MoF	TCRRP
Three – quote, operator sourced from pre-approved providers	TCRP unique processes facilitated through MoF, unique orders per operator per supplier, hardware and marketing providers. The providers were the same as those through the construction grants.	Marketing and reconstruction tourism, supplier contract and individual supplier POs and invoices for each operator and supplier	TCRP
Grants	TCRP unique processes and governance, using the operator to compile three quotes from pre-approved companies as part of the application process (Operator sourced). The providers were the same as those through the previous procurement method.	Marketing and reconstruction tourism	TCRP
	MAF farmer and fisher grants	Recovery infrastructure and equipment, utilising e-voucher system with supply base	TCRPP

Apart from the TCRP grant process, these processes and more are described in the MoF procurement guidelines providing authorisation and instruction to utilise these and other forms of procurement as suited to the individual situation. In smaller value recovery programmes, NHS used in-house maintenance labour and tendered materials and MESC granted SWT 5,000 directly to schools. For larger projects MESC and NHS both competitively tendered contracts. Each of the processes identified here are described in the following sections.

- **Competitive tendering (TCRRP)**

The most vulnerable schools and hospital infrastructure projects were identified through the initial needs analysis and their reconstruction was competitively tendered by line-ministries using GoS processes. To supplement line-ministry infrastructure capability, MESC and NHS contracted Kramer Ausenco to assist in design and management of infrastructure projects on their behalf.[27] Kramer Ausenco assisted in cost estimating, tendering and contract management processes, participating on infrastructure tender evaluations on behalf of MESC as a non-voting member.

In terms of MESC programme achievements, the total spend was below initial estimates by SAT$1.9 million (Alexander and Lloyd Group, 2015b). This was thought to being due to increases in local supply competition between the times of estimating and contracting, use of Bills of Quantities (BoQs) in the tender documentation (Kramer Ausenco, 2018) and under-utilised contingency allowances. The addition of Bills of Quantity (BOQ) was seen to add a level of accuracy to the quotations (Interview with MESC contractions, 2018) (MESC_Contractors, 2018). These benefits are not specific to competitive tendering.

Contract/programme management reports though MESC and NHS showed underspent contingencies (revised from 10% to between 2 and 5% across MESC and NHS); thought to be the result of accurate tendering and close management of variations. Reports noted that contract variations were avoided by both MoH and MESC given the processing difficulties. However this increases the likelihood for sub-standard delivery of projects as unexpected requirements are identified through the life of the activity (Alexander and Lloyd Group, 2015a).

Table 12 MESC Estimate vs Actual Dec 2015

	Amount
Contingency underspend	SAT441,869
Estimate – contract - construction	SAT1,401,582
Estimate – contract – *Kramer Ausenco*	SAT70,000
Grand Total	**SAT1,913,451**

(Alexander and Lloyd Group, 2015b)

MESC tendered and sourced each project separately (Kramer_Ausenco, 2018). NHS used a more streamlined approach releasing single tender documents with multiple construction projects. The contractor could quote one or many of the projects. This offers efficiency in the tendering and contracting processes for the line-ministry, releasing one tender rather than multiple, one set of contractor experience and reference checks and one authorisation process through MoF. From a contractor perspective, this approach allows a faster response to tenders for multiple projects. This methodology is allowed under Treasury Instruction K.2.6 (1) (MoF, 2016).

[27] See 'Direct Sourcing'

Constraints to effective and efficient competitive tendering

Line-ministry skills and experience

Limited line-ministry procurement experience in general resulted in poor standards of tender documentation which has improved over time. For quality control in 2013, 100% of tenders and contracts were reviewed by both Accountants General (AGs) office and MoF, adding delay to the tendering processes (MoF_Procurement, 2018). Continuous development of staff, processes and templates has streamlined this checking. At time of interviewing, the quality of documentation has improved to a point where fewer issues are identified and only validation by MoF is required.

Line-ministry procurement and technical inexperience delayed sourcing and sometimes resulting in rework of contract scope through variation, it 'all costs money' (TCRP, TCRP Group, 2018). As an example, of the four in-line procurement staff interviewed in MESC, NHS and MoH, only one had been in a procurement role for more than nine months. Technical scoping of procurement requirements for competitive tendering of equipment was also identified as a limiting factor at MoH.

Line-ministry inexperience has also resulted in No Objection Letters (NOLs) missing from in-line-ministry tender documentation. These are donor documents required as part of the procurement process when accessing donor funding (MoF_Procurement, 2018) and are required before Tender Board approval can be given to award a contract.

