

# **MILLENNIUM DEVELOPMENT GOALS**

## **STATUS REPORT**

### **SEYCHELLES**

**January 2003**

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## EXECUTIVE SUMMARY

### BACKGROUND

In September 2000, at the United Nations Millennium Summit 147 Heads of States and Government representing 191 nations, reached a consensus on a number of time-bound and measurable international development goals and targets which focus on:

1. Eradication of Extreme Poverty & Hunger
2. Achieving Universal Primary Education
3. Gender Equality and Women Empowerment
4. Reducing Child Mortality
5. Improving Maternal Health
6. Combating HIV/AIDS and other Major Diseases
7. Ensuring Environmental Sustainability
8. Developing a global partnership for development

Numerical targets, to be achieved over a 25 year period i.e. 1990-2015, have been set for each goal. These Millennium Development Goals (MDGs) incorporate most of the goals and targets for monitoring human development set at world summits in the 1990s. The MDGs are therefore invaluable in that they provide a systematic, quantifiable framework for measuring progress and follow-up on all the conferences and World Summits of the 1990's.

Monitoring of the MDGs takes place at both national and global levels. National reports like this one aim to engage policy and decision makers as well as civil society, communities, media and the general public.

This, Seychelles' First Report on the Millennium Development Goals, focuses on the results and benchmarks achieved, highlights the gaps in implementation and the strategies used for addressing them, while stressing the cross sectoral and cross cutting issues and challenges and calling for a national mechanism for future monitoring and evaluation of progress.

### Seychelles' Achievements

Seychelles has met the targets for most of the 8 Millennium Development Goals. Investment in human development has been an essential element of all policies and National Development Plans (NDP) in Seychelles <sup>1</sup>since Independence. Access to education and health services, to safe drinking water and sanitation for all have contributed to poverty alleviation, social integration and generally to a high standard of living. However though extreme poverty and hunger do not really exist, available data suggest that there are pockets of poverty which like in other parts of the world, tend to have a feminine face. Women feature predominantly among the beneficiaries of various Social Security Scheme (Means Tested Financial Assistance, Unemployment Relief Scheme) introduced to ensure that the most vulnerable for example single female-headed households, elderly, disabled, orphans do not fall in the poverty trap.

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<sup>1</sup> These National Development Plans focused on policies, programmes and projects aimed at social justice and equality in the society. The NDP was replaced in 1994 by the Public Sector Investment Programme (PSIP).

Universal primary education has been reached and boys and girls enjoy free compulsory primary education and equal access to education from 3<sup>1/2</sup> to 16 years of age. The Education policy has recently been revised to focus on identified gaps in equity and parity between the sexes.

Seychelles Constitution ensures equal opportunity and protection for both men and women and several other policies and legislation are in place to promote gender equality and empower women. Nevertheless increasing trends in teenage pregnancies, violence against women, single female-headed households are of serious concern and must be addressed if the quality of life of Seychellois women is to be improved.

Seychelles has a good Primary Health Care Programme and both Child and Maternal mortality have been low for the past decade. Infectious and communicable diseases, such as HIV/AIDS, Malaria and Leptospirosis still pose a challenge and call for concerted and integrated actions for control and prevention. Lifestyle related diseases (cardiovascular and diabetes) are proving to be serious challenges. The Ministry of Health has adopted an integrated disease surveillance approach that will improve planning, resource allocation, early detection and response. Health Promotion and Education have been strengthened in order to promote healthy behaviour and lifestyles. Health continues to get a priority share of the national budget which is complemented by bilateral and multi lateral organisation. Considerable investment in capacity building in the health sector is required to sustain the achievements and address new and emerging issues.

With regards to environment sustainability, Seychelles is taking a pro-active role in creating the equilibrium between development and preservation of the natural resources. Seychelles achievements in environmental sector are many. The population is sensitised on everyday issues that constitute the protection of the environment.

## **CROSS CUTTING ISSUES AND CHALLENGES**

Seychelles success stories can provide hope to other countries especially the small island states, that the MDG goals, though ambitious, are indeed achievable. However because of the country's vulnerability as a small island state there are a number of constraints and challenges to sustainable development that have to be overcome.

- **Capacity Building**

The need for capacity building features under each goal. The small population base, brain drain and the cost of tertiary education all result in shortage of skilled manpower in every sector. Other factors such as the increase in foreign unskilled labour which has serious implications not only economically but also socially and culturally, coupled with low productivity, poor work ethics amongst Seychellois workers and a psychology of dependence may jeopardise the achievements reached so far.

Besides human capital there is also a pressing need for building up sectoral capacity to produce, analyse and use relevant statistics for policy, management and monitoring processes. The report also identifies the need for capacity building in terms of infrastructure, facilities, equipment and materials under each goal if the Millennium Development goals are to be achieved.

- **Monitoring and Evaluation Mechanism**

An effective mechanism to provide a framework for integrated monitoring of policies / actions and achievements with respect to the MDGs is also lacking. Linked to this is the absence of an agreed set of national indicators or targets for measuring progress.

- **Coordination Mechanism**

Also lacking is a mechanism for coordinating development at the national level. Both the EMPS and the Social Development Division are promoting an integrated approach to development however in practice this is far from being a reality. Priorities are still being developed at sectoral level with little coordination in terms of planning and resource allocation. At the time that the NMDG report was under preparation two other national progress reports were also being finalised viz: the Barbados+10 and ICPD+10. The Social Development Division (SDD) in the Ministry of Social Affairs & Employment was also preparing a conference to develop National Plans of Action for Social Development (NPASD). Although there was some level of involvement of the same people in all three reports each report preparation was seen and treated as a separate exercise with little if any coordination at the national level.

- **Partnership for Development**

Achievement of the MDGs requires sound partnership at all levels. At the national level communities, civil society and the private sector have a key role to play working in partnership with government to achieve the goals. The past decade has seen increased recognition of NGOs as potential partners. The Liaison Unit for NGO in Seychelles is represented on many national bodies but there is as yet no effective framework for Govt/NGO collaboration. An NGO-Government workshop was held in 2000 to develop and agree such a framework but to-date there has been no follow-up to the recommendations made by the Workshop. Nevertheless NGOs continue to play a very active role in certain areas especially in health, social welfare and environmental management and protection. The need for government to facilitate an enabling environment in which civil society can operate fully is becoming more and more urgent.

The move to multi-party democracy in 1991 also heralded a shift in governmental strategy in relation to the private sector as government introduced more market oriented policies and withdrew from direct economic activities. Under the recent Macro-Economic Reform Programme (2003) government intends to provide the necessary environment for the private sector through trade liberalization and further privatisation of government assets.

At the global level Seychelles is unfortunately a victim of its own success. According to Human Development Report (2003) official development assistance has decreased from 10.1% of GNI in 1990 to 2.4% in 2001 and Seychelles is now expected to be a net contributor to international organisations. This has resulted in Seychelles having to pull out of some international and regional organisations since it cannot afford to pay its contributions.

Seychelles' report highlights that achieving the Millennium Development goals and targets requires sound people-centred policies managed in a judicious manner on the basis of clear and focused priorities with specific measurable targets and outcomes. As the goals are achieved and quality of life improves the peoples' aspirations and expectations are also raised thus creating new demands. Small island states like Seychelles need continued support from the global community in order to sustain their achievements and address the new and emerging issues and challenges.

## SEYCHELLES: DEVELOPMENT CONTEXT

**Table 1.1: Key Development Indicators**

Indicators	Year	Value
Population size	2000	81131
Age Distribution %		
0-14	2000	26.3
15-63	2000	66.5
63 and over	2000	7.3
Dependency Ratio	2000	50.4
Sex Ratio (per 100 females)	2000	98.5
Total Fertility Rate	2000	2.1
Population growth rate (%)	2000	0.1
Life expectancy at birth (yrs)	2000	72.4
GNP per capita (US \$)	2002	8000
Human Development Index (rank)	2000	36
Percentage of Population below national poverty line	2000	16
Population with access to drinking water supply	2000	82.9
Population with access to sanitation	2000	
Percentage of underweight under-five children	1997	10
Adult literacy rate (%)	2000	90
Net enrolment rate in primary education (%)	2000	99.6
Ratio of girls to boys in primary education (%)	2000	0.97
Under five mortality rate (per 1,000 live births)	2000	9.2
Maternal mortality rate (per 100,000 live births)	2000	26.8
Percentage of population relying on traditional fuels for energy use	2002	1.0

Source: Management Information Systems Division (MISD): Seychelles Human Development Index (2003): UNDP

### Demography

Seychelles population estimated at 81,177 in 2002 is characterised by a slow growth rate, low births, low mortality and is affected by external migration. The number of births has shown a decline in the 1990's reaching its lowest in 1998 (1412). The Total Fertility Rate (TFR) has also decreased from 2.7 in 1990 to 2.1 in 2000 when it fell below replacement level. Good family planning programmes, economic improvement, free education / health and increase in female labour participation have contributed to low fertility rate. The Crude death rate has also continued to decrease from 7.8 in 1990 to 6.8 in 2000.

### Social Development

Seychelles social progress is very encouraging. With per capita income at approximately US \$ 8000 in 2002, the highest in Sub-Saharan Africa, Seychelles has very good social indicators and is ranked 36<sup>th</sup> in the world in the Human Development (2003) Report.

