National Sexual Reproductive Health Policy 2018 - 2023

Foreword

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Health is everyone's business! Sexual and Reproductive Health, as a concept, is a more comprehensive and effective approach that represents a paradigm shift. Consequently, it is imperative to bring to the fore, issues relating to sexual and reproductive health given its significance in the social development and economic wellbeing of Samoa. It is in this regard that Samoa has developed this National Sexual and Reproductive Health Policy to provide the necessary guidance and framework for the promotion and implementation of reproductive health activities and programs.

Samoa's first Sexual and Reproductive Health Policy was developed in 2011. Since then a lot has changed at the national and international levels that needed to be considered as the Policy was reviewed. This includes the Strategic Development Goals which introduced a set of indicators relating to sexual and reproductive health corresponding to the need to produce statistics for evidence-based policy and program development. Second, expand the scope of the Policy to include other elements of sexual and reproductive health for a more comprehensive document, and to highlight the governments' concerted efforts in addressing sexual and gender-based violence at the national level. Finally, the inclusion of multi-stakeholders emphasized a renewed commitment to collective partnership and ownership and the sector-wide approach in action.

The ultimate aim of this policy is to serve as an effective national framework to guide sexual and reproductive health activities in Samoa and facilitating the achievement of relevant international and regional goals in the interest of improved health, wellbeing and overall quality of lives for all people in Samoa. The policy is in consonance with Samoa's national commitments and development goals and as articulated in the Health Sector Plan 2008-2018 and relevant health policy documents. These policy documents form critical input into the National Sexual and Reproductive Health Policy include the policies on HIV, AIDS, STIs and TB, Child and Adolescent Health, Food and Nutrition, Infection Control, Health Promotion, and Non-communicable Diseases.

In presenting this policy, it is my sincere hope that all involved from every walk of life actively support its implementation so as to assure that the national goals are achieved within the respective time period.

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Acknowledgements

The review and revision of the National Sexual and Reproductive Health (SRH) Policy involved consultations with a wide range of stakeholders directly involved with issues concerning SRH.

The Ministry of Health would like to acknowledge the invaluable contributions of the health sector partners involved, in particular the following agencies and organizations;

Government Agencies:

- National Health Services)
- National Kidney Foundation of Samoa
- Ministry of Women, Community & Social Development
- Ministry of Education, Sports and Culture
- Ministry of Police

Non-governmental agencies, community services organizations and religious groups:

- Samoa Family Health Association (SFHA)
- Samoa Red Cross Society (SRCS)
- Samoa National Youth Council (SNYC)
- Samoa Faafafine Association (SFA)
- Samoa Victims Support Group (SVSG)
- Samoa Nursing Association (SNA)
- National Council of Churches (NCC)
- Samoa AIDS Foundation (SAF)

The Ministry of Health wishes to thank the UNDP, UNFPA, WHO and the Samoan Government for their financial and technical support to the review process.

Acronyms

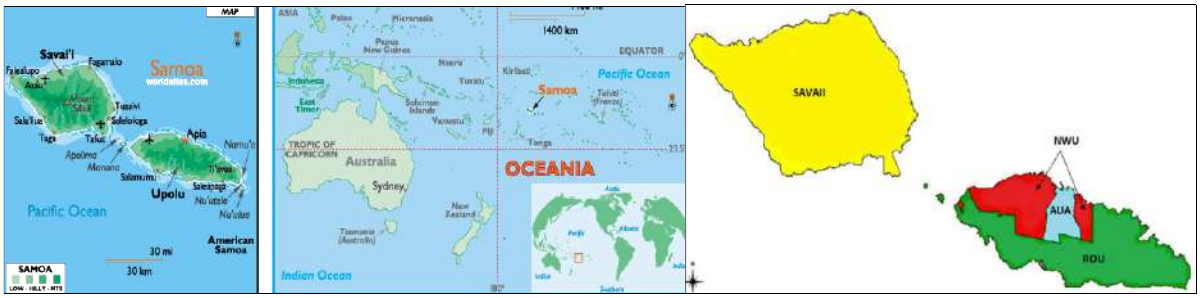
AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-Retroviral Treatment
DG	Director General
DHS	Samoa Demographic and Health Survey
ENT	Ear, Nose and Throat
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
HSP	Health Sector Plan
KSA	Key Strategic Area
MOH	Ministry of Health
MTCT	Mother to Child Transmission
MTII	Malietoa Tanumafili II Hospital
NCC	National Council of Churches
NHS	National Health Services
PICT	Pacific Island Countries and Territories
PLWH	People Living with HIV
RTI	Reproductive Tract Infections
SFA	Samoa Fa'afafine Association
SPPRD	Strategic Planning Policy and Research Division
SFHA	Samoa Family Health Association
SNA	Samoa Nurses Association
SNYC	Samoa National Youth Council
SRCS	Samoa Red Cross Society
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
SVSG	Samoa Victim Support Group
TB	Tuberculosis
TFR	Total Fertility Rate
TTM	Tupua Tamasese Meaole Hospital
UN	United Nations
UNFPA	United Nations Population Fund
VCCT	Voluntary Confidential Counseling and Testing
WHO	World Health Organization

1. Introduction

1.1 Overview and Population

Samoa consists of ten islands of which four are inhabited namely; Upolu, Savaii, Manono and Apolima. The total land area of Samoa is 1,100 square miles with Savaii as the largest island with 600 square miles and Upolu the second largest with 430 square miles and where the capital Apia is located[1].

Figure 1: Samoa Islands; Oceania; Four Major Statistical Regions.



The population of Samoa was estimated at 194,899 in 2016. This estimate is based on annual growth rate of 0.8% from census 2011. About 18% of the total population resides in the urban area which refers to the Apia Urban Area (AUA) while 82% made up the rural area, that is, North West Upolu (NWU), Rest of Upolu (ROW) and Savaii[2].

1.2 Policy and Legal Context

Samoa's commitment to addressing issues relating to sexual and reproductive health is demonstrated at the international arena through the ratification of various conventions and regional human rights treaties and declarations.

