MINISTRY OF WOMEN COMMUNITY & SOCIAL DEVELOPMENT

Gender Implementation Strategy
For the Reproductive and Sexual Health of Women in Samoa
2014 - 2018

To improve reproductive and sexual health outcomes for all women and girls by ensuring their access to information & services.

Foreword

A woman's sexual and reproductive health is core to her social and cultural identity and more importantly to her overall health. Her biological make-up contributes to her vulnerability to an array of health issues that are exacerbated through discrimination and violence.

This document highlights the fact that women of Samoa are not immune to these vulnerabilities despite traditional and more recent efforts carried out by government, non-government organisations, church groups, and traditional women's committees. It calls for more research to identify areas requiring greater support and to inform the strategies and programmes that need to be addressed by the Ministry and its partners both within and beyond the government sector. This is important to note as the dearth of literature on girls, aging women and women with disability to name a few, means the greater situation affecting women cannot be wholly reflected even in this strategy.

Despite the improvement of the status of women in Samoa in the areas of education and leadership, the poor state of their sexual and reproductive health and related violence provides a more honest and sobering portrayal that demands a national response that is both effective and resilient; hence this strategy.

The attached Monitoring and Evaluation Framework is reflective of the ongoing work carried out by the Ministry of Women, Community & Social Development and the wider sector and will continually inform the Community Sector and Ministry's Strategic Plans as they are reviewed. The framework follows the Ministry's approach to improving the quality of life through sustainable community development. It highlights the need for a more pronounced and concerted effort behind the backdrop of sound family and community wellbeing and good governance at all levels.

During the period of this strategy you will notice a greater national response towards improving women's sexual and reproductive health as well as other key areas such as Women in Leadership, Violence against Women and Women and Education. There are many challenges however, including the few and dwindling numbers of non-government organisations dedicated solely to women's issues and gender equality.

The greatest challenge of course, is that of changing mindsets. The process of developing and finalising this strategy has taken a long time with considerable amount of time and effort by the Division for Women, Division for Research Policy and Planning and the national consultant – Mr. Andrew Peteru. Hence, I wish to acknowledge the persistence, patience of the team in seeing this through.

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Abbreviations & Acronyms:

OAG	Office of the Attorney General
AIDS	Acquired Immuno-Deficiency Syndrome
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CPIA	Country Policy and Institutional Assessment
CRPD	Convention on the Rights of People with Disabilities
DCS	Division for Corporate Services.
DFIA	Division for Internal Affairs
DFRPPIP	Division for Research, Policy Planning and Information Processing
DFW	Division for Women
DFY	Division for Youth
ECOSOC	Economic and Social Council of the United Nations
GBV	Gender Based Violence
HIV	Human Immuno-Deficiency Virus
ICPD	International Conference on Population and Development
IFAD	International Fund for Agricultural Development
ILO	International Labour Organisation
IWS	Independent Water Scheme
LA	Department of the Legislative Assembly
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals
MJCA	Ministry of Justice and Courts Administration
MOF	Ministry of Finance
MOH	Ministry of Health
MPPS	Ministry of Police, Prisons and Services
MWCSD	Ministry of Women, Community and Social Development
NACC	National AIDS Coordinating Committee
NCD	Non Communicable Disease
NGO	Non Government Organisation
NHS	National Health Service
PLHIV	People living with HIV
RH	Reproductive Health
SBS	Samoa Bureau of Statistics
SDS	Strategy for the Development of Samoa 2012 – 2016
SLRC	Samoa Law Reform Commission
STI	Sexually Transmissible Infection
SVSG	Samoa Victim Support Group
TBA	Traditional Birth Attendant
TOT	Training of Trainers
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children Fund
UNFPA	United Nations Population Fund
VR	Village Representative (Sui o le Nuu and Sui o le Malo)
VWR	Village Women's Representative (Sui Tamaitai o le Nuu)
WHO	World Health Organisation
WINLA	Women in Leadership Advocacy for Healthy Living
VAWG	Violence Against Women and Girls

Key Terminologies

Gender Equality	Gender equality means that women and men have equal conditions for realizing their full human rights and for contributing to, and benefiting from, economic, social, cultural and political development. Gender equality is therefore the equal valuing by society of the similarities and the differences of men and women, and the roles they play. It is based on women and men being full partners in their home, their community and their society. Gender equality starts with equal valuing of girls and boys. (ABC of Women Worker's Rights and Gender Equality, ILO, Geneva, 2000 +other definition on http://www.un.org/womenwatch/osagi/conceptsandefinitions.htm)
Gender Equity	Gender equity means fairness of treatment for women and men, according to their respective needs. This may include equal treatment or treatment that is different but which is considered equivalent in terms of rights, benefits, obligations and opportunities. In the development context, a gender equity goal often requires built-in measures to compensate for the historical and social disadvantages of women. (IFAD http://www.ifad.org/gender/glossary.htm)
Gender Mainstreaming	Gender mainstreaming is the process of assessing the implications for women and men of any planned action, including legislation, policies and programmes, in all areas and at all levels, and as a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and social spheres so that women and men benefit equally and inequality is not perpetuated. The ultimate goal is to achieve "gender equality." (ECOSOC 1997/2).
Fa'aSamoa	The traditional governance system with social, economic and political functions (Iati, 2000:71ff); [which is] underpinned by customs and traditions of Samoa of which connections and relationships of 'blood-ties and marital reciprocity' is central (Aiono, 1992:120; 1996:32ff). The important elements of

	Fa'aSamoa are: aiga [family], nuu [village], matai [titular heads of families], and fono a le nuu [village council meetings] (Aiono, 1996; Lati, 2000).
People/ Children Living with HIV	A person who has been infected with the HIV may continue to live well and productively for many years. This also refers to family members and dependents that may be involved in care giving or otherwise affected by the HIV-positive status of a person living with HIV. (UNAIDS)
Reproductive Health	A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. (UNFPA)
Reproductive rights	The recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence. (WHO)
Sexual rights	Human rights that are already recognized in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence, to the highest attainable standard of sexual health, including access to sexual and reproductive health care services; seek, receive and impart information related to sexuality; sexuality education; respect for bodily integrity; choose their partner; decide to be sexually

	active or not; consensual sexual relations; consensual marriage; decide whether or not, and when, to have children; and pursue a satisfying, safe and pleasurable sexual life. The responsible exercise of human rights requires that all persons respect the rights of others. (WHO)
Violence against Women	Any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. (WHO)
Human rights	Human rights are rights inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status. We are all equally entitled to our human rights without discrimination. These rights are all interrelated, interdependent and indivisible. Universal human rights are often expressed and guaranteed by law, in the forms of treaties, customary international law, general principles and other sources of international law. International human rights law lays down obligations of Governments to act in certain ways or to refrain from certain acts, in order to promote and protect human rights and fundamental freedoms of individuals or groups.

Executive Summary

The economic and social development framework for the women of Samoa is articulated in the implementation plan of the National Policy for Women of Samoa 2010 – 2015. It reflects the Government's Strategy for the Development of Samoa (SDS) 2012 – 2016 vision which is "Improved quality of life for all".