Provision of health and education services has been given top priority with expenditure in these sectors representing in 2002 3.9% and 4.1% of GDP respectively. Life expectancy is 68.3 years for men and 74.1 for women, and infant mortality fell from 43 per 1000 in 1978 to 9.2 per 1000 live births in 2000. Significant progress has been made in combating

infectious diseases and malnutrition, through a network of district and regional health centres providing a range of free services from general medical care, pre-natal and post-natal care to dentistry. However non-communicable diseases such as myocardial infections, cancer, and diabetes are proving a growing challenge.

Education is provided primarily by the Government and is tuition and text-books free for all Seychellois. Students are required to pay for some facilities, such as school uniforms, bus fares and meals, all of which are still subsidized by the Government. Roughly 19.6% of public expenditure was budgeted for education in 2000.

The country has also made substantial progress in reducing poverty. A poverty assessment study carried out by the World Bank (1994)<sup>2</sup>, estimated 18 percent of households as living below the basic poverty line of R900 per month and 6 percent were considered as in absolute poverty with monthly income of R500 per month. No further comprehensive study on poverty has since been carried out however a Household Expenditure Survey undertaken in 1999/2000 estimated that around 16% of all households were spending below the minimum per capita expenditure estimated at SR 841 per month. It is recognised that there are methodological and other limitations in using income and expenditure to estimate poverty.

### **Macro-economic Development**

The overall economic performance of Seychelles has been modest in recent years, with a 4 % GDP growth recorded in 2000. Despite being classified as an upper-middle income country with an estimated per capita GNP of US \$ 8000, in 2002, Seychelles has encountered overall macroeconomic management issues that have affected the economic development of the country.

In an attempt to redress some structural problems especially economic management the government introduced more market oriented policies in early nineties and started to withdraw from direct economic activities. Consequently, the government has withdrawn from the tourism sector through outright privatisation of state owned hotels or the award of management contracts to private companies. In the manufacturing sector the Government has successfully divested its holdings in some of the largest Seychellois enterprises such as Indian Ocean Tuna (IOT). However, the government still holds significant interests in the manufacturing sector, the food industry and the service sector and has the monopoly on imports of some foodstuff through the Seychelles Marketing Board.

In the latter half of the 90's considerable efforts were made to attract more foreign investment to Seychelles. Legislation to promote domestic and foreign investment in Seychelles has been enacted accordingly, providing fiscal and other incentives for investors. As a result, during 1997 activity within the offshore sector continued to surge ahead in line with the government's plan to make the offshore sector the third pillar of the economy. Offshore registration increased to a record level, as Seychelles remained one of the fastest growing offshore centres in the world and was largely due to the enhanced promotional efforts of the Seychelles International Business Authority (SIBA).

The investment by Heinz in the Indian Ocean Tuna (IOT), has been the engine of growth in the manufacturing sector while large investment in public infrastructure formed the

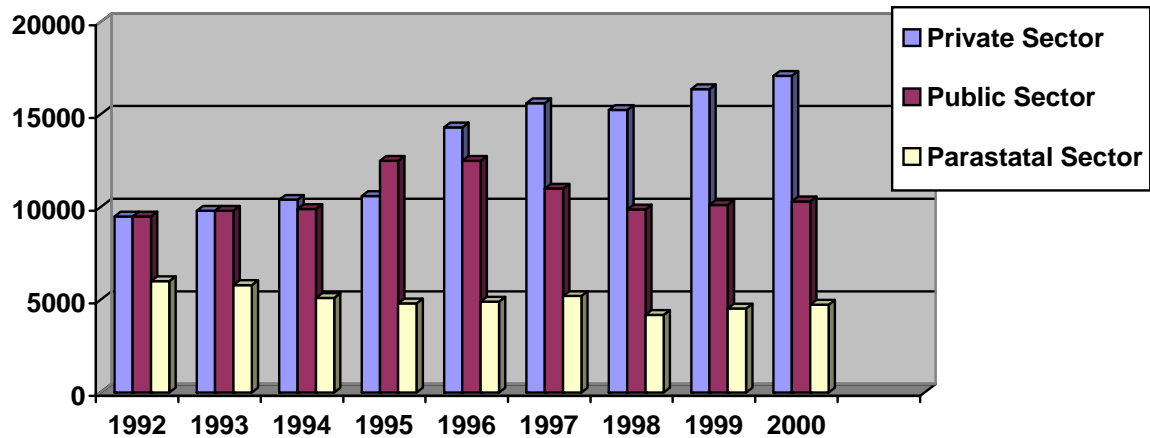
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<sup>2</sup> Poverty in Paradise: World Bank 1994

cornerstone for expansion in the construction industry. In contrast, agriculture and non-government services declined during the same period.

Government retrenchment and privatisation also changed the sectoral distribution of employment. Employment in the private sector increased by 11 %, while government sector employment decreased by 8.79% in 1997. The private sector continues to be the main employer, a trend which it is hoped will continue in the light of the new Macro-Economic Reform programme which came into effect on 1<sup>st</sup> July 2003.

**Figure 1.1: Employment by Sector from 1992 – 2000.**



Source: Management Information Systems Division (MISD)

With tourism being the main foreign exchange earner economic growth is closely linked to development in the tourism sector. Since 1990 the gap between official tourism receipts and stimulated tourism receipts has continued to widen as more and more foreign currency is being exchanged on the parallel market. Foreign exchange control measures were introduced in 2000 and the situation is being closely monitored.

Being an economy with high dependence on imports, demand pressures are translated into increased import demand. As a result, the supply and demand for convertible currency has manifested in growing parallel markets and declined foreign reserves. Many economic agents have experienced difficulty in getting imported inputs owing to the shortages of foreign exchange. Foreign exchange shortages remain a major constraint for private sector development despite well meaning de-regulations and liberalizations. Persistent practices such as heavy domestic borrowing to finance ever-increasing budget deficit also crowded out the private sector.

In the light of the above, a Macro-Economic Reform Programme (MERP) was deemed necessary to correct fundamental macro-economic imbalances. The main elements of MERP are fiscal tightening (limiting public expenditure), increasing government's revenue, privatisation of government's assets, trade liberalisation and external debt restructuring.



### **Constraints to Development**

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. These factors lead to forced specialization (tourism & fisheries) and heavy reliance on external resources, be it in consumer produce, tourism or capital inputs, rendering the economy highly vulnerable to external shocks like the unpredictable Gulf War, when tourism arrivals declined by 13.7%.

Another major constraint arises from the limited supply of qualified labour. As the limited size of the population prohibits the setting up of tertiary education establishment, most tertiary education is carried out overseas and often at very high costs. The narrow labour market also hinders long-term professional development. The country often has to rely heavily on expatriate labour giving further rise to heavy leakage of scarce foreign exchange.

The decline in Official Development Assistance and Technical Assistance has placed undue financial burden on the government's budget and has contributed to the negative implications on the balance of payments and continuity of development efforts.

Seychelles attempts to increase its inflow of foreign exchange have not been easy. Turning Seychelles' economy into an export-oriented economy is not a simple task. Diseconomies of scale, remoteness and isolation from major markets, dependence on a narrow range of resources, limited diversification and capacity, and an open economy vulnerable to exogenous shocks are some of the factors which limit Seychelles' engagement in sustainable trade practices.

Judicious management of the limited resources coupled with the creation of an enabling environment for private and foreign investment to proliferate makes the task of pursuing sustainable development even more challenging.

## Goal 1

## Eradicate Extreme Poverty and Hunger

### Target 1

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

Indicator	1994	2000	2015
Proportion of population below national poverty line	18	16 <sup>3</sup>	9

*Source: World Bank Poverty Study (1994)  
Management Information Systems Division (MISD)*

### Status and Trends

There is no reliable data to indicate how many people, if any, are living below \$1(ppp) per day in Seychelles. A Household Income and Expenditure Survey conducted from August 1999 to August 2000 obtained data from over 800 households on Mahé, Praslin and La Digue to assess current expenditure patterns, estimate average monthly household expenditure and income and provide an approximate measure of the country's wealth distribution.

Taking into account expenditure on only the basic necessities of food, water and shelter, the minimum level of expenditure per person was estimated at R841. Around 16% of all households were spending below that minimum level. The majority of these households consisted of five or more persons. 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 set at SR500 (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. It has been argued that there are methodological and quantitative limitations in using purely income-based data from the Household Expenditure Survey to assess poverty for it fails to take into consideration the social and cultural context, for example the extended family, community and informal networks.

It can be said that absolute poverty ostensibly does not exist in Seychelles because of a social welfare system in place which provides special protection for those who may be vulnerable and disadvantaged because of their age, gender, disability etc. It is nevertheless generally accepted that though the standard of living and quality of life of the Seychellois people have improved significantly during the period covered by the Report pockets of poverty still exist in Seychelles. In his study (1996)<sup>4</sup> Sinon concluded that these pockets of poverty include

- Single women-headed households - predominantly teenage mothers who dropped out of school hence have no marketable skills.
- The hidden poor – These are mostly the young and older generation who may not be aware or who choose not to avail of the social welfare programmes / benefits available
- The seasonally unemployed – Fishermen, stevedores and small farmers whose income vary according to the nature of their jobs.