1.2.1 Conventions and International Agreements:

- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) 1992.
- Convention of the Rights of the Child 1994
- International Conference on Population and Development 1994
- International Covenant on Civil and Political Rights 2008??
- Convention on the Rights of Persons with Disability 2014
- WHO Country Cooperation Strategy for Samoa 2013-2017
- Sustainable Development Goals 2015
- Pacific Island Health Ministers Declaration on Healthy islands
- Millennium Development Goals (MDGs)

1.2.2 Legislations:

- Ministry of Health Act 2006
- Nursing & Midwifery Act 2007
- Professional Standards for Nursing and Midwifery Practice 2007
- Crimes Act 2013
- Family Safety Act 2013
- Child Care and Protection Bill 2013

[1] *Population and Housing Census 2011*, Samoa Bureau of Statistics, Apia, Samoa.
[2] *Population and Demography Indicator Summary*, retrieved in August 2016 from www.sbs.gov.ws/index.php/population-demography-and-vital-statistics

1.2.3 National Plans, Policies and Strategies:

- Strategy for the Development of Samoa 2017-2022
- Health Sector Plan 2008
- Health Sector Plan Mid-Term Review 2008-2018
- Samoa Population Policy 2016
- National HIV/AIDS, STI Policy 2017 -2022
- National Youth Policy 2011
- National Policy for Women of Samoa 2010
- National Child and Adolescent Health Policy 2013
- National Infection Control Policy 2011
- Mental Health Policy 2006
- National Health Prevention Policy 2013
- National Noncommunicable Disease Policy 2010
- Gender Implementation Strategy for the Reproductive & Sexual Health of women in Samoa 2014

From what has been outlined above, Samoa has a favorable policy and legal framework. However, there is a need to address other socio-economic factors that have a bearing in achieving improved outcomes for SRH such as education, physical environment, food, community context, economic stability and health care systems.

1.3 Rationale for Revision

The purpose of this policy and strategy is to outline national policy statements ensuring proper coordination, integration and harmonious delivery of comprehensive SRH information and services in support of sexual and reproductive health and in turn fulfilling its contribution to the vision of a healthy Samoa and an improved quality of life for all. It maps out a set of key strategic areas to be implemented and a set of indicators to be achieved by the end of the five year period. This policy represents national commitments to support reproductive health care and calls for responsive action at all levels of health care delivery.

Since development of the first SRH Policy in 2011, the international, regional and national legislative and policy platform has changed. Several continuing and emerging issues have been realised as a result of ongoing data reporting, improved access to information, continuous discussions at SRH stakeholder meetings, targeted interventions for key populations as well as materials and practices that influences people's behaviour and decision making. These issues include; high rates of gender based violence, increasing perinatal mortality and child mortality under age 5, low testing rate of HIV and STIs, low levels of counselling in prenatal care visits, low comprehensive knowledge of youth of HIV/AIDS/STIs, considerably high Chlamydia rates, low levels of condom use, increasing teenage pregnancy and low access to prevention materials, contraceptives and condoms. These factors have necessitated revision of the Policy.

The lessons learnt in the process of the review include expanding the scope of the SRH policy to include maternal health and mental health; identify what the health professionals functions are and how they respond to cases such as rape, incest and violence; encompass other sector's and stakeholder's roles for greater ownership in combating matters pertaining to SRH and the need to establish linkage of SRH to gender-based violence.

2. Principles

The implementation of the Policy shall be guided by the following principles:

a) *Respect for human rights and fundamental freedoms* including the right to life, human dignity, equality and freedom from discrimination on the basis of gender, sex, age, disability, health status.

b) *Responsive* to varying SRH needs in provision of care.

c) *Provision of integrated SRH information and services* through multi-sectoral approaches.

d) *Greater involvement and coordination by all stakeholders and sectors* involved in SRH services.

e) *Sector-wide approach and involvement* in the planning, implementation, monitoring and evaluation of SRH programs for effective program implementation, promotion of partnerships and creating open and mutual channels of communication for achievement of goals.

f) *Appreciating and recognizing the critical role of individual families and communities play* in the promotion of safe SRH.

g) *Utilization of evidence-based interventions.*

3. Values

The Sexual Reproductive Health Policy is set upon the following Values:

- Accessibility
- Affordability
- Availability
- Equity
- Confidentiality
- Quality and Safety
- Culturally Appropriate
- Non-Discriminatory

4. SRH Statistical Analysis

Sexual and reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive processes, functions and system at all stages in life.[3] It therefore implies that people are able to have a satisfying and safe sex life, are able to reproduce, and have the freedom to decide when and how often to do so. To maintain one's sexual and reproductive health, people need access to accurate information and the safe, effective, affordable and acceptable contraception method of their choice. They must be informed and empowered to protect themselves from sexually transmitted infections. And when they decide to have children, women must have access to services that can help them have a fit pregnancy, safe delivery and healthy baby.[4]

The previous National SRH Policy 2011-2016 explained the context of the regulatory and monitoring role of the Ministry of Health as well as the challenges faced by the health system through the sectoral reforms of Government, paradigm shift in health, impact indicators and teenage pregnancy. The Reproductive Health Model was also presented, which emphasized the aspirations of the Ministry of Health and its partners in health with technical and financial support from the United Nations Population Fund (UNFPA) to instigate and implement SRH

[3] *WHO Definition of Reproductive Health*, retrieved August 2016 from http://www.who.int/topics/reproductive_health/en/

[4] *Definition of Sexual and Reproductive Health*, retrieved December 2016 from http://www.unfpa.org/sexual-reproductive-health

Programs for healthier outcomes for the Samoan population, as well as the achievement of the MDGs.

The National SRH Policy 2017-2022 presents the current situation through the structures in place, all services related to SRH and the components under SRH with updated statistics. The Key Strategic Areas (KSA) as with the previous policy utilizes the six building blocks of the Health System with minor variations, encompassing all areas for action for the achievement of the policy. In greater detail, the Plan of Action describes the outcomes, activities, timeframes and responsible agencies for clarity and realization of the Policy overall.

4.1 Health Service Providers

The National Health Services (NHS) is the major provider of health care in Samoa. It operates all twelve of the publicly funded hospitals and health centres (except for National Kidney Foundation). These include:

1. Tupua Tamasese Meaole (TTM) National Referral Hospital at Motootua
2. Malietoa Tanumafili II (MTII) National referral hospital at Tuasivi
3. Safotu District Hospital
4. Sataua District Hospital
5. Foailalo District Hospital
6. Leulumoega District Hospital
7. Poutasi District Hospital
8. Lalomanu District Hospital
9. Saanapu Health Centre
10. Lufilufi Health Centre and
11. Faleolo Health Centre

It is also the main provider for medical imaging services, the sole provider of medical laboratory testing and caters to a large portion of national pharmaceutical needs. Health services range from primordial, primary, secondary and tertiary care. NHS operations are funded primarily from government allocation with a small amount (<5%) recovered from fees and charges to patients.

The NHS delivers an adequate range of general clinical services in the core areas of anaesthetics, Acute Primary Clinical Care (APCC), emergency, internal medicine, obstetrics and gynaecology, ophthalmology, ENT (ear, nose and throat), mental health, paediatrics and surgery. These services are supplemented by visiting specialist teams and access to tertiary services through referral process to overseas health care providers.

The Ministry of Health mandate involves the provision of strategic leadership and functions as the regulatory and monitoring body (in terms of quality assurance) for the health sector. Other than being involved with governance, administration and policy development and direction, the MOH is also concerned with the protection of public health and is engaged with the environment, water, sanitation, and disease surveillance issues.

