

2010

Seychelles Millennium Development Goals: *Status Report 2010*



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Seychelles
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Prologue

The Republic of Seychelles has and continues to make tremendous strides in its development. Indeed, it has achieved most of the Millennium Development Goals, especially in the fields of health, education, poverty eradication and the environment. Many have qualified the success of this small nation as outstanding, in the face of great limitations and severe constraints, such as its size, remoteness, and lack of many of the natural resources which many other countries are blessed with. As President of this blessed nation, I know that these achievements have been due to a dynamic, forward-thinking, dedicated, and hardworking people and a proactive and just leadership.

Together, all partners in our society, be they from the public and private sectors, as well as civil society, have not only believed in our potential to rise to greatness in spite of numerous natural and structural obstacles, but also learned to make the most of what Nature and God Almighty have endowed us with. Seychelles has been wise and judicious in its use of its most valuable asset – its environment – engaging in sustainable and eco-friendly tourism, thus providing its people with stable and meaningful employment in this service sector. The country, with its bilateral and multilateral partners, has sought and succeeded to exploit the bounty of its seas to create for today and tomorrow vibrant industries for both local and international trade.

*The **Millennium Development Goals Country Report of 2010** is testimony to the spirit of enterprise, resilience and confidence of a people who have shouldered the external shocks of global recessions, banking and financial crises, food and fuel crises to march on, undeterred in its determination to bring social harmony, peace, progress and prosperity for all its citizens.*

The Report is by no means complacent in its vision of what is and what can be. There is still much to be done.

Indeed, as a nation, we have to forge ahead and make renewed efforts to bridge all gaps – economic, social, and in education, health, housing, etc. – to ensure that we provide for all of our people the fruits of their land and seas, and the outcomes of their industriousness and efforts. It is also my firm conviction that we can go beyond the set boundaries.

*We can and must make it possible for all Seychellois to benefit from the harvests of our toil and labour. The **Millennium Development Goals Country Report of 2010** is a call to action for all of us to use these goals, targets and indicators as benchmarks for all that we do in the name of the national development of Seychelles. It is a call for us to come and pull together, as a nation, to take our rightful place in the community of nations and to be greater than our forefathers ever dreamed it possible to be.*



James A. Michel

President of the Republic of Seychelles

Acknowledgements	6
Index	7
Map list	7
Tables list	7
Figures list	9
List of Abbreviations and Acronyms	10
Status at a Glance Table	13
Executive Summary	14
Chapter 1 Introduction	17
Chapter 2 Seychelles: Development Context	19
Chapter 3 Millennium Development Goals	27
Chapter 4 Goal 1 – Eradicate Extreme Poverty and Hunger	29
Chapter 5 Goal 2 – Achieve Universal Primary Education	49
Chapter 6 Goal 3 – Promote Gender Equality and Empower Women	56
Chapter 7 Goal 4 – Reduce Child Mortality	68
Chapter 8 Goal 5 – Improve Maternal Health	74
Chapter 9 Goal 6 – Combat HIV/AIDS, Malaria and other Diseases	83
Chapter 10 Goal 7 – Ensure Environmental Sustainability	98
Chapter 11 Goal 8 – Develop a Global Partnership for Development	111
Chapter 12 Millennium Development Goals Plus	124
Chapter 13 Conclusion	134
Chapter 14 Explanatory Notes & Glossary	135
References	136
Appendix One – The Millennium Development Goals Complete Version	139

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The various contributors are:

Millennium Development Goals Steering Committee	Contributors
<p>Chairperson: Mr. Selby PILLAY – Ministry of Foreign Affairs (MoFA); Vice-Chairperson: Mr. Christian FAURE – MoFA; Lead Consultant: Mr. Benjamin VEL</p> <p>Members:</p> <p>Dr. Cornelia ATSYOR – WHO Office, Mr. Marcel BELMONT – Meteorological Services, Mr. Michel COMMETTANT – Ministry of Education, Mrs. Natalie EDMOND – National Statistics Bureau, Ms. Marylene VALMONT – Department of Environment, Mr. Joachim DIDON – Ministry of Health, Mr. Dolor ERNESTA – Private Sector / Seychelles Chamber of Commerce, Ms. Tania LABICHE – Social Development Department, Ms. Stephanie JEAN-LOUIS – Central Bank Seychelles, Mr. Steve LALANDE – LUNGOS, Ms. Jill LAPORTE – Ministry of Finance and Ms. Cindy ASSAN – Seychelles Fishing Authority.</p> <p>UNDP Mauritius-Seychelles – Mrs. Leyla TEGMO-REDDY, Mrs. Asha KANNAN, Mr. Roland ALCINDOR, Ms. Fabrina MOLLE</p>	<p>Economy, Trade and Global Partnerships</p> <p>Mr. Jean-Paul D’OFFAY – Ministry of Finance; Mr. Naddy MARIE – Central Bank of Seychelles</p> <p>Health and Social Development</p> <p>Ms. Tessa SIU - Social Development Department; Ms. Rosie BISTOQUET – Ministry of Health, National AIDS Programme</p> <p>Environment</p> <p>Mr. Justin PROSPER – Department of Environment</p> <p>Ms. Iris CAROLUS – Sustainability For Seychelles</p> <p>Tourism</p> <p>Mr. Ralph HISSEN – Seychelles Tourism Board</p> <p>Education – University of Seychelles</p> <p>Ms. Magalie ERNESTA, Mr. Franky BACCUS, Ms. Jeanine BAPTISTE, Mr. Leroy ERNESTA, Ms. Meedora WILLIAM, Mr. Christian SERVINA</p> <p>Agriculture and Natural Resources</p> <p>Mrs. Mermedah MOUSTACHE</p>
<p>Gender Equality Issues</p> <p>Mrs. Mahrookh PARDIWALLA – Independent Consultant</p>	<p>All participants of the Validation Workshop of Friday 06th August 2010</p>

	Pages
Map List	
Map of Seychelles	19
Tables List	
2.1 – Key Indicators for Seychelles	19
2.2 – Projected Population	22
2.3 – Public Expenditure on Health	23
2.4 – Total Expenditure on Education (2007)	23
2.5 – Infant Mortality Rates	24
4.1 – Indicators for Target 1A	29
4.2 – Household and Housing Indicators	30
4.3 – Types of Benefits and Rates, November 2008	35
4.4 – Indicators for Target 1B	36
4.5 – Average Monthly Earnings (Local Currency)	37
4.6 – Total Employment (Number)	37
4.7 – Proportion of Women and Men in Employment, per Sector	39
4.8 ^(a) – Indicators for Target 1C	42
4.8 ^(b) – Indicators for Target 1C	42
4.9 – List of Key Indicators for Goal 1 (Impact of Global Crises)	47
5.1 – Indicators for Target 2A	49
5.2 - School Enrollments (including Private Schools) by Level and Grade, 2004-2008	50
5.3 – List of Key Indicators for Goal 2 (Impacts of Global Crises)	55
6.1 - Indicators for Target 3A	56
6.2 – Number of Children Seen in Drug Rehabilitation	57

	Pages
6.3 – Proportion of Seats Held by Women in the National Assembly	60
6.4 – Women’s Participation in Political and Administrative Levels (State & Non-State)	61
6.5 – Women’s Participation in Administrative Levels in the Education Sector	61
6.6 – Reported Cases of Gender-Based Violence (police data, 2000 - 2005)	63
6.7 – Number of Registered Cases of Spousal Violence at the Family Tribunal	63
6.8 – List of Key Indicators for Goal 3 (Impacts of Global Crises)	66
7.1 – Under 5 Mortality Rate per 1, 000 Live Births	68
7.2 – Trend of Mortality Rates per Year (1990 – 2009)	69
7.3 – Immunisation, Measles (% of Children Aged 12 – 23 Mths)	70
7.4 – List of Indicators for Goal 4 (Impacts of Global Crises)	73
8.1 – Maternal Mortality Ratio (Modeled Estimate, per 100, 000 Live Births)	74
8.2 – Births Attended by Skilled Health Staff (% of Total)	76
8.3 – Contraceptive Prevalence (% of Women Ages 15 – 49)	77
8.4 – Adolescent Fertility Rate (Births per 100, 000 Women Aged 15 – 19)	79
8.5 – Proportion of Women Receiving Prenatal Care	80
8.6 – List of Key Indicators for Goal 5 (Impacts of Global Crises)	82
9.1 – HIV Prevalence Among 15 – 24 Years	83
9.2 – Annual New Cases of HIV in All Age Groups	84
9.3 – Number and Proportion of People Living with HIV and AIDS	84
9.4 – New Cases of Hepatitis C	86
9.5 – Condom Use at Last High-Risk Sex	87
9.6 – Ratio of School Attendance of Orphans to Non-Orphans (10 – 14 Years)	87
9.7 – Malaria Incidence and Death Rates	90
9.8 – Tuberculosis Incidence, Prevalence and Death Rates	91

	Pages
9.9 – Proportion of Tuberculosis Cured Under DOTs	92
9.10 – Proportion of Tuberculosis Detected Under DOTs	92
9.11 – Incidence of Most Common Cancer by Site, 2005 – 2008	95
9.12 - List of Key Indicators for Goal 6 (Impacts of Global Crises)	96
10.1 – Indicators for Targets 7A and 7B	98
10.2 – Catches by Species of Semi-Industrial Fishery, 2004 – 2008	100
10.3 – Tuna Catches Reported in 2008 by the Main Purse Seine Fleet Fishing in WIO	101
10.4 – Catch by Species Reported by the Longline Fleet from 2004 – 2008	101
10.5 ^(a) – Indicators for Target 7C	104
10.5 ^(b) - Indicators for Target 7C	104
10.6 – List of Key Indicators for Goal 7 (Impacts of Global Crises)	108
11.1 – Indicators for Targets 8A – 8D	112
11.2 – Public Sector Debt as of 31 st December 2008 (US\$ Million)	113
11.3 – Economic Indicators and Projections	114
11.4 – Balance of Payment Projection	115
11.5 – Indicators for Target 8E	118
11.6 – Indicators for Target 8F	119
11.7 – List of Key Indicators for Goal 8 (Impacts of Global Crises)	122

Figures List

Figure 2.1 – Comparative HDI for Seychelles	20
Figure 2.2 – Comparative HDI and GDP	20
Innovative Strategy 1	34
Figure 4.1 – Prevalence of Undernourishment	42
Figure 10.1 – Trend of Annual Mean Maximum Temperatures	109

List of Abbreviations and Acronyms

ACP – EU African, Caribbean & Pacific

ASSF – Association of Solidarity for the Family

CDCU – Communicable Diseases Control Unit

CARE – Campaign for Awareness, Resilience and Education (Against Drug and Alcohol Abuse)

CEDAW – Convention for Elimination of Discrimination Against Women

CITES – United Nations Convention in International Trade in Endangered Species, Wild Fauna
& Flora

COMESA – Common Market for Eastern and Southern Africa

CRC – Convention on the Rights of the Child

CVD – Cardio-Vascular Disease

DAC – Drug and Alcohol Council

EIA – Environmental Impact Assessment

EMPS – Environment Management Plan of Seychelles

EPA – Environment Planning Authority

FAHA – Faith & Hope Association

GDP – Gross Domestic Product

GNI - Gross National Income

GNP – Gross National Product

HIV / AIDS – Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome

ICPD – International Conference on Population and Development

IEC – Information Education and Communication

IGCSE – International General Certificate of Secondary Education

IPM – Integrated Pest Management

IOC – Indian Ocean Commission

IOT – Indian Ocean Tuna

IWRM – Integrated Water Resource Management

MDG – Millennium Development Goals

MARP – Most At-Risk Population

MERP – Macro-Economic Reform Programme

MISD – Management Information Systems Division

NDP – National Development Plan

NER – National Enrolment Ratio

NGO – Non-Governmental Organisation

NIC – National Interministerial Committee

NPASD – National Plan of Action for Social Development

PEP – Post Exposure Prophylaxis

PLWHA – Persons Living with HIV and Aids

PMTCT – Prevention of Mother to Child Transmission

PPP – Purchasing Power Parity

PSIP – Public Sector Investment Programme

PTSD – Post-Traumatic Stress Disorder

PUC – Public Utilities Corporation

SADC – Southern African Development Community

SDD – Social Development Division

SEC – School for the Exceptional Child

SES – Socio-economic Status

SFA – Seychelles Fishing Authority

SIBA – Seychelles International Business Authority

SIDS – Small Island Developing States

SIM – Seychelles Institute of Management

SME's – Small and Medium Enterprises

SR – Seychelles Rupees

SSF – (Seychelles) Social Security Fund

STD – Sexually Transmitted Diseases

STI – Sexually Transmitted Infections

TOP – Termination of Pregnancy

URS- Unemployment Relief Scheme

UPCCD – Unit for Prevention & Control of Cardiovascular Diseases

VCT – Voluntary Counselling and Testing

WHO – World Health Organisation

Status At A Glance Table

Goal	Status	Factor of Success / Failure	Remark
1: Eradicate extreme poverty and hunger	Achieved/national poverty line higher than US\$1 PPP	National development policies, budgetary support & programmatic actions, involving state agencies and civil society organisations	In some sectors the state agencies are the main contributors to the achievements of the MDG
2: Achieve universal primary education	Achieved	Same as above	Parental value of education plays a significant role
3: Promote gender equality and empower women	Achieved	Same as above	Some disparities still exist for both genders
4: Reduce child mortality	Achieved	Differences in criteria set for the indicators in Seychelles make data comparisons between years of observation difficult	Low mortality rates/some disparity exists. Difficult to reduce rates further, already on par with OECD countries
5: Reduce maternal mortality	Achieved	National development policies, budgetary support & programmatic actions, involving state agencies and civil society organisations	Able to achieve zero deaths some years
6: Combat HIV/AIDS, malaria and other diseases	Achieved for access to ARVs	Same as above; special attention needs to be paid to MARPs. National surveys are also needed for improved data sets	Pandemic increases, but 100% access to ARVs, VCT available freely
7: Ensure environmental sustainability	Achieved	Same as above; monitoring of coral bleaching and severe tropical storms required to better understand processes and social development impacts	Most of national territory under protection; strong CSO engagement
8: Develop global partnership for development	On-going; public debts still problematic	Bilateral and multilateral agreements in major sectors of national developments; new ones being forged with other partners	Debt crisis largely over; need for vigilance to maintain present gains

N.B.

MARPs – Most At-Risk Populations; **ARVs** – Antiretroviral drugs ; **VCT** – Voluntary Counselling and Testing; **CSO** – Civil Society Organisations

Executive Summary

1. The **Millennium Development Goal Report 2010** forms part of the obligation of all nations to report periodically on their status in regards to the goals set at the historical gathering at the United Nations which 189 countries, represented by more than 147 heads of state and government, attended. This is the country status report for the Seychelles. It outlines the present state of affairs for each MDG. There is emphasis on the existing inequalities, the key bottlenecks, and the new situations that pose special challenges to the achievements of the MDGs. Furthermore, for those MDGs which have been successfully achieved, information is given to explain how this was done, focusing attention on lessons to be learnt and shared in terms of key policies and planning, budgeting and programme implementation.

Organisation of the Report

2. The document is organised in the following manner: after a brief introduction, followed by a description of the country development context and a further explanation of the MDGs, beginning from chapter four, each MDG is examined and analysed individually.

Chapter 4: Goal 1 – Eradicate Extreme Poverty and Hunger

Chapter 5: Goal 2 – Achieve Universal Primary Education

Chapter 6: Goal 3 – Promote Gender Equality and Empower Women

Chapter 7: Goal 4 – Reduce Child Mortality

Chapter 8: Goal 5 – Improve Maternal Health

Chapter 9: Goal 6 – Combat HIV / AIDS, Malaria and other Diseases

Chapter 10: Goal 7 – Ensure Environmental Sustainability

Chapter 11: Goal 8 – Develop a Global Partnership for Development

3. Each chapter then outlines the present status of achievements using data sets for relevant indicators for each target for each MDG. An analysis of the trend from 1990 to 2010 is done, looking at key bottlenecks for less successful MDGs, and new challenges.
4. The **Report** also examines a number of important issues for further clarity and explanations of failures, constraints, successes and facilitating factors and environments. Therefore, in each chapter, there is detailed information on these, wherever relevant. Moreover, the impacts of global crises on each MDG are examined. These include the global financial and banking crises, as well as the high costs of food and fuel in the early part of the last decade. The modes of transmission, the immediate and long-term impacts, the country response capacity and its own

country-specific exacerbating factors are described. Finally, a list of quantitative and qualitative sets of indicators to be monitored and measured is given.

5. Another important matter to be considered in each chapter and for each MDG is the impact of climate change. For this part, the modes of transmission of the expected impact, the immediate and long-term impacts as well as the country response are detailed. The emphasis is on whether the change in climate could cause the country to fail to achieve the targets set for each MDG.
6. In chapter 13, concluding remarks are given, focusing on the key issues that are present throughout discussion of the MDGs. These include the **lack of disaggregated data** and **capacity to collect and store data**, the **need for monitoring, learning and evaluation mechanisms** within organisations to verify data, the **increasing problem of drug and alcohol abuse**, the **loss of qualified Seychellois** who choose to emigrate, and the **need for financial and technical support** to sustain present levels of achievement of the MDGs, as well as developing other targets with a focus on MDG Plus.

Major Findings of the Report

7. Generally, the Seychelles has achieved most of the MDGs, especially Goals 1 to 7. Health and social development indicators, such as access to education, women empowerment, sanitation, safe drinking water and health, literacy rates, universal coverage for essential medicines, ARVs and access to new technologies, such as the Internet and cellular telephones, are high. As for the achievement of MDGs 6 and 8 that presently fall short of set 2015 targets, there is hope that the country is well on its way to fully attain these.
8. Abject visible poverty does not exist in Seychelles. Indicators, such as housing, access to sanitation and potable water are high. However, there may still be pockets of poverty. Social welfare programmes for the very needy have been established and provide safety nets for the vulnerable and disadvantaged. Universal access to education approaches 100% and adult literacy is about 96%. The national food poverty line at US\$3 a day is already above the set absolute poverty line of the World Bank.
9. School enrollment for both girls and boys is about 100% for primary education. Some small disparities exist in favour of girls from the secondary school onwards, due to boys dropping out as a result of low academic performance and involvement in anti-social activities, such as drug abuse. Women in Seychelles are very active at all levels of society, from business, to public administration to political engagement. However, women tend to be less visible at the highest levels of political power. Presently, there are 24% of women parliamentarians and 22% of women ministers.
10. Both child and maternal mortality is low, with some years recording no deaths of mothers. Perinatal mortality is a cause for concern and more study is required to fully understand and address the possible causes.

11. HIV and AIDS continue to rise and the pandemic does not seem to have reached its peak yet. Given the lack of baseline and survey data, it is not possible to know the status of Seychelles regarding the achievement of this MDG. Current trends in new detected cases (incidence from the total number of people tested at a time) however indicate that the country may not be able to achieve the set targets for 2015. Generally, about 0.50% of tests done are positive. Currently, all patients requiring ARVs receive them free of charge.
12. Environment is given a central role in development planning, with the Environment Management Plan of Seychelles 2000-2010 (EMPS2000-2010) having been implemented to some degree. The country is now preparing for the new EMPS for the period 2011 to 2020. Out of the 458.7km² of land of the Seychelles, 406km² is covered by forests. The proportion of land area under protection has now reached more than 50% of the total land area of the country. Access to treated water supply is about 93%.
13. The Seychelles is presently undergoing an IMF-assisted restructuring and recovery programme with a USD26 million rescue package, downsizing of the public sector by some 1, 760 workers, floating of the rupee, lifting of foreign exchange controls and sale of state assets. The programme is showing some success. In terms of access to communications technology, the country has a good network of landlines telephone with a competitive local market. Internet connections and use of mobiles continue to increase, with the latter reaching more than 100% of the population.

Millennium Development Goals Plus

14. In chapter 12, seven MDG-Plus are presented and discussed. These are goals that go beyond the MDGs and the Seychelles believe that they are achievable. They indicate the level of progress made and the ambitions that the country harbours for its development. There are set targets, as well as indicators for each MDG-Plus.
15. In terms of poverty eradication, the goals are now focused on developing enterprises and niche export markets from neighbouring countries, using the regional economic communities do so. As for education, improving outcomes are the key to further development. Increasing the number of women heading organisations of national and regional importance are also vital to improving gender equality. To stem the incidence and prevalence of HIV and AIDS, programmatic actions now move to providing education and services to MARPs, with special attention to IDUs, MSMs and CSWs.
16. Environment protection can be further enhanced through increased participation of the local population in the socioeconomic activities in relation to conservation and environment protection. Quality of living rather than prevention of disease and simple conservation becomes more important. Finally, the creative and enterprising spirit of the Seychellois is to be targeted and developed so that wealth-creation becomes a vital part of national development. South-south cooperation with sharing of best practices is also important.

Introduction

- 1.1 To the uninitiated, the Millennium Development Goals might seem to be meaningless jargon. However, these are the most broadly supported, comprehensive, and specific poverty reduction targets the world has ever established. In September 2000, the largest gathering of world leaders in history; 189 countries, represented by more than 147 heads of state and government, signed and adopted the UN Millennium Declaration. They reached a consensus on committing their nations' leadership and engaging their populations to a new global partnership to reduce poverty, improve health, and promote peace, human rights, gender equality, and environmental sustainability.
- 1.2 The eight goals are as follows:
1. Eradicate Extreme Poverty and Hunger
 2. Achieve Universal Primary Education
 3. Promote Gender Equality and Empower Women
 4. Reduce Child Mortality
 5. Improve Maternal Health
 6. Combat HIV/AIDS, Malaria and Other Diseases
 7. Ensure Environmental Sustainability
 8. Developing a Global Partnership for Development
- 1.3 The goals aim to tackle issues such as hunger, universal primary education, child mortality, maternal health and the spread of HIV. Specific numerical targets have been set for each goal which are to be achieved by 2015 with 1990 as the base. The MDGs, as they are better known, are meant to engage all nations, rich and poor, big and small, in the fight to improve living, social, health and environmental conditions of their population. They also provide a tool for countries to monitor and evaluate their progress in human development as a whole.
- 1.4 However, the MDGs do not remain a static set of guidelines. In 2005, the Inter-Agency and Expert Group on the MDG Indicators agreed to provide a revised official list of the MDG targets² and indicators, effective from 15 January 2008. The revised list consists of four new targets set by the UN General Assembly at the World Summit in 2005. These are full and productive employment (Target 1.B), universal access to reproductive health services (Target 5.B), universal access to HIV/AIDS treatment (Target 6.B), and reducing biodiversity loss (Target 7.B). The original eight Goals remain the same. Some other indicators have been revised or dropped to better reflect pertinence and data availability.
- 1.5 The complete list of goals, targets and indicators is given in Appendix One.
- 1.6 Monitoring of the MDGs is undertaken by various national agencies, especially organisations that are directly linked to the various goals and the targets set for each of them.

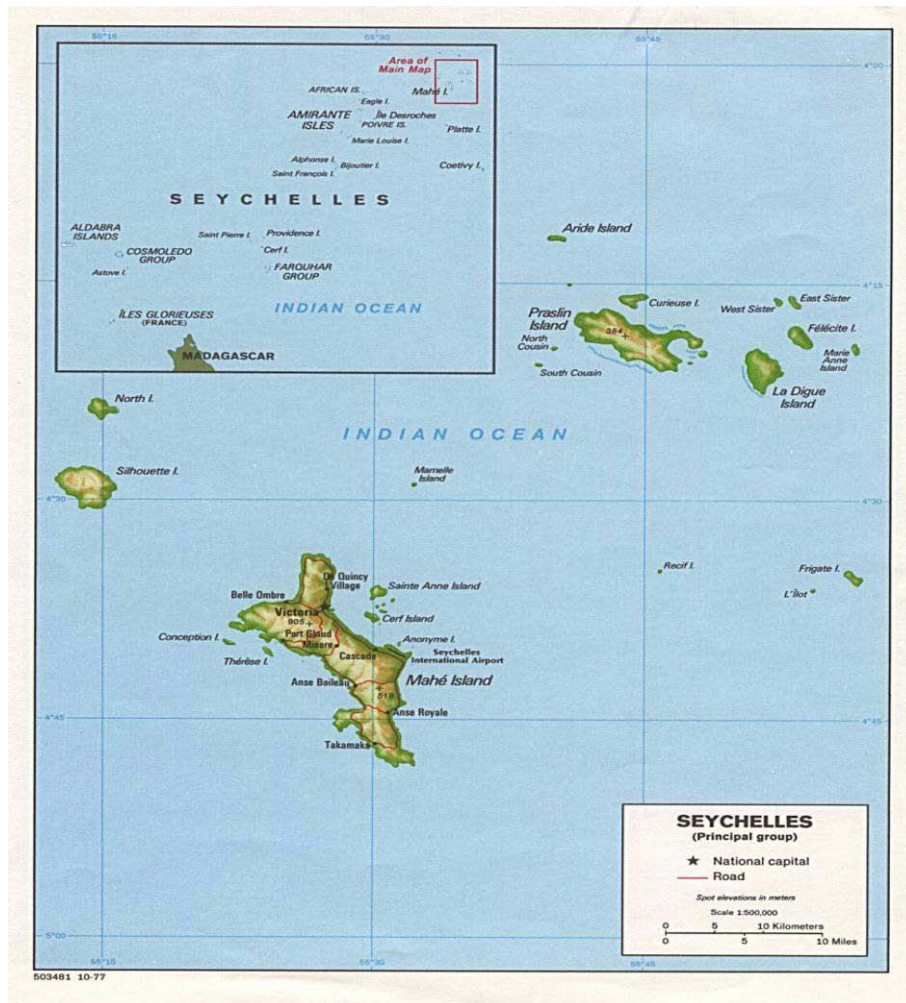


Figure 1.1: Map of Seychelles

- 1.7 The Republic of Seychelles is situated in the western Indian Ocean, 4 degrees south of the Equator. The archipelago consists of 115* islands, spread out in two clusters scattered across 1.3 million square (km) of the Indian Ocean, 1800 km east of Kenya and 1800 km north of Mauritius. The landmass itself is relatively small - around 458.3 square kilometres, three quarters of which is constituted by the main islands of Mahé, Praslin, La Digue and Aldabra. The capital is Victoria on the main island of Mahé. The country experiences an equatorial climate with temperatures ranging from 24 degrees Celsius to a maximum of 32 degrees Celsius.