Line-ministry representation on evaluation panels is not mandated in Treasury Guidelines (MoF, Treasury Instructions Section 6, Procurement and Contracting, 2016) and non-participation can limit the panel's ability to judge value for money in the context of the procuring agency. In one case, the evaluation panel only included members from outside the recipient line-ministry; none directly involved in the project under evaluation. Donors highlighted this to MoF as a potential bias towards lowest price rather than value for money in this evaluation (MoF_Procurement, 2018).

The evaluation panels interpreted 'value for money' as 'cheapest price' when business experience and reputation would add more rounded judgement of value for money (MoF_Executive, MoF Executive, 2018). The cheapest price approach may risk recommending companies who, once contracted, seek variations to recover costs.

In terms of MESC construction, existing ESPII designs were utilised and adapted during the TCRRP programme and are believed to be included in the pending Building Code release (MWIT, 2018). The resulting MESC standard designs incorporate upgraded material specifications to provide durability as recommended by the DFAT consultant. The designs remain basic and functional. MESC has recently requested new standard school designs from Kramer Ausenco. The MESC Building Maintenance Manager stated that these would reduce the cost of construction in the future (Maintenance, 2018).

GoS procurement guidelines (Treasury Instructions and Guidelines for Government Procurement)

MoF has a mechanism to disbar contractors and suppliers based on poor historical performance, however differing perspectives and feedback loops across line-ministries make a single judgement hard; as a result, the register is currently unpopulated. Historic under-

performance was not considered in the assessment of a construction company who was awarded a MESC contract. The contractor did delay construction activities and although re-contracting was an option, MESC considered contract cancellation and retendering more time consuming and disruptive than micro-managing the original contractor to deliver (MoF_Executive, MoF Executive, 2018).

TCRRP construction providers are experienced in and aware of the MoF competitive tendering processes (MESC_Contractors, 2018) and can see inconsistencies in approaches and awards across line-ministries. Public award data leads Contractors to believe that 'cheapest price' is a sourcing priority to the detriment of total value for money. Feedback loops for tenderers do exist. Contractors were asked if they had given this feedback to line-ministries, however, the response was that it wouldn't be of any value, and 'fall on deaf ears' (MESC_Contractors, 2018).

Competitive tendering is not always the most appropriate method for procurement. Line-ministries tend to deliver procurement compliance through strict adherence to MoF competitive tendering processes when simpler alternatives such as Requests for Quote (RFQ) may be more appropriate (MoF_Procurement, 2018). Using 'fit-for-purpose' approaches save time and effort.

MoF suggested improved planning as a mitigation (MoF_Executive, MoF Executive, 2018) to claims that MoF delayed competitively tendered procurements (Alexander and Lloyd Group, 2015a). The Tender Board (MoF) met/meets weekly and it has been demonstrated that award of contracts can happen within two months or less if requirements and resources are available.

There are however, some non-value-add requirements within MoF (GoS) processes and requirements, such as Bid and Performance Securities. These build expense into the supply base and bidding process, which dissuades some providers from participating and for those who do, adds overheads into the price. As part of line- ministry adherence to MoF guidelines, bid securities are requested even for tenders where they are not mandated; a more experienced procurement officer would limit their use given the complexity and delay they bring.

During interviews, MoF mentioned one case of a line-ministry losing a tenderer's Bid Guarantee bank cheque (Bid Security payment). This caused delay in the refund to the unsuccessful tenderer and extra expense to the line-ministry who had to fund the shortfall. MoF, in conjunction with DFAT and line-ministries, are reviewing procurement guidelines to reduce the mandated levels of these expenses (MoF_Executive, MoF Executive, 2018).

MoF is required to approve every variation regardless of value and noted that sometimes variations are a consequence of poor contract management and scoping (MoF_Executive, MoF Executive, 2018). There is no allowable price threshold for the value of variations, theoretically encouraging bidding low and increasing the prices after the award of a contract. This is recognised at MoF; the immediate response has been to strongly discourage variations which may delay genuine scope change approvals.

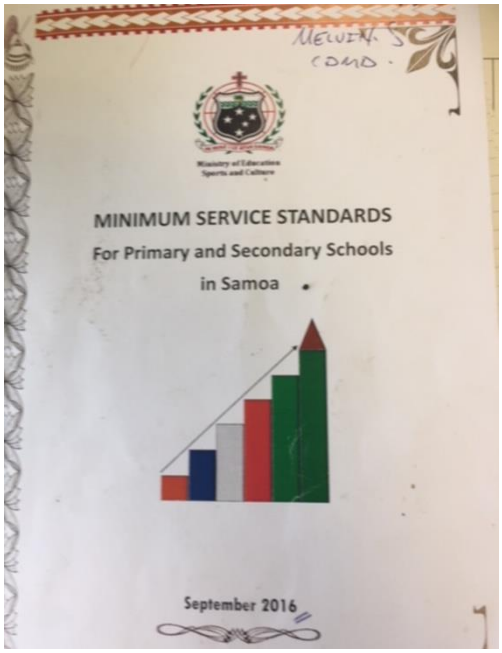
Decentralised sourcing

Ownership of schools lies with the communities who identify infrastructure projects on a case-by case basis to MESC and donors and who manage their own maintenance using MESC

annual grants and the MESC Maintenance Service Standards (MSS) (Education_Officer_School_Improvements, 2018).

