MESSAGE FROM THE MINISTER

“O au o matua fanau”

This Samoan adage captures the preciousness of children as blessings bestowed upon parents, communities and nations. They are to be cared for and nurtured in an environment where their self esteem and sense of destiny are secure. In due course they will also be depended on and responsible for the survival and posterity of their families, communities and nation.

Children must be able to live and thrive in an environment which is safe and nurturing for their physical, emotional, cognitive, spiritual and social development. As active participants in all matters affecting their lives, they must be given the space and time to have their views heard and acknowledged. The Government and people of Samoa through the MWCSD are committed to ensuring that the best interests of the child be a primary consideration in all decisions or actions that affect the child or children as a group. Under the Government’s sector reforms for strengthening policy development and monitoring frameworks, it emphasizes the need to improve outcomes for all individuals including our children. This framework is therefore intended to guide and support the work of the sector partners to ensure a more accessible, timeliness, responsiveness and integrated approach and should also provide the basis for monitoring programs and services targeted at child development and child protection.

It is therefore the intention of this policy document to provide an overall framework that will guide the work for the care, protection and development of all our children in Samoa. This policy document aligns itself with the government of Samoa’s commitment to the Convention on the Rights of the Child, “World Fit for Children”, and the Millennium Development Goals which puts child development as a top priority in national policy and planning.

It is the intention of the MWCSD that the full implementation of the policy document will build on the work that is carried out every day by the different government ministries such as Health, Education, Law and Justice to name a few., NGOs, civil society, community based organisation and parents/ caregivers to give children, young people and their carers the support they need to thrive, grow, and prosper.

Honourable Fiame Naomi Mataafa

MINISTER FOR WOMEN COMMUNITY AND SOCIAL DEVELOPMENT
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1. INTRODUCTION

The development of children from early years onwards is a determinant of how a person will contribute to the economy and society. The importance of children at the outset, as citizens are acknowledged and protected by the Samoan Constitution. While we note that our children are thriving, there is now increasing evidence that show the increased vulnerability of children in areas of declining health, education failure, disability, offending and anti social behavior. It is critical to acknowledge that unless the appropriate investment is made in the early childhood years, the adulthood years will not reap prosperity. To this end, the consideration of a policy for children that draws in the different sectors with a key stake in children is an essential part of our economic and social sustainability. A focus on the needs of children and their families is the key to improving the quality and prosperity of Samoan society now and in the future.

The vision for the Government of Samoa as stipulated in the Strategy for Development (SDS 2008-2012) is “Improved Quality of Life for All”. This vision reiterates the need for all sectors to address issues fro children from their own perspective in line with the direction of this Policy. The National Policy for children is further based on the vision for the Government of Samoa’s Strategy for Development (SDS 2008-2012), which is “Improved Quality of Life for All”. The obligations of the government of Samoa as a party to the Convention on the Rights of the Child also concur with this vision because the well being of children is not only a moral obligation but also the key to future economic growth and symbolic of the survival and wellbeing of Samoan society. This policy is also in line with the “World Fit for Children”, a commitment made by world leaders to give every child a better future.

The Policy for Children applies to relevant individuals, organizations – both government and non government, institutions, communities and civil society organizations whose involvement, relations or actions may impact on children 0-18 years of age as specified by the definition of child within the Convention. The policy is also linked to the work, policies and strategies of all the relevant sectors of Government such as Health, Education, Law and Justice and Finance in order for children and young people to realise their full potential and to get the support they need to thrive, grow, and prosper.

2. PURPOSE OF POLICY

The National Policy on Children is an overarching framework that provides the direction for the care, protection and development of children from birth to 18 years of age. It takes into account the various services and programs for children and multi level interventions in the settings of family, church, school, village and the wider community. It also views children as having valuable knowledge to contribute to developing, evaluating policies, services and decisions that affect them.

The Policy is understood to be a key delivery mechanism that would support the set goals of all sector partners to achieve the vision of the Government of Samoa’s Strategy for Development.

This Policy document shall direct the work of all Government stakeholders and its partners on child development and child protection. It should also provide the basis for monitoring programs and services targeted at child development and child protection in order to ensure that Samoa as a Government is indeed responding to the needs of children.
3. POLICY OBJECTIVES:

The overall goal of the Policy is to protect and improve the quality of life for all children in an equitable way within the social and cultural environmental context of Samoa. It therefore focuses on the need to strengthen and improve existing mechanisms, structures and measures for child development and the care and protection of children at all levels. The objectives of this policy are therefore as follows:

1. To develop and implement a national agenda for children in line with Government’s national vision for development.
2. To strengthen coordination, monitoring and evaluation of all programs and services targeted at children.
3. To enhance cross sectoral commitment and ownership of the focus on child development and child protection in Samoa.