* Figures vary according to source. The Seychelles have many islands. The Aldabra Atoll itself has more than 100 islands. The official figures usually vary from 114 to 116. However, there are also at present 6 new islands as a result of reclamation work. These have been surveyed and are included as official terrestrial territory.

Country-Specific Development Context

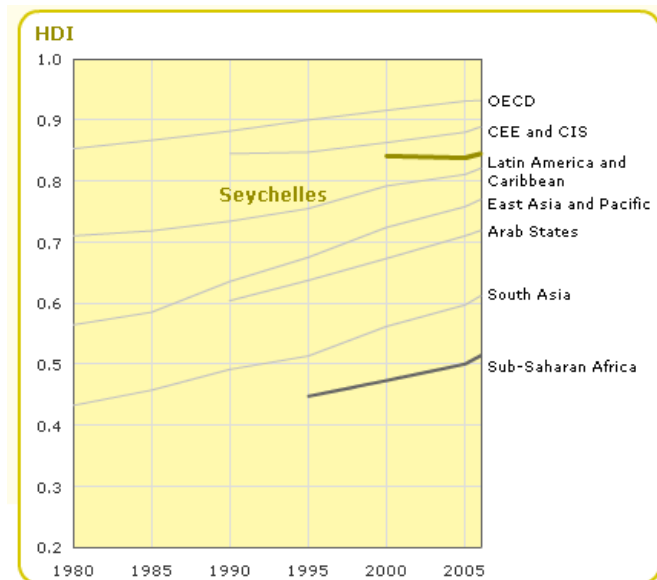
Table 2.1: Key Development Indicators

Indicators	Year	Value	Year	Value
Population size (mid-year estimate)	2000	81, 131	2010	86, 525
Age Distribution % (,000) (for 2010, mid-year estimates)				
0-14	2000	26.3	2010	22.7
15-63	2000	66.5	2010	68.8
64 and over	2000	7.3	2010	8.4
Dependency Ratio	2000	50.4	2010	441
Sex Ratio (per 100 females)	2000	98.5	2010	95.5
Total Fertility Rate	2000	2.1	2008	2.3
Population growth rate (%)	2000	0.1	2010	-0.9
Life expectancy at birth (yrs)	2000	72.4	2008	72.9
GNP per capita (US \$)	2002	8, 000	2009	9, 028
Human Development Index	2000	36	2007	57
Percentage of Population below national poverty line (Pl give footnote to define it)	2000	16	2007	9
Population with access to drinking water supply	2000	82.9	2002	87
Population with access to sanitation (National Census Data)	1997	86	2002	94
Percentage of underweight under-five children	1997	10	2007	6
Adult literacy rate (%) 15 years and above	2000	90	2009	96
Net enrolment rate in primary education (%)	2000	99.6	2007	99
Ratio of girls to boys in primary education (%)	2000	0.97	2007	0.99
Under five mortality rate (per 1,000 live births)	2000	9.2	2009	13
Maternal mortality rate (per 100,000 live births)	2000	0*	2009	0*
Percentage of population relying on traditional fuels for energy use	2002	1.0	2009	---
Trade (% of GDP)	2000	159.6	2007	316.7

Sources: Management Information Systems Division (MISD): Seychelles Human Development, Seychelles in Figures 2009 Edition (National Statistics Bureau, 2008); Human Development Report 2009 (UNDP, 2009) * No maternal deaths occurred in those two years.

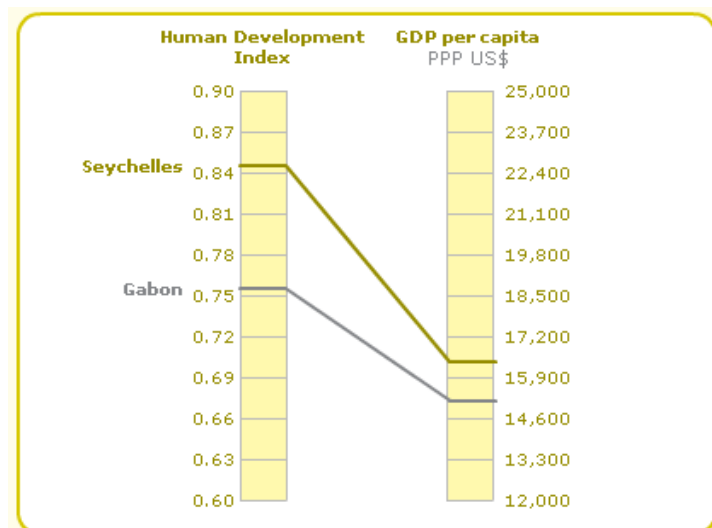
2.1 The Seychelles Human Development Index is high, rising by 0.06% annually from 0.841 to 0.845 between 2000 and 2007, according to the UNDP Human Development Report 2009. The two figures below compare Seychelles' rank for HDI and GDP with other countries and regions.

Figure 2.1: Comparative HDI for Seychelles



Source: Indicator table G of the Human Development Report 2009

Figure 2.2: Comparative HDI and GDP



Source: Indicator table H of the Human Development Report 2009

- 2.2 The Seychelles has undergone significant changes in the last decade. The country is presently at a cross-road in terms of development choices. It now seeks to create a viable and sustainable balance between joining regional economic communities (RECs) which will allow it to be open to regional and world markets and ensuring the survival of economically fragile sectors of production. The RECs, such as SADC, IOC and COMESA, with regional economic integration as their goals, offer opportunities in regards to the new markets. It may be necessary for Seychelles to choose economic sectors that would give it a competitive edge and allow others to go through a natural process of decline, if they cannot stand up to competition with the integrated economic zones.

Demography

- 2.3 The population is made up mostly of the descendents of African, including Malagasy slaves, their French masters, other Europeans, Asians (Indian and Chinese), and Arab traders, and is estimated to be presently around 87, 000, based on the National Census 2002 results. Around 20% of the population is less than 15 years of age. About 9% are aged 65 and over. Some 68% of the population is in the 15 to 63 year bracket. Accordingly, 76% of the population lives on the main island, Mahé while 11% live on the two other main islands – Praslin and La Digue. The official languages are English, French and Creole. The latter is the native language of most Seychellois and is French-based.
- 2.4 The Seychelles demography is still characterised by slow growth rate, low birth rate, low death rate, and periodical emigration and immigration. The country has witnessed a rapid decline in total fertility rate which dropped from around 7 in 1966 to 4.2 in 1980. In 2006, the Total Fertility Rate fell to below replacement level at 2.1, but it has since grown to 2.3 by 2008³. The same census (2002) is used to project total population (cf. Table 2). There will be a new population census in August 2010. It should help to update data and highlight discrepancies.
- 2.5 From 98.2 in 1998, the sex ratio (males per 100 females) has increased to 103.1 in 2006. The population of Seychelles is essentially Christian: 86.8% belong to the Roman Catholic Church, 6.8% to the Anglican Church, 2.5% to other Christian denominations and 4.1% to other faiths such as the Baha'i Community, Islam, Hinduism and Buddhism (Population and Housing Census, 2002).

Table 2.2: Projected Population

Population	2017	2022	2027
Males	47, 500	49, 800	51, 900
Females	48, 200	51, 000	53, 800
Total	95, 700	100, 800	105, 700

Source: *Seychelles in Figures, 2009 Edition, pp. 8 (NSB)*

- 2.6 The Crude Death Rate (CDR), after falling from 7.8 in 1990 to 6.8 in 2000 has risen again and now stands at 7.6 for 2008, after reaching a peak of 8.1 in 2005. * Given the small population, an increase of few more births and deaths (through road accidents) during one particular year is enough to skew the final results. The increase in CDR was mainly due to a further 60 deaths as a result of respiratory and cardiovascular diseases compared to 2004.

* This will remain an issue for most of the data presented in this report, given the small numerators and denominators in data sets due to the small size of the national population. (Note- this can be given as a footnote)

Social Development

- 2.7 The Seychelles income per capita was US\$ 8, 000 in 2002 and is now US\$ 9, 028. The HDI rank is 57 out of 182 countries, a decline from 36 in the UNDP HDI report of 2003. The Seychelles have undergone some macroeconomic reforms in late 2008 as a result of economic difficulties. The reforms include the *“limitation of government role in the economy and the boosting of private sector development by further privatisation, enhanced fiscal governance and a review of the tax regime which has in past offered very lenient package benefits and exemptions.”* (December 2008, IMF Country Report No. 08/366)
- 2.8 The Seychellois are being advised to become more involved in their own economic and national development. Reliance on employment in the public sector was no longer viable. Reduction of public debt and a leaner government are now seen as major contributing factors in improving national wealth and development.
- 2.9 This has led to a significant reduction of labour in the public sector with some 1, 800 choosing to leave on voluntary basis, taking advantage of attractive pay and severance packages. The government target was 12.4% reduction in its workforce of 14, 000 persons. These persons, mostly women, form an important human resource capital that may be underused and that could be tapped for future economic activities.
- 2.10 However, in spite of the recent economic difficulties, provision of quality education and health services remain a priority. In 2002, public expenditure in these two sectors was 4.1%

and 3.9% of the GDP at market prices respectively. In 2008, public expenditure for health was estimated at 2.8% of GDP at market prices.

Table 2.3: Public Expenditure on Health

Public Expenditure Total & as a Percentage of GDP				
Types / Years	2005	2006	2007	2008
Total Public Expenditure	22.6	20.4	21.0	9.1
GDP at market prices	3.8	3.6	3.5	2.8

Source: *Seychelles in Figures, 2009 Edition, pp. 10 (NSB)*

- 2.11 In the case of education, spending has ranged between 3% to 4% of GDP from 2004 to 2007, and it fell from 10% to 7% of current primary expenditures over this period. Interestingly, there is some private spending on education. Education is free at the point of use. Therefore, it is to be expected that parents have to make contributions such as towards uniforms and school materials. The total expenditure, with both public and private contributions, was thus 6% of GDP in 2007. Some 60% of government spending on education was for personal emoluments in 2007.

Table 2.4: Total Expenditure on Education (2007)

Description of Items	Amount (in SR m)
Recurrent expenditures	282
Spending by Ministry of Education (MoE)	190
Ministry of Finance (MoF) Subventions to Educational Institutions*	10
Spending by SSF (to expand-footnote) on transportation and post-secondary institution bursaries	18
Spending by MoF on overseas tuition fees and student bursaries	65
Capital Expenditure by MoF on education projects	25
<i>As a percentage of government capital spending</i>	<i>7.4</i>
Total Government Spending on Education	307
Household spending on education	61
Total Public & Private Spending on Education	368
<i>As a percentage of GDP</i>	<i>6.0</i>

Source: Ministry of Education, as presented in the World Bank Report (2009)

* Contributions to the Seychelles Institute of Management (SIM) and the Seychelles Qualifications Authority (SQA)

2.12 In 2008, life expectancy at birth was 67.7 years for males and 78.9 years for females. For both sexes, the average figure was 72.9 years. These figures have remained fairly constant, with minor yearly fluctuations and with females consistently having higher life expectancies than males. Infant mortality rates continue to hover around 9 to 10 per 1,000 live births. However, there has been some increase in the past years as indicated in the table below.

Table 2.5: Infant Mortality Rates

2000	2005	2006	2007	2008
9.2	9.8	9.5	10.7	12.9

Source: Seychelles in Figures, 2009 Edition, pp. 8 (NSB)

2.13 Infectious diseases are less of a burden except for periodical outbreaks of certain types of fevers linked to mosquitoes, such as the dengue and chikungunya . For example, in 2006, the Seychelles recorded more than 2,500 cases of the latter, with a weekly doubling of cases during the short time period. The greatest health issues are chronic diseases linked to lifestyle, e.g., eating habits, exercise patterns and sexual behaviour. Therefore, cardiovascular diseases, diabetes, hypertension and cancers are of particular concern. In recent years, hepatitis C, HIV and AIDS and endocarditis linked to use of soiled syringes and needles when injecting heroin are posing special challenges in terms of prevention and treatment.

2.14 Education is mostly provided for by the government, especially for primary schooling. Enrollment is high, and is approaching 100% in primary schools. Pupil/teacher ratio is relatively small. In 2009, the average teacher student ratio was 15:1 in pre-primary, 14:1 in primary, 13:1 in secondary and 15:1 in post-secondary institutions. Tertiary education is also given priority with many Seychellois students being sent to universities in China, Mauritius, Russia, South Africa, Australia, France, United Kingdom, India and New Zealand. Given the relative high costs of tertiary education, the government has recently set up the University of Seychelles to ensure that more young people are trained locally. The institution is affiliated to a number of internationally reputed universities from a variety of countries and the courses taught are thus internationally accredited.

2.15 Adult literacy is high, remaining at 96% over the years. Expenditure on primary education as a percentage of GNP in 2006 was 1.2%. The key issues in this sector are the lower than expected educational outcomes, the worrying levels of discipline in primary, and mostly secondary schools, as well as the disparity in enrollment and performance of males in secondary schools and in post-secondary institutions.

2.16 Some social issues are also of particular concern and remain challenges for the society as a whole and for public agencies as well as civil society organisations set up to address them.

These include gender-based violence, child neglect and abuse and excessive consumption of alcohol and drug abuse, especially that of opiates and amphetamine-type substances.

Macro-Economic Development

- 2.17 Economically, the country is heavily dependent on tourism and fishing. Tourism grew substantially during the last decade. It achieved record numbers in terms of visitor arrivals in two successive years, 2006 and 2007, with 140,627 and 161,273 visitors respectively. From 2000 to 2006 visitor arrivals grew by 8% overall. Although visitor arrivals dropped by 1% in 2008 and 2009 due to global economic crisis, this decrease was less than that projected. For 2010, a 5% growth in visitor arrivals is projected and figures so far indicate that the Seychelles is well on target and might even surpass the peak reached in 2007 which was the record year. The major tourist markets are France, Germany, United Kingdom and Italy. Tourism gives the Seychelles some 60% of the total foreign exchange earnings.
- 2.18 Most of the industrial activities are limited to small-scale manufacturing linked in particular to agro-processing and import substitution. A total 41, 342 people are in formal employment, 26% in the public service sector, 60% in the private sector which comprises of the manufacturing, construction and utilities sectors, including non-tourism related transport, distribution and communication sectors, as well as the hotel and restaurant industry. Seychelles is considered a middle-income country with a Gross Domestic Product of US\$ 9, 000 in 2009.
- 2.19 The Seychelles islands have always had few economic activities conducted on an industrial scale, apart from fishing and the sole tuna factory. The country has certain disadvantages, shared by many small island states – its remoteness, small size with a low population. Moreover, there is a lack of capital to be invested and the facilities needed are non-existent.
- 2.20 However, with the economic reforms undertaken with the help of the IMF (the International Monetary Fund), the situation has changed. Seychelles expects to have more Foreign Direct Investment (FDI). The new projects approved in 2007, estimated to exceed US\$ 1 billion are likely to be spread over several years, and for the most part on large hotels. Thus, FDI is expected to benefit the tourism industry, which in 2007 accounted for over 60% of the country's foreign exchange earnings and 21% of GDP. This in itself is an opportunity in many ways: labour would be needed to build the hotels and infrastructure, and personnel to operate them would also be required. However, whether the country's education system will be able to supply the skilled workers required for these projects is an important issue.

Constraints to Development

- 2.21 *“ As a Small Island Developing State (SIDS), Seychelles faces numerous development constraints which arise from its smallness in both physical and population size, its remoteness from major markets, and its limited resource base”* (Seychelles MDG Report, 2003). This remains true even today and is further challenged by the various global

economic shocks of the recent years, namely the increase in fuel and food prices, and the banking and financial crises. There are limited economic activities undertaken on a grand scale. The two main industries are the tourism and fisheries, which in themselves, especially the former, can create a heavy reliance on external resources, be it in consumer produce, visitors or capital inputs. These factors further render the economy highly vulnerable to external shocks.

- 2.22 Though the Seychelles has highly qualified people, they are few in numbers. This limitation means that sometimes there is insufficient number of locals to fill available posts in nearly all sectors of the economy. This factor is further exacerbated by the number of students who choose to stay in countries where they are studying and those graduates who choose to leave after a few months or years of service in Seychelles. In spite of the prohibitive costs of setting up highly specialised tertiary education establishments, the Seychelles has taken the bold initiative of having its own university, to minimise the already high costs of having these studies done overseas. The country is still reliant on expatriate labour (giving further rise to heavy leakage of foreign exchange through remittances).
- 2.23 The Seychelles remains less competitive than its neighbours in terms of production of raw materials and foods and the manufacturing of other processed goods, including processed foods. Two costs are prohibitive: fuel and labour. It is more cost-effective, even with a greater carbon emission footprint, to import goods that the country needs. As the Seychelles joins or seeks to join regional economic integration zones and communities, such as SADC (Southern African Development Community) and the COMESA (Common Market for Eastern and Southern Africa), it needs to balance the protection of local industries and the liberalisation of its trade . However, for some industries, the opening of regional markets with their larger population size is also an opportunity for innovation, enterprise and expansion.
- 2.24 Given the Seychelles' high GDP, it has become more difficult to obtain financial and technical assistance in recent years, which not only threatens the gains in social development and health, but also places undue financial burden on the government's budget. It is therefore, even more important for the country to engage itself in sustainable trade practices and careful management of its limited resources while creating an enabling environment for private and foreign investment to contribute significantly to the sustainable development of the country.

Chapter 3.0 Millennium Development Goals

- 3.1 “... key indicators such as life expectancy, adult literacy rate, population growth rate and gender equality compare favourably with achievements in developed countries. Most MDGs, including education and maternal health, have already been met and it is expected that the remaining ones will be achieved by 2015.” (African Development Bank, 2007)
- 3.2 However, to better appreciate how a country can or cannot meet the targets set for the achievement of the **Millennium Development Goals**, it is important to know and understand its national and cultural specificities and context. The major characteristics of the Seychelles that can have a profound impact on the achievement of MDGs are the small size of its population and land mass, the vastness of its EEZ, its relative isolation from the rest of the world and its present heavy reliance on tourism as the mainstay of the economy.
- 3.3 Great variance can be seen in the data when even one or two persons are affected by a particular medical or social condition. The maternal and child mortality data, the literacy rates are examples. The government is committed to the various UN Conventions and the Regional Economic Communities’ Protocols that it has ratified. Moreover, the medical staff is well-trained, competent, dedicated and vigilant; they do a lot of tracing to ensure that nearly every single person in the country, including pregnant women, is reached. The Seychelles is also helped in this endeavour by the small size of both land mass and population.
- 3.4 Being an isolated SIDS also creates special conditions that can have severe impact on both national and international trading patterns. The cost of transportation of goods for import and export is a significant factor. Internally, it leads to high costs of production, making it relatively difficult for the Seychelles to compete with other countries when it comes to developing an export-oriented economy. The high transportation cost also results in high cost of imports. The small population also limits the choices for availability of skilled human resources.
- 3.5 The size of the internal market restricts the development of a robust local or national trade. This is further compounded by the fact that, like other countries, there are socio-cultural changes within societies making them more fragmented. People develop their own needs and tastes. This creates niche and specialised markets, which further reduce the already small size of the larger market to almost insignificant levels for trade. Specific sector growth and investments are thus limited, as a result of the reduced size of local markets.
- 3.6 The country has not been blessed with a myriad of natural resources. Its soil on both granitic and coral islands is relatively poor for intensive agriculture. It is difficult to pursue a policy of self-sufficiency for food. Coupled with the high costs of production, it may make more economic sense to import food, but that leaves the country vulnerable to the different external shocks that can so easily disrupt trade. Two cases in point: the first Gulf War, which reduced tourism, and the present piracy menace, which threatens trading routes and increases insurance premiums for shipping companies. All these lead to an increase in cost of importing goods.

Chapter 4.0 Goal One: Eradicate Extreme Poverty and Hunger

Target 1A:

Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

4.1 DEFINITIONS AND PROBLEMS OF DEFINITIONS

This target has been defined in terms of the percentage of the population living on less than US\$1 a day by 1993 standards and US\$ 1.25 a day at 2005 international prices (Purchasing Power Parity Terms). The US\$ 1.25 a day poverty line is compared to consumption or income per person and includes consumption from own production and income in kind. Because this poverty line has fixed purchasing power across countries or areas, the US\$ 1.25 a day poverty is called the “absolute poverty line”.

4.2 In the Seychelles, the absolute poverty line would thus be set at Seychelles Rupees 5 (SR 5) a day in 1993 and at SR 12.50 in 2010, given the local fluctuations of the exchange rate of the US dollar. In a month, a person would be expected to live on SR150 (SR5 x 30 days) in 1993 and SR 375 in 2010 (SR12.50 x 30 days). This method of defining absolute poverty is not applicable to Seychelles, as a Household Survey undertaken from August 1999 to August 2000 estimated that the minimum level of expenditure was SR 841. Around 16% of households were spending below this level. In Seychelles, relative poverty measure is used.

4.3 The situation becomes more complicated when one considers ... “On the basis of the Household Expenditure Survey (1989) a World Bank poverty assessment undertaken in 1994 estimated that about 6 % of the population was living below absolute poverty line set at SR 500 (US\$ 90) while 18 % of the population was considered to be living below the national poverty line, set then at SR 900 (US\$150) per household per month.” Seychelles MDG Report, 2003.

4.4 Results¹ from the more recent 2006 to 2007 Household Expenditure Surveys show that 18% of Seychellois households are not able to meet basic caloric¹ requirements. On average, 21% of households’ income is spent on food purchases. According to the National Statistics Bureau, the food poverty line is set at SR 38.90 per day which is above US\$ 3. Thus, the absolute poverty line of US\$ 1 does not apply to the Seychelles.

4.5 It is quite likely that there would be very few persons, statistically negligible, living below the set absolute poverty line. The minimum salary is set at SR19.50 (or US\$1.50) per hour for casual work or SR22.50 (or US\$1.75) per hour for a full day’s work. The Seychellois also tend

¹ Data collection capacity remains a problem with many of the indicators of the MDGs. It is not always possible to provide precise information, as a result.

to have impromptu home gardens. It is customary to consume the fruits and vegetables from the family household garden and to share with neighbours. According to the 2002 Census, some 6, 900 households grew crops or raised livestock. Hunger, as a concept, is difficult to imagine, given these factors.

4.6 The poverty gap ratio being the mean distance separating the population from the poverty line (with the non-poor being given a distance of zero), expressed as a percentage of the poverty line was estimated to be 0.5 in both 1990 and 2007. There are no data available for 2008 and 2009.

4.7 The income share by the lowest quartile of the population was 8 % in 2000 and 9 % in 2007.

Table 4.1: Indicators for Target 1A

Indicators/ Years	1990	2000	2005	2006	2007	2008	2009
1.1 Proportion of population below US\$ 1 (PPP) per day	No data*	No data*	N/A**	N/A	N/A	N/A	N/A
1.2 Poverty- gap ratio	---	0.5***	---	---	0.5***	---	---
1.3 Share of the poorest quintile in national consumption	---	---	---	---	3.7***	---	---
1.3 Share of the poorest quartile in national consumption**	---	8***	---	---	9***	---	---

Source: ***United Nations Statistics Division

* There are no data available for these this period 1990 – 2000

** The World Bank criterion of US\$ 1 (PPP) is no longer applicable to Seychelles as the country's national food poverty line is set at SR38.90 which is equivalent to US\$3. Calculations in Seychelles are done for the poorest 25% of the population (the lowest quartile) N/A = Not Applicable

Trends of Progress

4.8 Abject visible poverty does not exist in Seychelles. Indicators, such as housing, access to sanitation and potable water are high and reach comparable standards to OECD countries. However, in 2009 some 3, 150 persons were assisted under the new Social Welfare Agency schemes, representing about 3.9% of the population. Still, there was 66% house ownership in 2002 and the proportion is expected to rise in 2010. Most houses are in good state of repair and are built solidly (cf. Table 4.2).