<sup>3</sup> This is based on Household Expenditure Survey of 1999/2000 which estimated the minimum level of expenditure per person at SR 841

<sup>4</sup> "Seychelles Poverty Study"

Teenage pregnancy, alcoholism, domestic violence, broken homes resulting in single female-headed households and unemployment are among the multitude of factors contributing to poverty in Seychelles. It is also clear that like in other countries poverty in Seychelles seems to have a feminine face.

Poverty alleviation is one of the main objectives of the national Social Development Strategy (1999) however there is still a need to develop a poverty monitoring mechanism which will start by defining what poverty means and ascertain its extent in Seychelles.

### **Challenges**

The biggest challenge for Seychelles, if it is to achieve this development goal, is to tackle the poverty issue in a comprehensive and integrated manner since the factors contributing to it are interrelated and complex. Creation of more employment for the vulnerable groups (unskilled women and young people) currently on unemployment relief must go hand in hand with an education and other empowerment programmes that aim at changing attitude toward work, increasing productivity and reducing the prevailing abuse and psychology of dependence. To that end participation of NGOs and the private sector should be increased.

As we embark on a Macro-Economic reform programme aimed at reducing public expenditure there is some apprehension that this may result in restricting access to the welfare programmes leading to social exclusion for the most vulnerable (single women-headed households, unskilled youth and others). It is therefore critical that an appropriate mechanism be put in place to monitor the impact of the Macro-Economic Reform Programme especially on those vulnerable/disadvantaged groups. Improved targeting and planned resource allocation are also crucial in ensuring that the vulnerable and disadvantaged do not end up in a poverty trap.

### **Supportive Environment**

The Seychelles Government is committed to eliminating poverty and the Constitution ensures and safeguards fundamental human rights to free access to education, health, housing, to name a few.

The Social Welfare system in Seychelles aims to ensure that all Seychellois enjoy an adequate standard of living. Special emphasis is given to those who are considered less fortunate to ensure that they do not live in poverty. The range of benefits and services provided that directly or indirectly benefit Seychellois families include old age pensions, sickness benefits and special assistance programmes for disadvantaged groups, such as the chronically ill, the physically and mentally disabled.

Over and above these social benefits other schemes and programmes like Unemployment Relief Scheme, Apprenticeship Scheme have been established to ensure that the unemployed, young and old can develop the skills or get assistance so they can be gainfully employed and thus avoid the poverty trap.

### **Priorities for Development Assistance**

- **Skills development**

Project funding and technical assistance in the area of skills development is needed in order to ensure that women and young with no marketable skills can be equipped with the necessary skills, including life skills to meet the needs of the society.

- **Employment Creation**

Seychelles also need to work closely with organisations like ILO in the development of an informal sector which would be able to generate employment especially at community level.

- **In-depth Poverty Study**

Assistance is also required to undertake an in-depth poverty study to define and assess the extent and pattern of poverty in Seychelles and to draw up a Poverty Alleviation Plan.

- **Information, Education and Communication (IEC)**

As part of a process of empowerment to reduce a psychology of dependence and in general increase productivity Information, Education and Communication strategies must be developed and external assistance is required in this area as well.

- **Capacity Building**

Capacity building both in terms of human and other resources is required at all levels and in all sectors so as to tackle the poverty alleviation objective in a comprehensive and holistic manner.

### **Monitoring and Evaluation Environment**

While there is a potential capacity both human and material to gather the required data for monitoring this goal there is as yet no systematic mechanism for the analysis of such data or for their subsequent incorporation in policy-making or programme development. It is hoped that strengthening the Social Development Division in the Ministry of Social Affairs and Employment will be critical to improving the effective monitoring of this goal.

<b>Elements of Monitoring Environment</b>	<b>Assessment</b>		
Data-gathering capacities	Strong	<b>Fair</b>	Weak
Quality of recent survey information	Strong	<b>Fair</b>	Weak
Statistical tracking capacities	Strong	<b>Fair</b>	Weak
Statistical analysis capacities	Strong	Fair	<b>Weak</b>
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms	Strong	Fair	<b>Weak</b>
Monitoring and evaluation mechanisms	Strong	Fair	<b>Weak</b>

### **Target 2**

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

<b>Indicators</b>	<b>1997</b>	<b>2000</b>
Per capita daily caloric intake of dietary energy consumption	2360	
Percentage of births weighing less than 2500 grams	10%	

*Source: Health Information Systems – Ministry of Health*

### **Status and Trends**

There is no meaningful data readily available to monitor this target and measure the food security status of the population of Seychelles since food security is not just about food production but also food imports, food storage and nutrition. The issues concerning food security are also complex and varied Information relating to food security are presently scattered in various ministries and organisations making accessibility to such information

limited. In general it can be said that in Seychelles everyone has both the physical and economic access to sufficient food to meet their dietary needs for a healthy and productive life. This is ensured through local production supplemented by imports of both crop and meat products. Government is committed to increase food security and the Agriculture Policy 2001 – 2010 aims to achieve a higher level of food security through sustainable local agricultural production.

According to statistics from the Ministry of Health under-nutrition seems to be under control. In 1997 only 10% of births weighed less than 2500 grams and the per capita daily calorie intake was 2360. A recent study undertaken by the Nutrition Unit in the Ministry of Health suggests that malnutrition especially in the form of over-nutrition (excessive energy intake), is on the increase. Obesity rates are increasing in both children and adult population. This is reflected in the increase in prevalence of cardio-vascular diseases, diabetes, cancer etc. Diets are normally low in fruits, vegetables and fibre starches and high in fatty and sugary foods.

### **Challenges**

Meeting the nutrition needs of the population is in itself a complex challenge. A rise in standard of living coupled with increase in tourist arrivals result in a rise in demand for food. Limited arable land and water resources combined with exogenous factors such as climate change are constraints resulting in an increase in food imports to meet this increased demand. This heavy reliance on food imports makes food security vulnerable to global fluctuations in commodities or fuel prices.

Developing an integrated approach is also a real challenge. During the period covered by this report the situation was characterised by a lack of a Food & Nutrition Policy, and weak linkages between key stakeholders. This meant that there is a lack of the necessary mechanism to incorporate and integrate a comprehensive range of critical and relevant data on all aspects of food security. In turn this situation jeopardises the development of effective policies and formulation of effective programmes for improved food security.

Effective Information Education and Communication (IEC) strategies are also critical at all levels and in all sectors for it is recognised that improving efficiency in food production will not succeed without changes in consumption patterns.

### **Supportive environment**

Notwithstanding the afore-mentioned challenges the government has a clear and focused commitment to ensure that everyone has adequate food. The Agriculture Plan 2001 – 2010 has as objective the achievement of food security through sustainable agriculture. There are many other policies which have impacted positively on food security. For example the Seychelles Marketing Board plays a primary role in importing, manufacturing production, storage and distribution of food and essential goods. One of Seychelles Marketing Board's aims is "Securing long term supply of essential goods at stable economical prices."

Government's efforts to increase food security are also reflected in other sectors like education where both the Farmer's Training Centre and the Maritime Training Centre have noted an increase in intake over this report period.

The Ministry of Health maintains national surveillance on the nutritional status of infants and children and liaises actively and closely with other key stakeholders responsible for food safety, quality control on importation, food security and distribution.

The natural environment is such that everyone will be able to find something to eat. Extended family networks and community spirit still exist and also help in providing a supportive environment.

### **Priorities for Development Assistance**

One of the key areas for development assistance is capacity building both in terms of human capacity and other support.

Technical assistance is also required for developing an appropriate framework for monitoring and evaluating food security and nutritional status. This will involve strengthening the linkages between the many stakeholders concerned with food security.

Assistance is also required to strengthen IEC health promotion and prevention programmes aimed at promoting sustainable consumption patterns.

### **Monitoring and Evaluation Environment**

<b>Elements of Monitoring Environment</b>	<b>Assessment</b>		
Data-gathering capacities	Strong	<b>Fair</b>	Weak
Quality of recent survey information	Strong	<b>Fair</b>	Weak
Statistical tracking capacities	Strong	Fair	<b>Weak</b>
Statistical analysis capacities	Strong	<b>Fair</b>	Weak
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms	Strong	<b>Fair</b>	Weak
Monitoring and evaluation mechanisms	Strong	Fair	<b>Weak</b>

## Goal 2

## Achieve Universal Primary Education

### Target 3

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

#### Indicators

	1990	1995	2000
<b>Net Enrolment Ratio</b>	99.9	100	100
<b>Pupils starting grade 1 who finish grade 5</b>	100	100	100

*Source: Education Planning Section- Ministry of Education & Youth*

#### Status and Trends

Seychelles has achieved universal primary education and equality of access to schools and education programmes. The country has established a comprehensive system of co-educational schooling which is compulsory for children from the ages of 6 to 16. Net enrolment ratio in primary education was 100% in 2000. Primary education is in the main provided by the State and is “free”<sup>5</sup> for all Seychellois. Since 1990 there has been a growth in private sector investment in education. The 2 private fee-paying schools and one embassy – affiliated schools are attracting a significant number of pupils.

Although crèche (pre-primary) education is not compulsory, almost all children between the ages 3 and a half and 5 and a half are attending crèches which are normally adjacent to and form an integral part of the district primary schools.