In the Solomon Islands, a similar ownership structure, grant and accountability model also uses national annual infrastructure surveys to assist in prioritising infrastructure projects and maintenance assistance. Data gathered from this is used to prioritise government and donor funding and to assist those schools requiring infrastructure improvements beyond those affordable within the grant framework. Assistance may take the form of additional grants or competitively tendered contracts. This approach, if adopted in Samoa, may also highlight and address common maintenance needs, improving overall school disaster resilience.

Figure 3 MESC Minimum Service Standards, School Maintenance



Enablers of efficient and effective competitive tendering processes

Framework or Panel contracting has been identified as a process to use under emergency conditions by establishing pre-approved suppliers for selected contracts. It has been included in procurement guidelines but only currently exists in pilot form for pharmaceutical suppliers to date (MoF_Procurement, 2018). A panel can provide in-built business continuity by contracting more than one company for any critical supply; if one fails or has no stock, an alternate is already approved and contracted. Seeking out alternate suppliers in multiple locations can also mitigate against a local disaster disrupting supply. The current Treasury Guidelines read:

'The Framework Arrangement Method may be used in times of disasters or emergencies or other circumstances that the Tender Board considers appropriate or may determine from time to time' (MoF, Treasury Instructions Section 6, Procurement and Contracting, 2016, p. 180).

- **Direct sourcing (TCRRP)**

Kramer Ausenco was direct sourced for Category 1 and 3 school design and contract management engagements; approved through MoF as a response to urgency in the first case and where re-tendering would add little value in the latter (Alexander and Lloyd Group, 2015b). Direct sourcing may take place under GoS guidelines.

In order to proceed more quickly a dispensation was obtained from the GoS Tenders Board bypassing the standard tender process for engagement of consultants and to award the design, documentation and supervision contract for the three schools to Kramer Ausenco who had been the consultants for the ESPII project. They have since prepared Preliminary Design and Final Design (Tender Documents) (Kornie, 2013, pp. 3, 4)

Direct Sourcing is allowed under procurement guidelines for 'critical items from specialist suppliers' upon approval from the Tenders Board (MoF, 2016, p. 18).

Constraints to effective and efficient grants & three-quote processes

Direct sourcing of Kramer Ausenco for MESC technical assistance (Alexander and Lloyd Group, 2015) led to results that MESC could not have delivered alone; it is unknown what level of local capacity building was required or achieved as part of Kramer Ausenco's contracts for NHS and MESC. Kramer Ausenco's assistance as MESC contract/project manager cost almost 10% of the total amount spent (SAT800,000 in the SWT8.3million spend) (Alexander and Lloyd Group, 2015b).

NHS construction costs had a 10% mark-up on all projects. This was added in the Mission Report in 2015 (Alexander and Lloyd Group, 2015b), and identified as With Holding Tax (WHT); it was not seen in prior reports or in equivalent MESC reporting. This added SAT191,000 and consumed any overrun and unspent contingency. WHT is a business tax accessible as an offset for any home-country tax bills. It is not clear whether supply and construction companies and Kramer Ausenco were awarded business on the basis of a price inclusive or exclusive of WHT. If it was not included at the time of quotation, adding it at the last minute is a significant price variation without transparency which would have been established under competitive tendering.

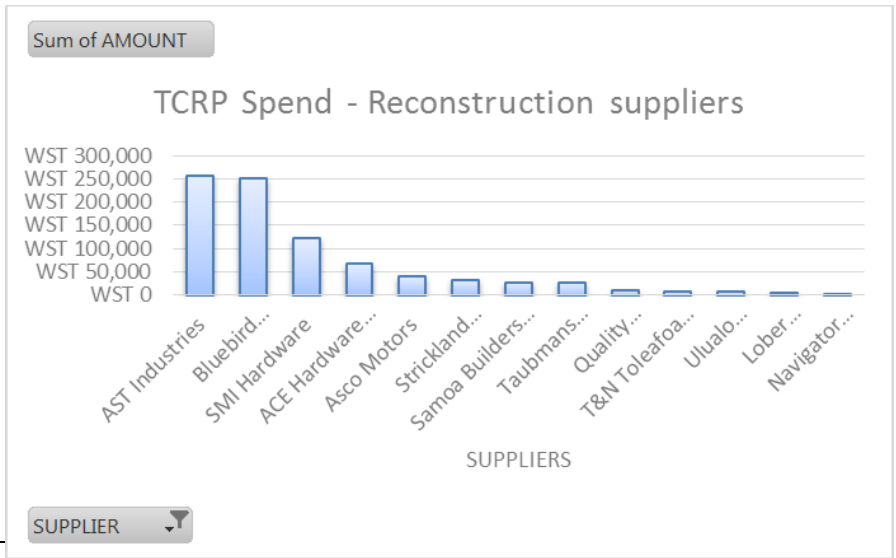
WHT is not considered a project cost, except in any cash-flow implications between expense and in-country tax returns. WHT was identified as a 10% total mark-up on all projects regardless of NHS in-house contribution, applied equally to supplies and construction.