Table 4.2: Households and Housing Indicators

Indicators / Years	1994	1997	2002
Total Number of Households	17, 107	17, 878	20, 933
Percentage of ownership	69	75	66
Stone / Block Construction (%)	64	70	77
Wood / iron	32	27	21
Good state of Repair (%)	66	72	73
Fair	22	19	19
Poor	8	6	5

Source: Seychelles in Figures, 2009 Edition (NSB)

Inequality Analysis

4.9 There may still be pockets of poverty. There are specific characteristics to these. They are likely to be female-headed households, those with more than 5 persons, people with physical and/or mental disabilities and children. Previous studies done by the World Bank and Sinon (1996) described poverty as follows:

- (a) **Single women-headed households.** These women have dropped out of school early as they were pregnant. They do not have marketable skills. In 2008, 62.4% of persons receiving social welfare assistance were women (Social Development Department, 2009)
- (b) **The hidden poor.** This comprises mainly younger and older generations living in conditions that are far below the living standards of most Seychellois. They may not be aware or choose not to tap into the social welfare system in place.
- (c) **The seasonally employed.** These include fishermen, stevedores, and small farmers. Their incomes show much variance depending on catch, ships in port and harvests. While they may still earn much during a good period of the year, their management of their earnings does not allow them to withstand the shortfalls during other periods of the year or seasons.
- (d) **Retirees living on limited pensions.** Retirees before the age of 63 years may have a limited pension as their old age pensions have not yet been activated. They may find it difficult to manage with a reduced income, perhaps, well below the levels they were used to having as paid employees.

- 4.10 In October 2008, a new Welfare Act was passed by the National Assembly. Consequently, a new welfare agency responsible for implementing the new legislation began operations on November 1, 2008. The agency is funded directly by the government's budget rather than social security contributions. Social security contributions, however, continue to fund statutory benefit schemes as detailed in the Social Security Act. The Agency's data for 2009 and 2010 indicate that there was a peak with 3, 194 people seeking requests for assistance in June 2009.
- 4.11 Before the introduction of the Social Welfare Agency, the contributions to the assisted had become unsustainable, consistently rising annually, from SR 212.8 million in 2004, to SR256.3 million in 2006 and SR 264.3 million in 2008 (NSB, 2008). In spite of having no ostensible poverty, some 13,353 people were benefitting from government aid in one form or the other, though half of the beneficiaries were retirees, receiving their retirement benefits.

Key Bottlenecks

- **Policy and Planning**
 - **Inadequate and Contradictory Policies**

- 4.12 The law allows for minors of 15 years and above to give consent for sexual intercourse, without having to inform the parents of the decision to begin such relationships. However, it is also against the law to give contraceptives to minors without parental consent. This discrepancy has and continues to create moral dilemmas for health practitioners when they are faced with sexually active adolescents. The matter has been discussed in numerous local seminars, draft policies have been submitted, but there has been no firm decision one way or the other. Moreover, it is noted that the cycle of poverty begins with teenage pregnancy which can spiral out of control if the young woman has more children that are not maintained by their different fathers and she ends up trapped in low wage employment.

- **Budget and Financing**

- 4.13 Budgetary support for the various programmes may be insufficient at times. The Maputo Declaration proposes that 10% of national budget is devoted to agricultural developments; so far, the Seychelles has not met this particular target, with less than 5% spent on this sector.

- **Service Delivery**
 - **Inability to reach some sub-populations**

4.14 Service providers are sometimes unable to reach some sub-groups which can exacerbate their situations and keep them in need of assistance and services which remain undelivered. Very few organisations conduct outreach programmes, apart from the health environment officers, community nurses and youth workers who may have contacts with 'hidden' populations through their visits in the districts.

New Challenges

4.15 Given that the population had become accustomed to be assisted in many ways, it is difficult to change the mindset from assistance to enterprise, from guaranteed employment with the government to seeking work in the private sector or to set up one's own business. The macroeconomic conditions are presently stabilising and there are more opportunities for enterprising individuals to care of themselves and their families.

4.16 The macroeconomic reforms will take some time to fully take shape and allow the population to adjust accordingly and to make use of available opportunities.

4.17 Since the population is expected to rely on its own resources and abilities, it is essential that academic performance match the requirements of the new job markets and the liberalised economic regimes. Efforts are required to ensure that learning outcomes are increased to levels on par with other countries with similar characteristics (Mauritius, Caribbean Island states). The results in mathematics and science need particular attention.

4.18 In terms of food security, there is competition between growing food crops and beautification projects at home. In the past, households were encouraged to grow non-food ornamental crops. This has gradually changed, especially after the food crisis of 2007.

Key Factors Leading to Accelerated Progress

4.19 The following factors have contributed to the achievement of this MDG. They are strong political commitment to poverty alleviation programmes, focus on improving education and health outcomes which have indirect impacts on poverty, emphasis on employment opportunities in all sectors, housing assistance and social welfare programmes.

4.20 **Political Commitment.** One of the main objectives of the 1999 Social Development Strategy was poverty alleviation. Similarly, there have been over the years a number of programmes designed to reduce poverty through **provision of employment for young people and the**

disadvantaged populations. With the various rounds of macroeconomic reforms, these programmes are being phased out.

- 4.21 However, there are new opportunities being created that should allow the population to find meaningful work for itself, without relying on the government to provide it for them. People are encouraged to target gaps in the tourism industry by providing services in touring and expeditions, small-scale and cheaper accommodation using empty rooms in their own homes, selling the fruits and vegetables that they have grown at home and to consider going into business for themselves and thus create more employment.
- 4.22 The Seychelles expenditures on **education and health** are testimonies to the commitment in improving these two sectors' outcomes which can have profound impact on levels of poverty. Investment in both has allowed the country to have a literate and generally healthy nation, especially when it comes to infectious diseases.
- 4.23 The facilitation of **social housing** is also a major factor of poverty alleviation. It is the government's policy for each family to have its own home. A number of schemes (2002 – Home Ownership Scheme and 2005 – *Mon Prop Lakaz (My Own Home)*) have been introduced and phased out to be replaced by another – all with the aim of allowing each family to find better means to access funds or other means to have their own home. The former benefitted 1, 800 households and ran for a two-year period. The latter saw 4,000 beneficiaries become home owners or pay off their loans.
- 4.24 **Social Welfare Programmes** are still in place, though they have been scaled down to help the most needy of the population and to reduce the levels of abuse. They still play a role in ensuring that the most vulnerable are able to access assistance, while they seek to change their social conditions through finding gainful and meaningful employment.

Innovative Strategy 1 – *Mon Prop Lakaz Programme*

- **Desired Outcome**

The aim of the programme was to facilitate access to funds to pay off housing loans and increase home ownership.

- **Objectives**

To increase home ownership, improve sanitary conditions and access to potable water and electricity.

- **Result**

4, 000 persons paid off their loans or became owners of their home.

- **Synopsis**

People with housing loans or living in social housing were offered the choice of obtaining funds from commercial banks to pay off their housing loans, and some of the participants were further encouraged with reductions on their monthly rents or payments. The Scheme was voluntary and ran for a few months.

- **Lessons Learnt**

When people are offered opportunities to own homes, they will readily do so. They are also prepared to make the necessary commitments to loan repayments, through monthly salary deductions, which facilitate matters.

Table 4.3: Types of Benefits and Rates, November 2008

Benefit Types	Qualifying Conditions	Calculations	2008 Rates	2008 Dependent Rates	Duration of Benefit
Old Age Pension	Universal	63 years+	SR2000	n/a	Indefinite
Retirement Pension	Contribution to Pension Fund	Retirement	Depends on contribution	n/a	Indefinite
Invalidity Benefit	Loss of 75% earning capacity	Fixed	SR2100	SR900 Adult SR800 Child	Indefinite for beneficiary / until 18 years for the child
Partial Disability	Loss of 50-74% earning capacity	Means Tested	SR1800	n/a	6 months
Survivor Benefit	45+ year widow(er) 16 or less for child	Fixed	SR1800		Indefinite
Orphan	No surviving parents	Fixed	SR1050	n/a	18 years old ceiling
Funeral	Universal	Lump sum	SR1500	n/a	n/a
Sickness	Universal	Means Tested	2 months full salary SR1800 for 120 working days after	SR800	2 months + 120 working days
Maternity	Universal	Fixed / Means Tested	2 months full salary / SR1800 for 120 working days after	SR800	2 months + 120 working days

Source: Social Security Fund

Target 1B:

Achieve full and productive employment and decent work for all, including women and young people

Table 4.4: Indicators for Target 1B

Indicators/ Years	1990	2000	2005	2006	2007	2008	2009
1.4 Growth rate of GDP per person employed	---	---	---	0.7*	15.9*	22.2*	21.5*
1.5 Employment-to-population ratio	59	60	55	58	68	---	60
1.6 Proportion of employed people living below US\$1 (PPP) per day**	---	---	0	0	0	0	0
1.7 Proportion of own-account and contributing family workers in total employment	---	---	---	---	---	---	---

Source: Seychelles in Figures 2009 Edition, United Nations Statistics Division

* This figure is expected to be less than 1% based on the present national poverty line which is set at SR38.50 per day, which amounts to US\$3 at 2010 exchange rates and US\$6 at 2000 exchange rate

Trends of Progress

4.25 The employment-to-population ratio was 60 % in 2009.

4.26 The proportion of employed people living below US\$1 PPP per day is likely to be zero, as the minimum basic salary is presently SR 16.50 (US\$1.30) per hour for workers under a contract of continuous or part-time or fixed term work. The minimum basic wage has steadily increased from SR 14.50 per hour in 2007, to SR 15.50 in 2009 and the present rate of SR16.50. Indeed, the 2005 figure of monthly average national wage (in local currency) of SR3, 750 is about US\$ 681 at the rate of 2005 (US\$1 = SR5.5), and about US\$ 300 if the 2010 exchange rate is used (US\$1 =SR 12.50). Using this calculation, even with the loss of purchasing power, no worker earns less than US\$ 1 per day. The absolute minimum that a worker earns is still about US\$ 5 to US\$ 10 per day. With the 2008 figure for average national wage of SR 4, 645 and using the 2010 exchange rate, the average worker would take home about US\$ 12 per day. The average salary per sector is shown below in Table 4.5.

Table 4.5 – Average Monthly Earnings (Local Currency)

Sectors / Years	2005	2006	2007	2008	2009
All Sectors	3, 750	3, 938	4, 015	4, 645	5, 958
Public Sector	4, 081	4, 324	4, 216	4, 650	5, 340
Private Sector	3, 469	3, 566	3, 669	4, 387	5, 915
Parastatal Sector	4, 081	4, 528	4, 920	5, 533	7, 365

Source: Seychelles in Figures, 2009 Edition; NSB (2010)

- 4.27 The number of people employed in the public sector has remained constant from 2005 to 2008; from 10, 015 in 2005 to 10, 913 in 2008. The peak was in 2007 when 11, 018 people were employed in the sector. However, with the IMF supported economic reforms undertaken in November 2008, there has been radical reduction in the labour force employed by government. This group of employees, usually low-skilled, tended to be of three main classes: support services, such as catering and cleaning; office clerks and workers on employment schemes. The authorities, especially ministries, are encouraged to outsource these services to reduce cost, perhaps by as much as SR 28 million per annum (World Bank, 2008).
- 4.28 There is a similar situation with the parastatals where total employment fluctuated slightly by less than 1.5 % from 2005 to 2006, and by 2 % from 2006 to 2007. There has been a reduction in labour force in the sector from 2007 to 2008, by 8.8 %. It is in the private sector that the most growth has been seen, but that is seen more as workers leaving one sector to seek employment in another one.

Table 4.6 – Total Employment (Number)

Sectors / Years	2005	2006	2007	2008	2009
All Sectors	34,542	37, 625	39, 572	41, 342	41,891
Public Sector	10, 015	10, 837	11, 018	10, 913	9,305
Private Sector	18, 595	20, 778	22, 417	24, 833	27,721
Parastatal Sector	5, 932	6, 010	6, 136	5, 596	4,865

Source: Seychelles in Figures, 2009 Edition; NSB (2010)

- 4.29 The high rate of employment in the public sector “ ...reflects the implicit strategy of the government to be the ‘employer of last resort’, thus absorbing large numbers of staff into functions and positions that, based on international practice, should not be part of the core public service”(World Bank, 2008). It is noted that the number of staff currently holding such positions in the administration (Ministries of Education and Health) is estimated to be approximately 70 percent of the total number of staff in 34th bottom wage bracket.

Inequality Analysis

- 4.30 There are a lot of employment opportunities in Seychelles. There are numerous vacancies in the manufacturing, construction and hospitality industries. Many of these remain vacant and employers seek permission to hire foreign workers. There are four main factors influencing the lack of uptake of Seychellois in these sectors.
- (a) Many Seychellois do not want to **work shift hours**, even with flexitime. They would prefer to have 8am to 4pm jobs. The reasons given vary from difficulty in organising day care and baby-sitting for their children. It is important to note that nearly 50 % of households in Seychelles are headed by women who tend to be single mothers with one or two children, usually from different fathers. At least 72 % of children are born out of wedlock.
 - (b) **Social life** is deemed to be difficult to be organised and maintained when one is working shift. People feel that they cannot see their friends and relatives, and thus would prefer working hours that allow for such social networking to take place. This applies more to women with lower levels of education who might not have access to electronic and internet related social networking sites. Their contacts are more face-to-face and physical.
 - (c) Employment in the hospitality industry requires that the employees maintain a level of **customer care**, with attention and courtesy being the *mots d'ordre* at all times. Many young Seychellois women with their own social problems find it difficult to keep up with this *façade* and tend to work for a few weeks and months and then leave the job for other opportunities, even after having gone through a training programme.
 - (d) In 2008, salaries in the three sectors were still low compared to the public sector, with an average of SR 3, 888 in agriculture, forestry and fishing, SR 4, 425 in trade, restaurants and hotels compared to SR 4, 650 in the public sector and SR 5, 781 in parastatals. In the latter two sectors, people work mostly from 8.0 a.m. to 4 .0 p.m. These issues become important when people are trying to balance and decide where they would like to work.
- 4.31 As a result, there were some 10, 000 foreign workers in Seychelles, mostly in construction and tourism industries. With the economic reforms of 2008, some 2000 foreign workers also departed.
- 4.32 In terms of gender, employment is fairly balanced. Women are engaged in all fields of employment, with an average of 45 % of women to an average of 55 % of men; an almost 1 to 1 ratio, although sometimes in favour of men in some sectors, such as in the parastatal organisations and the private sector. However, likewise, in some other sectors, women predominate, such as in the public sector where, for example, most of the teachers and school administrators are women.

Table 4.7: Proportion of Women and Men in Employment Sector-wise Data (2005)

Indicators	Women	Men	Total
% economically active population engaged in market economic activities (as paid employee, own-account or employer)	47	53	100
% economically active population engaged in non market economic activities or as unpaid family worker in market economic activities	45	55	100
% of economically active population engaged in private sector employment	44	56	100
% of economically active population engaged in public sector as civil servant	65	35	100
% of economically active population engaged in parastatal sector employment	42	58	100

Source: Labour Force Survey, 2005

Key Bottlenecks

- **Policy and Planning**
 - **Policies Aggravating Academic Failure**

4.33 Some educational policies may make it more difficult for young Seychellois to access the present job market with all its demands and intricacies. Automatic promotion is the policy, even for low achievers, and they move up the education cycles until they reach Secondary Four (10 years of compulsory education). It is then that those who have not been doing well are no longer accepted into post-secondary institutions. They end up seeking employment when they have very few marketable skills. However, the main issue is that the education system, presently under reform, need to address these very issues. The individual academic differences are not managed in a comprehensive and effective manner at present. As a result, some students enter secondary education without essential mastery of languages and maths.

- **Budget and Financing**

4.34 Budgetary support to education is on par with or better than other countries similar to Seychelles.

- **Service Delivery**

- **Educational Attainment and Low Academic Performance**

4.35 While enrollment ratios are excellent, recent reports show that there is some concern about the quality of education. Indeed, educational outcomes continue to be low compared to other countries in similar developmental positions (Nolan, 2008). This creates a disparity with the requirements of the market place and reduces employment opportunities for young Seychellois school leavers.

4.36 *“... the results in IGCSE examinations are quite poor, particularly in mathematics. In the four subjects ..., exam results were considerably better in the private sector, establishing a potential benchmark to which the public sector can aspire. In English language, 88 percent of the 45 candidates from this one private school earned grades of A⁺ and A, while only 10 percent of the 930 government school candidates did so. In geography, the percentage of candidates earning either of the top two grades was 51 percent and 3 percent in the private and public sectors respectively; in mathematics, 35 percent and 1 percent; and in history, 25 percent and 7 percent. Clearly private schools are selective whereas the government schools offer comprehensive education. However, there may well be more that the public sector can learn from the practices in the private sector.”* (Seychelles Report, World Bank, 2008)

4.37 While the comparison may not be totally judicious, there are still some lessons that the public education sector can learn.

- **Cultural Biases and Values Unaddressed**

4.38 In Seychelles, many parents still aspire for their children to work for the government or in the public sector, seeing these jobs as secure. While this is no longer true with the various economic reforms, the mindset has not yet changed accordingly. As a result, young school leavers will try to obtain employment in the public sector as clerks, secretaries, messengers, drivers, IT and laboratory technicians before seeking employment in the private sector, with mostly manufacturing, fishing and the hospitality industries.

- **Social Ills, such as Substance Abuse**

4.39 The Seychelles is also currently experiencing major difficulties in relation to drug abuse amongst young people, especially since the explosion of heroin on the local market in 2005. With this problem, some young people have simply opted out of the job market, no longer seeking gainful and meaningful employment, preferring instead to do quick day jobs for which they are paid immediately so that they can purchase drugs. Alternatively, some of them have become involved in criminal activities, getting involved in the criminal justice system, reducing even further their opportunities to engage themselves in the formal economic activities of the country. In some cases, they become *unemployable* – having no work ethics, no sense of responsibility to the job and no loyalty to the company or organisation and getting involved in petty thieving at every opportunity.

New Challenges

- 4.40 There is a need to increase productivity which tends to be low in Seychelles. Employees tend to arrive late at work and to leave early. Much time is lost through conducting personal matters during working hours – going to health centres for oneself or taking the children, attending meetings and funerals. This is a cultural issue that needs to be addressed in a forthright and yet sensitive manner.
- 4.41 Unemployment remains an issue to be addressed creatively. There are many job opportunities not taken up by Seychellois. Noted reasons are a lack of interest, training and qualification, as well as some work, such as fish cleaning at the tuna factory, is seen as unattractive. Much needs to be done to address these factors.
- 4.42 Bureaucratic procedures also slow down various processes at work. The Department of Public Administration has and is still developing public education campaigns and mechanisms to improve efficiency and effectiveness in the public sector. Corruption is also being tackled in a proactive manner with *Your No Counts* Campaign.

Key Factors Leading to Accelerated Progress

- 4.43 A number of factors have led to the present rate of employment. There are provisions for **education and training opportunities in post-secondary institutions**, and the **diversification of the economy**, from tourism and fishing, to offshore and other service-based industries.
- 4.44 Recently, with the reductions in the public service workforce and the targeted social welfare, the government has launched a campaign called ***Leve Debrouye***, which translate to ***Rise Up and Fend for Yourself***. The main aim is to decrease dependency on the state for employment and social assistance. People are being encouraged to obtain the necessary training to begin replacing some of the expatriates working in various fields. Self-employment and entrepreneurship into small and medium-sized businesses is essential to create growth.

Target 1C:

Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Table 4.8^(a): Indicators for Target 1C

Indicators/ Years	1990	2000	2005	2006	2007	2008	2009
1.8 Prevalence of underweight children under-five years of age	No data	No data	No data	No data	No data	No data	No data

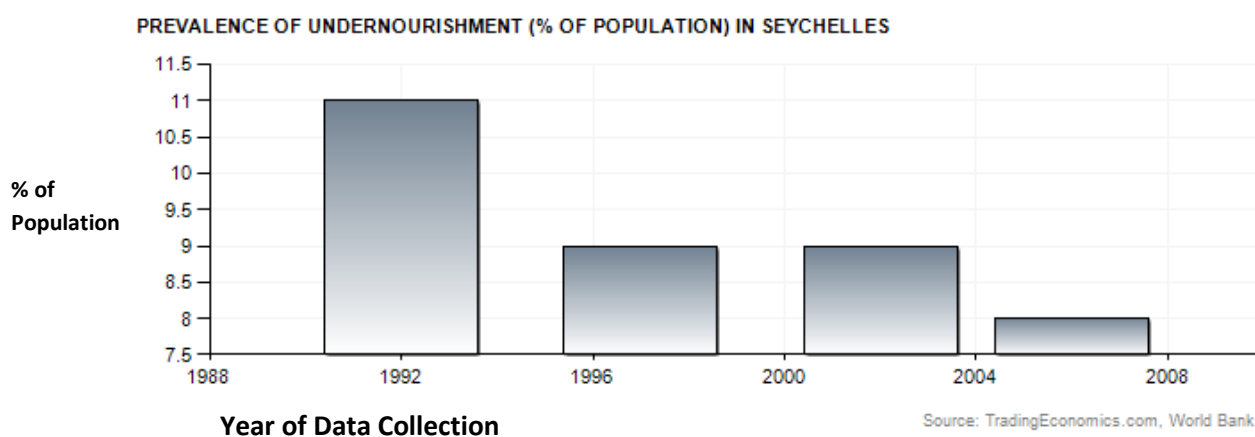
Source: Ministry of Health

Table 4.8^(b): Indicators for Target 1C

Indicators/ Years	1990	1992	1995	2002	2006	2008
1.9 Proportion of population below the minimum level of dietary energy consumption	14	11	11	8	---	---

Source: World Bank

Figure 4.1 – Prevalence of Undernourishment



Trends of Progress

- 4.45 The set target for 2015 is to reduce to 9% the proportion of the population living in abject poverty defined as living with less than US\$1.25 a day or SR12 a day, using the present exchange rate (July 2010). The country is on track with the MDGs, with about 3.9% or less of the population seeking some form of public assistance in June 2009. The number of people seeking public assistance rose at that time due to the immediate effects of the macroeconomic reforms undertaken in November 2008. The number is expected to be reduced as more people enter employment and structural re-adjustments take effect.
- 4.46 In terms of nutritional aspects, it is obesity that is a problem. A study on overweight and obesity conducted in 1999 by Stettler et al. showed that some 12.6% of the children in Seychelles were overweight and 3.8% were obese (*International Journal of Obesity, February 2002, Volume 26, Number 2, pages 214-219*). In fact, the prevalence of overweight and obesity was as high as or higher than in some developed nations. However, there are still some hidden groups whose hunger is linked to socio-economic problems, such as alcohol and drug abuse in the family.

Inequality Analysis

- 4.47 Disparity in dietary consumption is linked to the small pockets of poverty that still exists, according to Seychelles' own standards. These have the following characteristics - young women who have left school early due to pregnancy and now with 2 to 3 children from different fathers, were either unemployed or working in unskilled low waged jobs. If maintenance is not paid regularly, the children and the parents might go hungry for a few days.

Key Bottlenecks

- **Policy and Planning**

The same conditions as indicated in par. 4.13 apply here.

- **Budget and Financing**

The same conditions as indicated in par. 4.14 apply here.

- **Service Delivery**
 - **Teenage Pregnancy and the Cycle of Poverty**

- 4.48 The key bottleneck is to break the cycle of poverty that some women might sink into if they are unable to find employment and/or to have their children maintained by their fathers. Teenage pregnancy and resultant children are usually the start of the cycle of vulnerability. Programmatic interventions must target reduction in the incidence of teenage pregnancies and find ways to keep the girls in school or encourage them to return to school after the birth of their first child. The Ministry of Education has developed a Teenage Pregnancy Policy that allows the girls to return to school after delivery.
- 4.49 Access to contraceptives for under 18s continues to be a problem as numerous local conferences and seminars, with very specific recommendations, have been unable to address the issue in a meaningful and effective manner.

New Challenges

- 4.50 With the various changes on the macroeconomic front, the subsets of the population which find themselves caught in a spiral of vulnerable living might find it harder to obtain social welfare. They would need to find work and pull themselves out of these situations. However, there are numerous social safety nets which may help to alleviate the duress of vulnerability.
- 4.51 Since 2008, pirate attacks launched from Somalia have placed a burden on local fishermen and commerce due to fears of fishing far from safe shores and higher CIT (Cost Insurance Freight) respectively. Piracy causes not only loss of revenue to the traders, but also to ordinary people, such as the fishermen, who rely on their own catch for subsistence and for their livelihoods. Measures, in terms of policy and planning, legislation and intervention, are being taken at the highest levels of government to ensure that the threats and incidents of piracy are effectively reduced in a coordinated manner, with European and regional partners.

Key Factors Leading to Accelerated Progress

- 4.52 The Seychelles has been able to achieve this MDG before the target date for a number of reasons, some of which have been described before. The keys to success to ensure that the population is not suffering from hunger are:
- (a) **Solid basic primary and secondary education** to obtain gainful employment, to have career choices
 - (b) **Development projects in tourism and fishing** to provide employment
 - (c) **Liberalisation of the economy** to allow local entrepreneurship to flourish
 - (d) Various forms of **safety nets** to assist those who do not manage to find work or who do not subsist on their salary, given their family size
 - (e) **Various schemes to boost local development of small businesses**, such as loan facilities from the Seychelles Development Bank and commercial banks
 - (f) A host of **training programmes for adult education at low costs** to allow employees to better their prospects and for those who had left school early to improve on their basic level of educational attainment to increase possibilities of employment.