There are various health care providers operating within the private sector such as private general practitioners, NGOs and civil society, as well as religious institutions offering general health care services for the public.

4.2 SRH Services and Structures

STI and HIV tests can be done at the main transferral hospitals, that is, Tupua Tamasese Meaole Hospital (TTMH) in Upolu and Malietoa Tanumafili II (MTII) in Savaii. The majority of clients only

use these services when they have symptoms or think they may have been at risk of acquiring an STI. STI testing for pregnant mothers presented at the antenatal clinics is mandatory.

There are two medical laboratories in the country, one at each of the two main referral hospitals. Private General Practitioners send their patients and/or specimens to the hospital laboratory for testing so all STI results are captured and maintained centrally. Only TTMH has the capacity to conduct CD4 counts and viral load testing for PLHIV.[5]

There are eleven Voluntary Confidential Counseling and Testing (VCCT) sites plus one at Samoa Family Health Association clinic. However, there are a few designated spaces in any of the clinics. Health promotion and awareness programs are related to all antenatal care mothers regarding the prevention of mother to child transmission (MTCT) of HIV, as well and gender-based violence (GBV) awareness and prevention.

The National Youth Friendly Drop-in-Center located at the SFHA building where as district hospitals and health centres in Upolu and Savaii are delivering the same service. Youth friendly service provides information education and counselling materials and contraceptives for adolescents. Part of this initiative included training for health facility staff in the development and delivery of Youth Friendly Services through which to promote young people's accessing health services, including (but not exclusively) SRH services.[6]

4.3 Sexual Reproductive Health Components

Sexual and Reproductive Health is identified as a priority in the Strategy for the Development of Samoa 2012-2016. The Health Sector Plan 2008-2018 recognizes the importance of access to family planning as a means of controlling the total fertility rate (TFR) and improving reproductive, maternal and child health outcomes.[7] The National Sexual and Reproductive Health Policy identify four components in detail. Statistical information is provided before policy statements and key strategic actions are highlighted. Further detailed list of key activities are summarized in the Strategic Action Plan. The four components of SRH are as follows;

4.3.1 Safe Motherhood

Safe motherhood is one of the important components of Reproductive Health. It means ensuring that all women receive the care they need, to be safe and healthy throughout pregnancy and childbirth.[8] The optimum goal of safe motherhood is to prevent death and associated complications related to pregnancy or childbirth. Safe Motherhood can be achieved by improving the social and economic status of women and providing high quality maternal health services to all women. Women's poor health is linked to their low status in society, their lack of education and poverty and therefore efforts to reduce maternal death have to address social as well as health systems and services.

For making motherhood safe, WHO has recommended four strategic interventions which should be delivered through primary health care on the foundation of equity for women;

a) Family Planning – to ensure that individuals and couples have the information and services to plan timing, number and spacing of pregnancies.

b) Antenatal Care – to prevent complications where possible and ensure that complications of pregnancy are detected early and treated appropriately.

[5] *Samoa Sexual and Reproductive Health Rights Needs Assessment*, 2015, UNFPA, Samoa.
[6] *Samoa Sexual and Reproductive Health Rights Needs Assessment*, 2015, UNFPA, Samoa, pg 37.
[7] *Health Sector Plan 2008-2018,* Ministry of Health, Apia, Samoa.
[8] *Safe Motherhood Initiative*, retrieved in January 2017 from www.safemotherhood.org

c) Clean/safe delivery – to ensure that all birth attendants have the knowledge, skills and equipment to perform a clean and safe delivery and provide postpartum care to mother and baby.

d) Essential obstetric care – to ensure that essential care for high risk pregnancies is made available to all women who need it and complications are dealt appropriately and referred timely.

Global statistics hold that about 515,000 women die every year due to complications related to pregnancy or child birth, of which 99% are women in developing countries, making maternal mortality the health statistic with the largest disparity between developed and developing nations.[9]

Every day, approximately 830 women die from preventable causes related to pregnancy and childbirth. 99% of all maternal deaths occur in developing countries. Maternal mortality is higher in women living in rural areas and among poorer communities.

Improving the health of mothers, infants as well as birth outcomes has long been a priority area for the health sector in Samoa. As of 2015, there were an estimated 77,393 women of reproductive age of 15-44 years. The same year, there were an estimated 9,616 pregnant women, and an estimated 6,114 that gave birth that year. 2,822 women reported for antenatal care and 94% of which were screened for STIs in 2015.[10]

Maternal and child health services in Samoa are provided mostly through primary and secondary health care institutions. Most deliveries occur at public health facilities including national and district hospitals, in rural areas and in community health centres. Antenatal care in urban area is provided by both public hospital and Samoa Family health clinic and in rural areas by nurses and traditional birth attendants (TBAs) in district hospitals and community health centres as well as through outreach community visits.[11]

Maternal and child health remains a significant focus of the Health Sector. Improved antenatal care service provision throughout the country has been achieved through a commitment to:

- Improved infrastructure, equipment and resources within the National Health Service to deliver facility-based and outreach antenatal care services.
- A technically trained and supported cadre of nursing and midwifery staff through regular, in-service training and a Post-Graduate Diploma in Midwifery for qualified nurses (offered through the National University of Samoa).
- Establishment of regular community outreach activities through which nurses work with community-level volunteers (such as representatives of the Komiti Tumama – village women's committee) to identify new pregnancies and facilitate early (and subsequent) booking of the mother/parents for attendance at antenatal clinics.[12]

The Infant Mortality Rate (IMR) in Samoa stands at 15.6/1,000 live births. This is a significant reduction since 2006 which was 20.4/1,000 live births. This reduction is the result of improvements in health sector management and support of birthing and post-natal care. Less than 5 (child) mortality rate also saw a reduction, from 24.7/1,000 live births in 2006 to 19.4/1,000 live births in 2011.[13] Maternal Mortality Ratio (MMR)* increased in the period 2006-2012, from 46/100,000 births to 50/100,000 live births according to hospital records. There have

[9] Ibid
[10] *Soifua Maloloina o Fanau; Fananau Mai Study 2016; Apia Birth Health Study*, Ministry of Health, Apia, Samoa.
[11] *Samoa Demographic and Health Survey 2014*, Samoa Bureau of Statistics, Apia, Samoa.
[12] *Samoa Sexual and Reproductive Health Rights Needs Assessment*, 2015, UNFPA, Samoa.
[13] *Population and Housing Census Analytical Report 2011*, Samoa Bureau of Statistics, Apia, Samoa.

been 2 maternal deaths in Samoa in 2014, which brings down the MMR to approximately 20/100,000 live births.[14]