4. POLICY ISSUES:

To put children’s issues into perspective, we need to survey the landscape and provide information about the prevailing society, which can be grouped under the following inter-related issues consistent with the National Policy and Plan of Action Framework:

- Children’s Health;
- Children's legal and human rights;
- Children’s access to services
- Children and quality education; and
- Child protection

Children’s Health

Access to quality health care - There is free primary (except after 4 pm at the Tupua Tamasese Meaole Hospital) and secondary care for children under 5 years of age in all government facilities. There is also now a separate pediatrics outpatient clinic at the TTM Hospital. However, despite the upgrade in health facilities, the long waiting queues, lack of specialists pediatricians and poor tertiary service care continues to be a problem and is often reported in the media. Samoa’s Health Care System, which is predominately a public service, has a well developed Primary Health Care and Health Promotion System resulting largely from the collaboration between the national network of village women’s committees (Komiti Tumama and or Komiti tina ma tamaitai) and community nursing services in the delivery of health programmes to the community. However, as reported in the 2nd MDG progress report, Samoa’s child mortality rate is quite low if compared to international standards and is a cause for concern as the child and infant mortality are the basic indicators of a country’s socioeconomic situation and quality of life.

The latest review of the MDG indicators in terms of the goal around Reduction of Child Mortality indicates that Samoa is on track to achieving the MDG target. Nevertheless, despite this seemingly positive indicator, the trend of infant mortality have increased; 15 deaths per 1,000 births during the most recent five year period, implying at least 1 in every 66 children born in Samoa during the period died before reaching a fifth birthday. An interesting observation to be noted is that mortality levels in rural areas tend to be consistently higher than
those in urban areas. In the ten year period before the survey, infant mortality in rural areas was 11 deaths per 1,000 live births, compared to 36 deaths per 1,000 live births in the urban areas. When interpreting this data and using it to inform policy and programmes, it would require a closer analysis of socio economic and demographic characteristics of mothers and children. Variables such as residence, region, mother education and household wealth status would be significant considerations.

Low Birth Registration – The same report records that the births of 48 percent of children under age 5 in Samoa have been registered. Children age 2-4 years (57%) are markedly more likely to have births registered than those younger than 2 years (35%), possibly reflecting the fact that Samoan children are allowed to enter school starting at the age of 5 and a birth certificate is commonly required for enrolment. There appears to be no variation according to sex of the child however evidence shows that children in rural areas are less likely to have their births registered. Data collected through the MWCSD’s Government Women Representative performance management system indicates the high number of mothers giving birth in the rural villages delivered by TBAs. There is a concern here that is worth investigating, on whether the babies born in the villages are registered or are slipping through the system, which therefore explains the low birth registration.

Low Birth weight – The 2010 MDG report notes the slight increase in the proportion of the population living below the food poverty line which is at 5%, therefore raising the concern of the poorest households receiving inadequate nutrition despite the increasing trend in dietary energy supply. Population falling below the Basic poverty line increased from 22.9 percent in 2002 to 26.9 percent in 2008 with the likelihood of more households and individuals including children, experiencing increasing levels of hardship and difficulty in meeting their basic needs expenditure. A child’s birth weight is an important indicator of the child’s vulnerability to the risk of childhood illnesses and chances of survival. Children whose birth weight is less than 2.5 kilograms, or children reported to be ‘very small’ or ‘smaller than average’ are considered to have a higher than average risk of early childhood death. Overall the 2009 Survey reports 84% of births are reported as ‘average of larger’ by mothers, 11 percent are reported as ’smaller than average’ and 3 percent as ‘very small’.

Low Childhood Vaccination coverage – Overall the DHS 2009 reported 25% of children aged 18-29months in Samoa as fully immunized with all basic vaccinations at any time before the survey. Only 15% of children received no vaccinations. The trend tends to be that coverage is higher for the first dose of DPT and Polio vaccination and declines with the 2nd and 3rd dose signaling drop out of about approximately 50% for both DPT and Polio. The MDG indicator for percentage of children one year of age immunized against measles is 53%. Samoa in the age cohort of 18months – 29months recorded at least 63% of children having received at least one dose of the measles vaccine.

Household Drinking water – The DHS 2009 reports that overall 98% of households obtain their water from an improved source. Surprisingly it notes no difference between urban and rural households in access to these improved sources. It notes that 81% of households have access to piped water in their dwelling, yard or plot and just 1% access drinking water from a public tap. The availability of and accessibility to improved drinking water may, to a large degree minimize the presence of water-borne diseases among household members, particularly children.
Hygiene and sanitation remain problematic for many schools and families not having proper toilet facilities and treated drinking water, some more serious in some of the urban and inland rural settlements. Such problems have expanded since the TSUNAMI of 29th September 2009 and will continue to do so with the adverse effects of climate change and unpredictable weather patterns. There are national programs implemented and monitored through the work of the government women representatives, the village mayors and the village women committees where they have made a difference in ensuring hygiene and proper sanitation for children.