Education statistics do not show any access differential by district or region, income or status. Schools are zoned and children in general attend the school in the district where they live. Under the Education Act special provisions are made with respect to children with special needs like the disabled. A School for the Exceptional Child exists on Mahé to cater for the education needs of the disabled however no such facility is available for children on the other islands including Praslin and La Digue.

Literacy rate between the 15 – 24 year olds is high as shown in Table 2.1. In fact it is estimated that 92% of the population is currently literate. The Ministry of Education aims to raise this to 100% by 2010.

**Table 2.1: Literacy Rate 15 - 24 years olds**

Year	1990	1995	2000
<b>Female</b>	95.0	97.0	99.0
<b>Male</b>	95.0	96.0	98.0
<b>Female &amp; Male</b>	95%	96%	98%

*Source: Education Planning Section- Ministry of Education & Youth*

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<sup>5</sup> Tuition and text books are free.

## **Challenges**

As noted earlier in terms of the indicators it can be said that Seychelles has attained the goal of universal education. The biggest challenge relates to the sustainable provision and qualitative development of education that would effectively address the many dimensions of inclusion, so that all learners, irrespective of circumstances have a fair chance of completing schooling and training with adequate knowledge and skills to be able to meaningfully contribute to and participate in the Seychellois society throughout their lives. The main constraints to these interventions relate principally to streaming at the Early Childhood and Primary Schools level and to teacher shortages.

Although boys and girls have equal and free access to virtually all levels of education and training, it is recognised that there is gender imbalances in performance between boys and girls at the primary schools level. Redressing gender balance in performance within general education and providing equal opportunities for access to post-secondary education are among the objectives of the new Education Policy.

The number of children, mostly girls, who complete the compulsory 10 years of education and still find themselves with no skills to enter the labour market seems to be growing and is an area of grave concern. In line with the principle of education for empowerment which underpins the new education policy, serious steps will need to be taken in collaboration with other stakeholders to ensure that the youth are equipped with not only the skills but also the right attitudes to find gainful occupation. Constraints to efforts in this direction include the high cost of imported teaching / learning resources and the limited local capacity to develop pedagogically sound teaching / learning materials for the diversity of learner needs.

These interventions notwithstanding, the need for effective and competent teachers to better promote inclusive education remains a priority concern at all levels of educational provision. This is reflected by the relatively high number of untrained teachers; the heavy dependence on expatriate teachers, the un-popularity of teaching as a career option for many school leavers and the generally low intake at the National Institute of Education.

## **Supportive Environment**

Seychelles has in place the necessary legal framework, policies and institutional structures to support an integrated system of education for all and be able to accommodate learner diversity.

Through a number of key provisions Seychelles' Constitution recognises and safeguards education as a fundamental human right. Furthermore the Constitution clearly establishes the conditions under which the State will guarantee the fundamental right to education to all it's citizens:

- a) *to provide compulsory education which shall be free in State Schools, for such minimum period, which shall not be less than ten years , as may be prescribed by law.*
- b) *to ensure that the educational programmes in all schools are aimed at the complete development of the person.*

The non-discriminatory provisions of the Constitution are especially important in establishing the framework for inclusion and in preventing learners from being discriminated against on any basis including basis of disability or language.



### **Policy on Education**

The Education Policy outlines the principles on which the provision of education as a fundamental right is based. Up until 2000 these guiding principles were Education for All, Education for Life and Education for Personal and National Development. In 2000 a revised policy came into being based on new and emerging needs in education and society at large. Education for A Learning Society (2000) as the new policy is known is guided by the principles of **Equity, Quality and Accountability**. The Education Act has been reviewed to reflect these changes.

### **The National Curriculum Framework**

The Education Strategic Plan is complemented by the Education For All National Plan of Action: 2001 – 2015 (2001) within the context of the Dakar Framework of Action (2000) as a further re-affirmation of the national vision and collective commitment to pursue a broad-based strategy of ensuring that the learning needs of every child, young person and adult are adequately addressed.

The Seychelles Curriculum Framework (2001) describes the components which are fundamental to teaching and learning in Seychelles schools specifying the content of the National Curriculum in terms of Essential Learning Areas and describes in broad terms the main learning objectives of each area. It outlines the essential skills that should be developed by all students and indicates the desirable attitudes and values to be promoted through the curriculum. The framework also outlines the policy for assessment at school and national level.

Government's commitment to the provision of a quality education for all is reflected in the fact that education continues to get priority share of public expenditure. In 2000 the budget for education represented 19.6 % of total public expenditure.<sup>6</sup>

### **Priorities for Development Assistance**

- **Schools Improvement Programme**

In order to upgrade educational facilities and provide a quality education the government has embarked since the early 90s on a school improvement programme. Funding in the forms of loans and grants is required to pursue the programme.

- **Capacity Building**

Capacity building at Early Childhood and Primary levels is also required for teacher training and the development of resources and facilities to ensure teachers' continuous professional development.

### **Monitoring and Evaluation Environment**

The Ministry of Education is adequately equipped both in terms of staff and facilities to monitor and keep track of improvements in primary education. The capacity to analyse and incorporate statistics in policy and planning and resource allocation is also strong as indicated below.

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<sup>6</sup> Source: Seychelles in Figures (2000)

**Elements of Monitoring Environment  
Assessment**

Data-gathering capacities	<b>Strong</b>	Fair	Weak
Quality of recent survey information	<b>Strong</b>	Fair	Weak
Statistical tracking capacities	<b>Strong</b>	Fair	Weak
Statistical analysis capacities	<b>Strong</b>	Fair	Weak
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms	<b>Strong</b>	Fair	Weak
Monitoring and evaluation mechanisms	<b>Strong</b>	Fair	Weak

### Goal 3

### Promote Gender Equality and Empower Women

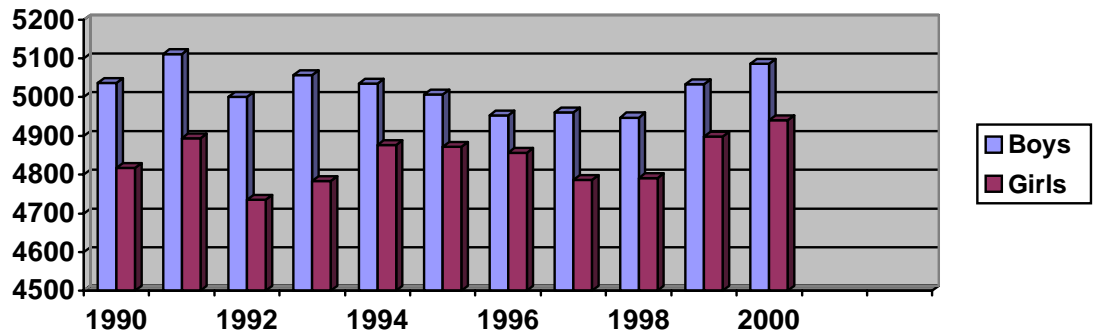
#### Target 4

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

#### Status and Trends

Equality of access to education has to a large extent been achieved and is not a problem in Seychelles.

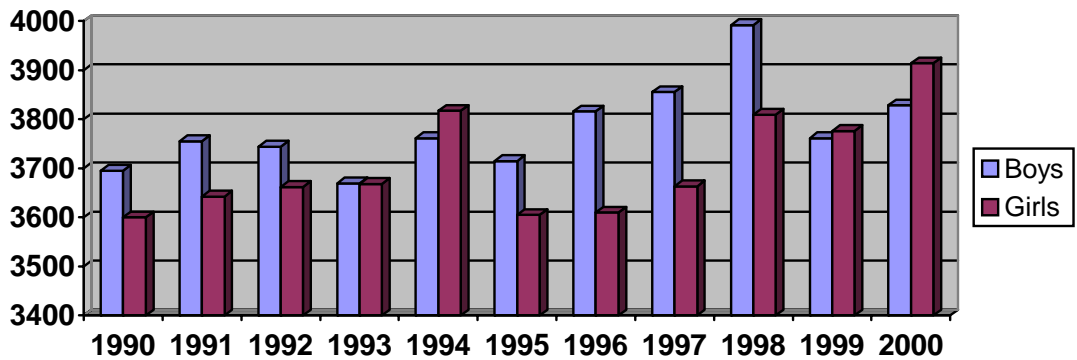
**Figure 3.1: Ratio of girls to boys enrolled in Primary Education.**



*Source: Education Planning Section- Ministry of Education & Youth*

The policy of free and compulsory education for all has ensured that both boys and girls between ages 6 to 16+ have access to primary and secondary schooling.