Table 1: Mortality and Fertility Data in Samoa

Demographics	SDHS 2009	SDHS 2014	Census 2006	Census 2011	Census 2016
Neonatal mortality	5	7	-	-	-
Post neonatal mortality	5	7	-	-	-
Infant Mortality Rate	9	15	20.4	15.6	14.3
Child Mortality	6	5	-	-	-
Under 5 mortality	15	20	24.7	22.0	17.0
Total Fertility Rate/1000	4.6	5.1	4.2	4.7	3.8
Adolescent birth rate/1000	44	56	-	-	-
Contraceptive prevalence rate (%)	29	27	-	-	-
Antenatal care coverage (%)	58.4% (at least 4 visits)	72.9 (at least 4 visits)	-	-	-

Table 1 presents mortality and fertility rates in Samoa mainly from the two national surveys conducted every five years. In observation, the Demographic and Health Survey showed a substantial increase in infant mortality and under 5 mortality rates from 9-15 and 15-20 respectively. However, figures from the Population Census showed a decreasing infant mortality rate from 20.4 in 2006, to 15.6 in 2011 and 14.3 in 2016. The same result is seen in Under 5 mortality rate from 24.7 in 2006, to 22 in 2011 and 17 in 2016. The total fertility rate showed slight changes in both surveys with the DHS presenting an increase from 4.6 in 2009 to 5.1 in 2014, whereas the Census reports a slight decline from 4.7 in 2011 to 3.8 in 2016. Before making conclusions and sensible decisions, it is important to explore why these surveys have different trends. What needs to be determined involves the questions that were asked during the surveys and sampling methods used.

The adolescent birth rate showed an escalated trend from 44 to 56. This rate raises a concern for the adolescents of Samoa, exposing teenage girls to unnecessary risks. The antenatal care coverage showed a significant improvement in terms of maternal and child health, from 58% to 73%.

4.3.2 Fertility Regulation

Knowledge about fertility control is an important step toward getting access to and using suitable contraceptive method in a timely and effective manner. A woman's desire and ability to control her fertility and her choice of contraceptive method are somehow related to her status in their families. A woman who feels that she is unable to control her life shun away from making decisions about her fertility. She may also feel the need to choose methods that are less obvious or do not depend on her partner's cooperation. Effective fertility regulation has the potential to contribute to better maternal health by reducing the number of unplanned births. Increased use of contraception has an effect on the number of maternal deaths, by reducing the number of pregnancies. Knowledge of contraceptive methods among currently married women is greater than sexually active unmarried women with 93% knowing at least one method of contraception as compared to 92% respectively.[15] Table 2 shows the knowledge of contraceptive methods in male and female.

[14] *Samoa Sexual and Reproductive Health Rights Needs Assessment*, 2015, UNFPA, Samoa.
[15] *Samoa Demographic and Health Survey 2014*, Samoa Bureau of Statistics, Apia, Samoa.

Table 2: Knowledge of Contraceptive Methods[16]

Method	Female			Male		
	All	Married	Unmarried	All	Married	Unmarried
Any Method	82.5	93.4	91.7	81.1	89.9	91.1
Any Modern Method	82.0	92.9	91.7	79.8	88.4	89.4
Female Sterilization	9.2	49.8	42.3	22.3	32.9	16.9
Male Sterilization	8.7	10.4	15.4	9.8	12.6	11.6
Pill	70.6	84.5	75.4	33.8	50.0	29.3
IUD	28.6	38.3	33.1	11.6	18.1	8.2
Injectables	72.1	87.1	83.6	34.3	52.4	32.0
Implants	5.8	6.5	11.9	5.3	6.4	7.3
Male condom	50.8	54.9	74.0	74.8	78.6	87.5
Female condom	17.8	19.0	30.3	14.9	13.9	23.6
Lactational amenorrhea	14.8	18.7	16.8	8.9	10.9	12.3
Emergency contraception	6.6	7.7	10.2	5.1	6.5	7.4
Any Traditional Method	34.4	44.7	38.5	29.7	40.1	40.0
Rhythm	28.8	37.2	36.7	12.0	18.2	11.9
Withdrawal	17.3	23.4	18.5	25.4	33.4	39.3
Folk method	3.1	4.5	5.1	1.0	1.3	1.7

As indicated in Table 2, injectables are the most commonly known by currently married women with 87%, followed by the pill at 85% and male condom with 55%. Unmarried women are similar to results by married women with the same ranking of the top three modern methods known. Implants are the least known modern method in all women. Married men ranked male condom as the most commonly known with 79%, followed by injectables 52% and pill 50%. In comparison to unmarried men, the same ranking holds with male condom at 88%, injectables 32% and pill 29%. Implants are the least known modern method amongst married men whereas emergency contraception is the least known modern method amongst unmarried men.

About 47% of all females and 48% of all males are of reproductive age (15-49 years). It is highly likely that this rate will increase in the next ten years when considering the proportion of young people who will enter their reproductive years (24.1%) as compared to those who will reach the end of their reproductive age (10.3%).[17] Samoa relatively has a young population with 56.7% at 25 years and below, hence suggesting that services should be more accessible to and concentrated on younger people.

4.3.3 Prevention and Control of Sexually Transmitted Infections

Sexually transmitted infections (STIs) such as AIDS, Chlamydia, and gonorrhea are transferred from one person to another through sexual contact. It can also lead to unintended or unplanned pregnancies and remains a public health issue of major significance in most parts of the world particularly in developing countries. The epidemic has evolved considerably resulting in countries implementing vigorous responses to the epidemic to reverse the situation. Failure to diagnose and treat STIs at an early stage may result in serious complications such as infertility, fetal wastage, ectopic pregnancy and premature death, as well as neonatal and infant infections.[18]

Amongst all STIs, Chlamydia trachomatis represents the highest prevalence with 26%.[19] This high rate could possibly increase the risk for HIV transmission which is a major concern for Samoa. Chlamydia is prevalent in pregnant women who are supposed to be a low risk group. In 2015, a

[16] *Ibid.*
[17] *Population and Housing Census Analytical Report 2011,* Samoa Bureau of Statistics, Apia, Samoa.
[18] *WHO Standard Treatment Guideline for STIs: 2003*
[19] STI Testing Reports, 2015, National Health Services, Apia, Samoa.

total of 2,025 tests for HIV and STIs largely of antenatal mothers were done at hospitals and health clinics. About 26% were confirmed to have Chlamydia.[20] A population based study found that 36.7% of women between 18-29years old have Chlamydia and most of them reside in the rural areas.[21]

The first case of HIV recorded in Samoa was in 1990. Since that time, the recorded prevalence of the virus remained low (0.005%) with no new cases. As of 2016, Samoa has a reported total of 24 cumulative HIV cases. Currently, 13 people living with HIV (PLWH) and 11 are deceased. About a quarter of the recorded HIV cases are mother to child transmission (MTCT). All reported infections occur through transmission via heterosexual intercourse. All documented living cases are currently receiving anti-retroviral treatment free of charge at specified health service providers.