**Children’s legal and human rights**

**Increasing child and youth offending** - While attempts have been made through the Ministry of Justice, Courts and Administration and the Ministry of Police and Prisons to reduce child and youth offending, statistics to date show evidence of the increasing number of young people that do come into contact with the law, as well as evident of repeat offending amongst the young people.

**Limited Service support for child victims including their carers and community supervisors** - Samoa’s new Youth Offenders Act 2008 and Community Justice Sentencing Act 2008 are significant pieces of legislation that address country specific issues with regards to youth offending and innovative non-custodial community sentencing options. The Family Safety Bill 2009 once passed into legislation also addresses to a significant degree the rights of the child and his/her best interests in circumstances of domestic violence, however implementation of these Acts by all parties involved will also be a real challenge. Cabinet has also approved the establishment of a Rehabilitation Centre for young people, and while this is a very positive initiative, the issue of the available human resources to deal with these children and young people still remains. It is envisaged that appropriate training and capacity building opportunities would be provided so that staff that would be dealing with children and young people in this setting would be equipped with the necessary knowledge and skills.

**Children with Disabilities** - Significant steps and commitments at the government level are being navigated at the moment so an indication can be made in terms of Samoa becoming a state party to this Convention; a significant human rights treaty to compliment our intentions in terms of the ratification of the CRC and CEDAW conventions.

**Children’s Access to Services**

**Inadequate Counseling services** - Counseling services available for children are provided mainly by the non government organizations. There is a Mental health Unit set up under the National Health Services, however it is under resourced and is not easily accessible to children and young people who are in need of such a service.

**Child Victims of Abuse & Exploitation** - Only a few NGOs; Mapusaga o Aiga, Samoa Victim Support Group, Catholic Family Ministry/Fiaola Crisis Centre provide some kind of assistance to children who are victims of abuse. The lack of adequate and appropriate services in place to address the needs of children in difficult circumstances means that all the efforts in the current legal system are directed towards the offender thus overlooking the need to address issues for children under such circumstances.

There has been no need for such alternative or institutional care for child victims of abuse up to now apart from the shelter operated by Samoa Victim Support and the Catholic Family Ministry because the Samoan extended family setup has always taken care of its own and others
who seek refuge there. The situation however is changing with the growth of a monetized economy and changing way of life. The increasing number of crimes involving and affecting children has brought about the need for relevant services in particular the availability of social work professionals to work with children in this area. So far, this work is being done by NGOs, the church and other volunteer services. It is anticipated that in line with the public sector reforms, MWCSD will continue to facilitate support for NGOs where relevant in order to ensure that they are able to provide the needed services for children.

Children and quality education
Low primary school attendance & secondary completion rates - The recently completed Demographic Health Survey (DHS), 2009 records that 89% of children aged 5-12 are attending primary school. Note the MDG indicator for achieving universal primary education is based on enrolment achievements of 88.5%. Secondary School figures for age group 13-18 are much lower. Only 59% of those students aged 13-18 who should be attending are attending with much wider gender gap in favor of females (70%) than for males (51%). The attendance rate for rural areas (63%) at secondary education is much lower than for urban areas (68%). There appears also to be a strong relationship between household economic status and school attendance, which is most evident for secondary school education. It is reported that primary school attendance increases from 85% from the poorest households to 91% among the richer households. Similarly for secondary school, it increases from 50% percent among children in the lowest wealth quintile to 67% amongst the highest wealth quintile.

Early intervention and Education opportunities for children with special needs - Whilst the establishment of the special needs units in government schools saw an initial rise in the number of children with disabilities attending school the number again dropped due to operational difficulties. Evidence is also available to suggest that people born with a disability or acquired their disability as children within the first 5 years of life have the highest percentages of exclusion from education systems. Referrals of new born babies and children detected with impairment from the Ministry of Health continues to be made to the Loto Taumafai Early Intervention programme which is the only village based program available on island that focuses on prevention and rehabilitation of children with disabilities under the age group of 15 year. The programme continues to support at least 300 families of children with disabilities and is struggling with the limited financial and human resources available to cater for the increasing demand for such services.