MESC DFAT Progress reports indicate structural and workmanship issues on facilities after award of the Certificates of Practical Completion (Alexander and Lloyd Group, 2015a) under outsourced supervision (direct sourced). Line-ministry project management was delegated to third parties.

- **Grants and three-quotes processes (TCRP)**[28]

The TCRP grant process is described in Annex 1. Despite grants being a standard method for distribution of funds in GoS line-ministries, the TCRP process was unique. It was developed during the TCRP design (KVA Consult Ltd., 2013) This process was identified as providing an ongoing level of sourcing

Figure 4 TCRP Suppliers used, by procurement amount

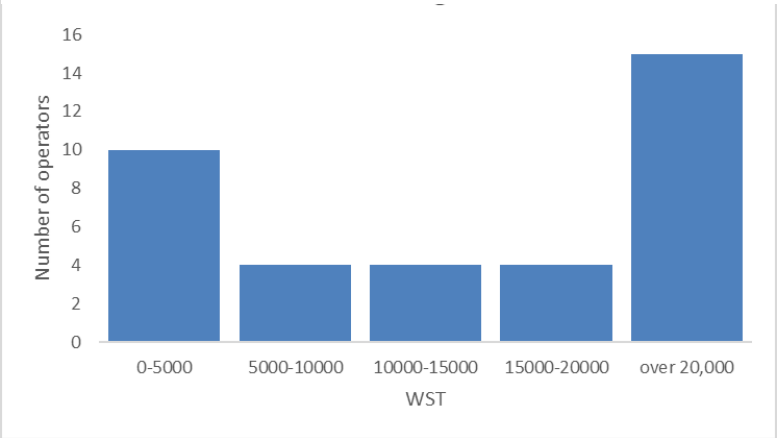


[28] The analysis in this section is based on the information initially provided by STA and SHA, and not the cross-check list used for the tourism sector study. Therefore there may be some differences in the numbers reported.

competition (TCRP, 2018) and required individual Purchase Orders (MoF) and invoices per supplier per operator.

Operators were required to use three-quotes for all materials as part of their grant application process adding delay and complexity into their application process. TCRP utilised 13 hardware, marketing and building suppliers. The total supply was worth SAT848,485; the top three suppliers provided 84% of this (TCRP, 2018).

Figure 5 TCRP Construction grants, by procurement value



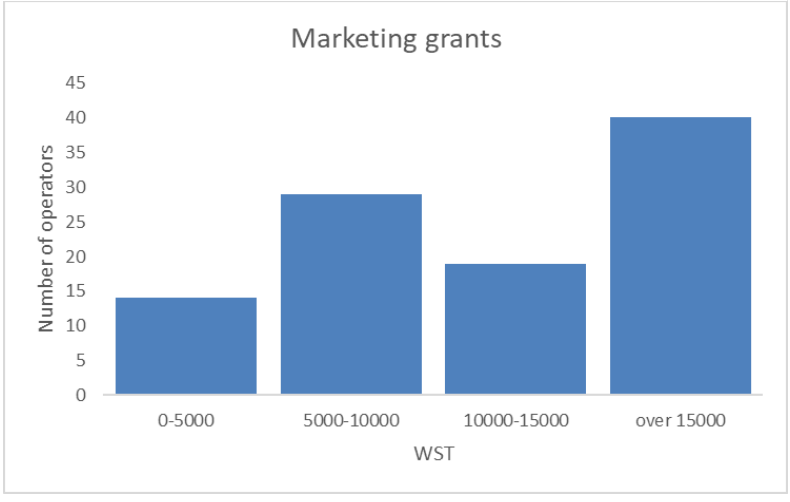
Regardless of value, every tourism operator was required to get three written quotes for supplies and then to seek approval of these through MoF. This was time consuming and difficult given limited operator skills in this area and limited supply base, particularly for marketing services (TCRP, 2018). It was noted that the three quotes requirement was overlooked mid programme for marketing grants because of the limited supply base, endorsed by MoF; no evidence of endorsement was sighted (TCRP, TCRP Group, 2018).