As with the previous policy 2011-2016, prevention focused on raising the awareness on sexual health and modes of protection from STIs. The national response must go beyond information dissemination, education and clinical intervention towards community-based behaviour change programs. Information on preventative methods are widely available in particular within hospitals, health clinics and nightclubs. Cultural and religious perspectives are taken into consideration during interventions to ensure recognition and acceptance of health programs when done within the communities. It is crucial to be protected from STIs given its detrimental effects and when left untreated may result in contracting HIV/AIDS which is incurable. Effective strategies for reducing STIs include:

- Behavioural change interventions
- Barrier Methods (using condoms)
- Screening and case finding
- Promotion of appropriate treatment seeking behaviour
- STI case management
- Partner notification and management
- Targeted interventions and periodic presumptive treatment
- Mass Treatment

In terms of interventions in Samoa, there are various prevention programs that have been implemented by multiple partners in health under the umbrella of Sexual and Reproductive Health within the hospital setting, communities, and workplaces as well as education through colleges (high schools). Youth-focused STI and HIV prevention activities being conducted by the MWCSD Division for Youth is inclusive of;

- Young Couples programs
- Father and Sons programs
- Teen Mothers programs
- Mother and Daughters programs

4.3.4 Gender-based Violence

Gender equity and equality is a key component of Sexual and Reproductive Health Rights and a significant determinant of improved SRH. The link between gender-based violence (GBV) and health, well-being and economic development has been firmly established[22], and yet violence against women (be it physical, emotional and/or sexual violence) remains a significant issue for Samoa, where 29.5% of women between the ages of 15 and 49 believe it is acceptable for a man to physically abuse her if she argues with him, where 18.4% of women consider abuse acceptable if she goes somewhere without telling her partner, and where 17.2% of women consider physical abuse a reasonable response from her male partner if she refuses to have sex with him.[23]

[20] Ibid
[21] *Prevalence of Chlamydia trachomatis infection in Samoan women aged 18-29 and assessment of associated factors - a population based study*, 2013, University of Otago (New Zealand) and the National University of Samoa.
[22] Pacific Islands Forum Secretariat, 2013 op cit
[23] Samoa Ministry of Health, Samoa Bureau of Statistics, ICF Macro, 2010 op cit.

The MWCSD Division for Youth supports the Men Against Violence Advocacy Group (MAVAG), comprising male village representatives who support the prevention of community and domestic violence, and are advocates against gender-based violence through Father/Sons and Young Couples programs. Samoa Victims Support Group (SVSG) has been providing care and support to victims of crime in Samoa for over 10 years. It is a strong advocate for prevention of gender-based violence in the country.[24]

The National Policy for Women *of Samoa 2010-2015* presents outcomes related to reducing violence against women and improving the health of women and girls.[25] The *Crimes Act 2013* criminalises various forms of sexual violence (including rape), and the *Family Safety Act 2013* provides protection for families and the handling of domestic violence and related matters within the law, and together these policies and legislation work to protect women, girls and other vulnerable individuals from domestic violence and abuse.[26]

It is always important to screen for sexual abuse/assault and mental health issues in any intake of behavioural health or medical services. The deep connections between body-mind-spirit means that sexual trauma must be considered in all treatment planning with survivors, since it may be an underlying or predicating factor in the disease processes of addiction, depression, anti-social behavior or a variety of physical problems.[27]

Some studies suggest there is a correlation between GBV and the aftermath of a natural disaster. Temporary living circumstances increased the risk for sexual assault, as too many people from different areas lived in a confined space. In most cases the bathing facilities provided insufficient privacy and security, leading to increased peeping. Provision of 24-hour security in the shelters was a challenge. Some parents left their young girls unaccompanied in the shelter during the day whilst they attended to their flooded houses, leaving them exposed and more vulnerable for sexual assault.[28]

In comparison with the previous National SRH Policy 2011-2016, GBV was not mentioned as an issue then, however as the tide turns, GBV is becoming more prevalent in our society, hence the reason why it is articulated in this policy. This is mainly to take note of the health aspects associated with violence against women such as;

1. ***Family violence***	• Number of domestic violence received by police in 2010 was 472, whereas a large increase was noted in 2015 with 723 cases,[29]
2. ***Sexual violence***	• Indecent assault at 34%, rape at 26%,[30]
3. ***Prostitution:***	• Criminalized in Samoa, punishable by up to 3 years imprisonment,[31]
4. ***Sexual harassment in the workplace***	• Public servants are required to comply with a code of conduct for instance; to treat everyone with respect and courtesy and without coercion and harassment,[32] • Employment in the private sector is regulated under the Labour and Employment Relations Act 2013 which provides

[24] *Samoa Sexual and Reproductive Health Rights Needs Assessment*, 2015, UNFPA, Samoa.
[25] *National Policy for Women of Samoa 2010-2015;* Apia, Ministry of Women, Community and Social Development.
[26] Pacific Islands Law Officers' Network (PILON), 2015 op cit.
[27] Rowan Frost, Substance Abuse, High-risk Sex and Sexual Violence: What's the connection? Southern Arizona Center Against Sexual Assault, 16 June 2015, http://www.u.arizona.edu/sexasslt/arpep/Dec%2015.html
[28] Report on a Field Study on Gender-Based Violence (GBV) after natural disasters in Samoa, 2015, International Federation of the Red Cross and Red Crescent Societies, Apia, Samoa.p. 14
[29] Domestic Violence Unit, Ministry of Police, 2016, Apia, Samoa.
[30] Criminal Investigation Department, Ministry of Police, 2016, Apia, Samoa.
[31] Crimes Act 2013 (Samoa) ss 72-75;
[32] Public Service Act 2004 (Samoa) s 19.

	some protection against harassment.
5. Abortion	• The law provides that procuring an abortion is illegal, except in the case of a pregnancy of not more than 20 weeks where a medical practitioner is of the opinion that continuing the pregnancy will result in serious danger to the life, or to the physical or mental health, of the woman or girl.[33]

It is important to note that a small number of men experienced or physical abuse. The number was very insignificant to the fact that broader conclusions were impossible to draw from the data.[34]

5. SRH Policy Framework

5.1 Vision

The achievement of a safe sexual and reproductive health environment for all Samoans

5.2 Mission

To regulate and provide safe, quality, affordable and accessible sexual and reproductive health services for all people (women, children, infants, youth, men and transgender)

5.3 Goals

The goals of the Policy are derived from the UN Sustainable Development Goals (SDGs), which comprises of 17 aspirational global goals with 169 targets and 231 indicators disaggregated across 8 potential domains. The following presents the goals and targets related to sexual and reproductive health.