Also expressed in the National Policy for Women is the need to clearly define the issues that are in the way of improving the quality of life for women and their empowerment, and what it then means in terms of the desired outcomes to improve women's quality of life.

The new concept of Reproductive Health (RH) prepared by the Secretariat of the United Nations Inter-Agency Task Force on the implementation of the International Conference on Population and Development (ICPD) Programme of Action in 1994, reflects these concerns, stating that "RH must be understood in the context of relationship: fulfillment and risk; the opportunity to have a desired child or alternatively, to avoid unwanted or unsafe pregnancy". The definition of RH in this strategy also encompasses the human sexuality aspects of the woman and her partner to ensure that it enhances life and personal relations, and not merely counseling and care related to reproductive and sexual transmitted diseases[1]. In addition, women's rights to reproductive and sexual health is also protected under CEDAW, CRC, Revised Pacific Platform for Action, Beijing Platform for Action, Commonwealth Gender Monitoring Plan of Action to which Samoa is a state party.

The National Sexual and Reproductive health Policy 2011- 2016 provides an overarching guide identifying key areas such as teenage pregnancy, safe motherhood and breastfeeding.[2]The implementation of this strategy will also assist the Ministry of Health in delivering some of the core outcome areas identified in the National Sexual and Reproductive Health Policy.

The national policy for women identifies women as being marginalised in certain areas of development as a result of increasing health problems such as non-communicable diseases (NCDs), cervical cancer, sexual reproductive health, domestic violence, disabilities, economic downturns and natural disasters. These problems hold true for other developing countries. The National Strategic Plan for the MWCSD identifies Gender Based Violence as a key concern and addresses this through strengthened community advocacy and awareness programmes.

What also holds truth is that women, for both physiological and social reasons, are more vulnerable than men to RH problems including maternal mortality and morbidity which represent a major but preventable cause of death and disability[3].

Over the next four years, the Ministry of Women, Community and Social Development (MWCSD) in collaboration with relevant partners will continue to address these issues in its key outcomes related to programmes, policies, strategic planning and corporate services[4] from the perspective of the Community

1http://www.un.org/popin/unfpa/taskforce/guide/iatfreph.gdl.html
[2] Ministry of Health, 2011
3http://www.unfpa.org/gender/empowerment.htm
4 Ministry of Women, Community and Social Development, 2012

Development Sector. The key areas impacting on the RH of women need to be continuously identified, translated into policy options, and into clear implementation and action plans that can be utilised by the MWCSD and its sector partners. The strategy is not set in stone and must be reviewed periodically. It is important that reviewing the objectives and strategies are carried out regularly to ensure intervention approaches are valid.

Addressing violence against women and children and improving access to basic health services are addressed in the MWCSD Strategic Plan 2013-2017 as well as the Community Development Sector Programme 2013 - 2017. The MWCSD has also taken on a preventive and community-based approach to address sexual reproductive health issues through its work on elimination of violence against women, youth and children. As the focal point for CEDAW and CRC the MWCSD supports the Ministry of Health in advancing sexual and reproductive health messages at the national level in particular from a human rights approach and to ensure that tackling reproductive and sexual health matters are linked to issues of gender based violence, economic empowerment, education and political leadership.

The strategy is an important tool for tracking the Ministry of Women, Community & Social Development's supporting efforts in improving women and girls reproductive and sexual health outcomes from a gender equality perspective. The development of this strategy has taken a year and half with extensive internal consultations to ensure we produce a document that can be used and impact measured. So, a few revisions of the strategy from its original text have been done and this is also to align it to the now endorsed Ministry of Women's Strategic Plan 2013-2017. While the MWCSD is aware there is a National Sexual Reproductive Health Policy, we feel that this strategy with its specific focus on a targeted gender; women and girls (young, middle age and the elderly), will build and support the national and regional efforts and experiences towards expanding concrete results for our women.

The strategy is divided into the following priority areas;

1. Care and Support for people living with HIV AIDs and STIs and their families
2. Prevention and control of HIV AIDs and STIs
3. HIV AIDs and STIs & Human Rights
4. Improve Monitoring & Evaluation of the Strategy

Guiding principles:

The Strategy supports the following global human reproductive rights definition by UNFPA;

Reproductive rights arise out of established human rights protections; they are also essential to the realization of a wide range of fundamental rights. In particular, the following rights cannot be protected without ensuring that women and adolescents can determine when and whether to bear children, control their bodies and sexuality, access essential sexual and reproductive health information and services, and live lives free from violence.

— The Right to Life
— The Right to Liberty and Security of the Person
— The Right to Health

— The Right to Decide the Number and Spacing of Children
— The Right to Consent to Marriage and Equality in Marriage
— The Right to Privacy
— The Right to Equality and Non-Discrimination
— The Right to be Free from Practices that Harm Women and Girls
— The Right to be Free from Torture or Other Cruel, Inhuman, or Degrading Treatment or Punishment
— The Right to be Free from Sexual and Gender-Based Violence
— The Rights to Education and Information
— The Right to Enjoy the Benefits of Scientific Progress

Situation Analysis

There is clearly a need for research covering a host of areas such as the 12-16 year old bracket who are clearly being targeted in Violence against Women and Girls (VAWG), the elderly and women with disability. Based on the evidence on hand, a number of areas can be prioritized for researchers from academic institutions and development partners to choose which area they can explore further.

1.1 Indicator summary from the 2011 Census

Samoa's population was recorded by the Population and Housing Census of 2011 at 187,820 with a median age of 20.7 years. Females made up 48% of the population with an average life expectancy of 75.6 years compared to 72.7 years for males.

Table 1: General demographic profile of women in Samoa

Age bracket	Total number of women	Age percentage from total number of women	Age percentage from total population	Percentage of women living in Rural areas
All	96, 900		187, 820	79.91%
0-14	34, 541	36.82%	48%	
15-64	51, 092	54.46%	47%	
65+	5, 191	5.54%	2.77%	