39 construction grant applicants (operators) withdrew from the TCRP process; nine of these indicated this was due to process difficulties. By the conclusion of the programme, only 37 operators had been able to access construction grant funding; 10 of these were less than SAT5,000 each.

The complexity of the grant and three-quotes combination was largely due to the fact that their eligible amount as assessed by KVA was disproportionate to the effort and lengthy procedure required by TCRP to access their assistance. Thus, forfeiting their eligible assistance as this was viewed by the operators as immaterial in comparison to the resources and efforts it would have taken to access and go through the application process (SHA, 2015, p. 6).

In terms of marketing grants, incomplete applications were identified as a reason that 36 out of 137 operators forfeited their access (SHA, 2016). 20 out of 102 Marketing grants were less than SAT5,100, 14 less than SAT5,000.

Figure 6 TCRP Marketing grants by procurement value



In comparison, equivalent low value procurements in MESC

were managed through school grants of SAT5,000 each (36 Category one schools) requiring evidence of expenditure following the recovery activity under business as usual conditions, MoF procurements under SAT5,000 can be managed with one verbal quote and CEO authorisation and as an SOE, STA can normally approve up to SAT200,000 internally (MoF, Treasury Instructions Section 6, Procurement and Contracting, 2016).

While not identified as a constraint by the implementing team, STA did identify that their staff levels did not increase during the TCRP recovery programme although their workload did; sometimes working until 11pm in the evenings to complete work. SHA needed to recruit two additional staff to operate the programme as the 'focal point' (TCRP, 2018).

- **E-vouchers**

MAF also utilised grants for operator recovery, however used an e-voucher system with a panel of pre-approved suppliers rather than the TCRP three-quote system. This enabled faster grant approval and sourcing of goods for each operator and more efficient MoF processes. Prices were already set and single invoices per supplier per month streamlined payments. Supplier competition was initially established through comparisons across quotations in 2013 however it is not known which specific GoS procurement mechanism was used.

The hardware and building supply providers (e-voucher) were in regular communication with MAF and were held accountable through reporting and high-level contracts (Bluebird, 2018). The e-voucher system was established through Digicel at each supplier's site and monthly invoices between MAF and suppliers were reconciled to this Infinity system which was used to record each operator's purchases at each supplier over that month.

Constraints to effective and efficient processes

The pre-approved product list included products utilised by different types of farming and agriculture operators; from farmers to fishers to commercial organisations which meant that some operator could access materials not directly related to their business. For instance, farmers could 'buy' a boat accessory because it was an approved product. This may be highlighted at monthly invoicing, however building in a preventative mechanism was suggested by one of the suppliers. This supplier implemented a lock out at their cashier's level so that even if the cashier wanted to facilitate an 'unapproved' part, the company system would not allow it. MAF and Digicel held discussions with this company and approved of this improvement, however wider implementation did not occur. Regular company audits by MAF was also suggested (Bluebird, 2018).

Conclusions

The evaluation of procurement and grant processes demonstrated mixed results in terms of the extent to which programme procurement and grant methods were effective and efficient in distribution of funds. Competitive tendering and direct sourcing modalities generally delivered accountable outcomes, with some opportunity to improve in their process efficiency, application and transparency. For grants and smaller value procurements, the systems varied and efficiency benefits seen in the MAF e-voucher system were not applied across the TCRP programme to its detriment.

Different systems for the same supply bases (such as hardware supplier three quotes compared to the e-vouchers) drives inefficiencies and frustration in what could be a common, streamlined system. Differences in processes for payment across different programmes also drives inefficiencies in the interface between beneficiaries and MoF.

Consistency in approach, efficiency and flexibility in approach is possible through centralised procurement management at MoF with improvements to the Procurement Guidelines and capacity building of line-ministry staff. The inclusion of technical advisors and outsourcing specialised technical assistance has helped achieve outcomes, as has the continual improvement of MoF procurement processes and use of streamlined supplier procurement at MAF.

RECOMMENDATIONS

Typically, the review considered business-as-usual processes as utilised in the recovery period; therefore, recommendations also apply to business-as-usual operation and could generally be considered to improve processes outside of disaster recovery periods. MoF advised that GoS is currently planning a release of new procurement guidelines including a number of positive changes.

Recommendation 1: A fit for purpose GoS procurement processes and procedures continue to be developed, disseminated and used in business as usual and to streamline processes and develop line-ministry staff.