Insufficient educational resources - Much has been achieved in improving certain areas of education for children in Samoa. For example the extent of upgrading and construction of buildings has been nation wide. However in-house conditions such as over crowding, lack of relevantly trained and qualified teachers, lack of facilities and resources such as well stocked libraries, classroom furniture, computers, science equipment, sports equipment and adequate curriculum materials; these to name a few are inadequate for many schools and in many cases non-existent. There is still a dearth of necessary school materials written in Samoan and English which include text books and literary materials for reading and language development from early schooling to secondary levels.
Child Protection

Insufficient Disaggregated Database for Children – the need for a centralized database to store all relevant data pertaining to child protection was identified back in 2004. This led to the development of the Child Protection Information System (CPIS) that is operated and maintained with the MWCSD. However, the lack of regular maintenance including the update of statistics, analysis and dissemination of information is difficult due to capacity issues of resources that are needed to maintain and fully operate such a system. Importance of the Child Protection Information System cannot be overstated. Its specific objectives are to develop an easy to use database that provides comprehensive, timely, comparable and reliable information on child protection through an ongoing participatory data collecting system; establish an ongoing mechanism to monitor the progress of child protection efforts, and be a resource to national agencies to monitor policies, activities and programs related to child protection.

Children in difficult circumstances - child vendors – Despite the passing of the Education Act 2010 and the commencement of the school fee relief scheme, child vendors continue to be seen operating day and night around central Apia. It has been noted that child street vendors are ‘early starters’ in that they choose not to continue their education but choose instead to start earning a living, support family necessities such as food, clothes, electricity bill, church donations and family faalavelave. However, there are negative aspects which can have lasting ill effects on the children. These include the poor lifestyle habits being developed, staying up late, lack of sleep, eating junk food, picking up bad street habits, poor personal hygiene and sanitation plus the emotional trauma from the verbal abuse hurled at them on the streets. There appears to be a general lack of awareness by the public and parents including inadequate enforcement by the authorities of the legislations that are available to assist in enforcing children to go to School and to get their parents to look at other options rather than sending their children out to earn money. Child victims of domestic and sexual violence - The cases reported to the Ministry of Police from January to June 2010 show 296 cases of domestic violence involving children as well. Furthermore, the most common forms of sexual abuse cases against children reported in the last 12 months are; indecent assault, rape and carnal knowledge. Such statistics is staggering and requires a whole new approach to tackling the problem.

Samoa is in transition regarding widely held beliefs on discipline of children, and is slowly moving away from applying physical discipline towards alternate forms of discipline. Nevertheless, teachers’ practicing corporal punishment is still commonplace. The media regularly reports cases of students who have been severely and physically punished by teachers, resulting in medical care being sought. Often and depending on the parents, these cases are referred to the Police to investigate whether charges of assault could be laid against the teachers concerned.

The Knowledge, Attitudes, Behaviour (KABP) baseline survey report for Samoa that was carried out in 2004 as part of the Pacific Children’s Programme identified that physical abuse is the most recognised type of abuse according to survey findings-89% of respondents identified different forms of physical abuse that exist.\(^1\) Smacking (sasa) was the most common form of abuse, but also beating children with brooms, sticks, heavy objects, a combination of smacking, throwing stones and slapping the mouth were also mentioned by respondents.

\(^1\) PCP KABP Baseline Survey Report for Samoa, May 2004 pg. 14
5. POLICY VISION & MISSION:

**Vision**

*For every child in Samoa to grow up in settings where they are nurtured in body, mind and spirit and have the freedom to enjoy all human rights; to develop to the fullest potential within environments that invite learning and leisure; to be protected from harm of any kind and to participate fully within family, cultural and social ways of life.*

**Mission**

*Develop and strengthen effective and collaborative partnerships in the context of promoting and protecting the wellbeing of children and providing the equitable and enabling social, economic, cultural and environmental landscape so that all children of Samoa can reach their full potential.*

6. POLICY GUIDING VALUES & PRINCIPLES:

The National Policy for Children will be guided by the following guiding principles of the Convention on the Rights of the Child:

**Non-discrimination:** The Convention applies to all children, whatever their race, religion or abilities; whatever they think or say, whatever type of family they come from. It doesn’t matter where children live, what language they speak, what their parents do, whether they are boys or girls, what their culture is, whether they have a disability or whether they are rich or poor. No child should be treated unfairly on any basis.

**Best interests of the child:** The best interests of children must be the primary concern in making decisions that may affect them. All adults should do what is best for children. When adults make decisions, they should think about how their decisions will affect children. This particularly applies to budget, policy and law makers.

**Right to life, survival and development:** Children have the right to live. Governments should ensure that children survive and develop healthily.

**Respect for the views of the child:** When adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account. This does not mean that children can now tell their parents what to do. This Convention encourages adults to listen to the opinions of children and involve them in decision-making – not give children authority over adults. Article 12 does not interfere with parents’ right and responsibility to express their views on matters affecting their children.