Source: Population and Housing Census 2011

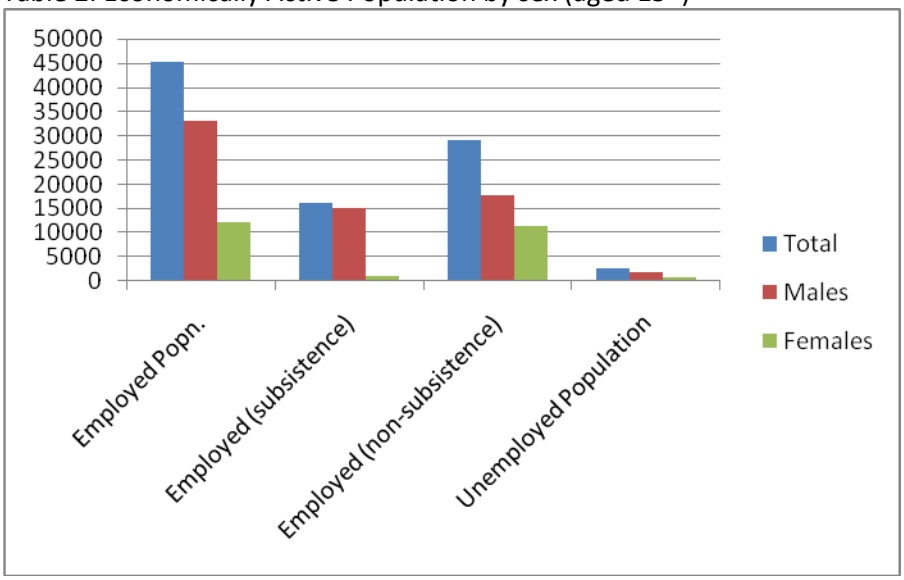
With a large young population, Samoa has a Dependency Ratio of 76. It was estimated that 96.2% of the 40, 076 children between the ages of 6-14 years attended school of which 48% were female. Females made up 49.5% of overseas scholarships from 1996-2001, and 51% in 2008.[5]

Within the workforce, only 27% of the 47, 881 personnel employed by government are women. In leadership roles, women made up 61% of the employers in the private sector workforce in 2010[6].More recently out of 44 government ministries, corporations and constitutional authorities, women only made up 31.8% of the leading posts of these entities. The leading roles in civil society and NGOs are dominated by women, but are far- are less economically active than their male counterparts.

[5] Government of Samoa, 2009

[6] Ministry of Commerce, Industry and Labor, 2011

Table 2: Economically Active Population by sex (aged 15+)



Source: Population and Housing Census 2011

1.2 Women and the Constitutional Framework

With regards to freedom from discriminatory legislation, the Constitution of the Independent State of Western Samoa, under Article 15 (1) states that 'all persons are equal before the law and entitled to equal protection under the law'. In the same Article (3) (b), it declares that 'Nothing in this Article shall prevent the making of any provision for the protection or advancement of women and children or of any socially or educationally retarded class or persons'[7].

The historical roles of women in pre-colonial Samoan society portrays a formidable gender participating actively not only in the nurturing of partners, families and children, but also in leadership roles involving warfare, chiefly titles, land and even influencing the tattoo (tatau) culture. The popular Samoan proverb "E au inailau a tamaitai" (The legacy of women is one of total achievement) reflects the commonly held traditional view of the Samoan woman, who will ensure that tasks are completed regardless of difficulty.

Samoan women have proven in history to be a reliable resource, as witnessed in the early colonial period during the 1920s where primary health care took a visible role in villages with the establishment of the Samoa Women's Committee Development Organisation, to be followed by the establishment of the National Council of Women in 1956 broadening the scope of the work of women through community development during a period of transition and modernity.

Within this same period Samoa gained its independence and voted in its first woman to Parliament in only its fourth elections. In 1990 the Ministry of Women's Affairs Act was passed, and in the following year the Ministry of Women's Affairs was established, the first women cabinet minister was appointed, and the women of Samoa achieved suffrage. Two years later in 1992, Samoa became the first Pacific Island to ratify CEDAW without reservations. The new name given to the Ministry of Women,

[7] Government of Western Samoa, 1960

Community and Social Development occurred in 2004 under the Ministerial and Departmental Arrangements Act 2003 where the Ministry of Women was merged with the Division of Youth (formerly under the Ministry of Youth, Sports and Culture) and, Ministry of Internal Affairs.

A number of NGOs have been established throughout the years to address RH issues facing women including the Young Women's Christian Association, Mapusaga o Aiga, Pan Pacific and Southeast Asia Women's Association, Samoa Family Health Association, Samoa Association of Women Graduates, Nuanua o le Alofa, Samoa AIDS Foundation, Samoa Red Cross, Samoa Fa'afafine Association, Samoa Cancer Society and the Samoa Victim Support Group.

According to the World Bank, Samoa's Country Policy and Institutional Assessment (CPIA) rating for gender equality and social inclusion was more than 50% (3.50 and 3.90 respectively on a scale between 1 and 6). The gender equality ranking assessed the extent to which the country had installed institutions and programs to enforce laws and policies that promote equal access for men and women in education, health, economy and protection under law. The social inclusion ranking assessed gender equality, equity of public resource use, building human resources, social protection and labor, and policies and institutions for environmental sustainability.[8]

In 2013, the Crimes Ordinance 1961 was reviewed by Parliament and replaced with the Crimes Act 2013. Harsher penalties have been put in place for VAWG and sexual offences against women and marital rape has been recognised. Prostitution remains a crime.

The roles and responsibilities of the MWCSD are being amended as required since its inception in 1991. As indicated in the Government's Report on the status of Women in Samoa, Key areas which are still pursued by the MWCSD to be integrated into Ministry of Women Affairs Act 1990 include the following objectives and duties:

(a). to promote the welfare and interests of women and girls;
(b). to identify any discriminatory practices based on gender;
(c). to facilitate the removal of discriminatory practices;
(d). to advise the Minister on the status of women and girls and recommend any policies which may result in the removal on any forms of discrimination based upon gender;
(e). to encourage the development and advancement of women and girls at all levels and in every endeavor in Samoan Society; and
(f). to encourage and support the work of organisations or individuals in the community who work with women and girls.[9]

The National Policy for Women and girls 2010-2015 has already taken the lead in this with its objectives as follows:

1. To provide a policy to guide the work on advancing the status of women in Samoa.
2. To define the outcomes for women in the context of the Strategy of Development of Samoa and the Community Sector Plan.

[8] http://data.worldbank.org/indicator/IQ.CPA.GNDR.XQ
[9] Government of Samoa, 2003

3. To provide a monitoring and evaluation mechanism for the advancement of women and girls in line with Samoa's regional and international Sate obligations.[10]

Also, under the Ministry's National Policy on Disability 2011-2016, a key objective includes to 'enhance awareness of economic, social and cultural issues for women with disabilities' a key strategy to 'Develop awareness raising and communication materials and resources on the special case and vulnerability of girls and women with disabilities'.

1.3 Women and Culture

The dichotomy of the western individual focus versus Samoan/indigenous identity or community/collective focus continues to play out in the international arena. An example of this is with regards to most human rights treaties which reflect an individualistic concept of rights and rights-holders, and how for many indigenous peoples (including Samoans) identity as an individual is inseparably connected to the community to which that individual belongs.[11]

This can also be noted with gender equality where although we see more Samoan women taking up political and leadership roles in government and civil society, the status quo will still largely be in favor of a male holding the formal authority in family and village matters.

On the assumption that culture is dynamic, the status of women in Samoan society will continue to improve, albeit a continuous balancing of both traditional and modern paradigms.

1.4 Women and Reproductive Health

Two important issues to note for this strategy is that firstly, the term 'Reproductive Health' includes sexuality. It therefore is an issue spanning the whole life of a person starting from birth until death.