Assessment of the Impact of Global Crises on the MDGs

○ Transmission Channels

- 4.53 The Seychelles is largely dependent on tourism, which is still the main bread earner of the country. The global crises, especially the financial and banking one, which led to a recession in North America and Europe, was expected to lead to a corresponding drop in arrival figures and a lower economic growth which was predicted to fall to 0% in 2009 from 5.5 in 2007.
- 4.54 Consequently, costs of fuel and food rose by more than 40% during that period, causing the country inflation rate to increase correspondingly to 37% in 2008 from 5.3% in 2007. Household expenditure on food stood at 25.5% nationally.

○ **Immediate and Long-Term Impacts**

4.55 Forecasts for the tourism sector estimated a drop of 25% to 30% in receipts by the end of 2008, as a direct result of the global credit crisis (World Bank, 2009). There has recently been some growth in the tourism sector, with more hotels and resorts being built. Arrival figures improved by the end of 2009 and statistics now show that 157,541 visitors landed in Seychelles in 2009, only 1,411 short of the 2008 total of 158,952. It should be noted that despite a drop in arrivals in 2008 and 2009, official figures from NSB showed tourism receipts actually increased in both years. Tourism receipts increased by 3% and 6% in 2008 and 2009 respectively. However, much of this growth can be attributed to the devaluation of the rupee in November 2008 as part of the IMF reform programme.

○ **Response Capacity**

4.56 The Seychelles has been able to weather the storm and actually ended 2009 with a 1% decline from 2008 predictions of 25% drop in arrival figures. It was noted that 2009 had begun with an 18% decrease in arrivals, mostly from Europe (STB, 2010). However, throughout the year, the figures climbed slowly to their present levels. The initial decline in employment has been tempered by job seekers moving into the private sector, especially in the tourism and hospitality industry.

○ **Country-Specific Exacerbating Factors**

4.57 The Seychelles public debt stood at 122.8% of GDP in 2007 and at 151% at the end of November 2008. The country defaulted on a US\$230 million, euro-denominated bond that had been arranged by the Lehman Brothers before their own demise. Two major macroeconomic reform regimes during the past 5 years were imposed; the first one to address excess liquidity in the local market and the more recent one, through IMF assistance, to reduce public debt.

4.58 The immediate impact has been to reduce employment by at least 12.5% in the public sector, especially of support services staff, whose work delivery is now being outsourced wherever possible now. The floating of the rupee effectively doubled the prices of imported goods as it reached SR16 to the dollar in 2008 / 2009. The dollar presently trades for SR12.50 (July 2010).

List of Key Indicators

Table 4.9 – List of Key Indicators for Goal 1 (Impact of Global Crises)

Quantitative	Qualitative
Economic Indicators	Well-Being Factors
Employment rate for 15 to 49 year olds	Stress levels
Employment rate for all categories of population	Reports of Happiness / Joie de Vivre
Rate of demands for social welfare	Reported morbidity / annum (types, rates)
Rates of increase of FDIs	Reported treatment data for alcohol abuse
Rates of increase of ODAs	Reported treatment data for drug abuse
Human Poverty Index	Mental health indicators (depression, anxiety, psychotic episodes, PTSD)
Rates of inflation	
Overall increase in food prices (fish/staples)	
National current accounts balance	
Social Ills Indicators	Social Activities
Rates of increase of people seeking treatment for alcohol and other drug dependence	Engaged in exercise as leisure activities
Number of gender-based violence/family violence cases registered	Involvement in voluntary/community service activities
Number of attempted suicides	Social networks (real/ virtual)
Rates of mental health problems/annum Rates	

Assessment of Climate Change on the MDGs

- **Transmission Channels**
 - 4.59 Extreme weather in the form of more frequent severe tropical storms is expected to be one of the main effects of climate change in Seychelles. The agricultural sector has continued to employ fewer people (2005 – 3.3%, 2006 – 3.2%, and 2007 – 2.6%) and in 2008, represented about 2.3% of the population and contributed 2% to the GDP.
 - 4.60 Coral bleaching can lead to extinction of some species living on the reefs. This in turn can have an impact on the sites that tourists can visit. Reduction of visits to these sites would also lead to decline in revenues for tour operators, further impacting negatively on employment in the tourism and hospitality sector.
- **Immediate and Long-Term Impacts**
 - 4.61 The immediate effects of climate change are already been felt in coastal erosion, coral bleaching and severe flooding. In terms of employment, the already difficult situation in regards to cultivation is likely to become worse and fewer young people would be encouraged to develop a career in the sector. The lack of good arable land is also an important factor in determining young people’s interest in agriculture.
- **Adaptations Required and Options**
 - 4.62 There are already plans to mitigate the effects of climate change in Seychelles. A Five-Year Agricultural Development Strategy (2007-2011) has been developed and the new plan for 2011 – 2013 is being prepared. Both plans aim to sustain employment in the sector and explore the production of value-added products both for local consumption and for export to niche markets. By 2011 it is envisaged that national agricultural production would meet 70% of the consumption of fruits and vegetables, 100% table eggs, pork and broiler poultry consumed locally.
 - 4.63 In order to face more frequent extreme weather events forecast, the government promotes the transfer of adequate technology, such as tropical greenhouse technology, integrated pest management (IPM) and low water volume irrigation methods.
 - 4.64 Moreover, a National Energy Commission has been formed to formulate policies and develop appropriate programmes to proactively address the issues related to present and future energy needs, as well as counter the possible impacts of climate change on the energy security of Seychelles.

Chapter 5: Goal 2: Achieve Universal Primary Education

Target 2A:

Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Table 5.1: Indicators for Target 2A

Indicators/ Years	1990	2000	2005	2006	2007	2008	2009
Net enrollment ratio in primary education	99.9	100	98.8	99.0	99.0	99.0	99.2
Proportion of pupils starting Grade 1 who reach last grade of primary	100	100	93	95	94	95	95

Source: Ministry of Education (2010)

Indicators/ Years	1990	1995	2000	Year not specified*
Literacy rate of 15 – 24 year olds:	95	96	99	99*
Women	95	97	98	99*
Men	95	96	98	99*

Source: Ministry of Education, *UN MDG Report (June, 2010)

Trends of Progress

- 5.1 This MDG has been achieved and indeed, the Seychelles have gone beyond the set target with free primary education available to all children in their own locality. The measures undertaken that have led to such a success include the constitutional provision for free and compulsory education, zoning of schools and their catchment populations, the importance placed on pre-primary and primary education, with the building of schools, training of teachers and constitutional guarantees. At present, enrollment ratios tend to be 100%.
- 5.2 Parents and pupils contribute towards the purchase of educational materials, such as books and stationery. To further encourage parents to send their children to school, the state runs a school meals programme so that children from vulnerable and disadvantaged families can

obtain a midday meal at subsidised prices: a meal costs SR2 or US\$0.12. Furthermore, special programmes to support these children are also in place and administered either by the school counselor or the administration. Either way, these programmes ensure that there is early identification of needy children and that appropriate services are given to them.

Table 5.2: School Enrollment (including Private Schools) by Level and Grade, 2004-2008

School Enrollment & Proportion of Attrition						
Academic Year						% change
Grade	2004	2005	2006	2007	2008	2004-2008
Crèche	2,812	2,833	2,823	2,835	2,923	3.9
Primary	9,504	9,173	8,910	8,998	8,744	-8.0
P1	1,416	1,402	1,459	1,461	1,432	1.1
P2	1,551	1,425	1,410	1,431	1,459	-5.9
P3	1,605	1,535	1,407	1,412	1,464	-8.8
P4	1,578	1,573	1,524	1,566	1,425	-9.7
P5	1,694	1,559	1,564	1,551	1,423	-16.0
P6	1,660	1,679	1,546	1,577	1,541	-7.2
Secondary	7,827	7,852	7,756	7,852	7,542	-3.6
S1	1,643	1,644	1,634	1,651	1,580	-3.8
S2	1,694	1,628	1,642	1,672	1,516	-0.5
S3	1,653	1,645	1,599	1,631	1,617	-2.2
S4	1,523	1,566	1,579	1,583	1,568	3.0
S5	1,314	1,369	1,302	1,315	1,261	-4.0

Source: Ministry of Education

Note

Enrolment includes expatriate children who may enter and leave the school system during the school life cycle. The statistics are not always disaggregated to reflect this, so that the expatriate children are not part of the final count.

Inequality Analysis

- 5.3 There is equal access to primary and secondary schools for all children. Often, these are in walking distance from homes. When there are longer distances to get to and from schools, the Ministry of Education has an agreement with the public service transport provider, Seychelles Public Transport Corporation (SPTC), to ferry back and forth the children who qualify for such a service. Moreover, school children pay SR2 or US\$0.12 for their one-way bus fares. This rate applies to all school children, even the ones who are enrolled in post-secondary institutions. The latter can also obtain subsidised bus passes.
- 5.4 There is one school on Mahé, the main island, for children with special physical, intellectual and mental needs. They are also provided with a bus service to get to and from school. The school for children with various forms of disabilities on the second largest island, Praslin, is integrated.
- 5.5 There is an institutional framework to ensure that there is equal access to education in Seychelles. The Seychelles Constitution, the Children Act of 1982, revised in 2005 and the Education Act of 2004 make provision for all children in Seychelles to have equal and fair access to schools, and education appropriate to their needs, as well as measures to ensure that these provisions are followed by all, including parents who might refuse to send their children to school. Some factors such as children with disabilities and emigration cause minor fluctuations in figures.

Key Bottlenecks

- **Service Delivery**

- 5.6 There are practically no bottlenecks for this MDG. It is to be noted, however, that only 31% of children are attending day care programmes. The trend of not sending children to day-care facilities continues with the percentage of attendance being 33% in 2009. However, there are also unofficial day care centres near homes in the community and grandmothers who look after the children. Many parents prefer to use these alternatives. Thus, they are not registered in official statistics and documents.
- 5.7 Ultimately, the whole issue of enrollment becomes less important as the enrollment in the pre-primary schools or kindergartens (crèches) is high, above 95% every year, with 99% in 2006 and 97% from 2007 to 2009. These institutions are state-owned and run, and are usually adjacent to the district primary school. Attendance is not compulsory, but parents are encouraged to send their children as these crèches are seen as preparatory stages for their children to enter primary school.

New Challenges

- 5.8 The events that have had the most impact on this goal has been the introduction of the internal macroeconomic structural adjustments, such as the MERP in June 2003, the second IMF supported reforms in 2008 and the global financial crisis, as well as the food and fuel crises. All or nearly all children register for school. However, some parents do not send their children to school from time to time. The usual excuse is that there is no money available to give them as pocket money.
- 5.9 In 2005, a school-wide survey in a secondary school conducted by the Drug and Alcohol Council and Campaign for Awareness, Resilience and Education (CARE) found that some 140 students were absent out of a total student population of just over 700, during the morning from 08am to 12pm when the exercise was being done. Since the survey was an impromptu exercise and the students were unaware of it, the level of absences is indicative of some systemic problems, which may include the keeping of children at home to avoid expenses linked to their being sent to school, namely bus fares, snacks during break time and lunch, as well as not being aware of their children fail to attend school.
- 5.10 A new challenge, therefore, is to ensure that the gains made in the achievement of this MDG is not lost due to parents not making adequate use of available resources, both in terms of school facilities and social welfare safety nets situated within the administrative perimeters of the school system. Given that schools are within reach of most homes and that funds are also provided to assist needy children, parents have no reason to keep their children at home. It is possible for all children of Seychelles to continue attending their primary schools.
- 5.11 It is also imperative that the authorities, perhaps the Ministry of Education, with the help of civil society organisations which work closely with parents, such as the Alliance of Solidarity for the Family (ASFF) and the Association for the Promotion of Solid and Humane Families (APSHF) reiterate the essence of sending children to pre-primary and primary schools. Where necessary, especially for recalcitrant cases, the appropriate provisions of the Children Act and the Education Act should be applied.
- 5.12 The recent increase in substance abuse by some students, as well as truancy poses a special challenge to continuing present levels of achievement for all MDGs, in particular the health and social development ones, such as MDGs 1 – 6.
- 5.13 The quality of training of teachers remains an issue of concern. Presently, the National Institute of Education, where teacher training is undertaken, has become part of the University of Seychelles Science Faculty. The aim is to increase quality of training.
- 5.14 A new district (village), Ile Persévérance has been built on reclaimed land. Two new schools are also expected to be built there. Ensuring adequate numbers of teachers and educational materials to meet new needs will be matters for concern.
- 5.15 The Ministry of Education, realising the need for improved quality of educational outcomes and reductions in disruptive behaviour patterns, especially in the secondary schools, has embarked on an ambitious reform programme. This targets work conditions for teachers,

new methods to increase student responsibility for their education and behaviour, as well as increase academic performance for all students. The implementation remains a challenge for all stakeholders, namely teachers, parents and students.

- 5.16 After some years of decline or stability, the fertility rate is once again increasing, reaching 2.3 in 2009. Demographics are important considerations for the delivery of educational services around the country.

Key Factors Leading to Accelerated Progress

- 5.17 Five key factors can be highlighted. They are:

- (a) **Institutional framework** – having the right laws and regulations in place;
- (b) **Political and financial commitment** – engagement at the highest level of government and commitment of necessary funds for building schools and for paying qualified personnel;
- (c) **Supportive structures**, such as free education, easy physical access to the schools, assistance for families in need through a system of early identification of needs and timely responses, such as financial help (***Dedicated Fund*** for the vulnerable and disadvantaged children) and psychological support, through a network of school-based counselors and social workers in all districts (towns/villages).

- 5.18 The success in the achievement of this MDG is due largely, in part, to a robust and forward-thinking **institutional framework**. The guarantees for primary education are laid out in the Seychelles Constitution which stipulates that 10 years of free and compulsory education is made available in state schools. This is further supported by national legislation; namely, the Children Act of 1982 and the Education Act of 2004. The Convention on the Rights of the Child (CRC) of which the Seychelles is party since 1989 is also used as a monitoring and evaluation mechanism to ensure that international obligations are met.

- 5.19 Upon the foundation of conventions, policies, regulations and legislation is built the **financial and political commitment** to achieve the set goals, in terms of having the necessary **infrastructure and the human resources** in place. The Seychelles dedicates 10.7% of its total national budget to education. Teacher student ratios are relatively low, with classroom size ranging from 10 in specialised schools, such as the School for the Exceptional Child (SEC), and 30 to 35 in some state schools. There were 32 pre-primary schools, 26 primary schools (which include all state and four private schools), and 13 secondary schools catering for a student population of about 20, 000.

- 5.20 Over and above institutional framework, and political and financial commitment, there is a need to have supportive structural systems to support the achievement of this MDG, in terms of **availability** and **access**. Most districts (villages) have a state school situated in a

central position, which allows for easy access. Education is free, except for the purchase of books and some stationery. Within the school structure, with the presence of counselors and social workers working in the districts, it is possible to identify, track and support families having problems sending their children to school. A school meals system provides nutritious and balanced midday meals for those children who wish to join the programme which is subsidised by the state.

Assessment of the Impact of Global Crises on the MDG

- **Transmission Channels**
 - 5.21 There has been no recommendation to reduce significantly the essential national expenditure on education as it is already on par with countries comparable to the Seychelles. However, reductions have been advised for non-essential and support personnel. (World Bank, 2009) Their roles are to be undertaken through outsourcing.

- **Immediate and Long-Term Impacts**
 - 5.22 Since teaching staff is likely to remain virtually untouched and the Seychellois parents value education of their children, there are no significant effects expected from the global crises. Reductions in budgets would mean that parents would simply have to contribute more to the school materials for their children.

- **Response Capacity**
 - 5.23 The country should be able to handle the subsequent limitations imposed by budgetary restraints with the parents, the Dedicated Fund and the Social Welfare Agency assisting to mitigate more severe effects on parents and children.

- **Country-Specific Exacerbating Factors**
 - 5.24 The conditions highlighted in par. 5.8 also apply here.

List of Key Indicators

Table 5.3 - List of Key Indicators for Goal 2 (Impact of Global Crises)

Quantitative	Qualitative
Enrollment rates for both genders at all levels	Number/proportion of students reporting that they enjoy coming to school
Drop-out rates	Quality/type of teacher-student relationship
Survival rate after secondary education	Parental involvement (school visits, assistance with school work, financial/in kind contributions)
Educational outcomes on international examinations	Community involvement in terms of finance and participation in school programmes
Educational outcomes on national examinations	Reputation of schools (public, including parents' and students' perception of each school)
Attendance records/truancy rates	Teacher-parent relationship
Number of applications to the Dedicated Fund	Participation in extra-curricular activities
Number of applications to the Social Welfare Agency	
Number of students seeking counseling at all levels	
Rate of public expenditure on primary education	

Assessment of Climate Change on the MDG

- **Transmission Channels**
5.20 There are no expected adverse effects of climate change on school enrollment and attendance, except for possible temporary lack of access to schools due to natural disasters.

Chapter 6: Goal Three - Promote Gender Equality and Empower Women

Target 3A:

Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

Table 6.1: Indicators for Target 3A

Indicator/ Year	1990	2000	2005	2006	2007	2008	2009
3.1 Ratios of <u>boys to girls</u> in:							
Primary		1.00	0.94	0.94	1.03	1.02	1.02
Secondary		1.03	1.00	1.01	0.99	0.98	0.99
Tertiary education		---		1.24	0.81	0.77	0.64
3.2 * Share of women in wage employment in the non-agricultural sector	No data	No data	No data	No data	No data	No data	No data

Source: Seychelles in Figures, 2009 Edition; Ministry of Education

* In Seychelles, women employed in agriculture are usually employed in commercial and not subsistence forms of production.

Trends of Progress

- 6.1 This MDG has also been achieved. In the Seychelles, parents of all faiths and socio-economic backgrounds send all their children to school regardless of gender. There has always been a tradition of ensuring that both girls and boys attend school and there is no cultural barrier to the education of girls.
- 6.2 Culturally, not sending children to school is seen as anti-social behaviour and it will very likely be reported by neighbours to either the police or the Ministry of Education or the District Administrator or the district social worker. The Education Act makes provision for the appointment of truancy officers to pick up children who are playing truant. In practice,

the latter has never been enforced. The penalties under the law are quite severe, but once again, in practice, they are rarely applied.

- 6.3 In fact, in terms of gender disparity, it is now the males that are disadvantaged in the secondary and post-secondary enrollment. There is now a need for parents and the authorities to seriously study the gender disparity in enrollment, academic performance and social stability that now exist in detriment of male education and general welfare and well-being. (*Seychelles Gender Socialisation in the Home: Its Impact on Boys' Achievement in the Primary and Secondary Schools, 2009 and CEDAW Seychelles Status Report, 2010*)

Inequality Analysis

- 6.4 There are numerous reasons why boys are fewer in number in the school system after six years. Young males are over-represented in a series of medical and social problems. They are more than 10 times as likely as girls to be seeking treatment for using illegal drugs, such as cannabis and heroin. It is important to note that the emphasis is on treatment rather than on actual prevalence in the general population, as it is treatment data from the rehabilitation centre, Centre Mont Royal which have been used for this analysis.

Table 6.2: Number of Children Seen in Drug Rehabilitation

Number of Clients Seen at Centre Mont Royal (Yearly Growth Rates Expressed in % in Brackets)											
Age Group	2003		2004		2005		2006		2007		Total
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
0 - 14	6	0	8 (33)	0	9 (13)	0	2 (-78)	3 (300)	25 (1150)	4 (33)	77
15-19	9	3	5 (-44)	1 (-66)	21 (320)	2 (100)	51 (143)	5 (150)	45 (-12)	5 (0)	147
Total	15	3	13 (-13)	1 (-67)	30 (130)	2 (100)	73 (143)	8 (300)	70 (-4)	9 (13)	224

Source: Centre Mont Royal¹²

- 6.5 There are a high number of drop-outs from the school system that begins right in the primary schools. Children leave school for a variety of reasons, such as persistent underperformance leading to boredom and disillusionment with education, to seek work, and inability to be in school because of drug and alcohol abuse. The attrition of the school population, especially of boys, is alarming as it means there are numerous young men who are unskilled, insufficiently trained and who are likely to be and remain unemployed or stuck in low-paying, menial and meaningless employment.
- 6.6 The Commonwealth Secretariat Report (2009) entitled *Exploring the Bias: Gender and Stereotyping in Secondary Schools* indicated that there is a preference for girls in schools. Expectations of their achievements were high. For boys, however, it was low, with them being seen as lazy, irresponsible and unmotivated. Most teachers are female and a male student is likely to meet his first male teacher in the last cycle of primary, as a physical education teacher.
- 6.7 Twice as many boys as girls drop out of the secondary five, which is non-compulsory. The Employment Act makes provision to start work at 15 years. However, the most worrying pattern is that girls consistently perform better than boys in all subjects across the curriculum. They also participate more actively in school activities, including extra-curricular programmes. It is not uncommon in Seychelles to find that activities are dominated by girls at all levels – preparation, organisation and presentations. Boys are few and far between. Perhaps, it is worth noting that their peers will likely be laughing at them for their participation and doubt their *masculinity*.
- 6.8 The latter behaviour has a tremendous impact on boys, stifling their desire to be part of school life and to contribute meaningful in other activities apart from sports. Boys also have higher levels of truancy and discipline problems.
- 6.9 For girls, the area of disparity is still their under-representation in enrollment in vocational and technical post-secondary institutions, such as the Maritime Training Centre and the Seychelles Institute of Technology. While some inroads have been made, these are still largely inadequate. Girls tend to be more present in academic studies (Seychelles A' Levels College) and in the hospitality industry (Seychelles Tourism Academy). From 1992 to 2010, girls were awarded 708 scholarships compared to 369 for boys.

Key Bottlenecks

Service Delivery

- **Overcoming Cultural and Gender Biases**

- 6.10 Presently, the number of girls enrolled in less traditional fields in post-secondary institutions has grown, but this has not been sufficient to reach figures where there is parity with the boys. This trend of slow growth in the technical areas is likely to continue in the future, unless, some drastic action, in terms of advertising and active recruitment of girls from the secondary schools. The issue is not linked to performance, per se, as girls generally outperform the boys in science subjects, even with some differences noted at different levels; rather, it is due to cultural perceptions and gender biases remaining strong.
- 6.11 Another disparity that seems unlikely to change soon is the boys' continued underperformance in nearly all subjects at nearly all levels of education. While some gaps traditionally seen between males and females are closing, such as enrollment in tertiary education, others, like performance, are widening. The cultural attitudes about the parental lack of concern when boys fail at school contribute significantly to the status quo. Programmatic interventions need to be more targeted to the underlying deep seated cultural gender biases – helping parents and the boys to give more value to education, and the girls more options in terms of career choices. (*Seychelles Gender Socialisation in the Home: Its Impact on Boys' Achievement in the Primary and Secondary Schools, 2009 and CEDAW Seychelles Status Report, 2010*)

New Challenges

- 6.12 There have been many interventions to improve gender parity in all fields. However, with the continued disparities in favour of female enrollment, it is important for programmatic interventions to target boys and their parents, especially their attitudes to learning and education, the child-rearing practices applied to boys that later on in life lead to disadvantages in terms of health and educational outcomes, and pedagogical methods used in the classroom that can lead to academic failure for boys. Talk and chalk needs to be replaced by teaching methods that involve discovery, manipulation, exploration and movement, even within the classroom setting. New inequalities also keep emerging. They need to be carefully monitored to prevent wide gaps, which may be more difficult to surmount.

Key Factors Leading to Accelerated Progress

6.13 Progress has been achieved due to the following factors:

- (a) Parents send children of both sexes to school
- (b) Schools are girl-friendly environments, with most teachers being female
- (c) Girls are encouraged and are very active in extra-curricular activities, with a lot of support from both teachers and parents
- (d) Culturally, there has never really been a tradition of only boys attending school. Early in its history, Seychelles schools, even when they were not co-educational, had made provision for the education of girls, with twin or sister schools – one for boys and one for girls.

Indicator 3.3 Proportion of seats held by women in national parliament

Table 6.3: Proportion of Seats Held by Women in the National Assembly

Assembly Term	No. of Women	No. of Men	Total	% Women
1993 – 1998	9	24	33	27
1998 – 2002	8	26	34	24
2002 – 2007	10	24	34	29
2007 to date	8	26	34	24

Source: Social Development

**Table 6.4 – Women’s Participation at Political and Administrative Levels (State & Non-State)
and Senior Positions (Private)**

Position Held by Women	%
Cabinet Ministers *	30
Principal Secretaries *	38
District Administrators (local government structure) *	56
Directorship posts *	55
Legislators and Senior Officials *	36
Heads & Managers of NGOs **	46
Senior Positions in Parastatals **	34
Heads of Income-Generating NGOs **	60
Heads of Cultural Associations **	33
Heads of Religious Organisations	17

*Source: *AU Solemn Declaration on Gender Equality in Africa, Seychelles Report, 2007, as quoted in ⁴,*

***National Gender Report for the Elaboration of a Sub-Regional IOC Gender Strategy, 2008*

Table 6.5 – Women’s Participation at Administrative Levels in the Education Sector (2009)

Position Held by Women	Number	%
Primary School Headteachers	22	92
Secondary School Headteachers	8	80
Managers (State schools)		
Primary	49	98
Secondary	16	80

Source: Ministry of Education (2010)

Trends of Progress

6.14 The Seychelles has made tremendous strides in the achievement of this MDG. There are still some gaps, but progress has been made. Women and men are engaged in all sectors in the social and economic life of the country. Traditional barriers to the types of employment to which males and females may aspire have fallen. There are more male nurses and social workers. More males are teaching at the primary school level, which was seen as the sole domain of women. There are girls enrolled in carpentry and masonry courses at post-secondary level. *Furthermore, Seychelles is among the first ten countries worldwide to be reaching the target of 30% women in parliament by the year 2005, set by the United Nations (Seychelles Country Assessment Report: Barbados 10 Years On, 2003)*

Inequality Analysis

6.15 Disparities exist at various levels. Women are ever present in all types of organisations, but they do not have proportional representation when it comes to the highest levels for policy development and decision-making. They are still seen as the stalwart foot soldiers in their various organisations, with the ability to mobilise people and generate support from the base. This is especially true in political parties, religious organisations and NGOs. It is quite common in Seychelles to find organisations with predominantly female members, but headed by males. The latest example is the University of Seychelles Board which has only one female member. Indeed, all heads of faculty, schools and departments are men.