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2 *(The Healthy Islands Vision is a regional commitment declared by Pacific Island Ministers of Health (1995 Fiji). The coordinating agency was the former Ministry of Women Affairs which facilitated the successful realization of the Healthy Homes Healthy Villages campaign. The DFW-MWCSD continues to coordinate this Family and Community Wellbeing Program (Aiga ma Nuu Manuia Program) to date)*
Moreover, the Convention recognizes that the level of a child's participation in decisions must be appropriate to the child's level of maturity. Children's ability to form and express their opinions develops with age and most adults will naturally give the views of teenagers greater weight than those of a preschooler, whether in family, legal or administrative decisions.

7. POLICY OUTCOMES:

1. Enabling mechanisms to promote healthy lives for all children;
2. Advancement of Children’s legal and human rights;
3. Improved children’s access to services
4. Promotion and provision of quality education;
5. Protection against abuse, exploitation and violence

8. POLICIES FOR IMPLEMENTATION:

Policy Outcome 1: Enabling mechanisms to promote healthy lives for all children

Policy Objectives:

- To ensure a collective responsibility in addressing the specific vulnerabilities of children’s health needs is promoted and delivered through a coordinated community outreach national program of action, including prevention and early intervention detection for child and maternal health i.e., immunization & birth registration coverage,
- To promote healthy lifestyles and safe communities for children and their families through the implementation of the Aiga ma Nuu manuia program.
- To promote and ensure adequate community outreach psycho social support for child victims and young people in relevant circumstances.

Policy Outcome 2: Advancement of Children’s legal and human rights

Policy Objectives:

- To ensure the justice systems through the facilitation of appropriate training and human resource development opportunities do protect children and that their collective human rights are promoted and understood by identifying risk and protective factors related to child maltreatment.
- Strengthen the delivery of effective and responsive social reintegration / restorative justice programs for children and young people in contact with the law.
- To enhance efforts to protect the rights of children with disabilities by facilitating and supporting the ratification of the Convention on the Rights of people with disabilities.
- Advocate for and promote law reform in line with the CRC Legislative Compliance Review.
Policy Outcome 3: Improved Children’s Access to Services

Policy Objectives:

- To ensure the provision of adequate, flexible and effective support services that caters for the needs of all and especially vulnerable children.
- To strengthen data availability for the purposes of evidence based programs and services targeting children.
- Strengthen the coordination and monitoring of services for children through the implementation of an inter-agency response system guided by child friendly standards, protocols and referral procedures.
- To facilitate and promote a collective effort to addressing the issues of violence against children through enhanced monitoring and reporting.
- Facilitate support for NGOs and community based organizations providing services for children.

Policy Outcome 4: Promotion and provision of quality education

Policy Objectives:

- To ensure all children access and are provided with equal and equitable opportunity to attain their full developmental potential from pre-school up to Tertiary levels, partnership efforts with government and members of the community on the promotion of quality and accountable educational services and programs.
- To support through appropriate funding, opportunities and awareness raising programs for the inclusion of children with disabilities in school as well as community awareness and support for the early intervention programs out in the villages.
- To maximize the learning potential and talents of children by providing the adequate physical and academic standards of the learning environment for children.
- Improve viable alternatives for all children and young people to gain literacy and livelihood skills.

Policy Outcome 5: Reduction of abuse, exploitation and violence

Policy Objectives:

- To strengthen networking and foster co-operation, understanding and commitment across all sectors towards the prevention and protection of children against abuse, exploitation and violence.
- To ensure that the best interests of the child are known and prioritized in situations of emergency, conflict, dire poverty, domestic breakdown, civil disorder or any other adverse state including child vendors.
- To ensure that village authorities, parents and caregivers actively promote child protection and the best interests of the child.
- To strengthen collection of data to monitor trends in child abuse, exploitation and violence as part of the implementation of the Interagency Response System.
9. POLICY IMPLEMENTATION/ACTION PLAN:

1. MECHANISMS TO PROMOTE HEALTHY LIVES FOR ALL CHILDREN

**Objective:** To ensure a collective responsibility in addressing the specific vulnerabilities of children’s health needs and in the promotion of safe environments and healthy lifestyles