As per the Convention to Eliminate all forms of Discrimination Against Women (CEDAW); health-related provision of Non-discrimination in the field of health care, the State has the duty to ensure, on a basis of equality between men and women, access to health services, information and education implying an obligation to respect, protect and fulfill women's rights to health care.

Under the Labour and Employment Relations Act 2013 women employees (regardless of employment status) are entitled to 4 weeks maternity leave with full pay which may be extended for another 2 weeks but without pay; their employment status will remain available to them throughout. Alternatively they can apply for 6 weeks leave with two thirds pay. Men are entitled to a minimum of 5 days paternity leave. Women may not work under situations that are not suited to her physical capacity and likewise pregnant mothers may refuse to work under conditions potentially harmful to them[12].

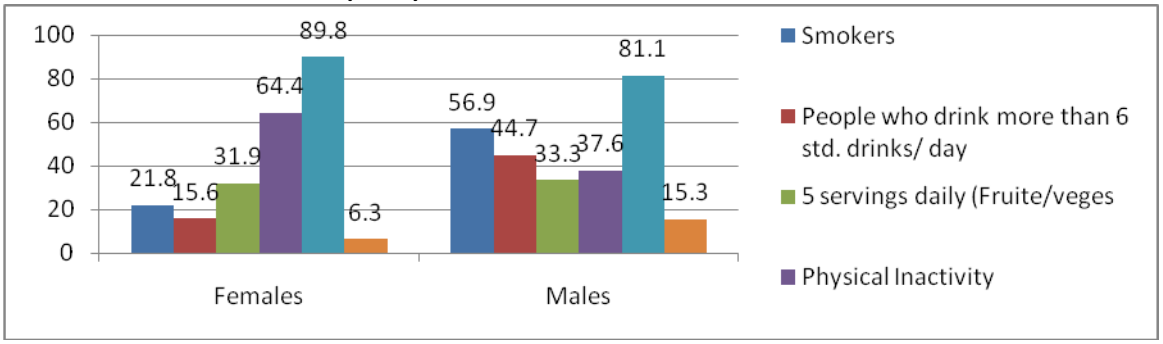
Women are highly represented within the Ministry of Health (MOH) management taking up 10 of the 12 posts including that of the Chief Executive Officer. Within the NHS males still dominate in terms of numbers within the technical staff other than the nursing profession. The number of females studying

[10] Ministry of Women, Community and Social Development, 2010
[11] http://www.unric.org/en/indigenous-people/27309-individual-vs-collective-rights
[12] Ministry of Commerce and Labour, 2013

medicine outnumbered male students in 2003 at 55%[13] and returning female graduates continues to grow.

Accessibility of the entire population to health services is 100% with the leading cause of morbidity and mortality for women is complications related to pregnancy and childbirth[14]. These health concerns are closely linked to non communicable disease (NCD) risk factors where Samoan women have become highly susceptible. Women more than men have a higher rate of becoming obese, with every two in three women between 25-64 years of age are now obese.

Table 3: Health Risk Factors (2002)



Source: Ministry of Health, 2006

Samoa's crude birth rate was 30.4/1000 with 5,703 newborns before the census date (November 2011) with the average number of children to a mother being 4.7. The mean age for birth was 28 years. Whereas access to maternal and child health was 100% the neonatal mortality rate of 13/1000 remained a concern in 2011 despite decreasing rates in infant, child and maternal mortality rates.[15]For the financial year 2003/2004, complications of labour and delivery ranked second for hospitalization after influenza and pneumonia[16]. In terms of its Millennium Development Goal (MDG) targets, Samoa is on target for Under 5 mortality rates, maternal mortality rates, adolescent birth rates and skilled birth attendance.

Breast cancer is the main form of cancer affecting women in Samoa. Women who visit the hospital usually are in their late stages of cancer including breast, uterus and cervix cancer.[17]In total women make up for the majority of cancer cases. The Samoa Cancer Society has placed itself strategically with the NHS, Nurses, and Medical Associations to ensure a pool of expertise is always present to provide technical advice and assistance. They are endeavoring to improve their prevention programmes to encourage awareness and seeking early intervention.

[13] Government of Samoa, 2003
[14] Ibid
[15] World Health Organisation, 2011
[16] UNICEF 2006
[17] Australia Broadcasting Corporation, 2011

Table 4: Types of Cancer

TYPE OF CANCER	2007	2008	2009	2010	2011	TOTAL	Percent
gastrointestinal track	46	39	49	31	41	206	35%
Breast	12	12	29	13	26	92	16%
Lung	16	16	19	23	17	91	15%
Uterus	30	15	17	11	11	84	14%
Leukemia	12	7	8	10	7	44	7%
Cervix	10	10	8	7	6	41	7%
Prostate	8	8	5	4	7	32	5%
						590	

Source: Samoa Cancer Society

Contraceptive accessibility was only 28.7% in 2009[18], with the teenage fertility rate in 2011 at 39/1000[19] compared to 26/1000 in 2006[20]. In 2000, out of 2026 mothers who booked with the antenatal clinic, 7.5 were below 19 years. 38% of these mothers were not in a stable relationship[21]. The MOH is in the process of finalising a study looking at reasons for low FP practices. Abortion remains illegal under the Crimes Act 2013 Section 112 other than to preserve the life of the mother. There is a need to carry out proper research in this area particularly in terms of acceptance and practice, as it is clear through police investigations and media reports that abortion is being carried out. Abandoned newborn babies are either housed by the Samoa Victim Support Group shelter or by individuals.

HIV has not affected Samoa as it has in other countries such as Papua New Guinea despite a high Chlamydia rate of 27.5%, 32.6% and 31.3% recorded in 2008, 2010 and 2011 respectively, one of the highest rates globally. In 2010 36% of reported HIV cases were women[22]. Despite the low HIV prevalence of only 22 recorded cases since 1990, Samoa does have a woman living with HIV who has been promoting HIV awareness and advocating for PLHIV for more than 10 years.

The Community Development Sector Implementation Plan is aligned with the National HIV Strategy Outcomes under Sector Priority Two: Social Protection and Poverty Alleviation, where enhanced capacity leads to increased protection from all forms of violence including sexual violence.

The integration of HIV and Reproductive Health has occurred in the secondary Health and Physical Education curriculum, and being developed for the Primary school level.[23]

[18] United Nations 2011
[19] Bureau of Statistic, 2011
[20] Bureau of Statistics, 2006
[21] National University of Samoa, 2006
[22] Ministry of Health, 2012
[23] United Nations Educational Scientific and Cultural Organisation, 2012

In a survey carried out by UNESCO in 2012, school principals, teachers, students and parents overwhelmingly agreed that a more comprehensive sexuality education model needs to be developed with proper training for teachers, and appropriate resources[24].

The Ministry of Health Act 2006 mandates the MOH to provide Health Service Performance quality assurance for nursing, midwifery, and traditional birth attendants (TBA).The Village Women Representatives (VWR) under the mandate of the Ministry of Women, Community and Social Development register TBA attended births in their respective villages, as mandated under the Births and Deaths, Marriage Act 2002, while the MOH provides training on the provision for the critical areas in maternal health for TBA services[25].