**Figure 3.2: Ratio of girls to boys enrolled in Secondary Education.**

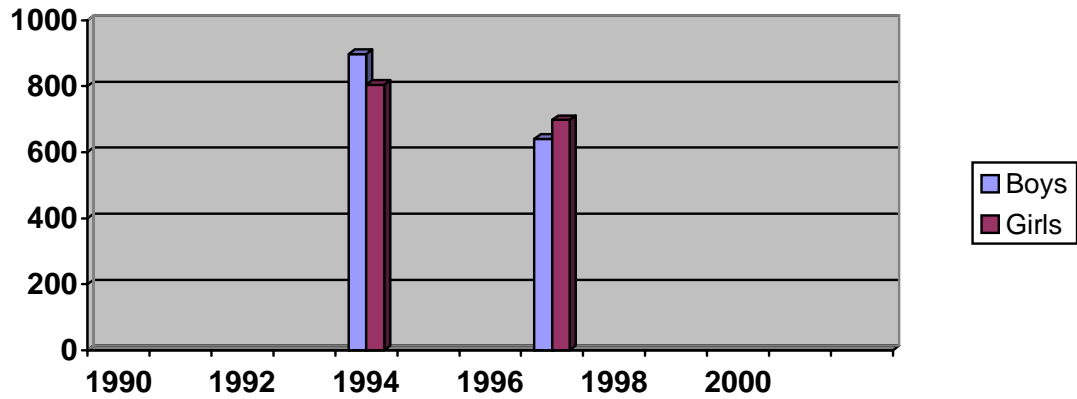


*Source: Education Planning Section- Ministry of Education & Youth*

Almost 100% of children within this age category attend school. The differential impact of education and training on boys and girls is an area of concern and is being studied.

Girls continue to be well represented even at post secondary and tertiary levels though the distribution of boys / girls in post secondary is still following gender stereotypes.

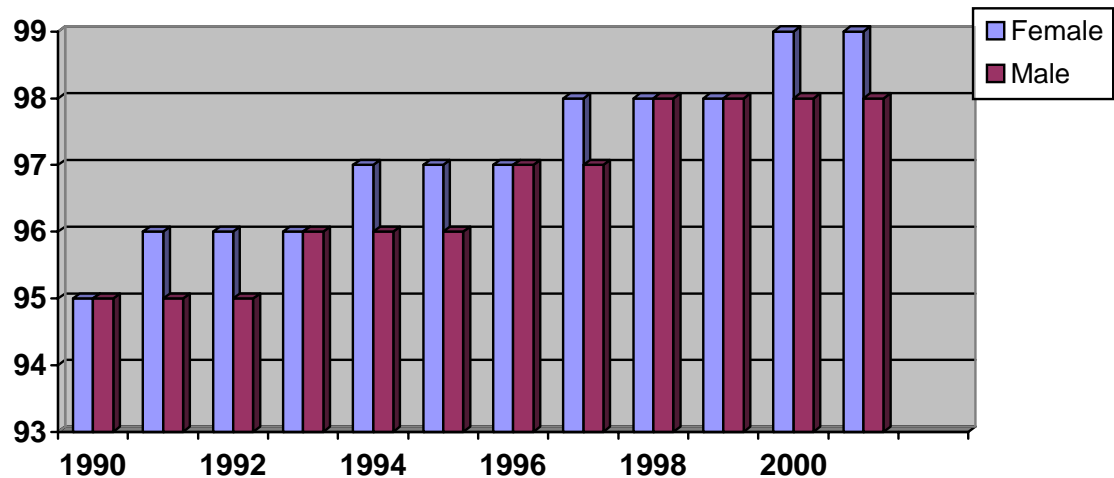
**Figure 3.3: Ratio of girls to boys enrolled in Tertiary Education.**



*Source: Education Planning Section- Ministry of Education & Youth*

Girls are still under-represented in the technical and vocational areas. There are however some encouraging signs, for example the fact that the percentage of girls following maritime studies went from 4% in 1994 to 16% in 2002. In the same period the percentage of girls in Engineering & Construction increased from 0% to 8%.

**Figure 3.4: Ratio of literate female to male, 14-24 year olds.**



*Source: Education Planning Section- Ministry of Education & Youth*

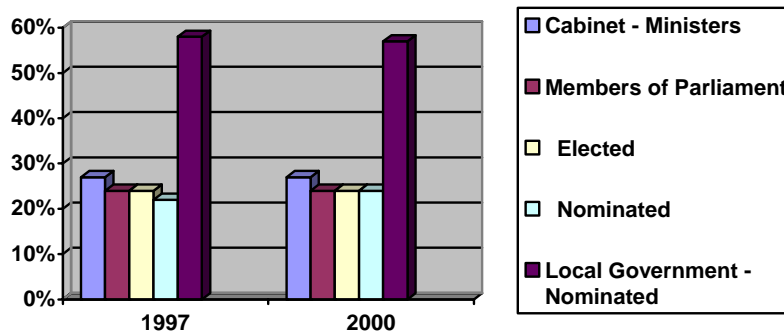
## Women Empowerment

Important strides have been made in transforming the conditions of women for fuller participation in development. The constitutional rights of women, among others, include the right to own property including land, the right to equal protection by law, the right to education without discrimination and equal opportunity to employment. Laws have also been enacted in favour of women, e.g. payment of alimony or maintenance under the Family Tribunal Maintenance Act.

To enable women to take up full time employment while fulfilling their family responsibilities, Government has built day care facilities and also encouraged private individuals to set up businesses in this area. Maternity benefits were extended to a total of 12 weeks paid maternity leave and two weeks to be taken before delivery. Government has also provided the enabling environment – credit, land, etc. for women to go into business.

Women's representation at decision-making levels is significant. In 2000 women made up 27% of Cabinet Ministers, 24% of elected Members of Parliament and 57% of representation at local government level. The general pattern of male and female labour force however remains the same. Women continue to have lower status jobs and are clustered in unskilled and lower paid occupations. Women still represent over 60% of jobseekers.

**Figure 3.5: Percentage of Women in Decision- making Positions**



*Source: Management Information Systems Division (MISD)*

## Challenges

Gender stereotypes still prevail and women tend to be over-represented amongst the unskilled job seekers. Encouraging women to diversify their skills and enter traditionally male-dominated occupations is not easy.

Another serious challenge to empowering women is related to domestic violence, which is increasingly of concern, though the full extent of the problem has not been sufficiently analysed or understood. A stigma of silence surrounds the issue and there is a lack of research into the causes of violence. The first serious study on violence against women in Seychelles is contained in a national report entitled 'Prevention and Eradication of Violence against Women and Children' published by the Seychelles Institute of Management in 2002 and funded by SADC. The study maintains that violence against women is a serious and growing problem in Seychelles.'

A lack of clear understanding of gender and its role in development can pose a threat to the achievement of gender equality in Seychelles. Although there has been some public discussion of gender and the need to integrate gender into population policies, there has been

insufficient sensitisation and public debate on gender goals contained in international documents. Policy makers, planners and the general public need to be fully sensitised in order to be gender aware and gender sensitive. The challenge is to get across the message that the harmonious development of both genders is the key to sustainable development, and that the differing needs of men and women need to be discussed and agreed upon in a spirit of respect and mutual understanding.

The lack of a national gender coordinating body to develop a coordinated plan of action and monitor gender progress is another major challenge which needs to be addressed if Seychelles is to achieve gender equality and empowerment of women.

A question raised is whether empowerment of women has improved women's quality of life. Social indicators like violence against women and teenage pregnancies seem to suggest otherwise.

### **Supportive environment**

The Constitution of Seychelles guarantees equal rights and protection for both men and women. Education and employment laws in Seychelles are strictly non-discriminatory and guarantee equal access and opportunities in education and employment to women and girls. Women have the same property rights, rights to inheritance and to acquire nationality as men.

Responsibility for the gender portfolio has shifted back and forth from various ministries over the past ten years. In 2002, responsibility was transferred to the Social Development Division within the Ministry of Social Affairs and Employment. The unit remains currently under-staffed and under-resourced. The National Gender Steering committee set up in 1993 was active in implementing post-Beijing recommendations, but has been inactive since 1998, because of the movement of key people committed to gender.

Policies pertaining to human resources have been reviewed and amended to encourage the maximum participation of women in employment. The employment laws make provision for any individual who feels discriminated against on the basis of sex to appeal to relevant authorities.

Gender has been mainstreamed in all management courses at the Seychelles Institute of Management and human resource development officers have been trained to recognise and remove all forms of discrimination in the management of human resources.

NGOs like the Association of Solidarity for the Family (ASFF) have organised training workshops on budgeting and bookkeeping for women and educated families on the advantages of home-based revenue generating activities and cottage industries to help in economic self-sufficiency.

Seychelles has ratified most of the international conventions and instruments relating to women and their empowerment among these is the Convention for the Elimination of Discrimination against Women (CEDAW) ratified in 1992. The Government has also made continuous efforts to introduce reforms according to international mandates, to review laws that discriminate against women and girls and to introduce new measures that give further protection to girls and women in a modern and rapidly evolving society.

The 1996 amendment to the Penal Code and the setting-up of the Family Tribunal in 1998 have provided victims of violence (95% of whom are women) with greater protection under the law and quicker action on their cases. The Family Violence (Protection of the Victims) Act enacted in 2000 allows victims of actual or threatened violence to appear in front of the

Family Tribunal to ask for protection from the perpetrator. The Penal Code<sup>7</sup> section 130-153 now acknowledges the existence of marital rape and makes it possible to prosecute the husband for rape in marriage.