Recommendation 2: Maintenance management of existing infrastructure to be improved by:

- Including a level of maintenance training and instruction and key spare parts with line-ministry infrastructure contracts as standard (MoF, MWIT Building Code)
- Line-ministry review of new Building Code designs and incorporation of requirements and standards within each ministry's maintenance and infrastructure operations
- Establishing line-ministry maintenance planning processes in budget process.

Recommendation 3: Improve line-ministry ownership and management of procurement by:

- including capacity building in technical adviser and contracted consultants where practical;
- providing training and general capacity building in procurement and contract management through MoF.

Recommendation 4: Pre-selecting and contracting suppliers and providers who have their own risk mitigation strategies in place. This will assist in continuity of supply when disaster strikes; an example is the panel for pharmaceutical suppliers already in place as a pilot through MoF (MoF_Procurement, 2018). This requires MoF to modify the guidelines to provide clear instruction and permission for its use.

ANNEX 1: TCRP GRANT and PROCUREMENT PROCESS

Everything had to go through MoF

The process to arrange material transfer, including SHA/STA/Steering committee/MoF is

INITIAL OPERATOR APPLICATION, OPERATOR

- Operator application to SHA (Focal Point). SHA (Secretariat) also assist in completing, including BOQ estimate and description of reconstruction/marketing activities
- Application to STA for review and preparation for Steering committee

EVALUATION AND APPROVAL, STEERING COMMITTEE

- Steering committee includes MoF, STA, SHA, Central Bank
- Evaluation Criteria for reconstruction and for marketing provided
- Steering committee declines/accepts
- STA notifies operator and asks for three quotes for the BOQ element

SECOND ROUND APPLICATION, OPERATOR

- Operator gets three quotes by product - electrical 3 quotes, plumbing 3 quotes – easier for construction – multiple suppliers (ACE Hardware, Bluebird, Strickland). Harder for marketing services (website development, brochures, TV, ads), so three quotes rule 'relaxed'

SECOND ROUND REVIEW, FINALISATION, STA

- STA reviews and makes recommendation – has to retype all of BOQ data into another set of forms. Makes recommendation for which supplier/s to be utilised, to MoF through a TY document, signed by STA Finance and CEO. For marketing – signed by head of marketing in STA
    - Suggest some sort of black list of operators based on poor acquittal history or misuse of funds
- Send TY to MoF requesting PO/s for selected suppliers
    - 5- 10 days (could be up to 20) for MoF to review and process; not always proactive if there was a query – sometimes STA would ring to check progress and MoF would say 'yes, we have a question.'
- POs produced, STA notifies operator and has to arrange a mutually acceptable time to go to supplier together to get materials. (sometimes materials not in stock and multiple trips required)

SUPPLIES ACCESSED

- STA and Operator to supplier to witness collection of goods (for reconstruction)
- Get invoice from supplier to send to MoF through SHA and STA, with another TY– paid within a month (EFT or cheque)

GOVERNANCE and ACQUITTAL

- Operator site visits starting after about 4 weeks – STA, SHA, Environmental or Works expert depending on work
- SHA had to do quarterly acquittals of their expenses to release next tranche – very time consuming
- STA also had to do quarterly reporting. They had one audit in 2016 which they would have preferred to be more frequent and throughout the process so if there were improvements to make they would find out earlier – audit after program finished pointed out issues that were too late to fix.

ANNEX 2

The following Procurement Guideline suggestions apply across business as usual and in recovery periods; they are to:

- Revise the 'Minimum Publication Periods – Tender' in procurement guidelines (MoF, Guidelines for Government Procurement and Contracting: Goods, Works & General Services, 2016, p. 23). For simple engagements, some flexibility in the minimum 30 and 60-day limits could be considered
- Encourage and enable fit-for-purpose procurements; utilising procurement methods proportional to the value and complexity of the procurement
    - Use panel agreements and across government in business as usual; expand the pharmaceutical trial. It is recommended that this mechanism be established in non-emergency times, contracting a pre-approved supply base to provide products and services accessible in business as usual and emergency times. This enables faster access in the rebuild stage without having to re-tender; improved disaster recovery and business continuity
    - Consistently use GoS low-value thresholds (<WST5,000) across SOEs if not already
    - Use of closed tenders (tender by invitation rather than public) for less complex, higher value procurements to reduce lead times
    - Use of common grant guidelines, incorporating SOEs
- Review and revise provider disbarring practice and mechanism
- Include Bills of Quantity (BOQ) templates in infrastructure tenders as a highly recommended requirement for tender documentation
- Review of mandated membership of evaluation committees to build ministerial capacity and require a ministerial Subject Matter Expert (SME)
- Review and revise variation process, consideration of a threshold of incremental contingency be included in contracts or within accessible line-ministry budget
- Tender similar scopes and supply base projects on one tender in multiple lots; enabling multiple projects to be contracted in parallel while gaining synergies in common practices