Table 5: Hospital Births versus Traditional Birth Attendant Births

Registered Births	2006	2007	2008	2009	2010	2011	2012
Born in Hospitals	2419	2275	1445	1308	1551	1943	1384
Born in Villages	1117	1339	423	286	366	1034	595
Total	**3536**	**3614**	**1868**	**1594**	**1917**	**2977**	**1979**

Source: Births, Deaths and Marriages Office, July 2013.

In 2008 to 2010 there was a systems crash affecting the data for 'Born in villages' data. Despite this, TBAs are attending at least between 30%-37%. The 'Born in Village' data are reported by VWRs, VRs and church ministers.

1.5 Violence against Women and Girls (VAWG)

Both physical and mental Violence limits women's ability to manage their reproductive health and exposes them to sexually transmitted diseases. Abuse during pregnancy can have lasting harmful effects for a woman, the developing fetus and newborns.

According to a new study from the WHO in 2013, violence against women can also have serious effects on their children and unborn babies[26]. These include:

- **Death and injury** – The study found that globally, 38% of all women who were murdered were murdered by their intimate partners, and 42% of women who have experienced physical or sexual violence at the hands of a partner had experienced injuries as a result.

[24]UNESCO 2012
[25] Ministry of Health, 2008
[26] World Health Organisation 2013

- **Depression** – Partner violence is a major contributor to women's mental health problems, with women who have experienced partner violence being almost twice as likely to experience depression compared to women who have not experienced any violence.
- **Alcohol use problems** – Women experiencing intimate partner violence are almost twice as likely as other women to have alcohol-use problems.
- **Sexually transmitted infections** – Women who experience physical and/or sexual partner violence are 1.5 times more likely to acquire syphilis infection, chlamydia, or gonorrhoea. In some regions (including sub-Saharan Africa), they are 1.5 times more likely to acquire HIV.
- **Unplanned pregnancy and abortion** – Both partner violence and non-partner sexual violence are associated with unwanted pregnancy; the report found that women experiencing physical and/or sexual partner violence are twice as likely to have an abortion than women who do not experience this violence.
- **Low birth-weight babies** – Women who experience partner violence have a 16% greater chance of having a low birth-weight baby.

The Pacific Prevention of Domestic Violence Programme with the Ministry of Police has made good progress in the areas of data collection, processing and filing, and police partnerships, having established a Domestic Violence Unit in 2006. Still, qualitative research is needed to address the underlying reasons behind violence against women.

The Samoa Family Health and Safety Study carried out in 2000 provides an insight into the complexities of domestic violence in Samoa, stating that domestic abuse was caused by a number of factors. Common reasons why women were abused included disobeying their partner, not respecting their partner's family, not carrying out domestic duties (e.g. cooking, looking after children), or because their partner suspected them of infidelity. Often women accepted abuse as a normal part of marriage, and submitted because they respect their partner as head of the household. Other factors such as male dominance, wealth, decision-making and the relative status of men and women also influenced the prevalence of domestic abuse.

According to the Samoa Family Health and Safety Study of the 488 respondents who had ever been physically abused by a partner, 29.5% said they had been injured. Overall, 15.8% had been injured three or more times, and 15.3% had been injured during the year preceding the survey[27].

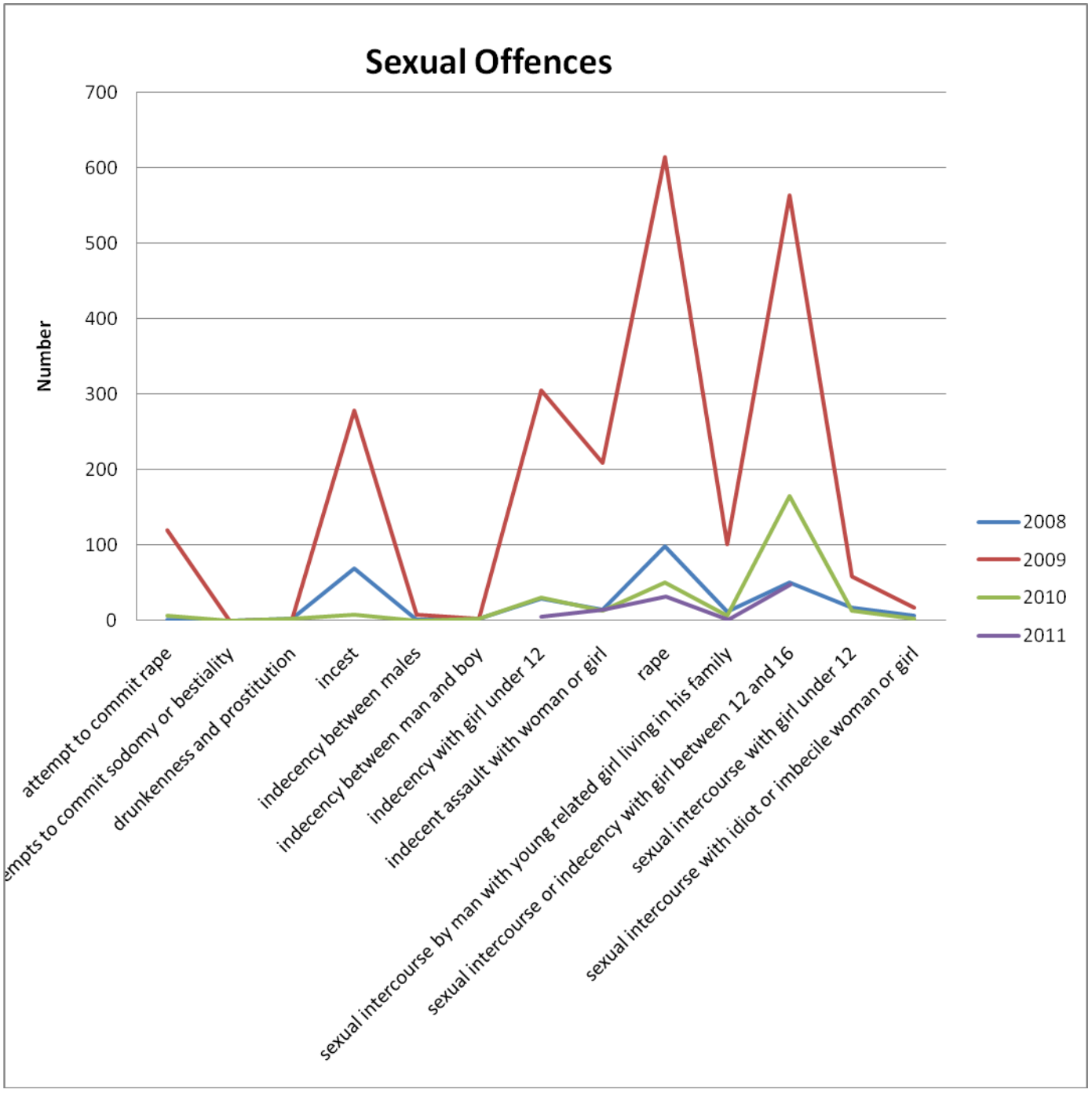
The Family Safety Act was passed in 2013 and is the first legislation of its kind that aims to provide greater protection for families and the handling of domestic violence and related matters, especially children and women from domestic violence and sexual abuse. Village Women Representatives (VWR) and Village Representatives (VR) who are employees of the MWCSD are given the task to address and/or refer such issues, and to bring these to the attention of the Ministry of Police.