### **Priorities for Development Assistance**

In order to further improve the status of women in Seychelles, there is a need for both financial and technical assistance from the international community to:

- Commission more qualitative and participatory research to understand social and cultural factors influencing persisting inequalities among boys/girls and men/women in Seychelles.
- Research on the quality of life of men and women will also be informative and useful for developing more gender sensitive policies and programmes.
- Mount national sensitisation programmes involving policy and decision makers and other professionals and practitioners in all sectors
- Assist in building capacity of the National Gender Monitoring Committee and the Gender Unit in the Social Development Division (Ministry of Social Affairs & Employment) with the necessary resources (human and material and physical) to carry out their functions in relation to gender.
- Promote and develop a more structured framework to facilitate consultations on an on-going basis with NGOs working on programmes and policies related to the ICPD and Beijing programmes of action.

### **Monitoring and Evaluation Environment**

Seychelles capacity to track gender equality and women empowerment is generally weak. The lack of disaggregated qualitative data for specific gender dimensions is a major drawback in efforts at monitoring progress. Demographic and socio-economic developments are rapidly changing gender relations and dynamics. The availability of reliable data is essential and collection systems and processes urgently need to be gender sensitised. There is also a lack of qualitative research on stereotyped attitudes and perceptions that are impeding progress in spite of facilitative legal frameworks and measures put in place by government.

The need for clear, quantifiable indicators of progress for equality, equity and empowerment, specific to Seychelles and reflecting the country's stage of development is also recognised. Attitudes of complacency based on narrow and obsolete indicators reinforce the message that 'women are doing alright' and restrict the search for new outcomes-based indicators of progress.

<b>Elements of Monitoring Environment</b>	<b>Assessment</b>		
Data-gathering capacities	Strong	Fair	<b>Weak</b>
Quality of recent survey information	Strong	<b>Fair</b>	Weak
Statistical tracking capacities	Strong	Fair	<b>Weak</b>
Statistical analysis capacities	Strong	Fair	<b>Weak</b>
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms	Strong	Fair	<b>Weak</b>
Monitoring and evaluation mechanisms	Strong	Fair	<b>Weak</b>

<sup>7</sup> Seychelles Criminal Law

## Goal 4 **Reduce Infant Mortality**

**Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.**

### Indicators

	1990	1995	2000
Infant Mortality Rate per 1000 live births	12.9	18	9.3
Probability of dying before 5 <sup>th</sup> birthday	0.0189	0.0154	0.0118

Source: Health Information Systems Section, Ministry of Health.

### Status and Trends

The Infant Mortality Rate (IMR) in Seychelles is low, especially when compared to mainland Africa. The IMR was 12.9/1000 in 1990 and remained around this level until 1994 when it reached an all time low of 8.8/1000. In 1995 it rose to 18/1000 as a result of an unusually high number of premature births among young women and the deaths of some older babies, two cases due to parental neglect. In 2000 the IMR stood at 9.93/1000. A child's probability of dying before his/her 5<sup>th</sup> birthday is also low.

**Table 4.1 : Infant Mortality 1998-2000**

	1998	1999	2000
No: of infant deaths	12	14	15
Under -5 deaths	5	1	5

Source: Health Information Systems Section, Ministry of Health.

### Causes of Infant Mortality

The main causes of infant mortality are primarily respiratory distress followed by haemorrhagic and haematological disorders of foetus and newborn, pneumonia, congenital malformation of the heart and diseases of the digestive system.

The low under - five mortality rate is a reflection of a comprehensive primary health care system which has resulted in increased awareness of the importance of attendance at antenatal clinics by pregnant mothers, efficient ante- and post-natal services, well-trained gynaecologists and midwives at maternity wards and efficient family planning clinics. In Seychelles, almost 100% of women are attended by trained personnel during pregnancy and delivery and almost 100% of infants are also attended by trained nurses and health personnel.

### Teenage / Unwanted Pregnancies

Teenage pregnancies particularly among teenagers and women in their early twenties remains a serious challenge. Out of the 1582 births reported in 1995, 6 births were to females under 15 years of age and 212 to females aged between 15 and 19 years. Unsafe abortions often resulting in premature babies most at risk of dying due to infection and low birth weight are also of major concern.

Table 4.3 provides the figures, in three age groups, for two types of abortions for the year 2002.



**Table 4.3: Abortions by age group for 2002.**

Years of Age	15 - 19	20 – 24	25 – 29	30-34
Incomplete abortion	31	39	43	61
Missed abortions	2	12	29	17
Total no of abortions	59	81	107	113

### **Challenges**

It is obvious that Sexual Reproductive Health programmes have to be more aggressive and intensified if the figures on teenage pregnancies are to be reduced. Furthermore measures have to be taken to reduce the rate of abortions.

The operating health policy is to provide all health care services free at the point of use to all Seychellois and health has traditionally had a priority share of government expenditure. In the light of economic reforms recently introduced the challenge would be to ensure that the standard of services remains high despite budget cuts. Human, material and financial resources are all limited as a result of a marked reduction in government and bilateral funding. The latter hampered on occasions by the fixation of some donors with per capita income statistics.

Capacity building in health sector is another major challenge both in terms of human resource development and management (training and retaining more nationals to work in the health sector.)

### **Supportive environment**

Health is safeguarded as a fundamental human right in Seychelles' Constitution which also affirms the right of Seychelles' citizens to free primary health. The National Health Policy elaborates Seychelles government's commitment to attaining the goal of health for all citizens by the year 2000 and beyond.

Primary Health Care is the key to attaining the goal of health for all and it forms an integral part of the national health system. Primary Health Care is decentralised to district level and the Maternal and Child Health (MCH) Programme offers a range of services: Infants up to one year attend MCH Clinics once a month depending on the child's condition; every three months after 1 year and after 2 years every 6 months, again depending on the child's condition. The Extended Programme of Immunisation (EPI) has a 95% overall coverage in infants and children. There is no legislation forcing mothers to have their child immunised but tradition makes it that Seychellois mothers ensure that their children receive all the vaccinations that the Ministry of Health provides. Developmental Assessments from 6 weeks to 5 years is well followed through by parents. Growth monitoring is also part of the services offered by the MCH clinics. It is indeed the good management of services for infants and children at primary (preventive), secondary (curative) and tertiary care (rehabilitative) level that has contributed significantly to low under-five mortality rate.

Policies and laws in other sectors introduced over the last decade have also helped to improve the quality of life of women and their children, for example, longer maternity leave (12 weeks) is also considered a contributing factor to low child mortality; under the Family Maintenance Act mothers get financial assistance, especially for basic needs, from their babies' fathers irrespective of whether they are married, staying together or not.

In general the standard of living and quality of life of Seychellois people have improved over the last decade and this has impacted on the high health status of both mothers and children.

### **Priorities for Development Assistance**

- Capacity Building - 1) train more to reduce impact of brain drain; 2) introduce schemes to retain Seychellois staff.
- Revisit the nurse/patient ratio, especially on paediatric and post-natal ward and in the nursery.
- Surveillance & Monitoring of causative factors with regards to infant mortality rate.
- Maintain, at all times, supplies of essential drugs and vaccines.

### **Monitoring and Evaluation Environment**

The capacity of the Ministry to track achievement of this goal is good. The Integrated Surveillance being introduced by WHO is critical for a more integrated and efficient response.

Statistical tracking and analysis capacities need to be strengthened. The capacity for analysis of statistical data is limited especially in terms of trained manpower. Monitoring and evaluation of community level programmes have to be strengthened especially with regards the follow-up of drop out in family planning. Evaluation of programmes such as the immunisation programme should be carried in order to assess whether life-threatening diseases like polio have been eradicated or not.

Like in other areas in the health sector statistical analysis is used more for routine production of reports than for policy and planning and resource allocation.

<b>Elements of Monitoring Environment</b>	<b>Assessment</b>		
Data-gathering capacities	<b>Strong</b>	Fair	Weak
Quality of recent survey information	<b>Strong</b>	Fair	Weak
Statistical tracking capacities	<b>Strong</b>	Fair	Weak
Statistical analysis capacities	Strong	<b>Fair</b>	Weak
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms	Strong	Fair	<b>Weak</b>
Monitoring and evaluation mechanisms	Strong	<b>Fair</b>	Weak

## Goal 5 Improve Maternal Health

**Target 6:** Reduce by two-thirds, between 1990 and 2015, the maternal mortality ratio.

### Indicator

	1990	1998	1999	2000
Maternal Mortality Ratio (per 100,000 live births)	48.4	141.64	0.00	0.00

Source: Health Information Systems Section, Ministry of Health.

### Status and Trends

#### Maternal Health

Seychelles has maintained a low maternal morbidity and mortality rate over the past decade. The average maternal deaths for the period 1998 to 2002 was 1. All deaths were due to direct obstetric causes, the principal being septic abortion.

**Table 5.1: Maternal Deaths for 1998 - 2002**

1998	1999	2000	2001	2002
2	0	0	0	1

Source: Management Information Systems Division (MISD)

Maternal Health is determined by several interrelated factors closely related to services for ante natal, safe deliveries and postpartum care and reproductive health. For the last decade Seychelles has been experiencing a decrease in some of the indicators relating to the use of Maternal and Child Health programmes, Family Planning and Reproductive Health services, primarily due to the fact that Seychelles National Health System addresses issues related to maternal and reproductive health in a comprehensive manner. Women have access to a broad range of reproductive health services from ante natal, through childbirth and post-natal care. These include nutritional programmes, safe contraception, prevention and treatment of STDs, and HIV/AIDS as well as screening for breast, cervical and other gynaecological problems. Moreover 100% of pregnancies and births are attended by trained health personnel.