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<tr>
<th>OUTPUTS</th>
<th>PERFORMANCE INDICATORS</th>
<th>RESPONSIBLE AGENCIES</th>
<th>TIMEFRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>All health care facilities comply with the baby friendly hospital standards to ensure the best care possible for children who seek medical assistance/treatment</td>
<td>Baby Friendly Audit report available with all standards met</td>
<td>MOH, NHS</td>
<td>2015</td>
</tr>
<tr>
<td>Improved immunization coverage by working in partnership with health service providers on an outreach immunization strategy to target identified /at risk children.</td>
<td>Outreach immunization strategy Increased accessibility to quality community based health care and health clinics</td>
<td>MOH NHS MWCSD</td>
<td>2010 – 2015</td>
</tr>
<tr>
<td>Improved hygiene and health of families and communities by promoting protective and risk factors through the ANM program</td>
<td>Reduction in vector borne diseases, food and water borne diseases and respiratory infections affecting children.</td>
<td>MOH MWCSD MESC</td>
<td>2010 – 2015</td>
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<tr>
<td>Improved breastfeeding and young child feeding safe practices through the conduct of community outreach programs to minimize deficiency and malnutrition in children</td>
<td>Increased attendance and availability of pre-natal and post natal classes</td>
<td>MOH NUS, SNA, MWCSD, NGO</td>
<td>2010 – 2015</td>
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<tr>
<td>Partners</td>
<td>Improvement Area</td>
<td>Partners</td>
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<tr>
<td>Children in their homes, villages and schools have access to safe drinking water, nutritious food and proper sanitation services and safe hygiene practices by promoting environmental and social protective and risk factors</td>
<td>Increased percentage of schools and families with proper and safe drinking water</td>
<td>MOH, MESC, SWA</td>
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<td></td>
<td>Increased percentage of schools and villages promoting positive health and natural hygiene messages</td>
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<td>Increased participation of villages in the ANM Programme</td>
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<tr>
<td>Improved professional counselling services in villages, communities, health clinics and in schools to prevent or minimise the effect of mental health in children</td>
<td>Increased mental health support service and access to professional mental health care for children</td>
<td>MOH, NHS, MESC, MOA, FLO, SVS, ECPTAT, Samoa Fiaola centre</td>
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<tr>
<td></td>
<td>Decreased number of suicide attempts and children victims of suicide</td>
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<td>Increased prevention and absence of unintentional injuries of children and increased safeguarding practices for children using public transport, traffic accidents, drowning.</td>
<td>Less hospital admissions due to injury and drowning</td>
<td>MESC, MOH, MWCS, MWTI</td>
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<td></td>
<td>Awareness programs on child safety in public transport, road safety and water safety</td>
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**2010 – 2015**
### Sporting Bodies, MPP

| Increase in birth registration for babies delivered in the rural areas | Number of babies delivered in the villages equals the number of babies registered within 3 months | MWCSD, MOH, BDM NCC | 2015 |

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## 2. ADVANCEMENT OF CHILDREN’S LEGAL AND HUMAN RIGHTS

**Objective:** To ensure the justice systems protect children and that their collective human rights are promoted and understood.

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<th>OUTPUTS</th>
<th>INDICATORS</th>
<th>RESPONSIBLE AGENCIES</th>
<th>TIMEFRAME</th>
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<tbody>
<tr>
<td>Child protection laws and regulations are drafted, amended and enforced in accordance and in harmony with CRC and CEDAW.</td>
<td>Degree of alignment between child protection articles in CRC and Family Safety Act</td>
<td>MPPS MOJCA Office of the AG, SLRC MWCSD</td>
<td>2010 – 2015</td>
</tr>
<tr>
<td>NCCRC effectively integrates child protection issues into sector policies and successfully lobbies government to recognize these as national priority social issues in the next strategy for the Development of Samoa Plan (SDS) for 2012-2016</td>
<td>Analysis undertaken of all government sector plans and child protection should be reflected in at least 3 plans.</td>
<td>NCCRC MWCSD MOF</td>
<td>2010 – 2015</td>
</tr>
<tr>
<td>Judiciary, police, probation and parole officers, social workers, counsellors</td>
<td>Interagency response system identified and</td>
<td>MOJCA MWCSD</td>
<td>2010 – 2015</td>
</tr>
</tbody>
</table>
and village authorities work in close collaboration and in line with established principles of child protection, ensuring consistent and effective handling of all the justice cases concerning children evaluated.

Social reintegration programs for children in conflict with the law are effectively managed and supported in accordance with CRC principles and international standards.

Stocktaking/mapping of all existing social reintegration programmes for children in conflict with the law is undertaken.

Support and advocate for law reform in line with the recommendations of the CRC Legislative Compliance Review

Recommendations actioned and endorsed.

Improved access for children with disabilities by supporting the ratification of the convention for people with disabilities

Ratification of CPWD

Strengthened policy development, monitoring and evaluation function of the MWCSD in line with its mandate and regulatory function on CRC

Periodic report on the status of children available

National budget allocation and resources for child protection is increased in line with the ratification of CRC.