Table 5 points to a high degree of sexual violence against women which appears to be declining over the years post 2009. This is due to the many initiatives targeting violence against women and children from both government ministries and NGOs.

Sexual abuse of girls under the age of 12 up until 16 amongst family members or within the home is portrayed to have always been a problem despite the decrease in incidents reported to the courts.

[27] Secretariat of the Pacific Community, 2006.

Table 6: Sexual Offences 2008 - 2011



Source: MJCA

2. Addressing Reproductive Health Issues facing Women in Samoa.

The timeframe in which this strategy was developed meant that it has been able to capture the progress of the work the MWCSD has carried out in the past five years relating to women, compared to earlier higher level ministerial documents which are yet to be reviewed. The Strategic Plan 2013-2017 was also reviewed close to this time, and was also able to capture much of the progress. Progress on work relating to women will be integrated into the other documents as they are reviewed.

Within the Strategic Plan there are 3 priority areas aimed at strengthening community well-being and development. These include (1). Family and Community Strength, (2). Income and Living Standards, and (3). Institutional Strengthening.

These priority areas pool the priority issues that have been identified based on evidence and research.

2.1 Family and Community Strength

With the increasing prevalence of VAWG including children, ensuring a supportive legislative and policy framework is pertinent. Equally important is ensuring that victims are cared for adequately with qualified professionals.

The key objectives under this priority area relating to Women and RH include:

1.1 Reduce prevalence of all forms of violence against women and children
1.2 Reduce youth crime and violence
1.3 Reduce discrimination against persons with disabilities
1.4 Improve Food Security
1.5 Enhance community engagement in disaster risk reduction and disaster management
1.6 Enhance village governance and leadership capacities towards social cohesion and harmony.

2.2 Income and Living Standards

Health is a priority area that is addressed via a partnership agreement between the MWCSD and the MOH. Addressing the gaps and mobilising community responses are key areas of focus towards self-sustaining and dynamic communities. The partnership is reliant on the commitment and village and community leaders.

The key objectives under this priority area relating to Women and RH include:

2.1 Improve access to primary health/healthy lifestyles
2.2 Enhance community engagement in health promotion programs

2.3 Institutional Strengthening

A centralized information system that is; outcomes based is being devised to integrate the various databases within the MWCSD to ensure full accountability of community needs. A more effective

monitoring process will shape the ministry particularly through its capacity to resource and support the various sectors.

The key objectives under this priority area relating to Women and RH include:

3.1 Develop databases based on data needs/ data sources and review available information
3.2 Utilise data to support policy advice and inform interventions
3.3 Promote occupation health and safety measures to enable a safe working environment for staff.

3. Monitoring and Evaluation Tool.

All issues relating to women are coordinated through the Ministry's Division for Women (DFW) and Division for Youth (because of their focus on young women) and the Disability Unit (given the focus on women with disabilities). Reproductive Health issues are addressed under a set of strategies that have been identified under the Ministry's Gender Programme which falls under the Community Development Sector Programme. This program is also aligned to and the new Ministry's Strategic Plan 2013-2017.

The Monitoring and Evaluation tool in Annex 1 will monitor the progress for the activities identified under the relevant National Policy for Women Outcomes based on the Community Sector Plan Objective, and relevant SDS Outcomes.

This tool will be amended as required to satisfactorily address each issue hindering advancement of women in Samoa.

Annex 1: Gender Implementation Plan

KEY PRIORITY AREA 1: FAMILY AND COMMUNITY STRENGTH OUTCOME 1:INCREASE COMMUNITY SAFETY AND RESILIENCE					
Objective 1.1: Reduce prevalence of all forms of violence against women (including women with disabilities), young people, and children through the conduct of promotional and preventive social/health programs that link to sexual and reproductive health issues.					
Key Area	**Activity**	**Who is responsible**	**Timeframe**	**Indicator**	**Means of verification and frequency**
I. Supportive policy framework for the Women of Samoa and ensure integration of reproductive and sexual health awareness through information dissemination and conduct of preventive programs and training.	Consultations, policy development for National Women's Policy 2011-2015 write up.	MWCSD MOH	2013-2017	Policy includes RH components including VAWG and comprehensive sexuality education.	Policy has been consulted widely.

II.	Reduced level of unwanted pregnancies and STIs.	Evidence based advocacy activities targeting men, women and youth including people with disabilities on SRH rights and education.	MWCSD MOH SFHA	2013-2017	All activities identified are carried out in the identified time period.	Activity reports with findings based on objectives and lessons learnt generated in a timely manner.
Key Area		**Activity**	**Who is responsible**	**Timeframe**	**Indicator**	**Means of verification and frequency**
III.	Number of delivery at the village level.	Database established and monitor as required under the Birth Deaths and Marriages Act 2002.	MWCSD SBS	2013	VWR's and VRs regularly complete B10 forms for TBA attended births and submit to the Samoa Bureau of Statistics.	Number of births at the village level reported by VWRs and VRs.

IV.	Domestic violence cases in the villages reported.	Conduct training for VWRs and VRs on the Family Safety Act 2013.	MWCSD MJCA OAG MPP	2013	VWRs and VRs are able to demonstrate that they can deal with victims of violence covered in the Family Safety Act 2013. Enact and implement legisl violence and impose appro ✓	Numbers and trends of domestic violence cases reported by VWRs and VRs.
V.	Interagency system to address violence against women and children.	National Policy on VAWG developed. Interagency Response System developed.	MWCSD MPP MJCA MOH	2014-2017	Policy and Interagency Response System approved by Cabinet.	Data is collected, analyzed, and disseminated from the Interagency Response System. Interagency Response System is reviewed regularly.
Key Area		**Activity**	**Who is responsible**	**Timeframe**	**Indicator**	**Means of verification and frequency**

VI.	Register of Social workers and or Counseling services.	Collaborate with the MOH on developing the register once the appropriate legislation and professional standards is passed pertaining to Allied Health Professions and counselors/social workers respectively.	MWCSD MJCA	2013-2016	Registered individuals and organisations are utilised when expert advice or support is required.	Number of cases referred to for support.
Research and Evaluation						
VII.	Status of Samoan Family Health and Safety issues are researched and documented.	Implementation of research and write up of the study report.	MWCSD SBS	2015-2016	Study report is endorsed by Ministry and disseminated.	Study report recommendations are included in the Ministry and partner annual work plans.
VIII.	A Violence against Women and Children Database linking with Law and Justice Sector database, including stats on trafficking of women and children.	Database developed in collaboration with key partners.	Law and Justice Sector MWCSD	2013-2017	Data identifies qualitative research areas and informs policy and work plans for the ministry and its partners.	Database analyses are regular and are disseminated widely.