[33] Crimes Act 2013 (Samoa) s 116.
[34] The Samoa Family Health and Safety Study, 2006, Secretariat of the Pacific Community and United Nations Population Fund, Samoa. p. 57

Sustainable Development Goals related to Sexual Reproductive Health
Goal 3: Ensure healthy lives and promote well-being for all at all ages.
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.
3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births.
3.4 By 2030, reduce by one third premature mortality from Noncommunicable disease through prevention and treatment and promote mental health and well being.
3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.
3.7 By 2030, ensure universal access to sexual reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs.
3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
Goal 5: Achieve gender equality and empower all women and girls.
5.1 End all forms of discrimination against all women and girls everywhere.
5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.
5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.
Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.
16.1 Significantly reduce all forms of violence and related death rates everywhere.
16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children.

Samoa strongly supports the United Nations (UN) SDGs to succeed the Millennium Development Goals (MDGs). The support for the SDGs conveys renewed commitment by the UN to support global paths to sustainable development by 2030 with key focus on people, peace, prosperity, partnerships and the planet. The above goals and targets are built into the Strategic Plan of Action for this policy document.

6. Key Strategic Areas (KSA)

The National Sexual Reproductive Health Policy 2017-2022 mirrors the key strategic areas articulated in the Regional Framework for Sexual Reproductive Health.[35]

6.1 KSA 1: Governance, Leadership & Partnerships

Policy: Good governance measures including strategic vision, participation, transparency and accountability shall be promoted and encouraged at all levels including national and village levels. Comprehensive and sustainable networks shall be achieved by all SRH stakeholders working together toward a common goal.

Key Outcomes:

1.1 Reproductive Rights and SRH demand promoted

1.2 Stakeholders' participation in advocacy programs and policy dialogues improved.

1.3 Sexual Reproductive Health is integrated in relevant public health policies.

6.2 KSA 2: Demand for and Supply of Sexual Reproductive Health Services

Policy: Sexual Reproductive Health services shall be made available, accessible, affordable, and of highest quality.

Key Outcomes:

2.1 Maternal mortality and morbidity reduced.

2.2 Referral systems for maternal cases are strengthened.

2.3 Adolescent Health Improved.

2.4 Family Planning Service Improved.

2.5 National Cervical Cancer Screening Program conducted.

2.6 Incidence of HIV infected pregnant women reduced.

2.7 HIV prevention programs coverage.

6.3 KSA 3: Financing

Policy: Financing mechanisms shall be in place to ensure SRH services, activities and programs are implemented and sustained.

Key Outcomes:

3.1 Affordable quality Sexual Reproductive Health approaches/interventions.

3.2 Mechanisms are in place to reduce financial barriers to services

[35] *Regional Framework for Reproductive Health in the Western Pacific*, 2013, World Health Organization, Geneva, Switzerland.

6.4 KSA 4: Information, Education, Awareness and Research

Policy: Every Samoan within the reproductive age group (15-49)and older shall be informed of the SRH services available, are aware of their SRH Rights and when to exercise them.

Key Outcomes:

4.1 Access of adolescents to sexual reproductive health and rights information and counselling enhanced.

4.2 Coverage of sexual reproductive health mass media messages improved.

6.5 KSA 5: Commodities and Medical Products

Policy: SRH commodities shall be made available all health facilities.

Key Outcomes:

5.1 Accessibility of sexual reproductive health commodities improved.

5.2 Unwanted pregnancy rate reduced.

6.6 KSA 6: Health Workforce

Policy: Health workers working under SRH such as medical doctors, nurses, laboratory scientists, community health workers, mental health workers and managers shall be well-equipped with the right skill-set and technical knowledge in performing their duties. They shall be offered trainings both long-term and short-term to enhance their capacity in their respective fields.

Key Outcomes:

6.1 Effective workforce management and human resources

6.2 Workforce capacity building

7. Monitoring and Evaluation

Monitoring and evaluation (M&E) is about collecting, storing, analyzing and finally transforming data into strategic information so it can be used to make informed decisions for program management and improvement, policy formulation and advocacy.

The Ministry of Health through the Strategic Planning Policy and Research Division in collaboration with the SRH staff under Nursing and Midwifery Division shall conduct the M&E of the National Sexual Reproductive Health Policy 2018-2023 at the end of its term. The M&E report shall present the activities implemented during the 5 year period, the challenges faced during implementation of programs and rolled-over activities.

It is crucial to note that this policy is also monitored against Samoa's overall progress in meeting the Strategic Development Goals (SDGs) as presented earlier. Other issues pertaining to HIV/AIDS are covered under the National HIV, AIDS, STI and TB Policy 2017-2022 and are hereby cross-referenced in this policy document.

Strategic Plan of Action 2018-2023

Key Strategic Area 1:	Governance, Leadership & Partnerships						
Policy: Good governance measures including strategic vision, participation, transparency and accountability shall be promoted and encouraged at all levels including national and village levels. Comprehensive and sustainable networks shall be achieved by all SRH stakeholders working together toward a common goal.							
Key Outcomes	**Outputs**	**Indicators**	**Targets**	**Data Source**	**Monitoring Frequency**	**Costing**	**Source of Funds**
1.1 Reproductive Rights and SRH demand promoted	Advocate inclusion of Sexual Reproductive Health in other humanitarian policies and relevant health policies and strategies using evidence based arguments and emphasizing reproductive rights.	Proportion of population who knows and understands their reproductive rights.	At least 95% of the population at the age of 15 years and above	• SRH monitoring visits • Health Advocacy Programs • DHS	Annually	SAT50,000.00	Local Budget WHO Budget UNFPA
1.2 Stakeholders' participation in advocacy programs and policy dialogues improved.	Mobilize civil society organizations to undertake evidence-based advocacy and participate in policy dialogues.	No. of civil society organizations participated in SRH related policy dialogues.	At least 90% of relevant civil society organizations are involved.	• SRH related health policy dialogues reports. • SRH Stakeholder Meeting reports.		SAT50,000.00	Local Budget WHO Budget UNFPA

Key Strategic Area 1:	Governance, Leadership & Partnerships						
Policy: Good governance measures including strategic vision, participation, transparency and accountability shall be promoted and encouraged at all levels including national and village levels. Comprehensive and sustainable networks shall be achieved by all SRH stakeholders working together toward a common goal.							
Key Outcomes	**Outputs**	**Indicators**	**Targets**	**Data Source**	**Monitoring Frequency**	**Costing**	**Source of Funds**
1.3 Sexual Reproductive Health is integrated in relevant public health policies.	Review existing documents, policies and laws pertaining to sexual and reproductive health, with a view to accelerating progress	Evidence of SRH related documents and laws being reviewed	Implementation and review of the National Sexual Reproductive Health Policy	• Health Sector Review Reports • Education Sector Review Reports • SRH Monitoring Reports	Annually	SAT25,000.00	Local Budget WHO UNFPA
			Implementation and review of the National School Nurse Policy		Annually	SAT25,000.00	
	Integrate SRH in other relevant public policies	Evidence of SRH integration in other relevant public policies	Implementation and review of the HIV/AIDS Policy 2018-2023		Annually	SAT25,000.00	
			Antenatal Care and Family Planning Guidelines reviewed and updated		By 2023	SAT30,000.00	