#### Teenage Pregnancies/ Unwanted Pregnancies

Teenage pregnancies remain a problem, with figures fluctuating from year to year.

**Table 5.2: Teenage Pregnancies age group 10-19**

1995	1996	1997	1998	1999	2000	2001	2002
76	85	66	81	97	87	69	74

Source: Health Information Section, Division of Planning, Research and Information, Ministry of Health

Over half of all pregnancies are unplanned and among teenagers almost all are unplanned. Many of these pregnancies are also unwanted resulting in rising unsafe illegal abortions and premature deliveries (particular among women in their early twenties) developing into a multitude of medical, psychological and social problems for the young mother, her baby and her family.

### Contraceptive prevalence

The estimated contraceptive prevalence rate for modern contraceptive method, among all women aged 15 – 49, rose from around 50% in 1988 to around 60% in 2000. 6.6% of all recorded contraceptive users in 2000 were teenagers. Condoms are provided free of charge by the Ministry of Health as a means of preventing the spread of STD and HIV/AIDS. Condoms are also sold at private pharmacies.

### Abortions

According to Ministry of Health service data, at least 10% of young women have had an abortion by the time they reach 20 years of age, and over 20% have done so by the time they reach 24. According to young people themselves,<sup>8</sup> 6% of surveyed adolescents have had an abortion, compared to 10% of young adults.

Unsafe abortion rates among teenagers have risen steeply in 1998 and 1999. The abortion rate among 15 to 19 year olds doubled from 17 per 1,000 per year in 1997 to 35 per 1,000 per year in 1999. 64 teenagers had a legal abortion in 1997, compared to 97 in 1998 and 120 in 1999.

### Sexually Transmitted Infections (STIs) and HIV/AIDS

STIs and HIV/AIDS still pose a real threat. For the year 2001, there were 663 STIs diagnosed at the CDCU, a 34% increase from the year 2000. Although the incidence of STIs that are curable with antibiotics has been falling, infections with viruses like Human Papilloma Virus (HPV) and the Herpes virus have been rising and a large proportion of these are diagnosed in young people aged under 25.

Of the 140 new cases of HIV positive persons diagnosed between 1992 and 2000 over 90% were of childbearing age i.e. between 15-49 years of age. Of these 9.3 % were young people between 15-24 years of age. The national AIDS prevalence rate for 2001 was 28.3 per 100,000 population. The HIV prevalence for the year 2001 was 10.9 per 10,000, a figure, which has increased over the years from 0.44 in 1987. All this is cause for concern since the figures indicate that a significant number of men and women in Seychelles are practicing unprotected sex.

### Cancers of the Reproductive System

Deaths from cervical and breast cancer have shown a decline; cancer of the cervix – 1995/32 cases, 1999/5 cases and 2002/7 cases. Cancer of the breast - 1995/11 cases, 1999/7 cases and 2002/7 cases. This is due to available early cervical screening and mammograms.

Other factors contributing to improved maternal health relate to gender sensitive policies and programmes which encourage women to look after their health. For example the Employment Act 1995 provides for women to be given time to attend family planning or other clinics without any loss of earnings. Maternal and Child Health as a component of Primary Health Care Services has made considerable progress in Seychelles over the past decade. The status of women in Seychelles according to United Nations development profile is as high as in most developed countries.

### **Challenges**

As the trend depicted above indicates unplanned and unwanted pregnancies, abortions and HIV/AIDS remain a problem although Sexual & Reproductive Health services and

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<sup>8</sup> National Youth Study 1999

programmes are readily available and public awareness has increased significantly. IEC strategies need to be strengthened and intensified at all levels.

Getting men to adopt a more responsible attitude to their reproductive health and that of their partners is another major hurdle to overcome if some of the social issues relating to responsible parenthood are to be addressed. Much needs to be done in this area in order to change some of the myths and behaviour relating to human sexuality and reproductive health.

The Ministry of Health's biggest challenge is to train and retain its trained personnel, an area needing urgent attention if the achievements so far recorded in the area of health are to be safeguarded.

### **Supportive environment**

Seychelles' Constitution provides for free primary health care as a right. Furthermore, the Health Policy recognises health as contributing to a better quality of life and as essential for the sustained economic and social development. Seychelles is also committed to the Programme of Action of the International Conference on Population & Development (ICPD), which focuses on the importance of access to primary health care which include reproductive health.

Health policies give special priority to the protection and promotion of the health of mothers and children and early management and well being of pregnancy has been guaranteed so as to meet the needs of the child and promoting its health and preventing health problems in later life. Investment in antenatal care, delivery and postnatal services is seen as the basis for human development.

A number of structures have also been put in place to ensure access to health services by all. All health centres offer maternal and child health, family planning as well as a broad range of other services to promote the well being of women. Antenatal services are now available in 11 of the 25 districts. Youth friendly services including sexual health education are offered in schools and at the Youth Health Centre.

NGO's are getting more and more involved in supporting government's efforts especially in the area of responsible parenting education, counselling, and provision of safe and affordable family planning methods which are sensitive to cultural and religious beliefs.

### **Priorities for Development Assistance**

- **Human Resource Development:** train more to reduce impact of brain drain;
- Introduce schemes to retain staff.
- Address the issues of teenage pregnancy, abortion, STIs' and HIV/AIDS in a holistic and integrated manner
- Capacity building for IEC on reproductive health.

### **Monitoring and Evaluation Environment**

Statistical tracking and analysis capacities for improved maternal health needs to be strengthened. There is a lack of trained human resource to carry out analysis of statistical data. Monitoring and evaluation of programmes at community level has to be strengthened especially with regards to family planning programmes and their follow-up. Statistical analysis tends to be focused on production of reports rather than being incorporated into policy, planning and resource allocation mechanisms.

<b>Elements of Monitoring Environment</b>	<b>Assessment</b>		
Data-gathering capacities	Strong	<b>Fair</b>	Weak
Quality of recent survey information	<b>Strong</b>	Fair	Weak
Statistical tracking capacities	Strong	<b>Fair</b>	Weak
Statistical analysis capacities	Strong	<b>Fair</b>	Weak
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms	Strong	Fair	<b>Weak</b>
Monitoring and evaluation mechanisms	Strong	Fair	<b>Weak</b>

## **GOAL 6: COMBAT HIV/AIDS.**

### **Target 7: Halt and begin to reverse the spread of HIV/AIDS**

#### **Status and trends**

According to available epidemiological reports the first HIV case was recorded in 1987. By the year 2000, 144 people in Seychelles were found to be HIV positive, with 25% of newly diagnosed HIV cases being under 25. As of December 2002, 67 AIDS cases had been reported, while 160 persons were on record as having HIV infection, and so far 59 people have died of AIDS. There are seven HIV positive children, the youngest case to date being 16 years of age.

Sexually Transmitted Infections and HIV/AIDS pose a real threat since there has been a rise in infections with viruses like Herpes virus especially among young people under 25 years of age.

Although the use of condoms is known to guard against the transmission of STDs, young people often experiment with risky sexual behaviours.

**Table 6.1: Cumulative AIDS Cases – December 1999 to December 2002.**

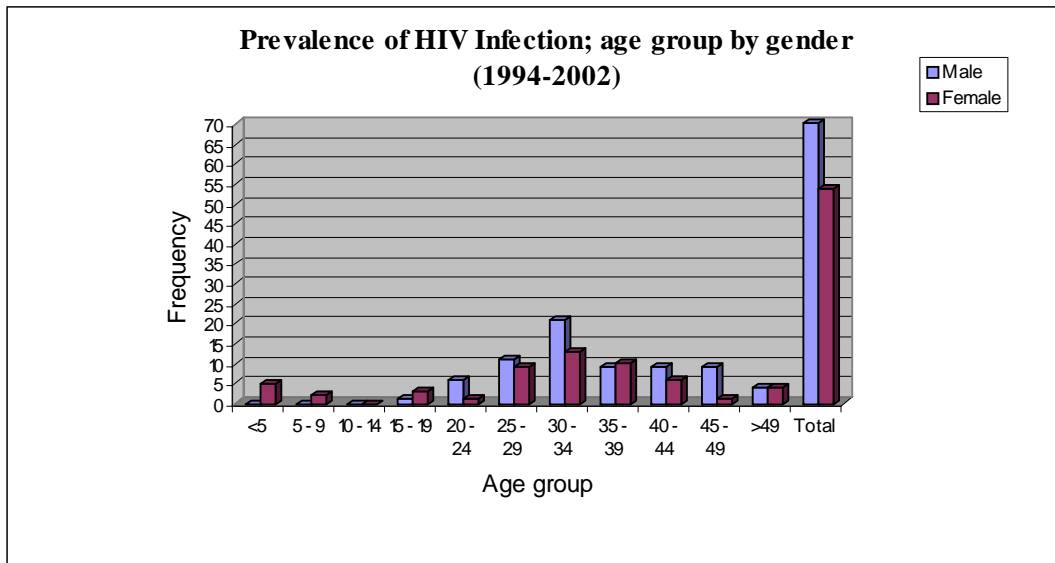
<b>Period</b>	<b>Cumulative Total</b>	<b>Inc Children</b>	<b>Cumulative AIDS cases</b>	<b>Cumulative AIDS deaths</b>
Dec 1999	98	4	37	28
Dec 2000	116	5	41	31
Dec 2001	144	7	59	42
March 2002	147	7	62	44
June 2002	156	8	62	46
Sept 2002	157	8	64	46
Dec 2002	160	8	65	47

Source: Ministry of Health 2002.