Key Area	Activity	Who is responsible	Timeframe	Indicator	Means of verification and frequency
Community and Social Development Programs					
IX. Improved knowledge on the prevention of gender based violence (GBV) particularly sexual violence in homes and communities.	Program Coordination, Training package development, monitoring and evaluation of training.	MWCSD SFHA MOH	2013-2017	Post-tests reveal an improvement of knowledge base relating to GBV and its RH and other health impacts on women and children.	Program reports submitted in a timely manner demonstrating improved knowledge of participants.

X.	Improved knowledge on the prevention of gender based violence (GBV) particularly sexual violence in homes and communities.	Research carried out. Comprehensive multimedia campaigns on violence against women and girls.	MWCSD MOH	2013-2017	General population reveals an improvement of knowledge base relating to GBV and its RH and other health impacts on women and children due to the multi media campaign.	Multi media campaigns are aired on schedule.
Key Area		**Activity**	**Who is responsible**	**Timeframe**	**Indicator**	**Means of verification and frequency**
XI.	Support work of relevant NGOs working with victims of violence against women and girls.	An agreement developed between the MWCDS and Development Partners on a funding pool for NGOs working with victims of violence against women and girls	MWCSD	2013-2017	Proposals and work plans are submitted and scrutinized by MWCSD and Development Partners. Funds are deposited in the funding pool.	Funds are disseminated and reports received in a timely fashion.

XII.	Building resilience and prevention of violence against women and girls, as part of disaster preparedness and management.	Development of a Disaster Kit that monitors the prevention of violence against women and girls, during a disaster. Training of trainers on the Disaster Kit carried out.	DMO MWCSD	2013-2017	Disaster Kit developed. All relevant stakeholders are trained on the Disaster Kit.	RH and Women and infants are strategically included in the training package.
Key Area		**Activity**	**Who is responsible**	**Timeframe**	**Indicator**	**Means of verification and frequency**

XIII.	Gender Specific Awareness on sexual reproductive health issues (linking to gender based violence prevention).	Coordinate community health outreach programs for men and boys, women and girls on sexual reproductive health issues (linking to gender based violence prevention).	MWCSD MOH MPP MJCA	2013-2017	Pre and post tests indicate an improvement of knowledge amongst the participants.	All planned training programmes are carried out completely and reports submitted in a timely manner.
Cross Sectoral Collaboration						
XIV.	A multi sectoral approach in addressing VAWG.	Publishing of a Legislative manual for Women and the Law in Samoa. An agreement established between the MWCSD and Law and Justice Sector to address violence against women.	MWCSD Law and Justice Sector	2013	Manual includes all relevant legislations and is endorsed by the Attorney General.	Law and Justice Sector utilise the manual to effectively address Women and RH rights.

Key Area	Activity	Who is responsible	Timeframe	Indicator	Means of verification and frequency
Objective 1.1: Reduce youth crime and violence					
XV. National Program on Sexual reproductive health (STI, HIV AIDS) communication skills: Mothers and Daughters, Teen Mums, Fathers and Sons, and Young Couples.	Coordinate Programs on Sexual reproductive health (STI, HIV AIDS) communication skills: Mothers and Daughters, Teen Mums, Fathers and Sons, and Young Couples. Coordinate the development of training modules.	MWCSD MPP MOH SFHA	2013-2017	Pre and post tests indicate an improvement of knowledge amongst the participants.	All planned training programmes are carried out completely and reports submitted in a timely manner.
Objective 1.2: Improve access to basic services and infrastructure					
Gender mainstreaming					

XVI.	Gender responsiveness to mitigate the effects of post disaster health impediments i.e. community resilience and disaster risk response (linking to sexual reproductive health issues and gender based violence prevention).	Coordinate the gender assessment of national disaster plans to ensure post disaster impediments are minimised.	MNRE MWCSD MoH	2014-2017	All relevant stakeholders are aware of the gender responsiveness required during post disaster response.	National Disaster Plans have been gender assessed to mitigate the effects of post disaster health for both men and women particularly sexual reproductive health.
KEY PRIORITY AREA 2: INCOME AND LIVING STANDARDS **OUTCOME 1:INCREASE COMMUNITY SAFETY AND RESILIENCE**						
Objective 2.1: Improve access to primary health / healthy lifestyles						
Strengthening Policy & Legal Framework						

XVII.	Health sector policies and plans are implemented.	Assess and regulate Health Sector Policies and Plans to ensure a gender equality approach.	MWCSD MOH	2013-2017	Activities produced from the work plan are costed and time lined.	MWCSD roles and responsibilities are as indicated in the Health Sector Plans and policies are identified and put into the work plan.
Key Area		**Activity**	**Who is responsible**	**Timeframe**	**Indicator**	**Means of verification and frequency**
Community and Social Development Programs						

XVIII.	Health sector activities are implemented.	Support primary based health care programs for women and children on sanitation, hygiene, cancer, prevention and awareness, NCDs etc). Support the conduct of awareness programs on prevention of HIV/AIDS and STIs targeting youth groups by women's religious groups and committees.	MWCSD Samoa Cancer Society SFHA MOH	2013-2017	Activities produced from the work plan are costed and time lined.	Reports for activities are linked to National Health Policies and Plans.
XIX.	Gaps identified within rural services with regards to sexual reproductive health issues.	Gap analysis carried out and recommendations made.	MWCSD MOH	2013-2017	Gap Analysis is carried out on a regular basis.	Recommendations based on the gap analysis are disseminated and approved for implementation.
Key Area		**Activity**	**Who is responsible**	**Timeframe**	**Indicator**	**Means of verification and frequency**

XX.	The National HIV/AIDS Coordinating Committee (NACC) is advised.	Representation at the NACC	MOH MWCSD	2013-2017	Funds are secured from the NACC funding sources for Women and RH activities.	Women and RH activities become more prominent in the National HIV/AIDS Sector activities.
Objective 2.2: Enhance community engagement in health promotion programs						
Community and Social Development Programs						
XXI.	Health Promotion Programmes are inclusive of women and girls with disabilities.	Develop and coordinate appropriate Health Promotion programmes.	MWCSD MOH SFHA	2013-2017	Health Promotion Programmes are relevant and appropriate to women and girls with disabilities.	Programmes are accessible and sustainable.
Gender mainstreaming						
XXII.	Child birth registration, immunization and other health initiatives (community mobilization) are supported.	Community support is mobilized when and where required.	MWCSD SBS	2013-2017	An improved community response to Health Sector Programmes.	VR and VWR are well informed and involved in community based programmes to ensure effective involvement in health sector programs.