6.16 In terms of political power, all political parties do nominate women for candidacy in elections. They all have women's groups or leagues. However, the candidates are not necessarily voted in. Still, the political parties can nominate women who have not been voted into the National Assembly, as proportional members. This is regularly done by all the parties. It is to be noted that in spite of these efforts, the Seychelles still has not yet reached the target of at least 33% of the members of parliament being women. So far, there has never been a female president. Women in ministerial positions change depending on appointments, and at present, there are 2 (22%) women ministers out of a cabinet of 9.

6.17 Women continue to be heavily represented in the statistics on domestic or gender violence. In all of 2006, women constituted 95% (164) of all cases reported to the Family Tribunal. The total number of cases was 672 from March 2005 to July 2008.

Table 6.6 – Reported Cases of Gender-Based Violence (Police, 2000 – 2005)

Year	Number
2000	122
2001	221
2002	213
2003	193
2004	204
2005	256

Source: Social Development Division

Table 6.7: Number of Registered Cases of Spousal Violence at the Family Tribunal

Period of Records	Spousal violence reported by females	Spousal violence reported by males	Total registered spousal violence
March-Dec 2005	129	13	142
2006	164	8	172
2007	208	18	226
Jan-July 2008	128	8	136
Total	627	47	674

Source: Family Tribunal, Department of Social Development

Key Bottlenecks

- **Policy and Planning**

6.18 The figures have remained fairly static. It is important to note that in one of the national assembly terms the Seychelles had achieved this MDG back in the 1980s. There were then more than 30% of women in national parliament, during the one-party state system. There

have never been more than 3 women ministers at any one time. Indeed, since 1977 to the present date, there have been 8 female ministers in total. Since the achievement of this MDG swings back and forth, there may be a need for mandated quotas to reach the goal and to maintain the level.

New Challenges

6.19 The main challenges now are to engage the various gender-based CSOs into more advocacy and targeted interventions to bridge the gaps that still exist, in terms of health and education (disparity in favour of females) and directorship and leadership positions (disparity in favour of males). There has recently been emphasis on getting males to become more engaged in the family and in the education of the children. As a result, men's groups have been created, such as the Responsible Fathers Association and the Family Council.

Key Factors Leading to Accelerated Progress

6.20 There is **no serious entrenched institutional discrimination against women in Seychelles**. Indeed, at last count, the total number of women heading organisations as Chief Executive Officers was almost on par in two of the three categories, as depicted below.

- **Departments** 13 Males and 8 Females
- **Budget Dependent Organisations** 12 Males and 11 Females
- **Parastatal Organisations** 16 Males and 3 Females

6.21 While girls and boys may be raised differently, parents actively encourage their daughters to take up any type of career that they want. Indeed, it is the boys whose educational failure does not seem to trouble many parents at all. They see it as normal. They believe that boys can easily obtain employment anywhere they might wish to go anyway, because of their physical strength, e.g., farm labourers, manual labourers on construction sites and stevedores at the fishing port.

Assessment of the Impact of Global Crises on the MDG

- **Transmission Channels**
6.22 Reduction of national expenditure on support services to schools, e.g., cleaning and catering.

- **Immediate and Long-Term Impacts**
6.23 The most affected individuals were females (cleaners, clerks, typists) with the reduction of the labour force in the public sector, especially support services, in November 2008. For some of them, the departure from work was not felt immediately due to severance payments. However, in June 2009, there was a peak in the number of people seeking assistance from the Social Welfare Agency. These were for the most part women.

- **Response Capacity**
6.24 Training programmes were established to encourage the workers to seek employment in hotels, restaurants which were employing a number of expatriates. Others were guided towards setting up small or medium-sized enterprises, such as tailoring, catering and trading in clothes, household items, fruits and vegetables.

- **Country-Specific Exacerbating Factors**
6.25 The two macroeconomic reform programmes had produced similar impact and were treated in the same manner to mitigate negative effects.

List of Key Indicators

Table 6.8 – List of Indicators for Goal 3 (Impacts of Global Crises)

Quantitative	Qualitative
Employment rates for both genders in all levels	Attitudes of parents towards types of careers and professions
Ratio of women to men in key national positions	Attitudes of students (males/females) towards types of careers and professions
Number of months/year unemployment after first departure	Students' (males/females) hopes, aspirations and ambitions
Number of people actively seeking work	
Number of applications to the Dedicated Fund	
Number of applications to the Social Welfare Agency	

Assessment of Climate Change on the MDG

- Transmission Channels**

6.26 If the effects of climate change on agriculture are not addressed, then there would be an outflow of people involved in the sector. This time, it is expected that the men would be most affected. Should there be even fewer tourists visiting the reefs, the boat boys and skippers would be most likely to lose employment, as the tour operators cut back on activities to match demands.
- Immediate and Long-Term Impacts**

6.27 As more men leave the farms and fields to seek work elsewhere, agricultural output would decline affecting the country's self-sufficiency and food security. In the long terms, food imports would increase, but in terms of gender equity, both genders are expected to go through the same changes, if any.

- **Response Capacity**

- 6.28 The Famers' Association Development Plans 2007 – 2011 and 2011 – 2013 make provision to sustain employment in the agricultural sector in case of serious impact of climate change. As for the other sectors of the economy (tourism, fisheries), there are presently no risk management plans, in terms of gender equity in employment. The Strategy 2017 with the aims to increase Seychellois stockholdings in tourism makes no specific distinction between the genders.
- 6.29 The National Strategy 2017 plans to take action to improve stakes for Seychellois in the tourism industry, but these plans are not gender-specific at present.

Chapter 7.0 Goal Four - Reduce Child Mortality

Target 4A:

Reduce by two-thirds, between 1990 and 2015, the under five mortality rate

Indicator 4.1 – Mortality rate, under 5 years (per 1, 000)

Table 7.1 – Under 5 Year Mortality Rate per 1, 000 Live Births

Year	2003	2004	2005	2006	2007	2008	2009
Rate per 1, 000 Live Births	19	15	11	11	13	15	13

Source: Ministry of Health (2009); WHO (2008)

Trends of Progress

- 7.1 In terms of real number, this particular MDG target has been largely achieved. However, the Seychelles is lagging behind, statistically. Still, it is also important to place these figures within the Seychellois context where the rate was and is already quite low. Moreover, to reach under 4 deaths per 1, 000 live births may be unrealistic, due to overwhelming costs to the health system, and natural situations such as genetic defects. **The under five mortality rate target for Seychelles is to reduce it from 12.9 per 1,000 in 1990 to 4.2 in 2015.** In 2006, according to the United Nations Population Division, Iceland and Singapore had the lowest rates of under-5 mortality with 3.9 and 4.0 respectively.
- 7.2 The actual number of infant deaths in 2008 (20 deaths – 14 males and 6 females) increased by 4 compared to 2007 when they were as follows: 16 deaths – 12 males and 4 females. The main cause of infant deaths (7 in total or 35%) in 2008 was respiratory distress of the newborn. The Infant Mortality Rate was 12.94 per thousand live births in 2008 compared to 10.67 in 2007.

Table 7.2: Trend of Infant Mortality Rates per Year

Year	1990	1995	2000	2005	2006	2007	2008	2009
Rate per 1,000 live births	17	14	13	10	10	12	13	11

Source: Ministry of Health

Inequality Analysis

- 7.3 There is a consistent higher level of death among the boy child over the years, by a ratio of more than 2:1. In 2007, there were 12 male children who died compared to 4 girls, and in 2008, this pattern continued with 14 male and 6 female deaths respectively. Even for neonatal deaths (within six days of life), male child mortality remained higher, with 8 males and 3 females. The reason for this trend and pattern is still unclear.
- 7.4 The usual explanation has been that in some years, more boys than girls are born and that the figures are not significant in any way. It is, however, important to ensure gender parity that the matter is given serious thought and studies be done to further understand the phenomenon. The questions to be answered are whether the number of males dying is significant, what the determining factors are, what the characteristics of the mothers are and whether there is some socio-economic disparity that had not been evident before.

Key Bottlenecks

- **Service Delivery**
 - **Abortions and Substance Abuse – Reducing the Risks**

- 7.5 Some pregnant women consume alcohol and other drugs, have incomplete abortions and do not attend antenatal clinics (ANC). The number of abortion remains high in Seychelles, ranging from 495 in 2000 to 453 in 2008. The vast majority are abortions not done in a medical setting – about 75% in 2000 and 86% in 2008. Some 19.2% of abortions in 2008 were in women aged less than 20 years. The high number of non-medically supervised abortions may explain the difficulty that the Seychelles experiences in reducing further the infant mortality rates.
- 7.6 The Act No. 6 of 3 June 1994, which re-enacts the Termination of Pregnancy Act of 1981, stipulates that the performance of an abortion is legal in the Seychelles under the following conditions: (1) if three medical practitioners are of the good faith opinion (a) that the continuance of the pregnancy would involve risk to the life or physical or mental health of the pregnant woman greater than if the pregnancy were terminated; or (b) that there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped; (2) if the pregnancy is the result of rape, incest or defilement; or (3) if the woman is mentally unfit to have care of the child.

New Challenges

- 7.7 The Ministry of Health and its partners need to find ways to improve on the MDG. It may be necessary to conduct a study on infant deaths to see whether they can be further prevented through targeted interventions for women consuming alcohol and other drugs and for those seeking to have abortions. National debates on abortion on demand need to be conducted to allow all voices to discuss this important matter.

Key Factors Leading to Accelerated Progress

- 7.8 The infant and under 5 mortality rates remain low in spite of remaining concerns. The achievements have been due to strong supportive policy environments, budgetary commitments and good service delivery in antenatal health care, and early childhood development by health, social and education departments. A lot of advocacy is also done to continually inform mothers of the level of care they need to provide their children.

Target 4.3:

Immunisation, measles (% of children aged 12 – 23 months)

Table 7.3: Immunisation, measles (% of children aged 12 – 23 months)

Year	1990	1995	2000	2005	2006	2007	2008	2009
% of children	86	97	97	100	100	100	100	100

Source: Ministry of Health

Trends of Progress

7.9 The Seychelles has achieved this MDG target. There has been universal access to immunisation programmes since 2005.

Inequality Analysis

7.10 There is no inequality for this indicator. The programme has continuity within the school system, until the children are about 10 years. Since attendance approaches 100%, all children are covered automatically.

Key Bottlenecks

7.11 There are no bottlenecks for this indicator.

New Challenges

7.12 There are, however, numerous new challenges. These include maintaining the present level of achievement, the high costs of procurement of vaccines, as well as the attrition of qualified medical professionals, and competing priorities in the Ministry of Health.

7.13 The increase in the number of heroin-dependent mothers is likely to cause further increase in infant mortality. There is, thus, a need for some specific policies, such as prevention and harm reduction measures and programmatic actions, such as information and education for behaviour change, and easier access to rehabilitation services for these target groups.

7.14 It is noted that to keep sustaining high immunisation coverage, the prevention of the risk of importation of Vaccine Preventable Diseases, particularly in view of the numerous tourists visiting and foreigners working in the country, as important challenges currently, and for the future needs to be addressed.

Key Factors Leading to Accelerated Progress

7.15 The 100% immunisation coverage for measles in Seychelles has been achieved during the last 5 years because of the commitment of the Expanded Programme on Immunisation (EPI) programme managers and the EPI nurses in the different health facilities. The support of the World Health Organisation and other partners has been catalysts for the success. The high level of commitment by the government and its people, accessible child health services to all people, active follow up and tracing of EPI target groups to ensure maximum coverage, high literacy rate, access to media and information and the absence of cultural or religious obstacles to immunisation have all contributed to the success of the immunisation programme and health sector in general. The delivery of immunisation services is integrated with other child health survival intervention. Culturally, parents are also very committed to getting their children immunised. It is therefore not surprising that with these achievements and conducive environments, the country has already achieved the health-related and other Millennium Development Goals.

Assessment of the Impact of Global Crises on the MDG

- **Transmission Channels**

7.16 The main impacts on the health sector have been the required reductions in expenditures, but since these were not on essential services, there has been little effect on the overall service provision for mother and child.

- **Immediate and Long-Term Impacts**

7.17 None reported so far, apart from reported rare periodic problems with supplies of medications, equipment and reagents.

- **Response Capacity**

7.18 These rare occurrences of periodic interruptions in supplies of medication, reagents and equipment are mitigated through assistance from agreements signed with the Indian Ocean Commission (IOC) and WHO.

- **Country-Specific Exacerbating Factors**

7.19 The Seychelles' own two sets of macroeconomic reforms during the past 5 years have had some impacts on expenditures, especially on some ancillary programmes. However, key health programmes have not been significantly modified for lack of funds.

List of Key Indicators

Table 7.4 – List of Indicators for Goal 4 (Impacts of Global Crises)

Quantitative	Qualitative
Proportion of under 5 mortality	Supportive social networks of mothers
Number of antenatal visits	Quality and quantity of nutrition of mothers during pregnancy
Number of antenatal information cards and leaflets collected/taken	Attitude of mothers towards pregnancy
Proportion of live/dead births	Attitude of mothers towards upcoming birth of the child
Morbidity of neonates	Financial stability of parents
Morbidity of mothers	Single versus married mothers
Proportion of postpartum depression	Attitude towards immunisation programmes
Socio-economic indicators of mothers (income, profession, civil status, number of children)	

Assessment of Climate Change on the MDG

- **Transmission Channels**

7.20 There have been no studies conducted on this issue. More localised conclusive research is needed and proactive programmatic actions are to be developed, as a consequence.

Chapter 8: Goal Five - Improve Maternal Health

Target 5.A:

Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

Indicator 5.1 Maternal Mortality Ratio

Table 8.1 – Maternal Mortality Ratio (modeled estimate, per 100, 000 live births)

Year	1990	1995	2000	2003	2004	2005	2006	2007	2008	2009
Ratio	62	63	0	67	0	65	0	0	65	0

Source: Ministry of Health

Trends of Progress

8.1 This MDG has largely been achieved. The Seychelles has always maintained a low maternal mortality ratio. In fact, over the past 5 years, there have been very few maternal deaths. Table 8.1 gives the mortality ratios for mothers aged 21 to 35 years. In 2008, 1 death occurred. Deaths tend to be due to indirect obstetric causes. It is worth noting that 1 maternal death in Seychelles is of great concern and the effort of all the health care providers (gynaecologist, midwives and others) should be commended for taking care of all the mothers who deliver and the number of abortions they deal with. The reported pregnancies in hospitals are between 1, 900 to 2, 000 every year.

Inequality Analysis

8.2 The likely reasons for seeking an abortion outside of the official medical system are social and cultural. The number of other abortions far outstrips the medical ones by a ratio of 3:1 and in some years by a ratio of more than 6:1. The factor of age is important, but it does not explain everything, as the percentage of abortions for women under 20 years of age was 19.2% in 2008 compared to 21.8% in 2000. In 2008, 15.3% of incomplete abortions were in the 15 to 19 age group.

8.3 There is a need for greater study and analysis of this situation in which women, living in a country where contraceptives are widely and freely available and medical abortions are possible through a medical board for very specific reasons, still choose to have illegal abortions. There may still be some social stigma attached to being pregnant as an adolescent. For the older women, the reasons are even less clear. One can only speculate that the reasons might be linked to unwanted and unplanned pregnancies, non-acceptance of the pregnancy by the partner or that the child is not the present partner's son or daughter. One possibility is that there are some hurdles to obtain a legal abortion as the law (Act No. 6 of 3 June 1994, re-enacting Termination of Pregnancy Act of 1981) prescribes certain medical criteria, such as the mother's life being in danger or the woman has been raped or the pregnancy is a result of incest or defilement.

Key Bottlenecks

Policy, Planning and Service Delivery

- **Unwanted Pregnancies and Access to Contraceptives**

8.4 Some studies done by NGOs working in the sector of reproductive health, such as the Alliance of Solidarity for the Family, indicate that the young girls do not have the necessary skills to negotiate condom use with their partners who tend to be older men and that they tend to have unplanned sexual relations under the influence of alcohol and other drugs. These factors severely reduce their ability to discuss and negotiate the conditions of having a sexual relation. (ASFF Reproductive Health Study, 1999 & Male Reproductive Health Study, 1999/2000).

New Challenges

8.5 In 2009, the Seychelles recorded an alarming number of pregnant women (30) who were also heroin-dependent. The characteristic of the members of this sub-group of the population is that they come late for antenatal consultations. Some have even delivered at home. Coupled with the increasing use of injections as a mode of taking drugs, especially heroin, there is a higher risk of Mother-to-Child Transmission of HIV, contracting hepatitis C and other diseases caused by blood-borne viruses.

8.6 There is a need to develop outreach programmes that can provide direct and multi-layered services to these mothers who are primarily drug-dependent. Social programmes by civil society organisations must seek to target these specific populations with carefully tailored interventions, as well as preventive activities.

Key Factors Leading to Accelerated Progress

8.7 This MDG has been achieved due to the following factors:

- (a) A good network of health centres providing free primary health care, as a basis for healthy living;
- (b) Family planning clinics for specialised services.
- (c) An antenatal programme that follows the mothers and their pregnancies, providing dental care, Voluntary Counselling and Testing for HIV and other blood-borne diseases such as hepatitis C, amongst others.

Indicator 5.2 - Births attended by skilled health staff (% of total)

Table 8.2 - Births Attended by Skilled Health Staff (% of total)

Year	1990	1995	2000	2005	2006	2007	2008	2009
% of Total	98	99	99	99	99	100	100	99

Source: Ministry of Health

Trends of Progress

8.8 The trend since 1990 has been that nearly all births are attended by skilled health staff. There are very small variations from 98% to complete coverage in some years. The skilled staff includes locally trained certified registered nurses, midwives, who are given special training periodically to ensure professional competence in their fields, and doctors.

Inequality Analysis

8.9 The very few pregnant women who do not succeed in being attended to by a skilled health professional when they are giving birth tend to be simple incidents of delivering in situations when the staff is not presently available, such as during personal transportation to the hospital, adolescents who have hidden their pregnancies until the last minute and recently, heroin-dependent pregnant women who deliver at home.

Key Bottlenecks

8.10 99-100% coverage is achieved most of the time.

New Challenges

8.11 There is a need to ensure that special attention is now given to young heroin-dependent pregnant women so that they seek help for their addiction, as well as attend antenatal clinics.

Target 5.B:

Achieve, by 2015, universal access in reproductive health

Table 8.3 - Contraceptive Prevalence (% of Women Ages 15 – 49)

Year	1996	2000	2002	2007	2008	2009
% of Women ages 15 – 49 years	60	38	38	36	35	36

Source: Ministry of Health

Trends of Progress

8.12 Prevalence of contraceptive use remains low, at less than 50%. These rates occur even when there is a good network of health centres that give free access to contraceptives to women aged 18 and over. Free Family Planning is considered as part of a comprehensive health care service to women.

Inequality Analysis

- 8.13 Since 1996, when the prevalence rate was 60%, there has been a sharp decline in the number of women aged 15 to 49 years taking up contraceptives from the Ministry of Health facilities. However, it is possible that they are seeking and obtaining them from private practitioners. Data from these sources are unavailable.
- 8.14 It is still against the law to provide contraceptives to minors (<18 years of age) unless consent is given by the parents or the guardians. As a result, it is very likely that adolescent girls are more disadvantaged in terms of access and availability of modern methods of contraceptives. This policy might be a factor in the adolescent fertility rate as well as the annual number of abortions amongst the age group of under 20s.

Key Bottlenecks

Policy and Planning

- **Inadequate and Contradictory Policies**

- 8.15 The same situations as explained in 4.32 apply here.

- **Service Delivery**

- **Inequality in Access and Availability**

- 8.16 The high number of abortions may be indicative of the problems caused by the above contradictions. Adolescent abortions accounted for 27% of the total recorded in the period January 2000 to December 2003. Adolescent reproductive health needs are different from the other age groups and these must be addressed adequately, if universal access to contraceptives is to be achieved. The girls aged 15 – 17 years remain at a distinct disadvantaged position at present.

- **Conflict between Morality and Public Health Issues**

- 8.17 The policy restricting access of adolescents who are still minors remains in place because it satisfies cultural moral demands. The concerns of public health professionals are in direct conflict with the moral standards and requirements of some segments of the population.

New Challenges

- 8.18 There is a need to once and for all finalise and harmonise policies on access to contraceptives, age of consent for sexual relationships, public health issues and parental roles in adolescent reproductive health matters. While the situation is allowed to remain in limbo, with indecisions and hesitations on all sides, adolescent girls and boys begin sexual relationships without informing their parents and then go without contraceptives. This leads to unwanted pregnancies, abortions not conducted in medical settings and supervision and the beginning of a protracted cycle of poor health and educational outcomes, as well as poverty for her and her children.
- 8.19 There is a further need to recognise that adolescent reproductive health needs differ significantly from that of adults. More youth-friendly decentralised services are urgently required to move away from the reliance on the Youth Health Centre located on Mahé. Access to services is a key factor.

Table 8.4 - Adolescent Fertility Rate (Births per 1, 000 Women Aged 15 – 19)

Year	1990	1995	2000	2005	2006	2007	2008	2009
Fertility Rate	61	59	55	59	54	63	63	73

Source: Ministry of Health

Trends of Progress

- 8.20 This indicator remains higher than expected, with minor yearly fluctuations. There was stability in 2007 and 2008, with 63 births per 1,000 women. However, in 2009, the rate rose once again to its highest level (73) in a decade.

Inequality Analysis

- 8.21 There are no clear cut cases of inequalities with this indicator. The adolescents tend to come from all socioeconomic backgrounds and from all over the country. Indeed, periodically the districts with the highest levels of adolescent pregnancies change; there is never a constant.

Key Bottlenecks

8.22 The same conditions explained in 4.32 apply here.

New Challenges

8.23 The same conditions explained in 8.18 apply here.

Indicator 5.2 – Pregnant women receiving prenatal care (at least one visit and at least 4 visits) or can it be worded differently (receiving between one to four visits)

Figure 8.5 – Proportion of Women Receiving Prenatal Care

Year	2000	2005	2006	2007	2008	2009
% of Total	99.7	99.9	99.8	99.2	99.8	99.8

Source: Ministry of Health

Trends of Progress

8.24 This indicator nears 100% success rates for much the same reasons as the other successful health goals and indicators.

5.6 – Unmet Need for Family Planning

8.25 There are no indications that there are significant unmet needs for family planning, except the need to improve access to contraceptives for sexually active 15 to 17 year olds. At present, they can only use condoms, which can be taken freely from any health centre. The issue has been addressed above.

Assessment of the Impact of Global Crises on the MDG

- **Transmission Channels**
8.26 Some budgetary crises can occur from time to time.

- **Immediate and Long-Term Impacts**
8.27 Cuts in spending can sometimes lead to interruptions of supplies of medications, reagents and equipment.

- **Response Capacity**
8.28 These interruptions are tempered by agreements for improvements and maintenance of supplies from IOC and WHO. For those mothers who are HIV positive and find difficulty in buying baby formulae, there is a sponsorship programme with a major local supermarket chain to provide them with their requirements.

- **Country-Specific Exacerbating Factors**
8.29 With the reduction in the labour force in November 2008, some mothers might have some issues with transportation to and from the clinic. This factor is mitigated by the various responses executed by the Ministry of Health, such as sponsorship programmes, and the relative ease of access to district health centres.

List of Key Indicators

Table 8.6 – List of Indicators for Goal 5 (Impacts of Global Crises)

Quantitative	Qualitative
Maternal mortality ratio	Mother's attitudes to prenatal health care
Infant mortality ratio	Contents of peer educators' training programmes
Under 5 mortality ratio	Civil society and state parties engagement and collaboration in peer education training
Number of peer educators actively engaged in behaviour change programmes & communications	Development of IEC (spell out the acronym) materials targeting mothers, including adolescents
Number of peer educators trained	Impact of the IEC programmes and materials on mothers/adolescents
Morbidity of infants	Mental health state of pregnant women
Socioeconomic status of mothers who die	Mental state of first time mothers
Proportion of mothers seeking assistance for transport/milk	Mental state of mothers delivering the second or more child

Assessment of Climate Change on the MDG

8.30 More studies are needed to fully understand the impact of climate change on this MDG.

Chapter 9: Goal Six: Combat HIV/AIDS, Malaria and Other Diseases

Target 6.A:

Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Indicator 6.1 – HIV prevalence among population aged 15 – 24 years

Table 9.1 – HIV Prevalence Among 15 – 24 Years

Year	1990	1995	2000	2005	2006	2007	2008	2009	2010
Prevalence rate in 15 – 24 years	No data	No data	No data	No data	No data	No data	No data	No data	No data

Source: Ministry of Health; WHO

Trends of Progress

- 9.1 Given the lack of baseline and survey data, it is not possible to know the status of Seychelles regarding the achievement of this MDG. Current trends in new detected cases (incidence from the total number of people tested at a time) however indicate that the country may not be able to achieve the set targets for 2015. It may be possible to calculate the prevalence rates in the most-at-risk populations, such as men having sex with men, commercial sex workers and injecting drug users, as there will be studies conducted before the end of 2010 with these population groups. Presently, people presenting at the Communicable Diseases Control Unit (CDCU) are coming with late-stage developed AIDS.
- 9.2 The cumulative HIV detected cases from 1987 to December 2008 for the age group of 15 to 24 years is 54, with 30 males and 24 females. Generally, the trend for the detection of new cases of HIV in all age groups has varied from 20 to 40 per year since 2001 (cf. Table 9.2).