Key Strategic Area 2:	Access to and utilization of quality sexual reproductive health services						
Policy: Sexual Reproductive Health services shall be made available, accessible, affordable, and of highest quality.							
Key Outcomes	**Outputs**	**Indicators**	**Targets**	**Data Source**	**Monitoring Frequency**	**Costing**	**Source of Funds**
2.1 Maternal mortality and morbidity reduced.	Introduce essential package of interventions for care during labour and delivery: - Monitoring the progress of labour using a pantograph - Use aseptic practices - Support the birthing position of the of the mother's choice - Avoid medical episiotomy unless specifically indicated - Prevent postpartum hemorrhage through active management of third stage of labour	Proportion of births attended by skilled health personnel	100% of births attended by skilled personnel	• Hospital Records • DHS • MOH Annual Reports • SRH Monitoring Visits Reports	Monthly	SAT75,000.00	Local Budget WHO UNFPA
		Caesarean sections as a proportion of all births	Proportion of unnecessary caesarean sections reported		Annually	SAT5,000.00	
		Proportion of health facilities that provide postpartum, post abortion and/or HIV services	At least 95% of all health facilities providing maternal health services.		Quarterly	SAT5,000.00	
		No. of maternal deaths related to childbearing in a given time period.	Less than 2 deaths per year	• Health Information System	Annually	SAT5,000.00	Local Budget UNFPA WHO
2.2 Referral System for maternal cases is strengthened.	Support the strengthening of emergency referral systems including elements of transport and communication	Evidence of maternal referral from health centres and district hospitals to	Maternal Referral Guidelines in place	• SRH Monitoring Visits Reports	Quarterly	SAT20,000.00	Local Budget WHO

Key Strategic Area 2:	Access to and utilization of quality sexual reproductive health services						
Policy: Sexual Reproductive Health services shall be made available, accessible, affordable, and of highest quality.							
Key Outcomes	**Outputs**	**Indicators**	**Targets**	**Data Source**	**Monitoring Frequency**	**Costing**	**Source of Funds**
		referral hospitals.					
2.3 Adolescent Health Improved	Develop adolescent health interventions	Adolescent Fertility Rate reduced	Reduce adolescent birth rate to 10%	• SRH Monitoring Visits Reports • DHS	Quarterly Every 5 years	SAT50,000.00	Local Budget WHO UNFPA
	Improve adolescent health services	No. of health facilities (both public and private) providing youth friendly services	At least 60% of health facilities provide youth friendly services	• SRH Monitoring Visits Reports	Quarterly	SAT50,000.00	Local Budget UNFPA
		Female adolescents (aged 13 – 15 years) who have had three doses of HPV vaccine	No. of female adolescent receiving course of vaccine	• HPV Immunization Reports	Annually	SAT55,000.00	Local Budget WHO UNFPA
2.4 Family Planning Service Improved	Conduct advocacy programs on family planning.	Percentage of women aged 15-49 years who are sexually active, who are currently using or whose sexual partner is using at least one method of contraception	Increase contraceptive prevalence rate to 80%	• SRH Monitoring Visits Reports • DHS	Quarterly Every 5 years	SAT50,000.00	Local Budget WHO UNFPA

Key Strategic Area 2:	Access to and utilization of quality sexual reproductive health services						
Policy: Sexual Reproductive Health services shall be made available, accessible, affordable, and of highest quality.							
Key Outcomes	**Outputs**	**Indicators**	**Targets**	**Data Source**	**Monitoring Frequency**	**Costing**	**Source of Funds**
		regardless of method used					
2.5 National Cervical Cancer Screening Program conducted	Conduct cervical cancer screening program for women aged 15-49 years.	Coverage of national cervical cancer screening program	At least 80% coverage depending on the women's age.	• Cancer Registration • SRH Monitoring Reports	Annually Quarterly	SAT100,000.00	Local Budget WHO UNFPA
2.6 Incidence of HIV infected pregnant women reduced.	Conduct HIV tests for pregnant women during antenatal care visits	Pregnant women aged 15-24 years who are tested for HIV during antenatal care visits and have positive test results.	At least 90% of pregnant women are tested for HIV during antenatal care visits.	• Antenatal Clinic Reports • Private Service Providers Report • SRH Monitoring Reports	Annually Quarterly	SAT10,000.00	Local Budget WHO UNFPA
2.7 HIV Prevention Programs coverage	Conduct HIV Prevention programs for most at risk populations.	Percentage of most at risk populations reached with HIV prevention programs.	At least 90% of most at risk populations receive HIV prevention services	• HIV Monitoring Reports • MOH Annual Reports • Related CBOs reports	Annually	SAT25,000.00	Local Budget WHO Biennium UNFPA

Key Strategic Area 3:	Financing						
Policy: Financing mechanisms shall be in place to ensure SRH services, activities and programs are implemented and sustained							
Key Outcomes	**Outputs**	**Indicators**	**Targets**	**Data Source**	**Monitoring Frequency**	**Costing**	**Source of Funds**
3.1 Affordable quality Sexual Reproductive Health approaches/interventions	Develop approaches to ensure that priority target populations such as adolescents, people living with HIV/AIDs can afford and access Sexual Reproductive Health related services in demand.	Proportion of priority target populations accessing SRH and HIV Prevention and counselling services	At least 90% of priority target populations access prevention and counselling services free of charge	• MOH Annual Reports	Annually	SAT10,000.00	Local Budget WHO UNFPA
	Ensure sufficient budget allocation to support the implementation of Sexual Reproductive Health programs and activities	Evidence of budget allocation for sexual reproductive health programs and activities.	Estimated costs of key interventions in promoting sexual health	• MOH Annual Reports	Annually	SAT20,000.00	Local Budget WHO UNFPA
3.2 Mechanisms are in place to reduce financial barriers to services	Identify Sexual Reproductive Health Services that are provided for free at the point of care and for whom.	Evidence of mechanisms established to reduce financial barriers to Sexual Reproductive Health Services.	List of SRH services provided for free	• SRH Monitoring Reports • MOH Annual Reports	Annually	SAT10,000.00	Local Budget WHO UNFPA