Annex 2: Monitoring and Evaluation Tool			
SEXUAL REPRODUCTIVE HEALTH MONITORING AND EVALUATION TOOL			
HAT DO WE WANT TO KNOW? (Objective/Outcomes)	HOW WILL WE KNOW IT? (Performance Questions/Indicators)	WHERE WILL THE INFORMATION COME FROM? (Data Source)	MEANS OF VERIFICATION AND FREQUENCY
OBJECTIVE			
Improve reproductive and sexual health outcomes for women of all ages by ensuring their access to information & services as well as the promotion of safer and responsible sexual behavior practices.	• What is being learnt about how change happens for women? • Are traditional gender roles beings challenged/ transformed? • Are there growing levels of women's collective empowerment (networks, etc.): economically as leaders and decision makers and as victims of GBV?	• Government/Country Plan reporting • Annual Review Workshop with key stakeholders and • Country Plan Dissemination Forum	• Formal/informal political, social and cultural drivers of change are being addressed in the Samoan context. • Initial assumptions about what could be achieved are correct- if not what more can be achieved. • Community based focus is strengthening linkages between Govt, NGOs and communities. • Women have not been harmed or their burden increased through Country Plan activities. • Key partners and change agents are the right groups and people to be working with – if not how partnerships can be expanded or changed.
POLICY AND LEGISLATIVE FRAMEWORK			

Consultations, policy development for National Women's Policy 2011-2015 write up.	Policy includes SRH components including VAWG and comprehensive sexuality education.	MWCSD MOH	Policy has been widely consulted.
Database established and monitor as required under the Births, Deaths and Marriages Act 2002.	VWRs and VRs complete B10 forms for traditional birth attendants (TBA) and submit to SBS.	MWCSD • VWRs • VRs SBS	Number of births at the village level reported by VWRs and VRs.
National Policy on VAWG developed. Interagency Response System (IRS) developed.	Policy and IRS approved by Cabinet.	MWCSD MPP MJCA MOH	Collect, analyse and disseminate data from the IRS. Review IRS regularly.
Collaborate with MOH on developing the register of Social workers /Counselors based on appropriate legislation and professional standards pertaining to Allied Health Professions.	Registered individuals and organisations are utilised when expert advice or support is required.	MWCSD MJCA	Number of cases referred to for support.
Develop agreement between MWCSD and development partners on a funding pool for NGOs working with victims of VAWG particularly sexually violence.	Submit proposals and work plans to be scrutinised by MWCSD and development partners. Deposit funds in the funding pool.	MWCSD SVSG???	Disseminate funds and receive reports in a timely period.
Publishing of a legislative manual for Women and the Law in Samoa. Establish agreement between MWCSD and Law and Justice Sector to address VAWG.	Manual includes all relevant legislations and is endorsed by the AG's Office.	MWCSD Law and Justice Sector	Law and Justice Sector utilise the manual to effectively address Women and SRH rights.

Assess and regulate Health Sector Policies and Plans to ensure a gender equality approach.	Work plan activities are costed and time lined.	MWCSD MOH	MWCSD roles and responsibilities are as indicated in the Health Sector Plans. Policies are identified and put into the work plan.
RESEARCH			
Implementation of Samoan Family Health and Safety issues research and write up of study report.	Ministry to endorse and disseminate report.	SBS	Include study report recommendations in the Ministry and partner annual work plans.
Develop VAWG and children database in collaboration with key partners.	Data identifies qualitative research areas and informs policy and work plans for the Ministry and its partners.	MWCSD Law and Justice Sector	Regular database analysis and widely disseminated.
Carry out research on prevention of gender based violence (GBV).	General population reveals an improvement of knowledge base relating to GBV, RH and other health impacts.	MWCSD MOH	Multi media campaigns are aired on schedule.
Gap analysis on rural services related to SRH issues are carried out and make recommendations.	Carry out Gap Analysis on a regular basis.	MWCSD MOH	Recommendations from the gap analysis are disseminated and approved for implementation.
TRAINING / WORKSHOPS			
Conduct training for VWRs and VRs on the Family Safety Act 2013.	VWRs and VRs able to demonstrate that they can deal with victims of violence in accordance with the Family Safety Act 2013.	MWCSD MPP MJCA MOH	Numbers and trends of domestic violence cases reported by VWRs and VRs.
Coordinate programs on the prevention of GBV particularly sexual violence in homes and communities. Develop training package, monitor and evaluate training.	Post-tests reveal an improvement of knowledge base relating to GBV, RH and other health impacts on women and children.	MWCSD SFHA MOH	Submit program reports in a timely manner demonstrating improved knowledge of participants.

Develop a Disaster Kit to monitor the prevention of VAWG during a disaster. Training of trainers on carrying out the Disaster Kit.	Disaster Kit developed. All relevant stakeholders are trained on the Disaster Kit.	MWCSD DMO	Women and infants (including those with a disability) are strategically included in the training package.
Coordinate national programs on sexual reproductive health (STI, HIV, AIDS) communication skills: Mothers and Daughters, Teen Mums, Fathers and Sons and Young couples. Coordinate the development of training modules.	Pre and post tests indicate an improvement of knowledge amongst the participants.	MWCSD MPP MOH SFHA	All planned training programmes are carried out completely and submit reports in a timely manner.
Coordinate the gender assessment of national disaster plans to ensure post disaster impediments are minimized.	All relevant stakeholders are aware of the gender responsiveness required during post disaster response.	MWCSD MNRE MOH	National Disaster Plans have been gender assessed to mitigate the effects of post disaster health for both men and women particularly SRH.
ADVOCACY & PROMOTION			
Evidence based advocacy activities targeting men, women and youth including people with a disability on SRH rights and education to reduce level of unwanted pregnancies and STIs.	All activities identified are carried out in the identified time period.	MWCSD MOH SFHA	Generate activity reports with findings based on objectives and lessons learnt, in a timely manner.
Comprehensive media campaigns on prevention of VAWG.	General population reveal an improvement of knowledge base relating to GBV, RH and other health impacts on women and children from the multi media campaigns.	MWCSD - Qualitative surveys - Case studies - MSC stories - Community conversations MOH	Multi media campaigns are aired on schedule.
Coordinate community outreach	Pre and post tests indicate an	MWCSD	All planned training programmes

programs for men and boys, women and girls on SRH issues (linking to GBV prevention).	improvement of knowledge amongst participants.	MOH MPP MJCA	are carried out completely and submit reports in a timely manner.
Representation at the National HIV/AIDS Coordinating committee (NACC).	Funds are secured from the NACC funding sources for Women and RH activities.	MWCSD MOH	Women and SRH activities become more prominent in the National HIV/AIDS Sector activities.
Develop and coordinate Health and Promotion programmes inclusive of women and girls with a disability.	Health and Promotion programmes are relevant and empowering for women and girls with a disability.	MWCSD MOH SFHA NOLA???	Programmes are accessible and sustainable.
Community support of child birth registration, immunization and other health initiatives is mobilised when and where required.	An improved community response to Health Sector Programmes.	MWCSD - Qualitative surveys - Case studies - MSC stories - Community conversations SBS	VWRs and VRs are well informed and involved in community based programmes to ensure effective involvement in health sector programs.

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