Table 9.2 – Annual New Cases of HIV in All Age Groups

Year	1990	1995	2000	2005	2006	2007	2008	2009	Jan – July 2010
New Cases	3	13	18	45	42	26	44	52	19
Number of tests done	4, 580	3, 278	5, 140	7, 806	8, 330	8, 656	9, 826	8, 773	5, 427
% positive results	0.07	0.40	0.35	0.58	0.50	0.50	0.46	0.59	0.35

Source: Ministry of Health; WHO

Table 9.3 – People Living With HIV and AIDS (PLWHA)

Year	1990	1995	2000	2005	2006	2007	2008	2009	Jan – July 2010
PLWHA	13	45	73	150	180	211	246	286	297
Estimated mid-year population	67378	75304	81131	82852	84600	85032	86956	87298	86525
PLWHA per 10,000	1.93	5.98	9.00	18.10	21.28	24.81	28.29	32.76	34.33

Source: Ministry of Health

Inequality Analysis

9.3 There is some gender disparity for the face of the pandemic. In December 2008, there were cumulatively 213 males and 164 females who were HIV positive. In the detection of new cases, males predominate by 10.4% in 2008, for example. The mode of transmission is as follows: 76% heterosexual relations, 17% men who have sex with men, and 7% MTCT (Mother to Child Transmission). This data is collected from self-reports through questioning and probing from the attending doctors. Anecdotal reports also indicate that there may be transmission through injecting drug use and commercial sex work, but there are at present no documented cases. These two groups pose major potential risks.

Key Bottlenecks

- **Policy and Planning**

- **Lack of Policies Targeting MARP's (Most At-Risk Populations)**

9.4 There is no specific policy provision for MARPs at present. It is noted that the campaigns are rarely targeted to specific populations. Hence, there is no specific communication and information designed for MARPs, such as Commercial Sex Workers (CSWs), Men Who Have Sex with Men (MSMs) and Injecting Drug Users (IDUs). Yet, it is clear now that these groups are becoming more vulnerable to infection and need targeted interventions. As a result, these groups remain virtually hidden, unreached and unprotected; in some cases, perhaps even abandoned by the health community.

- **Budget and Financing**

- **No Budget Specific Interventions / Programmes for MARPs**

9.5 There is no specific budget available for programmatic interventions with MARPs. As such, most IEC materials and other types of interventions are destined for the general public, with messages and actions that do not necessarily attract MARPs and engage them in the process. There is, however, a National AIDS Trust Fund, managed by the Ministry of Health and it is possible to tap into this for programmatic actions.

- **Service Delivery**

9.6 In spite of the numerous national campaigns, media coverage, school curriculum addressing this issue, there continues to be a rise in the number of detected new cases every year. There is a great concern in the medical community that the knowledge is not translating into actual behaviour, with the young people taking necessary concrete actions to protect themselves from infections.

9.7 There is a need to have brief interventions and counseling in all medical settings and at each service delivery point to increase levels of testing through offering to do a test – similar to the Voluntary Counselling and Testing (VCT) programme being run with pregnant women.

9.8 It is important to address key social issues that impact the number of people agreeing to VCT. These include lack of confidence in state health service delivery, perception of a lack of confidentiality and the on-going social stigma with a seropositive status.

New Challenges

- 9.9 Injecting Drug Users (IDUs) are likely to become an important group. Indeed, they are already present for the new cases of hepatitis C recorded since 2008. There has been a 333% increase in the number of cases of hepatitis C, from the same period, i.e., January to June in 2009, when there were 12 cases, compared to 2010, when there have been 40 cases. There are now 82 cases (63 males and 19 females) from 2002 to 2010. 4 cases are co-morbid ones, with both HIV and HCV. Another important group would be the CSWs whose issues need to be studied for better understanding of impacts on this MDG target.
- 9.10 There is a lack of data on these MARPs. Moreover, their lifestyles and some of their activities are illegal, making it difficult, but not impossible to reach them for targeted prevention and intervention programmes.

Table 9.4 – New Cases of Hepatitis C

Year	2002	2003	2004	2005	2006	2007	2008	2009	2010
Number of Cases Detected	2	0	0	0	0	0	8	32	40

Source: Ministry of Health

Key Factors Leading to Accelerated Progress

- 9.11 These factors have been instrumental in addressing the issue of HIV in Seychelles: **strong political commitment to the issue, policy development efforts and documents, dedicated medical resources, active civil society organisations, and prevention campaigns in schools and communities.**
- 9.12 However, since the country is still some way from achieving this goal, the main question is why this is so given all the resources dedicated to this cause. It is clear that some of the new cases detected are found in the identified MARPs. However, there are no public, private or civil society programmes for them nor are they involved in the planning and design of interventions. Some NGOs have tried to adapt their programmes to address this issue, but so far, the actions have been few and far between and most have not been successful.

Indicator 6.2 – Condom use at last high-risk sex

Table 9.5 – Condom Use at Last High-Risk Sex

Year	1990	1995	2000	2005	2006	2007	2008	2009	2010
Condom Use	No data	No data	No data	No data	No data	No data	No data	No data	No data

Source: Ministry of Health; WHO

9.13 There are no data available for this indicator. A survey would be needed.

Indicator 6.3 – Proportion of population aged 15 – 24 years with comprehensive correct knowledge of HIV/AIDS

9.14 A Knowledge Attitude Practice (KAP) study was conducted by the Ministry of Health in January/February 2003, in Mahé, Praslin, La Digue and Silhouette to assess the current level on knowledge, attitudes and practices on STI/HIV/AIDS and the impact of educational interventions among the Seychellois population aged 15-65. Knowledge base was high, but discriminatory attitudes towards PLWHAs and risky behaviour persists. For example, only 32% of people who have commercial sex partners used a condom.

Indicator 6.4 – Ratio of school attendance of orphans to school attendance of non-orphans aged 10 – 14 years

Table 9.6 – Ratio of School Attendance of Orphans to Non-Orphans (10 -14 years)

Year	1990	1995	2000	2005	2006	2007	2008	2009	2010
School Attendance Ratio	---	---	---	---	---	---	---	---	---

Source: Ministry of Health; WHO

9.15 There is no specific disaggregated data, but since enrollment approaches 100% in Seychelles and all children in orphanages attend school, this indicator is not an issue.

Target 6.B:

Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

Trends of Progress

- 9.16 This MDG has been achieved since antiretroviral therapy (ART) has been made available free to all patients who need it since August 2002. Access is universal every year since then. Patients are not required to be on medical schemes or private health insurance. In 2008 and 2009, there were 113 and 126 people on ART respectively.
- 9.17 The same applies to indicator 6.5 – Proportion of population with advanced HIV infection with access to antiretroviral drugs, access is universal.

Inequality Analysis

- 9.18 However, it is noted that there is a high drop-out rate amongst the patients. This may be due to the secondary effects of the medications or personal and social problems that prevent the patients from adhering to their medical regimes.

Key Bottlenecks

- 9.19 Programmes need to be developed to target the high level of drop outs, to ensure strict adherence to prevent wastage, development of resistance and thus the need for second or third line medications. The issue is discussed further at 9.21.

New Challenges

- 9.20 The achievement of this MDG could be affected by the emerging issue of heroin-dependent mothers and persons using drugs through injections. This population sub-group is less likely to strictly adhere to medication given. There may be a need to introduce interventions with these target groups to allow them to benefit fully from universal access to ART.

- 9.21 There is a high dropout rate. The potential patients can access the services, but they are not coming forward. It is to be noted that the services at present are not decentralised; stigma and secondary effects of drug regimes used remain important leading to lack of adherence and drop-outs. There are still some social barriers to access financial help to further access medical and social services. The perception of lack of confidentiality of medical professionals, perhaps due to the small size of the population, is also a major issue.
- 9.22 Results of the Knowledge, Attitude and Practice study of 2003 showed that though people had heard of HIV and AIDS (99%), there were still misconceptions, such as AIDS being caused by mosquitoes (37%), sharing a meal with someone infected can transmit HIV (21%), a healthy-looking person is not infected with HIV/AIDS (22%). Women were more aware than men that abstaining from sexual intercourse protect against HIV infection as well as the fact that infected pregnant women can transmit HIV to the newborn and through breastfeeding.

Key Factors Leading to Accelerated Progress

- 9.23 The following factors have been essential in the success of this MDG: **national campaigns on HIV and AIDS, dedicated units and programmes, easy access to VCT, advocacy by civil society organisations and excellent follow-up of cases** by medical staff.
- 9.24 **National Campaigns on HIV and AIDS.** There are numerous campaigns conducted every year on the pandemic, with the participation of a wide range of key stakeholders, such as students, medical personnel, NGOs, public and private organisations. The press in general and the audio-visual media are very cooperative, giving fair and wide coverage to most events. Moreover, the national broadcasting organisation often gives free access for television spots and documentaries.
- 9.25 The creation of the **National AIDS Council**, which is headed by the President, and the establishment of the **National AIDS Programme Unit** in the Ministry of Health give added impetus to the advocacy for universal access to ART, as well as other services, such as harm reduction measures for commercial sex workers (CSW), men who have sex with men (MSM) and IDUs. There is political will and commitment to provide the required financial and technical resources to ensure that universal access is maintained even during periods of moderate to severe economic downturns. Agreements within RECs, such as the IOC, and with the WHO, help to alleviate the possible shortages of the ARVs during those times. In 2009, for example, the sole centre providing ARTs did not experience any out-of-stock episode of any one of the medications dispensed.
- 9.26 **Easy Access.** The Seychelles boasts of 20 centres where it is possible to have VCT. There are 14 public and 6 private ones. The Testing and Counselling Guidelines make provision for the general population to have belief in the process, as there are provisions for seeking consent from and maintaining confidentiality of the persons seeking VCT.

- 9.27 **Advocacy by civil society organisations** working in the field has helped to ensure that humane treatment, but especially the provision of multi-layered levels of care are provided. These, mostly NGOs, continue to be active and vocal today, now focusing more of their attention on prevention, as universal access to ARTs is achieved.
- 9.28 Excellent follow-up of detected cases of HIV is maintained. As a result 100% of pregnant women received testing, results and treatment as per their needs. In 2009, a total of 1650 pregnant women were tested of whom 12 were HIV positive.

Target 6.C:

Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Indicator 6.6 - Incidence and death rates associated with malaria

Table 9.7 – Malaria Incidence and Deaths

Year	1990	1995	2000	2005	2006	2007	2008	2009
Number of reported cases	7**	6**	8**	3**	4**	11**	13**	11**
Number of deaths	0	1	0	0	0	0	0	0

Source: Ministry of Health; WHO

** All imported cases

- 9.29 Although malaria is not endemic in Seychelles (the vector of the disease was last seen in 1930), a number of imported cases are reported each year. These occur in nationals who travel to malaria zones without chemoprophylaxis and also in expatriate workers from endemic countries.
- 9.30 There is in place a strict national control strategy for malaria based essentially on preventing the introduction of the vector in Seychelles and to provide chemoprophylaxis for travellers to malaria endemic zones. All incoming aircrafts are disinfected with Permetrin sprays; ships and boats are inspected and sprayed when necessary. There is a system of surveillance of

mosquitoes around the airport and port. Every 2 weeks, a designated zone around the port and airport is sprayed with bio-pesticides.

- 9.31 The Communicable Disease Control Unit (CDCU) has always offered the services of a travel clinic. Some 2000 travellers are seen each year for advice, yellow fever vaccination and malaria prophylaxis. Travellers to malaria endemic zones are advised to take prophylactic treatment (offered at the CDCU at the Victoria Hospital, at Baie St. Anne Hospital on Praslin and Logan Hospital on La Digue).

Indicator 6.7 – Proportion of children under 5 sleeping under insecticide-treated bed nets

Indicator 6.8 - Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs

These two indicators are not applicable to Seychelles. All cases of malaria are imported.

Indicator 6.9 – Incidence, prevalence and death rates associated with tuberculosis

Table 9.8 – Tuberculosis Incidence, Prevalence and Death Rates (per 100, 000 population)

Year	1990	1995	2000	2005	2006	2007	2008	2009
Rate of Incidence	43.3	39.8	36.5	13	26	33	7	7
Rate of Prevalence	113	96.4	52.1	57	29.6**	16.5**	6.9**	---
Death Rate	8.6	4.0	0.0	4.7	2.0	2.0	2.0	2.0

Source: United Nations Statistics Division, ** Ministry of Health and WHO

Indicator 6.10 – Proportion of tuberculosis cases detected and cured under directly observed treatment short course

Table 9.9 – Proportion of Tuberculosis Cured under DOTs

Year	1990	1995	2000	2001	2006	2007	2008	2009
% of DOTs cured	---	82	83	100	100	89	100	100

Source: Ministry of Health; WHO

Trends of Progress

- 9.32 The Ministry of Health has subscribed to the WHO Global Plan to stop tuberculosis (TB). Indeed, 2010 marks the halfway point; efforts must now be scaled up and new and innovative ways to stop TB must be sought, if the Seychelles is to achieve its targets. Since 2005, some 74 cases of TB have been recorded and five people have died from the disease; 12 are co-infected with HIV.
- 9.33 Most of the infected patients who comply with the standard treatment are cured, and Seychelles has not recorded any case of multi-drug resistant TB. There are cases of intensive TB infection due to a delay in presentation for diagnosis, and these have to go on second-line treatment.
- 9.34 The health care plans for detected cases are well organised. Well over 50% of the newly detected cases are placed under DOTs treatment plans as per Table 9.10.

Table 9.10 – Proportion of Tuberculosis Detected Under DOTs

Year	1996	1997	1998	2000	2001	2002	2003	2004	2005
% of Detected Cases Under DOTs	81.6	96.7	67.1	82.5	90.5	68.2	38.1	99.9	62.1

Source: United Nations Statistic Division

Inequality Analysis

- 9.35 No reported inequality situations, except for drug users who do not come in for testing, thus further highlighting the need for outreach programmes for hard-to-reach populations to ensure 100% coverage.

Key Bottlenecks

- **Service Delivery**
 - **Outreach Programmes for Drug Users**

- 9.36 There is a greater need to conduct outreach programmes for MARPs, such as IDUs and CSWs. There are now a few young men and women who are injecting drugs and living in marginalised communities, where access to health is not easy or even desirable.

New Challenges

- **Other Major Diseases**

- 9.37 Other major diseases pose a threat too. The most commonly occurring diseases in 2007 and 2008 were influenza-like syndrome and conjunctivitis. In 2008, the former accounted for 32% of all disease detected, recorded and treated while the latter accounted for 30%. In the case of influenza-like syndrome, children under 5 years were the most affected, with 12.1%, followed by children aged 6 to 9 years, with 12.1%. More females (1040) were affected than males (775).
- 9.38 There were 1704 cases of conjunctivitis in 2008 compared to 14, 731 in 2007, when it accounted for 82% of all notifiable diseases. In 2008, conjunctivitis represented 30% of all notifiable diseases, with 834 males and 870 females.
- 9.39 There are three other major diseases or groups of diseases causing morbidity and mortality in Seychelles. These are leptospirosis, cardiovascular diseases and cancers.

- **Leptospirosis**

9.40 Leptospirosis is a bacterial disease that occurs worldwide. It may peak during rainy seasons. Rats are the main vector for the disease, even if other domestic and farm animals are also reservoirs. In 2007, there were 58 cases of confirmed leptospirosis, of which 49 were male and 9 were female. In 2008, there were 40 cases, with 34 males and 6 females. From 2003, there has been an increase in the number of leptospirosis cases, with the peak in 2007. In Seychelles, the disease increases dramatically during the rainy season and is entirely preventable, through avoiding contact with water contaminated with animal urine.

9.41 When fatalities do occur (in some 5 to 8% of the cases), post-mortem examinations indicate that there were the following: renal failure, massive haemorrhage in the lungs and other organs. Victims tend to be males aged 15 to 49 years working in the fields.

- **Non-Communicable Diseases**

- **Cancer**

9.42 While life expectancy continues to rise, especially for females, other diseases are taking a toll on the population. Cancers are the second leading cause of mortality in Seychelles, accounting for 20% of all deaths in 2008. The most common forms are colon/rectum, breast and prostate cancers. After a few years of decline, cervix cancer rose again in 2005 and dropped again in 2008. The least common forms of cancer are those of the salivary gland, the penis, the vagina and the neck and head.

9.43 New civil society organisations are taking up the role of advocacy and prevention in this area. The Cancer Concern Association has been very active in raising awareness of the issue, with emphasis placed on diet, exercise, self-examinations, where possible, and early detection and treatment. It is expected that there will be a drop in figures in all forms of cancer with the new consciousness and renewal of efforts to improve treatment regimes and protocols.

Table 9.11 – Incidence of Most Common Cancer by Site, 2005 - 2008

Body Site	2005	2006	2007	2008	Total
Colon/Rectum	16	16	13	17	62
Breast	23	16	26	15	80
Skin	11	10	17	7	45
Cervix	10	13	10	7	40
Oral Cavity/Oropharynx	10	10	4	5	29
Prostate	8	10	12	8	28
Stomach	8	7	3	2	20
Lymphomas	6	7	1	6	20
Uterus	1	5	5	5	16

Source: Ministry of Health

Key Factors Leading to Accelerated Progress

- 9.44 With the indicators that the Seychelles is doing well, the key factors are the following: **political commitment** to health as a key factor in national development, **budgetary support**, robust **policy and programme development**, good **epidemiological surveillance system**, **development of IEC materials**, regular **behaviour change communications** using the mass media, special campaigns at different times of the year, especially on World AIDS Day, **active engagement of civil society organisations** in the prevention campaigns and sustained and consistent **follow-up of patients** by the CDCU. These factors have helped to provide up-to-date accurate information and services to persons in need, with minimum bureaucratic delays and time-consuming paperwork and requirements.

Assessment of the Impact of Global Crises on the MDG

- **Transmission Channels**

9.45 The main transmission channel has been the reductions in national revenues, especially in relation to tourism. The other has been expected contractions in both public and private expenditures due to the reform programmes (cf. 4.48, p. 45).
- **Immediate and Long-Term Impacts**

9.46 The cuts in national expenditure were also extended to health, but not in the essential services, in spite of reductions in health facilities.
- **Response Capacity**

9.47 The essential services have been maintained throughout the crises and health outcomes for 2010 are expected to remain essentially the same.
- **Country-Specific Exacerbating Factors**

9.48 The same conditions given in 4.48 apply here.

List of Key Indicators

Table 9.12 – List of Indicators for Goal 6 (Impacts of Global Crises)

Quantitative	Qualitative
Rates of universal access to ARVs	Changes in morbidity associated with a positive HIV status
Specific and types of morbidity of known HIV positive patients	Changes in attitude towards living and the future
Demand for assistance with baby formula	Social networks
Number of people seeking VCT	Types of community-based care made available to HIV positive patients
Number & proportion of immunisations	Types of home-based care made available to HIV positive patients

Assessment of Climate Change on the MDG

- **Transmission Channels**

9.49 Four possible transmission channels have been identified.

- The ***rise in temperature*** may have an impact on the types of agriculture that can be conducted on present available land, which is already poor.
- ***Coral bleaching*** is already an issue, impacting the types of fish living on the reefs, with the corresponding drop in tourists visiting these.
- The ***loss of coastal areas*** due to rise in sea level or erosion in the mountainous areas due to freak, more frequent and severe storms that can lead to a loss of habitat.
- There are competing priorities and there is a possibility of ***loss of agricultural land*** for other types of development such as tourism facilities.

- **Immediate and Long-Term Impacts**

9.50 While in larger countries, this loss of agricultural land might lead to mobility from rural areas to cities, the Seychelles does not expect to have such modifications. Most people are likely to stay in their own districts or villages. Work will be sought in the tourism industry which is continuing to grow.

9.51 However, the possible loss of habitat and employment can exacerbate the vulnerability of certain groups, exposing them to more risks of contracting HIV or not being able to sustain their obligations towards their unborn children or neonates. Some people might choose to engage in unprotected commercial sex work to alleviate sudden losses of revenues and if they are unable to negotiate their terms and conditions of practice, then they are more likely to be exposed to HIV. Crowded conditions in precarious households may increase vulnerability of children to all forms of abuse and neglect.

- **Response Capacity**

9.52 With the attempts to open up and diversify the economy, it is expected that the affected populations would be able to find employment in other sectors and thus alleviate their immediate conditions of precariousness should it occur at all. For the most vulnerable, the national Social Welfare Agency should be able to provide targeted and temporary relief.

Chapter 10: Goal Seven - Ensure Environmental Sustainability

Target 7A:

Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Target 7B:

Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

Table 10.1: Indicators for Targets 7A & 7B

Indicator/ Year	1990	2000	2005	2006	2007	2008	2009
7.1 Proportion of land covered by forest	88.9	88.9	88.9	---	---	---	89
7.2 CO ² emissions, total, per capita and per US\$1 GDP (PPP)	0.12	0.38	0.48	0.48	0.37	---	---
7.3 Consumption of ozone-depleting substances (in metric tons)	3.5	0.9	0.4	0.6	2.3	0.6	
7.4 Proportion of fish stocks within safe biological limits							
7.5 Proportion of total water resources used							
7.6 Proportion of terrestrial and marine areas protected	0.9	0.9	0.9	0.9	0.9	0.9	0.9

Source: Department of Environment, Seychelles Fishing Authority, United Nations Statistics Division

Trends of Progress

- 10.1 The Seychelles has achieved this MDG. Environment is given a central role in development planning. The Environment Management Plan of Seychelles 2000-2010 (EMPS2000-2010) has been implemented to some degree. The country is now preparing for the new EMPS for the period 2011 to 2020. The EMPS ensures coordination and attention given to cross-cutting issues and environment is not managed in isolation from the country's other needs and priorities. Indeed, the EMPS2000-2010 embodies this spirit of coordination, with special attention given to health, population, education, gender, sustainable development and agriculture. The Plan is guided by the 12 principles of Agenda 21.
- 10.2 Out of the 458.7km² of land of the Seychelles, 406km² is covered by forests. The country has had an early and bright history of conservation of the environment, from 1966 when various parts of the territory were designated as terrestrial parks and given special protection. This trend has continued up to present day, with two UNESCO World Heritage Sites - the Aldabra Atoll (1982) and Vallée de Mai (1983) on the second largest settled island of Praslin.
- 10.3 The proportion of land area under protection has now reached more than 50% of the total land area of the country. In 1990, well over 46% of the land was already legally protected as national parks and reserves. Marine protected areas from 1990 to 1995 were 778.33km² in a total area of the Seychelles Exclusive Economic Zone (EEZ) of 1.34 million km². One of the first Marine Protected Areas to be established in the South Western Indian Ocean was the Sainte Anne Marine National Park which was so designated in March, 1973. Currently, the Seychelles boasts of 14 marine reserves of which 6 are Marine National Parks.
- 10.4 These Marine National Parks constitute a total area of 61.77 km² and are established around the islands of Sainte Anne, Curieuse, Silhouette, Ile Cocos and the bays of Port-Launay and Baie-Ternay. Within these sites which have been designated under the National Parks and Nature Conservancy Act (Cap 141), all wildlife and nature is strictly protected; no fishing, collection of shells, removal, disturbance or damage of any living or dead flora or fauna is permitted.
- 10.5 Environmental Impact Assessments (EIAs) of various projects have been introduced since 1994 to ensure that there is more general public and specialist participation in major development projects. With more than 1, 000 endemic species of flora and fauna, it is also important to note that Seychelles, with its strong engagement in conservation by both government and civil society organisations, has been able to do the following: save specific species, actually increase the population of others and remove still others from its listed endangered species.
- 10.6 CO₂ emissions are relatively low, making it potentially possible for the Seychelles to sell its CO₂ emissions credits on the open or private market. This should allow the country to have further economic gains from its own low emission rates.

Fisheries

10.7 Fishing activities are managed and coordinated by the Seychelles Fishing Authority. Currently, the Seychelles fishery sector has three main components, namely the artisanal fishery, the semi-industrial fishery and the industrial fishery. The industrial fishery consists of the foreign owned purse seiners and industrial long liners, whilst the artisanal fishery consists of a subset of 15 different types of fisheries. The artisanal fishery is operated solely by Seychellois fishers, with a variety of boat types, using different fishing gears.

10.8 A wide variety of fish is caught and used on the local and on the international markets. In 2008, the total catch from the artisanal fishery was 4777.1 Mt.