Key Strategic Area 4:	Information, Education Awareness and Research						
Policy: **Every Samoan within the reproductive age group (15-49) and older shall be informed of the SRH services available, are aware of their SRH Rights and when to exercise them.**							
Key Outcomes	**Outputs**	**Indicators**	**Targets**	**Data Source**	**Monitoring Frequency**	**Costing**	**Source of Funds**
4.1 Access of adolescents to sexual reproductive health and rights information and counseling enhanced	Provide comprehensive sexual and reproductive health and rights information and counseling for adolescents	Comprehensive sexual and reproductive health and rights information and counselling accessed by youth	Evidence of adolescents having at least a basic knowledge of basic sexual and reproductive health and rights	• Monitoring Visits Reports • DHS	Annually Every 5 years	SAT10,000.00	Local Budget WHO UNFPA
4.2 Coverage of SRH mass media messages improved	Conduct mass media that is tailored towards: - improving antenatal care and family planning - promoting youth friendly services available and - adolescent health & HIV	Sexual Reproductive Health Awareness Coverage	Proportion of SRH key populations served or reached by SRH awareness and educational programs	• Monitoring Visits Reports • DHS • Research	Annually Every 5 years When necessary	SAT50,000.00	Local Budget WHO UNFPA

Key Strategic Area 5:	Commodities and Medical Products						
Policy: **SRH commodities shall be made available all health facilities**							
Key Outcomes	**Outputs**	**Indicators**	**Targets**	**Data Source**	**Monitoring Frequency**	**Costing**	**Source of Funds**
5.1 Accessibility of Sexual Reproductive Health commodities improved	Ensure sufficient supplies of condoms at retail outlets, youth centers, health clinics, school clinics, and pharmacies	Condom availability for young people aged 15 – 24 years	Percentage of randomly selected sites and venues typically accessed by young men and women aged 15-24 years which have condoms in stock	• Monitoring visits Reports • Annual Reports	Quarterly Annually	SAT20,000.00	Local Budget WHO UNFPA
5.2 Unwanted pregnancy rate reduced.	Conduct Sexual Reproductive Health	Contraceptive Prevalence Rate	Percentage of women of reproductive age who are using (or whose partner is using) a contraceptive method at a particular point in time, almost always reported for women married or in sexual union	• DHS	By 2030	SAT25,000.00	Local Budget WHO UNFPA

Key Strategic Area 6:	Health Workforce						
Policy: **Health workers working under SRH such as medical doctors, nurses, laboratory scientists, community health workers, mental health workers and managers shall be well-equipped with the right skill-set and technical knowledge in performing their duties. They shall be offered trainings both long-term and short-term to enhance their capacity in their respective fields.**							
Key Outcomes	**Outputs**	**Indicators**	**Targets**	**Data Source**	**Monitoring Frequency**	**Costing**	**Source of Funds**
6.1 Effective workforce management and human resources	Ensure health professionals who provide maternal health services also provide family planning services considering their close linkages	Percentage of health workers who have received in-service training or continuous professional development in family planning and maternal health or a related topic of interest	Proportion of health workers currently in the health workforce who can provide both maternal health and family planning services or any related SRH services	• Human Resources for Health Information System	Annually	SAT20,000.00	Local Budget WHO UNFPA
	Delegate distribution of some methods of family planning through relevant channels in the community						
6.2 Workforce capacity building	Increase capacity for providing modern methods of contraception, especially IUD insertion, injectable and other modern methods at community and primary care levels.	Demonstrated organizational capacity to carry out training for providing modern methods of contraception on a sustained basis	Evidence of the implementation and monitoring of a long-term strategy and annual training work plans developed	• Monitoring Reports • Annual Reports	Annually	SAT50,000.00	Local Budget WHO UNFPA
	Improve service providers' capacity in counseling users, in helping them select contraceptive methods and in address infertility.	Existence of training strategy based on needs assessment to improve quality of service delivery	Evidence of a needs assessment conducted and used in developing the strategy; information from those involved in developing the strategy	• Monitoring Reports • Annual Reports	Annually	SAT50,000.00	Local Budget WHO UNFPA

Annex 1: References

1) Crimes Act 2013 (Samoa).
2) Criminal Investigation Department, Ministry of Police, 2016, Apia, Samoa.
3) *Definition of Sexual and Reproductive Health*, retrieved December 2016 from http://www.unfpa.org/sexual-reproductive-health
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14) *Regional Framework for Reproductive Health in the Western Pacific*, 2013, World Health Organization, Geneva, Switzerland.
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18) *Samoa Demographic and Health Survey 2014*, Samoa Bureau of Statistics, Apia, Samoa.
19) *Samoa Sexual and Reproductive Health Rights Needs Assessment*, 2015, UNFPA, Samoa.
20) Samoa Ministry of Health, Samoa Bureau of Statistics, ICF Macro, 2010 op cit.
21) *Soifua Maloloina o Fanau; Fananau Mai Study 2016; Apia Birth Health Study,* Ministry of Health, Apia, Samoa.
22) STI Testing Reports, 2015, National Health Services, Apia, Samoa.
23) *The Samoa Family Health and Safety Study*, 2006, Secretariat of the Pacific Community and United Nations Population Fund, Samoa.
24) *WHO Definition of Reproductive Health*, retrieved August 2016 from http://www.who.int/topics/reproductive_health/en/
25) *WHO Standard Treatment Guideline for STIs: 2003*

Annex 2: Definition of Key Terms

1. Abortion: pregnancy termination prior to 20 weeks gestation or fetus born weighing less than 500grams.

2. Chlamydia: is a sexually transmitted infection caused by the bacterium Chlamydia trachomatis. Most people who are infected show no symptoms. It can affect both women and men. Women can get chlamydia in the cervix, rectum or throat. Men can get chlamydia in the urethra, rectum or throat.

3. Contraceptives: a device or drug that prevents pregnancy by interfering with the normal process of ovulation, fertilization and implantation.

4. Ectopic pregnancy: a pregnancy that is not in the uterus. The fertilized egg implants in any location other than the inner lining of the uterus.

5. Fetal wastage: loss of an embryo or fetus through spontaneous abortion or stillbirth.

6. Gonorrhea: is an infection caused by a sexually transmitted bacterium that can affect both males and females. Gonorrhea most often affects the urethra, rectum or throat. In females, gonorrhea can also infect the cervix.

7. Health: a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

8. Infertility: is a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse.

9. Miscarriage: the spontaneous or unplanned expulsion of a fetus from the womb before it is able to survive independently.

10. Persons with Disability: Any person with physical, sensory, mental psychological or any other impairment, condition or illness that has, or is perceived by significant sectors of the community to have a substantial or long-term effect to carry out ordinary daily activities.

11. Reproductive Health: is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive processes, functions and system at all stages in life

12. Sexual Health: A state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction of infirmity. Sexual health requires a position and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free from coercion, discrimination and violence.

13. Sexuality: It is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed.

14. Sexually Transmitted Infections: are infections that are passed on from one person to another through sexual contact, and sometimes by genital contact.