The next Strategy for the Development of Samoa reflects the focus on Child Protection and the Convention on the Rights of the Child.

| and village authorities work in close collaboration and in line with established principles of child protection, ensuring consistent and effective handling of all the justice cases concerning children | evaluated. | MPPS |
| Social reintegration programs for children in conflict with the law are effectively managed and supported in accordance with CRC principles and international standards. | Stocktaking/mapping of all existing social reintegration programmes for children in conflict with the law is undertaken. | MWCSD MOJCA MPPS MOH NHS |
| Support and advocate for law reform in line with the recommendations of the CRC Legislative Compliance Review | Recommendations actioned and endorsed. | SLRC, AG, MOJCA MWCSD MOA SVS MPPS |
| Improved access for children with disabilities by supporting the ratification of the convention for people with disabilities | Ratification of CPWD | MWCSD, MFAT, |
| Strengthened policy development, monitoring and evaluation function of the MWCSD in line with its mandate and regulatory function on CRC | Periodic report on the status of children available | MWCSD |
| National budget allocation and resources for child protection is increased in line with the ratification of CRC. | The next Strategy for the Development of Samoa reflects the focus on Child Protection and the Convention on the Rights of the Child. | MOF MWCSD in collaboration with NCCRC |

2010 - 2015
Increased numbers of Cabinet submissions that endorse increases in budget allocation for child protection.

### 3. IMPROVED CHILDREN'S ACCESS TO SERVICES

**Objective:** To ensure the provision of adequate, flexible and effective support services that caters for the needs of all and especially vulnerable children

<table>
<thead>
<tr>
<th>OUTPUTS</th>
<th>INDICATORS</th>
<th>RESPONSIBLE AGENCIES</th>
<th>TIMEFRAME</th>
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</thead>
<tbody>
<tr>
<td>Increased formal and mandated social protection services available at national and community level for child protection</td>
<td>Capacity assessment undertaken of social service providers through a consultative process and strategy for addressing social protection issues is developed. Increased availability of appropriate and relevant services for children. Set up of Division for Social Services with an approved budget for children.</td>
<td>MWCS in collaboration with the CRC Partnership</td>
<td>2010 – 2015</td>
</tr>
<tr>
<td>An established effective data-system</td>
<td></td>
<td>The Child Protection</td>
<td>2010-2015</td>
</tr>
</tbody>
</table>
which provide timely and relevant information on child services and child protection needed for planning and coordination.

Information System is updated and maintained.

Output 1.5.1
Children are placed at the core of National response plans & systems and are increasingly aware of the early warning systems.

National Response Plans have child protection specific indicators.

MNRE MOH, NHS MESC, MPP MWCS MCECS, MJCA, Samoa Victim Support, NOLA, Samoa Red Cross, SWA, LTA all NGOs under the National Psycho social support team, Bureau of Statistics 2010-2015

4. PROMOTION AND PROVISION OF QUALITY EDUCATION

**Objective:** All children are provided with equal and equitable opportunity to attain their full developmental potential through quality skills and learning models and accountable educational systems

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<tr>
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</thead>
<tbody>
<tr>
<td>All children and young people have equal opportunity to education, livelihood skills and access to knowledge and information critical to their lives regardless of their gender with special emphasis on those from</td>
<td>Increased participation rates at the different levels</td>
<td>MESC, SQA, NUS, NECES MWCS MCECS Vocational Training Institutions NGO’s</td>
<td>2010 - 2015</td>
</tr>
</tbody>
</table>
| Vulnerable situation and with disability. | Increased participation of children and young people in the livelihood skills programme | Improved access and participation in quality Early Childhood Education (ECE) | More children enrolled and attending ECE’s  
Increased number of ECE’s with qualified ECE teachers  
Increased involvement by communities in governance of ECE centers | MWCSD, MESC, NCECES | 2010 - 2015 |
|---|---|---|---|---|---|
| Children with special needs are recognised and supported and provided with adequate educational opportunities, services and infrastructure under scored by concepts of equity, quality, relevancy, efficiency and sustainability. | Increased percentages of schools with facilities and services which are available and readily accessible to families and children with special needs  
Increased number of teachers trained to provide appropriate and adequate quality support for children with special needs | | MWCSD, NOLA MESC  
Loto Taumafai  
Fiamamalama School  
NGOs, Civil society, CBOs | 2010 – 2015 |
5. REDUCTION OF ABUSE, VIOLENCE AND EXPLOITATION

**Objective:** To promote networking and foster cooperation and understanding across all sectors of society for the protection of children from all forms of abuse and exploitation, through community prevention programs, establishment of an Interagency response system, and the active promotion of positive parenting and child rearing practices.