The following Procurement Guideline suggestions primarily apply across recovery periods; they are to:

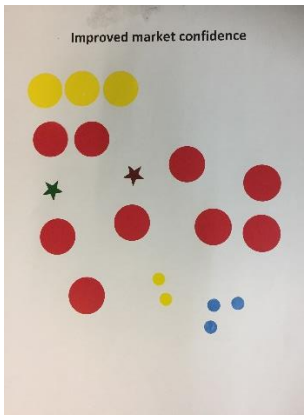
- Use e-vouchers (Infinity or equivalent) government wide, including supplier audits and system controls

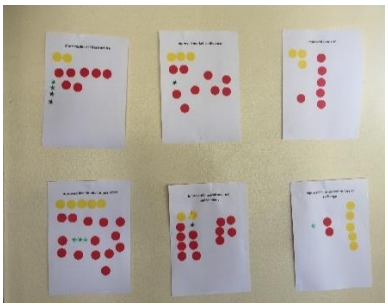
APPENDIX SEVEN: COST UTILITY ANALYSIS

Cost-utility analysis (CUA) is an economic evaluation used to compare the relative cost effectiveness of programmes. This method has several advantages over other economic tools: (i) it incorporates multiple outcomes in the analysis rather than a single effectiveness dimension; and (ii) it is based on stakeholder's assessment of utility. For these reasons, CUA was applied to TCRP.

TCRP was designed to deliver six primary outcomes through four alternate programme modalities: concessional credit, reconstruction and marketing grants and training. During the sense-making workshop, stakeholders assessed the utility of each modality. Each stakeholder group had different priorities for TCRP outcomes and different perspectives on how well each modality delivered against these. These differences were accommodated using a weighting system which considered the different importance stakeholders placed on outcomes. To do this, each modality's achievement of outcomes was weighted by multiplying it by the stakeholder's score for importance of that outcome to give the utility score. In broad terms, programmes that successfully deliver high priority outcomes will score a high utility.

Figure 7 Examples of voting for importance





This utility score, combined with the delivery cost of the modality determined the cost-utility ratio (CUR) for each modality. The CUR calculates the cost to produce one unit of utility; the best value-for-money programme will have the lowest CUR.

The data collected from nine participants at the sense-making workshop and calculations are summarised in the following table. A brief explanation of each step is included in the right hand column. The figures shaded in green are the highest scores.

Importance voting

		Stakeholders							
		SHA	STA	UNDP	SDB	Central Bank	DFAT/MFAT	Operator	IMPORTANCE Sens
1	More resilient infrastructure	2	7	4	2	1	6	3	1
2	Increased market confidence	3	9	1	0	2	3	1	1
3	Increased demand	3	6	0	1	3	2	4	1
4	Improved livelihoods for affected operators	5	14	3	2	1	8	1	1
5	Improved financial and risk management for sector	2	12	1	0	3	3	1	1
6	Contribution to foreign exchange	5	2	1	5	10	2	0	1
		20	50	10	10	20	24	10	

This is the importance to stakeholder of each outcome of a disaster recovery activity. This was measured using a dot-voting system by outcome and stakeholder group. The score is the total number of points allocated by stakeholders to that outcome.

Importance weighting

									weighting (stakeholder group)	Average weighting (person)
1	More resilient infrastructure	10%	14%	40%	20%	5%	25%	30%	21%	17%
2	Increased market confidence	15%	18%	10%	0%	10%	13%	10%	11%	13%
3	Increased demand	15%	12%	0%	10%	15%	8%	40%	14%	13%
4	Improved livelihoods for affected operators	25%	28%	30%	20%	5%	33%	10%	22%	24%
5	Improved financial and risk management for sector	10%	24%	10%	0%	15%	13%	10%	12%	15%
6	Contribution to foreign exchange	25%	4%	10%	50%	50%	8%	0%	21%	17%
		100%	100%	100%	100%	100%	100%	100%	100%	100%

Importance weighting converts the raw score from voting into the percentage of points allocated to each outcome by stakeholder group.

Modality - delivery performance

		BY STAKEHOLDER GROUP				BY INDIVIDUAL SENSE-MAKING PARTICIPANT			
		Concessional credit	Construction Grant	Marketing	Training	Concessional credit	Construction Grant	Marketing	Training
1	More resilient infrastructure	61	62	23	20	11	11	4	3
2	Increased market confidence	0	0	4	0	0	0	1	0
3	Increased demand	63	62	62	48	8	8	8	6
4	Improved livelihoods for affected operators	54	62	67	61	13	15	16	14
5	Improved financial and risk management for sector	22	26	22	16.5	3	4	3	3
6	Contribution to foreign exchange	55	53	51	21	10	9	9	4
		255	265	229	167	45	47	41	30

The performance of each outcome was scored by each workshop participant after listening to evidence collected during this evaluation on the contribution of each delivery mechanism to each outcome. Each participant scored the performance of the mechanism on a scale of 1 – 10 (1 being least performing). These scores were summed to give a single score for the performance of each modality against each outcome. The average performance score across all participants was determined in two ways: (i) averaging across stakeholder groups and (ii) averaging across all individuals. The different approaches to averaging werwe undertaken as part of the sensitivity analysis.