Table 10.2. Catches in Mt by species of semi-industrial fishery, 2004- 2008

Year	Swordfish	Yellowfin	Bigeye	Sailfish	Marlin	Sharks	Others	Total Catch (Mt)
2004	71	7	7	3	0	1	0	90
2005	168	50	56	8	2	5	2	290
2006	115	43	52	4	2	2	1	219
2007	111	70	55	5	2	3	3	248
2008	98	44	59	22	3	7	1	233

Source: Seychelles Fishing Authority

10.9 The industrial component of the Seychelles fishing sector is made up of the foreign owned purse seiners and industrial distant waters longliners operating under license agreement inside of the Seychelles EEZ and targeting tuna and tuna like species. Some longliners also target swordfish. The main fishing nations involved in purse seining in the Western Indian Ocean are those from European Community (France, Spain) taking over 70 percent of the annual licences. Seychelles registered purse seiners (French and Spanish origin) started to operate in 1997. Currently there are 10 Seychelles registered purse seiners all of Spanish origin.

Table 10.3 - Tuna catches in Mt reported in 2008 by the main purse seiners fleet fishing in the WIO

	Species				Total (Mt???)
	Skipjack	Yellowfin	Bigeeye	Others	
Spain	64,266	44,544	12,247	465	121,522
France	29,811	37,663	6,696	962	75,131
Seychelles	30,036	20,681	5,369	296	56,382
Others*	13,217	9,835	2,640	229	25,921
Total (Mt???)	137,330	112,724	26,951	1,952	278,956

* Others include Mayotte, Thailand and Italy

Source: Seychelles Fishing Authority

10.10 Industrial longline fishing is dominated by vessels from Asiatic nations (Japan, Taiwan (ROC). The reporting of their activities is restricted to within the Seychelles EEZ unless the vessel is registered in the Seychelles. Currently there are 25 Seychelles registered vessels mostly of Taiwanese origin. Some 82 longline vessels were active during 2008 and the total reported catch was 10,477Mt of which 6,027Mt were bigeye tuna, 1,622Mt yellowfin tuna and 2,819Mt were other pelagic species (Table 4).

Table 10.4 – Catch in Mt by species reported by the longline fleet from 2004 to 2008

Year	Yellowfin	Bigeeye	Swordfish	Albacore	Others	Total (Mt???)
2004	9,451	11,695	1,910	245	1,621	24,432
2005	13,706	12,391	1,734	299	1,770	29,301
2006	6,562	8,614	1,231	162	1,850	18,096
2007	3,697	7,341	944	475	2,686	14,192
2008	1,622	6,027	794	785	2,819	10,477

Source: Seychelles Fishing Authority

Water Resources

10.11 Water usage has been rising significantly every year, as there are new development projects. Mean annual rainfall is about 270cm for the coastal regions of Mahé and is abundant. However, potable water becomes relatively scarce during the South-East Monsoon (from May to October) as there is reliance on inadequate storage facilities. July is the driest month, with an average of 70mm of rainfall. Annual growth of demand for water usage is an unsustainable 6.5%. New methods and facilities have to be explored, especially for the other inner and outer lying islands.

Inequality Analysis

10.12 There are few inequalities for this MDG. Much of the land and sea is already protected. Fish stocks have generally remained stable in spite of overfishing in some years for some species and some loss of biodiversity due to coral bleaching.

Key Bottlenecks

- **Policy and Planning**
 - **EMPS2000 - 2010**

10.13 The Plan has not been fully executed. There are some projects that were left incomplete or not started owing to a lack of funding or no request for funding.

- **Budget and Financing**

10.14 The issues raised in 10.13 apply here.

- **Service Delivery**
 - **Control of resources not always possible within the EEZ**

10.15 The Seychelles EEZ is difficult to control, given present resources of the coastguards. There may be any amount of poaching and overfishing taking place, which remain undetected and therefore the fishing crews are left untouched.

New Challenges

- 10.16 The small land area of the Seychelles leads to intense competition between sectors of the economy. The main competitors for land are agriculture, housing development and tourism. There needs to be a balance between all these demands so that on the one hand, nature reserves are used in economically sustainable ways, allowing both visitors and locals to enjoy them and agricultural land is protected to ensure some measure of local production of food and its security for the population. Over 280 hectares of land previously marked as agricultural land have been compromised over the last couple of years in favour of other socio-economic activities, namely the construction of hotels and other tourism-related establishments, as well as housing projects. This represents over 50% of total cultivable area of the country.
- 10.17 There is also a need to integrated approaches, including education and information to the general public, to environment protection and conservation. It is important to avoid the growing perception of the population that their economic well-being and survival come second to those of protected species. Laws are enacted to ban fishing, catching or harvesting various species, such as tortoises, turtles and birds.
- 10.18 The consumption patterns of the population are causing some environmental deterioration. More plastic products are used and discarded just as easily, with the main thought given to their expediency and convenience, but with no regards to the environment. Recycling and reusing of plastic products need to become household actions and priorities.
- 10.19 Environmentalists and conservationists may be too conservative. Some exotic plants can now be planted safely for aesthetic value. On the same note, threatened species can be transported to other more viable habitats, where they are less likely to clash with human development. In these cases, all benefit; humans and the environment. It is now essential to find ways of making environment protection more relevant and meaningful to the population by engaging them in activities that make social and economic sense to them and consider their culture, traditions, history and long-term needs.

Key Factors Leading to Accelerated Progress

- 10.20 The key factors leading to much progress for this MDG are: **commitment to international obligations, national plans, appropriate funding, solid school-based programmes on environment, engagement of civil society organisations** and a **culture of conservation**.
- 10.21 Seychelles adheres to its international obligations and is party to numerous international protocols and conventions related to the following issue: Biodiversity, Climate Change, Climate Change-Kyoto Protocol, Desertification, Endangered Species, Hazardous Wastes, Law of the Sea, Marine Dumping, Ozone Layer Protection, Ship Pollution, Wetlands.

10.22 This is further consolidated by national political commitment to ensure sustainable management of resources such as the EMPS2000 – 2010 and the preparatory drafting of the EMPS 2011 – 2020. Local and international funding is sought by both state and non-state parties. In fact, civil society organisations are fully engaged in this field, with a very strong commitment to lobbying and advocacy with key state actors. Some NGOs, such as Nature Seychelles, are now fully financially independent and are very strong and vocal partners, giving more international recognition to key issues, leading to even more funding and technical assistance.

10.23 The future is also being prepared now with school curricula addressing the issues of conservation and sustainable management of resources, right in the primary schools. NGOs have been effective in developing environment clubs for children, such as the Wild Life Clubs. Recently, as part of its environment programme, the Seychelles Scouts Association has created a club that has adopted a marsh to clean and manage, with the assistance of the Department of Environment – another true example of state and non-state collaboration. At least six CSOs, some of international renown like Nature Seychelles and Seychelles Islands Foundation, are actively focused on environmental issues.

Target 7C:

Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

Table 10.5^(a): Indicators for Target 7C

Indicator/ Year	1990	2000	2005	2009	2010
7.8 Proportion of population using an improved drinking water source	88.9	88.9	88.9	89	95

Table 10.5^(b): Indicators for Target 7C

Indicator/ Year	1994	1997	2002	2006	2007	2008	2009
7.9 Proportion of population using an improved sanitation facility	78	86	94	---	---	---	---

Source: Seychelles in Figures (NSB, 2009)

Trends of Progress

10.24 The Seychelles is well on its way to achieving this target. In 1990, 11.1% of the population was without access to improved drinking water source. Presently, the proportion of access to potable water stands close to 100%. Sanitation has automatically followed housing development, with all new houses having improved water and sanitation. Presently, close to 100% of the population have both facilities.

Inequality Analysis

10.25 At present, 92.5% (or 74, 000 people) of the population have piped water. The few households without piped water installations from the Public Utilities Corporation (PUC) extract raw water from streams. There is a Rivers Committee under the chairmanship of PUC to help coordinate the use of such water. Some 95% of the population in Seychelles has access to treated water and all households have piped water, be it treated or untreated.

10.26 Some areas of the country still have less access to treated water during droughts and it is then necessary to deliver water by bowser to these populations. Desalination plants have also been built to alleviate the shortages.

Key Bottlenecks

- **Policy and Planning**
 - **Plans for Water Storage**

10.27 There have been some problems with access to water during the dry seasons. The issue is storage of water from the abundant rainfall the country gets. With the EMPS2000 – 2010 and the new EMPS for 2011 – 2020, this issue is being given deserved priority for action.

- **Budget and Financing**

10.28 The necessary funds have been identified from a variety of sources (China, UAE and ADB) for a variety of projects, including new installations for electricity, water and sewerage.

New Challenges

- 10.29 With the growth in demands for water, sanitation and electricity, there is a need to find other alternatives to meet them; biogas, wind energy and other green forms of energy productions have to be studied and considered, especially for sustainable development on the outer islands.
- 10.30 Campaigns focusing on energy saving products and behaviours in the homes have been conducted successfully. The population has also made the move from using petrol stoves to gas stoves. Thus, it is possible to change the behaviour patterns of a whole population to bring it in line with the requirements for a more environment-friendly lifestyle.

Key Factors Leading to Accelerated Progress

- 10.31 The Seychelles has an **integrated approach to development** in this sector. The provision of sanitation and potable water is seen as part of social development, in terms of improving the housing conditions of the population. When one factor improves all the others automatically follow. To sustain the demands for water resources, **plans** include the building of dams, dam-to-dam transfer infrastructure and new efforts to promote the conservation of water and energy by both households and businesses.

Target 7D:

By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

- 10.32 A **slum** household is defined by UN-HABITAT as a group of individuals living under the same roof that lack one or more (in some cities, two or more) of the following conditions: security of tenure, structural quality and durability of dwellings, access to safe water, access to sanitation facilities and sufficient living area.
- 10.33 This indicator does not apply to Seychelles where there is no-one living in the sole town of the country, Victoria, who fits all the criteria of the definition given above. The house would have access to either safe drinking water or sanitation facilities, even if the tenure may be insecure or the house has poor structure and sufficient living area.

Assessment of the Impact of Global Crises on the MDG

- **Transmission Channels**

10.34 The rise in the cost of fuel and the drop in visitor arrivals, especially in 2009 were factors.

- **Immediate and Long-Term Impacts**

10.35 The rising costs of fuel, coupled with the loss of value of the Seychelles rupee, led to equipment becoming more expensive to purchase and to maintain. This is especially important for the protection of reserves and parks. The higher operational costs and lower revenues were major factors.

10.36 The drop in arrival figures further reduced the income of parks and reserves. This made it even more difficult to have enough resources to provide services, as well as maintain the facilities. Even with the exchange rates bringing in more rupees to the facilities, there was less purchasing power, as the value of the Seychelles Rupees had dropped.

- **Response Capacity**

10.37 The country has recovered slightly from poor arrival figures at the beginning of 2009. The value of the rupee has also risen against the dollar, from a peak of SR17 in November 2008 to SR12.50 in July 2010.

- **Country-Specific Exacerbating Factors**

10.38 Dredging and reclamation in the marine environment have also led to loss of biodiversity. Both activities have been and still are controversial issues. A large part of Victoria as is known today is built on reclaimed land. There has been extensive reclamation since the early 1980s on the east coast of Mahé to create flat land which is a necessity caused by the small terrestrial area of the main island of Mahé coupled with its steep mountainous terrain which makes building on higher ground difficult. At present there is still a small amount of land reclamation that is taking place mainly by individuals and far away from coral reef ecosystem.

List of Key Indicators

Table 10.6 – List of Key Indicators for Goal 7 (Impacts of Global Crises)

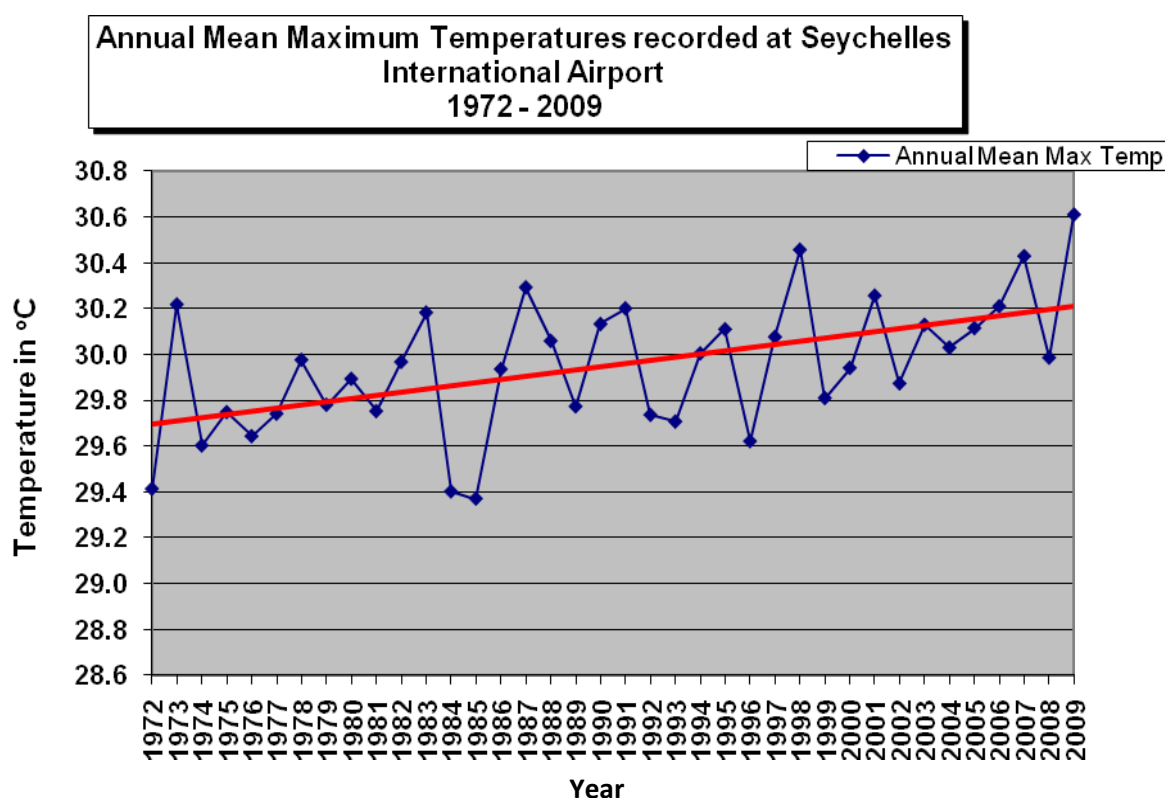
Quantitative	Qualitative
Visitor arrivals	Attitudes of people in general towards conservation
Visits to parks and reserves	Attitudes of 10 to 15 year olds to conservation
Comparison of number of visits to marine and land parks and reserves	Number of children involved in school-based environment clubs
Expenditures per visitors (national)	Use of parks by local population
Number and proportion of species threatened with extinction	Number and types of environment-friendly events organized in schools/communities
Number and proportion of species translocated as part of conservation programmes	
Number of environmental NGOs involved in national conservation programmes	
Sale of CO ₂ emission credits (number, proportion and yearly averages)	
Number of environment projects submitted by NGOs and other non-state actors	
Local sponsorship for environment projects (value in rupees and dollars)	
Reduction in plastic bags and bottles around the islands of Mahé, Praslin, La Digue and Silhouette	
Number of poaching incidents in parks and reserves	
Number of households using composting (toilets??)	
Number of communities and households using differentiated waste disposal methods	

Assessment of Climate Change on the MDG

- **Transmission Channels**

10.39 Coral bleaching events due to higher water temperature lead to changes in habitat complexity, such as coral reef fish diversity in Seychelles. Figure 10.1 shows the trend towards higher means of maximum temperatures recorded in Seychelles.

Figure 10.1 – Trend of Annual Mean Maximum Temperatures



- **Immediate and Long-Term Impacts**

10.40 Studies by researchers from the University of Newcastle-upon-Tyne, Australia and the Seychelles have shown that the coral bleaching event in 1998 has altered the reef ecosystem. They reported local extinctions, substantial reductions in species richness, reduced taxonomic distinctness and a loss of species within key functional group of reef fish (Graham et al., 2007).

10.41 The main families of fish that have been heavily impacted upon are the monacanthids, chaetodontids and pomacentrids. Species which they observed possible local extinction were *Labrichthys unilineatus* (Tubelip Wrasse), *Chaetodon lineolatus* (Lined Butterfly Fish),

Plectroglyphidodon johnstonianus (Johnston Islands Damsel), and *Thalassoma Hardwicke* (Sixbar Wrasse). In contrast species which they observed a reduction in abundance to critically low levels were *Oxymonacanthus longirostris* (Harlequin Filefish), *Chaetodon trifascialis* (Chevron Butterfly Fish), *Chaetodon melannotus* (Blackback Butterfly Fish), *Chaetodon meyeri* (Scrawled Butterfly Fish), *Plectroglyphidodon dickii* (Blackbar Devil), and *Chromis ternatensis* (Striped-Tail Puller) (Graham et al. 2007).

10.42 Furthermore, recent changes in the climate have greatly affected the tuna industry, with ships moving further north or south to follow the shoals.

- **Response Capacity**

10.43 Research is ongoing to monitor the changes in reef fish assemblage and the recovery of coral reefs. It is possible for the Seychelles to begin engaging in aquaculture with a view to seek out new opportunities. Another opportunity may be to use artificial reefs by sinking ships or other safe materials.

10.44 *At no point will economic development be allowed to compromise Seychelles' deserved reputation for environmental excellence, and the highest national and international ecological standards will be adhered to throughout. This stance will be bolstered by a review of national environmental legislation to bring it into compliance with international best practices.* (Seychelles Strategy 2017).

Chapter 11: Goal Eight - Develop a Global Partnership for Development

Target 8a:

Develop further an open, rule-based, predictable, non-discriminatory trading and financial system

Target 8b:

Address the special needs of least developed countries

Target 8c:

Address the needs of landlocked and small island developing states (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)

Target 8D:

Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

Table 11.1: Indicators¹⁶

Indicator/Year	1990	2000	2005	2006	2007	2008	2009
Official Development Assistance (ODA)							
8.5 ODA received in small island developing States as a proportion of their gross national incomes	10.0	3.1	1.75	1.48	1.04	1.58	
Debt Sustainability							
8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)	88.9	88.9	88.9	---	---	---	89
8.11 Debt relief committed under HIPC and MDRI Initiatives	0.12	0.38	0.48	0.48	0.37	---	---
8.12 Debt service as a percentage of exports of goods and services	7.6	3.3	7.1	18.5	8.5	---	8

Source: United Nations Statistics Division

Trends of Progress

- 11.1 The Seychelles had undergone some turbulent and severe economic turmoil in the past decade, with successive growth and decline. The country's economy is extremely vulnerable to external shocks due to two main factors: the dependence on tourism and the importation of over 90% of its total primary and secondary production inputs. Any decline in tourism quickly translates into a fall in GDP, a decline in foreign exchange receipts, and budgetary difficulties.
- 11.2 Growth slowed in 1998–2001, due to sluggish tourist and tuna sectors. Between 2004 and 2005, the economy declined by 2%. Due to economic contractions, the country lost a further 1.4% in 2006. Recovery came in 2007 with a 5.3% growth as a result of record tourism figures and robust building and offshore industries. However, in 2008, with tourism and tuna sectors slowing down once more due to the global financial and banking crises in Europe and North America, the country defaulted on a US\$230 million debt.
- 11.3 The IMF stepped in with a two-year restructuring and recovery programme that included the following actions: a US\$26 million rescue package, downsizing of the public sector by some

1, 760 workers, floating of the rupee, lifting of foreign exchange controls and sale of state assets.

- 11.4 The Seychelles is still benefitting from a variety of assistance programmes, such as grants, technical cooperation, and loans under various bilateral and multilateral agreements with countries and organisations as varied as China, UAE, India and France, and UNDP, European Union and COMESA respectively. Nearly all sectors of the economy have received assistance, from education and health to utilities and defense.

Table 11.2 – Public Sector Debt as of 31st December 2008 (in US\$ million)

Public Sector Debt as of 31 st December 2008 (US\$ million)				
EXTERNAL DEBT			DOMESTIC DEBT	
	Stock	Arrears		Stock
Multilateral	52.2	0.0	Central Bank Advances	8.1
Bilateral	240.4	178.8	Treasury Bills	104.0
<i>Paris Club</i>	139.9	121.8	Treasury Bonds	139.9
<i>Other Bilateral</i>	100.5	57.0	Government Stocks	9.1
Commercial	478.8	101.2	Treasury Deposits	1.4
<i>Commercial Loans</i>	115.3	16.1	Commercial Loans	13.8
<i>Bonds and Notes¹⁽¹⁾</i>	363.5	85.1		
EXTERNAL TOTAL	<u>771.5</u>	<u>280.0</u>	DOMESTIC TOTAL	<u>276.3</u>

Source: Ministry of Finance

- 11.5 Table 11.3 shows the state of affairs regarding domestic and external debts at the end of 2008, when the total amount of debt stood at 151% of GDP. Forecasts for 2010 for economic indicators and fiscal balances are shown in Tables 11.4 and 11.5 respectively.
- 11.6 A third review of the Stand-By Agreement with the IMF carried out during December 2009 showed that the recovery and restructuring programme was successful in many ways, namely (a) the introduction of a single treasury account, (b) the adoption of a Public Enterprise Monitoring and Control Act, and (c) the adoption of foreign reserves management investment guidelines. *For those reasons, a three-year (2009-2012) medium term program has been agreed with the IMF - the Externally Funded Facility (EFF) program under which a 225 percent of quota (SDR 19.8 million) is proposed*". (World Bank, 2010)

Table 11.3 –Economic Indicators and Projection

Economic Indicators and Projection				
	2007	2008(e)	2009(f)	2010(f)
Nominal GDP (US\$ m)	912.2	833.9	603.1	756.4
Real GDP Growth (% , annual change)	7.3	0.1	-9.6	2.6
Inflation (% year-end)	16.8	63.3	16.3	11.5
Primary Fiscal Balance (% of GDP)	-2.3	4.2	9.8	8.2
Overall Fiscal Balance (% of GDP)	-9.8	-3.7	-4.8	-2.0
Current Account Balance (% of GDP)	-23.4	-32.1	-29.3	-24.7
Foreign Direct Investment (net US\$ m)	224.8	353.6	199.9	210.6
Official Reserves (end of period, US\$ m)	9.8	50.9	90.9	140.9
Reserves/Imports (end of period, months)	0.1	0.7	1.2	1.7
Exchange Rate (end of period, SCR/US\$)	8.0	16.6	-	-
Public Sector Debt ⁽¹⁾ (% of GDP)	146.0	151.0	115.0	-

Source: Ministry of Finance

11.7 Seychelles has attempted to bring down the ratio of debt to GDP to sustainable levels since mid 2008. The total public debt stock to GDP ratio was estimated to be around 151% at the end of 2008. *Since then with the support of an IMF program Seychelles has successfully negotiated debt reduction deals with Paris Club creditors, several non-Paris Club bilateral and several private creditors. In mid-April 2009, Paris Club creditors granted exceptional debt treatment to Seychelles under the 2003 Evian approach to debt relief, reducing the debt stock by 45 percent in nominal terms in two tranches, with the remainder rescheduled over 18 years with 5 years' grace. During the third quarter of 2009 (end September 2009), public external debt was estimated at US\$733 million or 95.7 percent of GDP. The private creditor deal agreed in January 2010 will reduce debt stocks further, and the second tranche of Paris Club debt relief is due in June 2010.* (World Bank, 2010)

Table 11.4 – Balance of Payment Projection

Balance of Payment Projection			
<i>US\$ million</i>	2008(e)	2009(f)	2010(f)
Current Account Balance (as % GDP)	-32.1	-29.3	-24.6
Trade Balance	-234.9	-106.1	-108.7
Exports of goods	491.4	370.2	404.0
Imports of goods	-868.2	-555.3	-593.1
<i>of which: FDI related imports</i>	-237.3	-156.0	-164.2
Services Balance	141.9	80.0	80.4
Export of Services	522.9	383.0	400.6
<i>of which: Tourism earnings</i>	276.0	207.0	217.3
Capital and Financial Account Balance	168.5	123.5	161.6
Capital Account	4.6	2.7	3.3
Financial Account	163.9	120.8	158.2
Foreign Direct Investment, net	353.6	199.9	210.6
Portfolio Investment, net	1.0	0.0	0.0
Overall Fiscal Balance	-115.7	-53.2	-24.8

Source: Ministry of Finance

Inequality Analysis

11.8 The structural adjustments have meant that some 1, 760 persons or 12.5% of the total public sector labour force, were laid off initially, with a total of 2, 500 by April 2009 or 15%. Since most of the employees were from the catering, clerk and cleaning services, a majority of whom were women, it was expected that some personal social and financial adjustments would be needed to cope with the sudden loss of revenue. However, severance pay and relatively quick transfers to other sectors for employment, coupled with targeted social assistance from the newly formed Social Welfare Agency, the most nefarious effects of the downsizing have been dampened.

Key Bottlenecks

- **Policy and Planning**

11.9 There are at present few or no ostensible bottlenecks. The Seychelles authorities have been firm in the application of key measures of the recovery and restructuring package and the reforms are on track.

- **Budget and Financing**

11.10 Fiscal discipline and rigour have been introduced in the public sector and expected savings have been made, especially in terms of emoluments. In the health sector, for example, a saving of SR13 million or 6.4% of 2007 total government health spending can be made.