<table>
<thead>
<tr>
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<th>TIMEFRAME</th>
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<tbody>
<tr>
<td>Government officials, NGOs, all sector partners in collaboration with Village authorities and village social groups actively promote child protection and the best interests of the child.</td>
<td>MWCS, MOJCA, MPPS, Office of the AG, MOH, NHS, MOA, SVS</td>
<td>2010 – 2015</td>
</tr>
<tr>
<td>Level of understanding on child abuse risk and protective factors.</td>
<td>MWCS, MOJCA, MPPS, Office of the AG, MOH, NHS, MOA, SVS</td>
<td>2010 – 2015</td>
</tr>
<tr>
<td>All victims of child abuse, neglect and exploitation are better served through effective and coordinated implementation of an inter-agency response system guided by protocols and referral procedures.</td>
<td>MWCS, MOJCA, MPPS, Office of the AG, MOH, NHS, MOA, SVS</td>
<td>2010 – 2015</td>
</tr>
<tr>
<td>Child protection focus reflected in village plans.</td>
<td>MWCS, MOJCA, MPPS, Office of the AG, MOH, NHS, MOA, SVS</td>
<td>2010 – 2015</td>
</tr>
<tr>
<td>Number of children all attending school.</td>
<td>MWCS, MOJCA, MPPS, Office of the AG, MOH, NHS, MOA, SVS</td>
<td>2010 – 2015</td>
</tr>
<tr>
<td>Description</td>
<td>KABP survey finalised. Strategy for promoting positive parenting and child rearing practices is developed.</td>
<td>MESC MWCSF MOH MOA SVS Fiaola Centre</td>
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<tr>
<td>Parents and caregivers, including teachers, understand and practice positive parenting and child care in line with the Convention of the Rights of the Child.</td>
<td>Strategy for promoting positive parenting and child rearing practices is developed.</td>
<td>MWCSD MOH NHS FLO MOA SVS All Theological Colleges</td>
</tr>
<tr>
<td>Government liaison officers and church ministers understand, practice and promote positive child rearing practices.</td>
<td>No child vendors during school hours and night time.</td>
<td>All Government Ministries, in particular, MOF through the Budget Committee and NGOs.</td>
</tr>
<tr>
<td>Children are better informed and equipped with appropriate skills to make relevant choices to protect them from abuse, violence and exploitation within communities and within families</td>
<td>Implementation and monitoring of life skills and livelihood programmes with a focus on the child protection and the right to be free from violence, abuse and exploitation</td>
<td>All Government Ministries, in particular, MOF through the Budget Committee and NGOs.</td>
</tr>
<tr>
<td>Positive parenting support and positive disciplinary measures with specific legislation that defines parental responsibilities, duties and rights compatible with the provisions of the Convention of the Rights of the Child</td>
<td>Increased number of parents and caregivers participating and completing Child Protection Programmes</td>
<td>MWCSF MOA</td>
</tr>
</tbody>
</table>
The Ministry of Women and Social Community Development acknowledges the financial assistance from the World Health Organization (WHO) and the Healthy Environments for Children Alliance (HECA) through the Ministry of Health which made possible the development of this policy document in 2007. The efforts of the CRC Partnership in realizing the focuses of the Convention in the different sectors are also noted. The Ministry also, acknowledges the technical assistance from Dr Emma Kruse Vaai who developed the initial draft of the policy and Maiava Fuimaono Viiga for compiling the National Plan of Action for Children 2007 - 2010.

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- Programs and Training Officer (2010) – Robert Wong Sin
- Senior Child Protection Officer (2008) – Henry Levasa
- Assistant Child Protection Officer (2007) – Leslie Mariner
11. REFERENCES AND STAKEHOLDERS CONSULTED:


WHO Office in collaboration with the Ministry of Women, Community and Social Development.


Convention on the Rights of the Child/ Adopted by the General Assembly of the United Nations on 20 November 1989


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12. People Consulted:


2. Louisa Apelu – Principal Programs and Training Officer/ Program Manager for the Pacific Children’s Program. Ministry of Women, Community & Social Development 2007.


### 13. ACRONYMS

1. AG - Attorney General’s Office
2. CEDAW - Convention on the Elimination of Discrimination Against Women
3. CRC - convention on the Rights of the Child
4. KABP - Knowledge Attitude, Behavior Practice
5. FLO - Faataua le Ola
6. MESC - Ministry of Education, Sports and Culture
7. MOH - Ministry of Health
8. MOA - Mapusaga O Aiga
9. MOPPS - Ministry of Police and Prisons
10. MOJCA - Ministry of Justice, Courts & Administration
11. MDG - Millennium Development Goals
12. MWCSD - Ministry of Women, Community & Social Development
13. NHS - National Health Services
14. NECECS - National Council of Early Childhood Education Samoa
15. SVS - Samoa Victims Support
16. NOLA - Nuanua O le Alofa
17. NUS - National University of Samoa
18. LTA - land transport Authority
19. TBA - Traditional Birth Attendant
20. SDS - Strategy for Development of Samoa