Stakeholders - utility

		SHA	STA	UNDP	SDB	Central Bank	DFAT/MFAT	Operator	Average (stakeholder group)	Average (person)
1	Concessional Loan	2.8	38.7	48.3	56.8	46.0	45.8	51.1	47.4	45
2	Construction Grant	46.9	41.8	51.3	57.5	45.9	49.0	52.2	49.2	47
3	Marketing	43.9	37.5	37.0	49.7	43.0	40.8	41.0	41.8	41
4	Training	31.4	30.4	30.1	31.5	24.2	33.1	33.0	30.5	30

Utility is calculated as the importance x the performance. This was calculated for each stakeholder group.

The utility is a measure of the value of each mechanism for each outcome. A measure of value for money is the cost of providing each unit of utility. This is calculated in the table below.

Costs and CUA			Costs by modality	Programme costs - by modality, with admin (SHA/STA)	PRICE Sensitivit	Sensitivity analysis Programme costs - by modality, with admin (SHA/STA)	CUR: cost per unit of utility	Sensitivity analysis CUR: cost per unit of utility
1	Concessional Loan	5% x total over 10 years (9 years' interest)	$ 12,414,600.00	$ 12,414,600.00	0.5	$ 6,207,300.00	278,588	139,294
2	Construction Grant		$ 1,187,775.91	$ 1,321,172.70	1.33	$ 1,757,159.69	28,256	37,581
3	Marketing		$ 1,127,906.90	$ 1,505,097.82	1	$ 1,505,097.82	36,948	36,948
4	Training	est from design	$ 3,066,860.47	$ 3,066,860.47	1	$ 3,066,860.47	100,967	100,967

From this, it can be seen that 1 unit of utility was obtained at the least cost (SAT 28,256) by using construction grants costs and the greatest cost (SAT 278,588) from concessional loans.

Given that the data was more limited than desired, sensitivity analysis was undertaken (refer orange boxes):

1. The importance scores were varied by 100%. This did not impact the relative cost utility ratio of the mechanisms.
2. The cost of concessional loans were halved. This did not impact the relative cost utility ratio of the mechanisms.
3. The cost of construction grants was increased by 33%. At this point, a unit of utility could be obtained at lower cost through marketing grants than through construction grants.

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Abbreviations and acronyms

ACC	Australian Civilian Corps
ADB	Asian Development Bank
ADRA	Adventist Development Relief Agency
ALNAP	Active Learning Network for Accountability and Performance
APTC	Australia – Pacific Technical College
CBS	Central Bank of Samoa
DFAT	Department of Foreign Affairs and Trade (Australia)
DMO	Disaster Management Office
DMP	Disaster Management Plan
DRR	Disaster risk reduction
DRM	Disaster risk management
ECHO	Directorate-General for European Civil Protection and Humanitarian Aid Operations
FAO	Food and Agricultural Organisation of the United Nations
EPC	Electric Power Corporation
GDP	Gross domestic product
KVA	Kolone Vaai and Associates (Rapid Assessment Consulting Firm)
LTA	Land Transport Authority
MCIL	Ministry of Commerce, Industry and Labour
MESC	Ministry of Education, Sport, and Culture
MFAT	Ministry of Foreign Affairs and Trade (New Zealand)
MNRE	Ministry of Natural Resources and Environment
MoF	Ministry of Finance
MoH	Ministry of Health
MWTI	Ministry of Works, Transport, and Infrastructure
MWCSD	Ministry of Women, Community, and Social Development
TTM	Tupua Tamasese Meaole (national hospital)
OECD / DAC	Organisation for Economic Co-operation and Development / Development Assistance Committee
ODE	Office of Development Effectiveness
PUMA	Planning Urban Management Agency
SAT	Samoan Tala (standard exchange rate of 2.281 tala per US dollar used in this document)
SHA	Samoa Hotels Association
SPC	Secretariat of the Pacific Community
STA	Samoa Tourism Authority
TCRP	Tourism Cyclone Recovery Programme
TCRRP	Tropical Cyclone Evan Disaster Recovery/Rebuilding Programme

UNDP	United Nations Development Programme
UNICEF	United Nations Children’s Fund