Service Delivery

11.11 The fiscal discipline needs to be maintained to prevent re-hiring in 2010 and 2011.

New Challenges

11.12 The country faces new emerging issues that can pose serious challenges to its economic growth. New National Development Plans, the EMPS2011-2020, the National Agricultural Strategy 2011-2013 and the Seychelles Strategy 2017, as well as other sector-specific strategies need to take into consideration cross-cutting issues, such as population, health, education, gender and environment to ensure that there is a balanced, comprehensive,

people-centred and integrated approach to economic development. Social development needs to be a constant factor in economic planning.

- 11.13 The Industrial Policy dates back to 1996 and needs to be updated to accommodate current international economic trends.
- 11.14 With its small but highly educated young people, the Seychelles should seriously consider, based on the foundations of the University of Seychelles, the development of a national science and technology research and development institute to act as a think-tank for economic ventures.
- 11.15 With the competitiveness of the open markets, as proposed by RECs such as SADC and COMESA, an export development policy must be considered to make niche local industries more competitive, maximising their production, without sacrificing quality.
- 11.16 Piracy originating from Somalia off the coasts of Seychelles continues to be a serious issue, with a number of attacks which have cost the economy some €28m in 2009. Eleven pirates were successfully tried and convicted in 2010. There are presently 38 other suspected and accused Somali pirates who are still awaiting trial in Seychelles or transfer from the Seychelles to Somalia. Indeed, in May 2010, the Seychelles hosted a regional conference on piracy and has also to date developed a plan to address the issue. Moreover, bilateral and multi-lateral cooperation programmes are being implemented with various partners including India, Portugal, the EU and UNODC.

Key Factors Leading to Accelerated Progress

- 11.17 The country has managed to ride the storm of 2004 – 2005 and 2008, and to offer brighter economic opportunities to the population as a result of **commitment to change**, when necessary, **discipline in application of difficult and unpopular measures**, **development of alleviating measures**, and **new social and economic policies** to encourage entrepreneurship at all levels, especially cottage industries.

Target 8E:

In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

Table 11.5: Indicators for Target 8E

Indicator/Year	1990	2000	2005	2006	2007	2008	2009
8.13 Proportion of population with access to affordable essential drugs on a sustainable basis	100	100	100	100	100	100	100

Source: Ministry of Health

Trends of Progress

11.18 This MDG target has been achieved. The country imports both generic and brand named medicines. To ensure that there are no interruptions in supply, bulk orders from the COI and SADC are done, especially for ARVs.

Inequality Analysis

11.19 There is no disparity as the essential drugs are provided free of charge at the various points of treatment.

Key Bottlenecks

11.20 There are none presently that cause major concern. There are no longer shortages due to lack of foreign exchange to purchase the medications.

New Challenges

11.21 One of the main challenges is to ensure that there is no wastage due to the fact that the medications are free. Some patients seek medication when they do not want to report to work. In those cases, when the medications are prescribed, they would collect them, but

they would not use them at all. The medications are thrown away. There have been reviews of the system in the past to reduce misuse, abuse and wastage.

11.22 This factor, amongst others, has brought the debate about some form of nominal contribution by the public for the health services used.

11.23 There is a need for new medicines, which tend to be more expensive, to address the issue of resistant strains.

Key Factors Leading to Accelerated Progress

11.24 The factors have been discussed before in this report. They are essentially making available free primary health care to the whole population, with **easy access to health centres** and a **high doctor population ratio**. The Ministry of Health also has an **Essential Drugs Programme** which ensures availability and access to medications, including ARVs and a series of agreements to help reduce the possibility of interruption in flow of medications to needy populations, such as HIV positive patients.

Target 8F:

In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

Table 11.6 - Indicators for Target 8F

Indicator/Year	1990	2000	2005	2006	2007	2008	2009
8.14 Telephone lines per 100 population	12.05 ^{sic}	25.4	25.9	26.05	27.2	27.3	26.6
8.15 Cellular subscribers per 100 population	0.0	32.0	71.2	85.12	92.7	111.5	---
8.16 Internet users per 100 population	0.0	7.4	25.4	34.9	38.4	40.4	---

Source: NSB, UN MDG for Seychelles, last update 23rd June 2010¹⁶

Trends of Progress

- 11.25 These indicators have also been achieved to a large extent. The population having access to technology, which is itself becoming relatively cheaper, has been growing exponentially every year since the 1990s. However, there are some differences in performance depending on the type of technology under consideration. Internet services are still lagging behind ownership of mobile phones and land lines. Perhaps, this is due to the still high costs of installation and rentals, as well as generally poor customer service and low connectivity.
- 11.26 Thus, since 2008, there have been more mobile phones than the actual local population of Seychelles. It is now common for every member of the family to have their own mobile phones. Access to Internet remains somewhat low due to high costs.

Inequality Analysis

- 11.27 The disparities exist in terms of socio-economic status, due to the still high costs of installing internet services in residences. However, with at least five Internet Service Providers (ISP) in operation, costs of installation and monthly rentals are gradually being reduced, given the competition between them. Still, monthly rental for a broadband connection can still cost a third of an average salary, being around SR1000 per month. Connections are slow, even with cable or wireless services.

Key Bottlenecks

- **Service Delivery**

- 11.28 Slow connection speeds are still the norm. Broadband services rarely give a connection speed higher than 30kbps. During the day, the service can be excruciatingly slow, to the point of being virtually useless for even simple browsing and communication.
- 11.29 Costs remain high, leading to many people using the Internet at work, rather than have their own service at home. Some ISPs have begun to offer pre-paid services for people mindful of their budget, but the amount of time given is limited. Ultimately, it may be costing the customer more to use a pre-paid service.

New Challenges

11.30 As the Seychelles aspires to become more competitive in terms of services provided to various companies, especially in the offshore field, there is an urgent need to have an optic fibre cable to increase bandwidth and thus connection speed. Agreements have been signed to help reduce the expected costs of US\$47 million to link up to the East Africa fibre-optic cable at the end of 2010. This will greatly increase the country's competitiveness for service delivery in finance, banking and offshore in the region.

Key Factors Leading to Accelerated Progress

11.31 The technological advances along with its democratising and decentralising aspects have been possible with a generally **free market** leading to competition between operators and ISPs. This in turn has led to cheaper prices for the consumers.

11.32 All operators recognise the good economic sense of tapping into lower SES (socio-economic status) markets or people are just being careful with their budgets. Therefore, all have introduced schemes and packages that consist of pre-paid options, and internet available on mobile telephones. In many workplaces, employees have access to the internet.

Assessment of the Impact of Global Crises on the MDG

11.33 The issue has been discussed in 11.1 to 11.16.

11.34 Suffice to note that at December 2009, the Real GDP is projected to grow at 4 percent in 2010, reflecting primarily a rebound in tourism earnings. Twelve-month inflation, which was negative during the past few months, is expected to return to about 1 percent as well.

List of Key Indicators

Table 11.7 – List of Key Indicators for Goal 8 (Impacts of Global Crises)

Quantitative	Qualitative
Balance of payments	Child well-being indicators, including school drop-outs and substance abuse
Ratio of debt as a % of GDP	Adult mental health states, including suicide attempts
GDP	Membership of economic and social welfare civil society organisations
GNI	Experience of the work place, including job satisfaction measures
Net ODA	Expectations, hopes and aspirations of 15 – 19 year olds
National public expenditures on all sectors of the economy, with special attention to health and education	Impact of economic downturns on men and women, in terms of sense of security
Number and proportion of people seeking assistance from the Social Welfare Agency	Food security measures
Ratio of people employed	Number and types of national campaigns to encourage self-reliance and entrepreneurship
Number of abortions	
Ratio of people employed in the non-formal sectors of the economy	

Assessment of Climate Change on the MDG

- **Transmission Channels**

11.35 The main transmission channels have been noted before: rise of sea water temperature leading to coral bleaching, rise in mean maximum temperatures over the years, erosion of coastal zones, severe frequent tropical storms and erosion of agricultural land.

- **Immediate and Long-Term Impacts**

11.36 The immediate impact of sea water temperature rises has been coral bleaching and loss of biodiversity. More severe and frequent storms caused flooding on Praslin (2002) and in East Mahé (23rd January 2004) while Cyclone Bondo hit the outlying islands of Farquhar and Providence (December 2006). Possible impacts on agricultural land through erosion of top soils are being studied.

- **Response Capacity**

11.37 The Farmers' Association has developed a National Plan for 2011-2013, which takes into account climate change. The new EMPS 2011-2020 will certainly give consideration to the issue. In terms of programmatic actions, the Red Cross Society of Seychelles and the Department of Risk and Disaster Management, created in 2006, will oversee and coordinate actions to respond to a variety of possible disasters in Seychelles – floods, landslides, and tsunamis. Advocacy and training activities have been conducted to ensure that people in general are prepared to respond pro-actively and to react to disasters.

Chapter 12: Millennium Development Goals Plus

12.1 With the MDGs largely achieved in Seychelles, it is now time to consider going beyond the set goals to establish even higher standards, in terms of quality, depth and scope for further development of the country in all spheres of activities. For each MDG where success is clear, the country will now set new goals, targets and indicators. This report is guided by the Seychelles Strategy 2017 which sets the tone for the near future and encapsulates the hopes and aspirations of the nation.

MD Goal+ 1: Increase individual personal wealth and doubling of GDP by 2030

12.2 It is not enough to simply ensure full employment and reduce poverty; it is also important to develop strategies for all persons in Seychelles to use his or her potential to develop full economic participation in the country's national development.

The set targets are:

- To reorient the national education system to show how to create wealth through dynamic socio-economic activities.
- To improve the enabling environment for the development of economic activities, using as criteria the Heritage Foundation Economic Freedom Index.
- To increase by at least 10% from the 2010 baseline the actual number of Seychellois men and women involved in creating and managing their own medium-sized businesses in all fields of economic activities.
- To increase by at least 10% from the 2010 baseline the number of Seychellois consortiums involved in larger sized economic enterprises, including offshore, financial services, telecommunications, software development and hydrocarbon exploration.

The indicators are:

- The proportion and growth rates of Seychellois-partnered/owned SMEs.
- The proportion and growth rates of Seychellois- partnered/owned active companies.
- The proportion of market shares in tourism, offshore, financial services software development and oil exploration.
- The proportion of Seychellois partnered/owned new ventures.
- Capital invested as a proportion of GDP.
- The proportion of young Seychellois aged 18 to 27 years developing and managing their own companies.

MD Goal+ 2: Improve and maintain standards of educational outcomes at all levels

12.3 Beyond the mere enrollment of all children in primary education, it is now imperative to focus the attention on improving educational attainment and outcomes for both genders in all subjects in both national and international examinations

The set targets are:

- To increase the proportion of students passing national and international examinations in secondary schools and in post-secondary institutions.
- To increase the end of cycle achievement of students.
- To close the gaps in academic performance between students of public and private schools.

To bridge the gaps in performance of boys compared to girls in secondary schools and post-secondary institutions.

The indicators are:

- To reach 100% qualified teachers in primary, secondary and post-secondary education.
- Proportion and yearly growth rate of students obtaining As in at least 7 subjects in IGCSE examinations.
- Proportion and yearly growth rate of students (male and female) obtaining internationally-recognised diplomas and certificates in vocational skills, and academic studies.
- Reduction in the number of school drop-outs at all levels of the education system.
- Increase in the number of viable education and vocational skills training options or alternatives for students after secondary education.
- Enrollment ratio in post-secondary institutions and in tertiary education establishments (University of Seychelles and others).
- Increase by 10% yearly increments for the next five years the proportion of male and female students enrolled in mathematics and science subjects at tertiary level of education.
- Increase by 2% yearly increments for the next 25 years the proportion of post-graduate students obtaining Ph D. in all subjects until 20% of all Seychelles university graduates obtain Ph. D. by 2030.
- To develop national recruitment and retention policies and programmes for qualified Seychellois.

MD Goal+ 3: Increase the participation of women in headship positions, including at the highest level of government

12.4 Women are already very active in public life. However, they are few and far between in higher positions in most institutions, as well as public, economic and political spheres. This MDG+ seeks to increase their visibility and participation at the highest levels of national development activities, including as heads of political parties, government and state.

The set targets are:

- To increase the proportion of women heading organisations of national and international importance in all fields.

The indicators are:

- Number of national organisations, including political parties headed by women.
- Number of parliamentary sessions with women as Speaker of the National Assembly.
- Number of parliamentary sessions with women as Head of Government Business and/or Head of the Opposition.

MDGoals + 4 and 5: Reduce the prevalence of pregnant women involved in risky behaviour that endangers the life of their unborn child

12.5 The infant mortality rate is already low and compares favourably with OECD countries at present. However, there is an urgent need to address the issue of women who consume drugs, including alcohol. There may be a link between the mother's use of drugs and subsequent low academic achievement and behavioural disruptions in schools. Foetal Alcohol Syndrome is a concern. It is necessary now to focus on prevention and management of addictive behaviour for pregnant women, as well as increasing best practices in child-rearing methods, such as breast-feeding. There is a need for more research to better understand the situation regarding perinatal mortality, linkages between SES and mortality rates, and the incidence of low birth weight.

The set targets are:

- To include VCT for drugs and brief interventions with all pregnant women in ANC at all access points within the public and private medical service systems.
- To register all at-risk infants for early social and health interventions.
- To provide wider access to targeted information, education and communication programmes as part of prevention campaigns.

The indicators are:

- Proportion of women in ANC who accept drug testing and/or brief interventions.
- Number of treatment points instituting brief interventions and integrated and comprehensive risk management programmes in ANC.
- Establishment of infant At-Risk Register.

- Establishment of a national database of children at risk.
- Development of coordinating mechanisms for early childhood intervention programmes.

MD Goal+ 6: Reduce prevalence rates of HIV in MARPs

12.6 HIV and AIDS continue to increase in Seychelles due, primarily, to unsuccessful attempts to improve services targeting MARPs by both health professionals and CSOs. There is an urgent need to address the issue of hepatitis C co-morbidity with HIV and particular needs of MARPs who should be the primary drivers of interventions aimed at them.

The set targets are:

- To reach all MARPs for targeted prevention and intervention programmes.
- To strengthen the participation of MARPs and CSOs in policy development and programmatic actions.
- To increase the number of HIV tests on women who undergo any TOPs.

The indicators are:

- Proportion of target groups reached by sustained and financially secured specific national and decentralised (local) prevention and intervention programmes.
- Number of CSOs active in sustained and financially secured specific national and decentralised (local) prevention and intervention programmes for MARPs.
- Proportion of MARPs involved on key national organisations involved in development of policies, strategies, programmes and projects (National AIDS Council, Technical AIDS Committee).
- Proportion of women who undergo TOPs who have HIV tests.

MD Goal + 7: Improve the quality of life factors for comprehensive environmental health of the population and to reduce national environmental impacts of socioeconomic activities

- 12.7 With more than 50% of the land mass under protection as national parks and reserves, the Seychelles need now to fully engage its citizens in the development of national programmes aimed at improving the quality of life in relation to environmental issues, such as clean air and water, safe, secure and healthy workplaces and homes. The focus is to move away from disease control and prevention to enhancing the quality of life in relation to the living spaces, both natural and built environments. In the 2010 Mercer Quality of Living Survey, Victoria the capital of Seychelles ranks 95th out of 221 cities around the world.
- 12.8 Socioeconomic development needs not coincide with loss of biodiversity, degradation of the environment and pollution. The Seychelles can develop a green economy which brings prosperity and wealth, without destroying the country and the planet.

The set targets are:

- To have more quality living quarters in Victoria as part of the re-development plans of the capital.
- To be in the top 70 of countries as listed by the annual Mercer Quality of Living Survey by 2020, and to reach the top 40 list of countries by 2030.
- To develop a set of post-modern socio-economic indicators to measure levels of happiness, and satisfaction with life in Seychelles, with the collaboration of RECs, such as SADC, IOC and COMESA so as to take into consideration the socio-cultural dynamics of Africa, the Indian Ocean and the Small Island Developing States.
- To integrate and mainstream Quality of Life Factors in all national development plans and sectoral-specific policies.
- To develop green socio-economic activities.

- To increase proportion of waste material recycling programmes.
- To increase proportion of primary commercial renewable energy.

The indicators are:

- Proportion of households with safe, secure, clean air, potable water and environments.
- Proportion of population with highest quartile of satisfaction with life indicators in international surveys.
- Proportion of 15 to 24 year olds reporting high levels of satisfaction with life.
- Proportion of morbidity linked to mental health issues, with yearly growth rates.
- Proportion and yearly growth rates of socio-economic activities using renewable energy.
- Proportion of waste recycled by national waste management companies and local waste management communities (districts).
- Proportion of households involved in environment-friendly behavioural changes, using various methods of conservation such as composting, reusing plastic and glass containers, reusable shopping bags, walking and cycling, energy-saving devices and appliances.
- Proportion of district administrations conducting local environment programmes focusing on quality of life, behaviour change and conservation.

MD Goal+ 8: Develop sustainable niche markets for Seychelles goods and services

12.8 Developing niche quality products for export is now a major priority for economic development. Tourism and fisheries may provide the platforms as well as impetus for further work in this field. The Seychelles is now studying carefully what it can offer the consumers in the ever growing markets of member states of COMESA, IOC and SADC.

The set targets are:

- To develop at least 20 Seychellois-partnered/owned and run companies specialising in niche goods and services markets, including quality and custom-made items (alcohol products, perfumes, arts and craft, finance and account management, software development, consultancies in tourism, environment, fisheries and hotel management) by 2020.

The indicators are:

- Proportion of Seychellois-partnered/owned and run companies with specialised and custom-made goods and services for export within COMESA, IOC and SADC.
- Proportion of population employed in such businesses.
- Importance of the sector as proportion of GDP.

12.9 For each of the MDG+, training is an essential thread. Capability and capacity-building remain the foundations of all programmatic actions for each goal. Increasing these will greatly help to achieve the new set of goals and targets.

Common challenges for the achievement of all MDG's

- 13.1 There is a common thread that runs through all the MDGs. There are special challenges such as the **lack of disaggregated data** and **capacity to collect and store data**, the **need for monitoring, learning and evaluation mechanisms** within organisations to verify data, the **increasing problem of drug and alcohol abuse**, the **loss of qualified Seychellois** who choose to emigrate, and the **need for financial and technical support** to sustain present levels of achievement of the MDGs, as well as developing other targets with a focus on MDG Plus.
- 13.2 There is a lack of capacity within organisations to collect, collate, store and analyse data in a consistent manner so that meaningful use may be made of the data. Sometimes, due to changes in criteria for indicators, it became impossible to do trend analyses.
- 13.3 Organisations need technical assistance to develop in-house mechanisms to monitor the collection and analyses of data so that nationally and internationally these can be used to identify gaps in products, outcomes and services to ensure remedial and proactive interventions, where necessary.
- 13.4 Substance abuse, especially alcohol, cannabis, heroin and phencyclidine in the last few years has had a more noticeable impact on social development factors, especially education, employment and poverty. New developments, such as policies and interventions targeting MARPs, aim to reduce incidence, prevalence and impact of these social ills.
- 13.5 The Seychelles continues to lose its qualified and educated young people who choose to remain in the countries where they have been sent for university studies. This issue of *brain drain* is a matter of national importance as it impacts the ability to maintain present levels of socio-economic developments and the possibility for future growth in all sectors.
- 13.6 With its classification as middle-income country, the Seychelles has often been illegible for ODA and other mechanisms for financial assistance, e.g., the Global Fund to Fight AIDS, Tuberculosis and Malaria. However, there are clear guidelines laid out in the Mauritius Strategy for SIDS (2005) and these international obligations must be upheld to help countries such as Seychelles to achieve all MDGs and to go beyond these for further development and growth in all sectors. It is important that success is not just recognised and then sanctioned through deprivation of funding, but that it is also rewarded so that it can be sustained.

Explanatory Notes and Glossary

Given the specificities of the Seychelles, these notes will help to highlight and explain these particularities and differences.

Education System

1. Crèches	Crèches are pre-primary schools which offer two years of education. Children start the first year at around 3 ½ years. They usually enter primary school when they are 5 ½ or 6 years old.
2. Districts	The country is divided into 25 districts which serve as administrative regions and electoral entities, but many are also villages with their police stations, health centres, churches and schools. They tend to follow the old Roman Catholic Mission diocesan organisation of the territory.
3. Post-Secondary Institutions	<p>These are non-tertiary schools for vocational and academic training. There are 7 (seven) in total.</p> <p><u>Academic Studies:</u> School of A' Level Studies (SALS) National Institute of Education (NIE) Seychelles Polytechnic (Business studies) National Institute of Health and Social Studies (NIHSS)</p> <p><u>Vocational Training:</u> Maritime Training Centre Seychelles Institute of Technology Seychelles Agricultural and Horticultural Training Centre (SAHTC) Seychelles Tourism Academy (STA)</p>
4. Headteacher	It is the principal of a school, primary or secondary. The head of the school in post-secondary education institutions is usually called a director.

Political System

1. National Assembly	The national parliament of Seychelles
2. DAs	District administrators are in charge of a single district and they are also part of the local government

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Appendix 1 - Official list of MDG indicators

All indicators should be disaggregated by sex and urban/rural as far as possible. *Effective 15 January 2008*

Millennium Development Goals (MDGs)	
Goals and Targets (from the Millennium Declaration)	Indicators for monitoring progress
Goal 1: Eradicate extreme poverty and hunger	
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.1 Proportion of population below \$1 (PPP) per day ¹ 1.2 Poverty gap ratio 1.3 Share of poorest quintile in national consumption
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people	1.4 Growth rate of GDP per person employed 1.5 Employment-to-population ratio 1.6 Proportion of employed people living below \$1 (PPP) per day 1.7 Proportion of own-account and contributing family workers in total employment
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8 Prevalence of underweight children under-five years of age 1.9 Proportion of population below minimum level of dietary energy consumption
Goal 2: Achieve universal primary education	
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1 Net enrolment ratio in primary education 2.2 Proportion of pupils starting grade 1 who reach last grade of primary 2.3 Literacy rate of 15-24 year-olds, women and men
Goal 3: Promote gender equality and empower women	
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1 Ratios of girls to boys in primary, secondary and tertiary education 3.2 Share of women in wage employment in the non-agricultural sector 3.3 Proportion of seats held by women in national parliament
Goal 4: Reduce child mortality	
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	4.1 Under-five mortality rate 4.2 Infant mortality rate 4.3 Proportion of 1 year-old children immunised against measles
Goal 5: Improve maternal health	
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1 Maternal mortality ratio 5.2 Proportion of births attended by skilled health personnel
Target 5.B: Achieve, by 2015, universal access to reproductive health	5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate 5.5 Antenatal care coverage (at least one visit and at least four visits) 5.6 Unmet need for family planning

Goal 6: Combat HIV/AIDS, malaria and other diseases	
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	6.1 HIV prevalence among population aged 15-24 years 6.2 Condom use at last high-risk sex 6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS 6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs
Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	6.6 Incidence and death rates associated with malaria 6.7 Proportion of children under 5 sleeping under insecticide-treated bednets 6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs 6.9 Incidence, prevalence and death rates associated with tuberculosis 6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course
Goal 7: Ensure environmental sustainability	
Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	7.1 Proportion of land area covered by forest 7.2 CO2 emissions, total, per capita and per \$1 GDP (PPP) 7.3 Consumption of ozone-depleting substances 7.4 Proportion of fish stocks within safe biological limits 7.5 Proportion of total water resources used 7.6 Proportion of terrestrial and marine areas protected 7.7 Proportion of species threatened with extinction
Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	7.8 Proportion of population using an improved drinking water source 7.9 Proportion of population using an improved sanitation facility
Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	7.10 Proportion of urban population living in slums ⁱⁱ

Goal 8: Develop a global partnership for development	
<p>Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system</p> <p>Includes a commitment to good governance, development and poverty reduction – both nationally and internationally</p> <p>Target 8.B: Address the special needs of the least developed countries</p> <p>Includes: tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction</p> <p>Target 8.C: Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)</p> <p>Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term</p> <p>Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries</p> <p>Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications</p>	<p><i>Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries and small island developing States.</i></p> <p><u>Official development assistance (ODA)</u></p> <p>8.1 Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income</p> <p>8.2 Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation)</p> <p>8.3 Proportion of bilateral official development assistance of OECD/DAC donors that is untied</p> <p>8.4 ODA received in landlocked developing countries as a proportion of their gross national incomes</p> <p>8.5 ODA received in small island developing States as a proportion of their gross national incomes</p> <p><u>Market access</u></p> <p>8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty</p> <p>8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries</p> <p>8.8 Agricultural support estimate for OECD countries as a percentage of their gross domestic product</p> <p>8.9 Proportion of ODA provided to help build trade capacity</p> <p><u>Debt sustainability</u></p> <p>8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)</p> <p>8.11 Debt relief committed under HIPC and MDRI Initiatives</p> <p>8.12 Debt service as a percentage of exports of goods and services</p> <p>8.13 Proportion of population with access to affordable essential drugs on a sustainable basis</p> <p>8.14 Telephone lines per 100 population</p> <p>8.15 Cellular subscribers per 100 population</p> <p>8.16 Internet users per 100 population</p>

¹ For monitoring country poverty trends, indicators based on national poverty lines should be used, where available.



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