#### **HIV/AIDS Prevalence**

The table below gives a picture of the prevalence of HIV infection by age group and gender. The current estimation of HIV prevalence in the general population is less than 1%. The statistics for January to December 2002 shows that the percentage of young people 15-24 years who are infected is 0.6% whereas 12.5% is the HIV prevalence of infants born to HIV infected mothers.

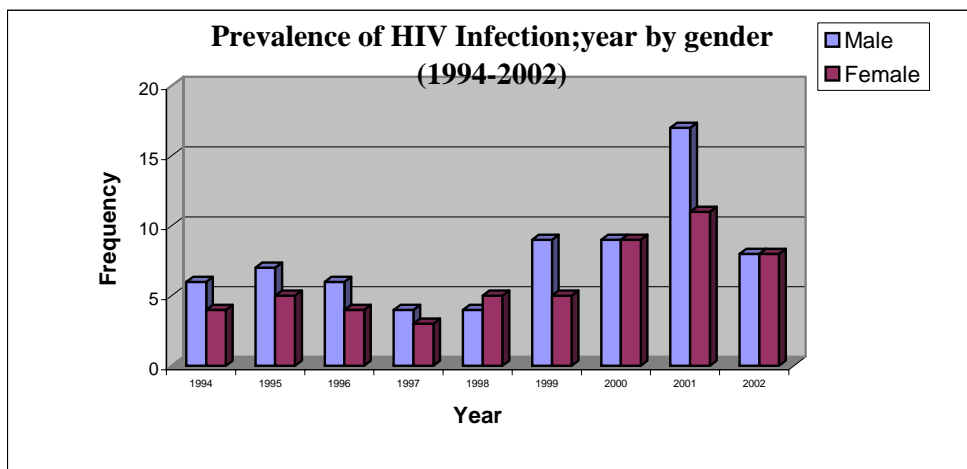
**Table 6.2: Prevalence of HIV infection; age group by gender (1994-2002)**



Source: Statistics Unit, Ministry of Health,

The number of new reported HIV cases continued to rise in 2001 with 28 cases compared with 18 new cases for the whole of 2000. Of the 28 newly diagnosed HIV cases, reported by the Communicable Disease and Control Unit (CDCU), around 93% of cases were above the age of 15; with 75% in the age range 25 to 44 year olds. In Seychelles, most HIV infection is acquired through heterosexual contact, as table 6.3 shows the number of HIV infected individuals is higher in males than in females. This is indicative that a significant number of men and women are practicing unprotected sex. Available statistics suggest that the HIV/AIDS epidemic is rising despite relentless education and prevention efforts.

**Table 6.3: Prevalence of HIV infection; year by gender (1994-2002)**



Source: Statistics Unit, Ministry of Health

In Seychelles, routine HIV testing of all pregnant women attending the antenatal clinics started in 1990 when the HIV test was done on all blood collected in sentinel sites which included the Antenatal clinics. Since then, of the 13,341 women tested from antenatal clinics,



15 have been found to be HIV positive. Many HIV positive women are diagnosed for the first time during pregnancy. Voluntary counselling and testing was introduced in 1995. A significant reduction of almost 50 percent in the number of women accepting the test was observed by 2001. Refusals are partly due to fear of receiving a positive result, hence the reason for counselling. A media campaign promoting the uptake of the test has been carried out and midwives were trained in the skills of pre and post-test counselling to support those women who opted to have for the test.

Since February 2000, the anti-retroviral drug has been available for all eligible HIV positive persons including the pregnant woman and her newborn. Eligibility is defined by the immunity level of the person which is measured in terms of the CD4 count through a blood test.

There is no established HIV surveillance system that can be used to accurately estimate the true magnitude, or make a credible projection of the AIDS epidemic in the country. The data currently available have been compiled from the records of antenatal clinics, the blood bank and the CDCU (Communicable Disease Control Unit), to which suspected cases are referred from the Victoria Referral Hospital, the cottage hospitals and health centres. It is believed that these reported cases probably represent only a small portion of the HIV/AIDS cases that have occurred in the country, as demonstrated by the prevalence in antenatal attendees, which was 0.3% in 2002.

A survey on knowledge, attitudes and practices related to HIV/AIDS was conducted in early 2003, the results of which are still being analysed. This will provide information that can also be made available for identifying effective means of interventions, hence meeting the needs of the population.

The national commitment and action translates as follows:

Strategic Plan – 71%,  
Prevention – 100%,  
Human rights – 50%,  
Care and support – 67%,  
National Composite Policy Index – 72%.

The funds spent on HIV/AIDS by government for 2002 was US\$ 730,000.<sup>9</sup>

The public and private sectors and civil society are all involved at various levels and in varied degrees to addressing the Aids issue in Seychelles. In prioritising its activities the government through the Ministry of Health has set up a comprehensive mechanism whereby in different forums all aspects of HIV/AIDS is discussed. For an effective fight against HIV/AIDS, this mechanism provides for a sharing of responsibilities through a multistakeholder, multisectoral and multidisciplinary approach to the HIV/AIDS epidemic. In a national forum the views of people from all backgrounds were sought and a National Strategy for HIV/AIDS was developed. The Ministry of Health, through the Aids Program has seen to it that all the various units of society have been sensitised to play their role, with

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<sup>9</sup> (Source: Ministry of Health, CDCU, Division of Health Education and Promotion; Ministry of Education and Youth; Ministry of Social Affairs and Employment, Ministry of Finance, Social Security Division.)

regards HIV/AIDS, in the area that best suits their organisation. The Ministry of Health, the main provider of medical care for persons living with aids carries out numerous education and sensitisation workshops for its own employees and those of other ministries, enterprises, and civil society.

Civil society assists with prevention efforts in the form of publications; public awareness campaigns, condom distribution and musical shows to raise the awareness of the public and at the same time mobilise funds. Faith-based organisations amongst others, preach abstinence and fidelity. Through prayer, counselling, moral and spiritual teaching they see to the personal, moral, physical, psychological, spiritual and community needs of the individual.

The private sector plays its role in actively fundraising and sponsoring activities for HIV/AIDS related programs. Posters and leaflets have either been sponsored or produced by the private sector.

### **Challenges**

There are a large number of serious constraints to pursuing a comprehensive national HIV / AIDS response, these need to be translated into challenges that require pertinent action. The starting point should be political commitment which currently is insufficiently translated into further action.

Taking the need for a multi-stakeholder approach, there is still inadequate involvement of some sectors. The epidemic poses a great challenge to all sectors, namely, government, parastatal, private sector, NGOs, faith-based organizations and communities. The inter-ministerial and inter-sector response to the epidemic must be strengthened and work must be stepped up within and across all sectors.

Advocacy will present a major challenge in view of the persistent risky behaviour despite awareness. Estimates of contraceptive use suggest that few adolescents use condoms effectively as birth control methods, or prophylactically against STD's. The embarrassment of obtaining condoms may be more important than the fear of pregnancy or a future disease. Moreover, adolescents are more likely to believe that "bad things will not happen to me". Vulnerability factors include weak early sex education, multiple and casual sexual partners, tradition (myths & misconceptions) insecurity (Physical, financial), substance abuse (alcoholism), inadequate accessibility of condoms, sexual abuse, poor perception of vulnerability.

Despite progress achieved, there are other reliable proxy indicators, which are confirming that young people's reproductive health in Seychelles is at high risk, and efforts to address these issues are still of paramount importance. There is evidence to show that the HIV/AIDS epidemic is rising despite relentless education and prevention efforts, as the number of infected population increase. Evidence to tell us that teenagers are practicing unprotected sex is revealed through the increasing figures of sexually transmitted infections. In 2002, 8% of all cases of STI's reported were attributed to the age group 15-18. In 2001, 11% were represented by the same age group whilst data for 2002 up to September, indicate that this figure stands at 11% and is thus already on a par with last year's total. Outside the Ministry of Health, condoms have to be made available for wider distribution. A survey on knowledge, attitudes and practices conducted in early 2003 confirms almost 100% awareness but risky behaviour still persists. The study will guide fundamental changes in current approaches.

Information, Education, Communication (IEC) has been widely disseminated through the media, schools, the Youth Health Centre and other youth-oriented institutions, workplaces and organisations. Awareness has been raised in the Seychellois population including vulnerable groups like youth and women. However there is still insufficient effective information, education and communication through media schools, workplaces and faith-based organizations. IEC messages have to be made accessible to grass-root communities through a mobile service.

Training and capacity building have been organised for health workers and other stakeholders e.g. 30 nurses in HIV / AIDS management, 3 doctors and 3 nurses in antiretroviral therapy; 44 focal persons trained to implement IEC in workplaces. Training should continue for health personnel, in workplaces, with the media and with teachers.

Resource mobilization has been increased but is still insufficient in terms of human and material capacity in several areas. There is a need for a larger and more effective unit for the AIDS Prevention and Control Programme. Laboratory equipment, reagents and test kits for HIV, AIDS, STDs and opportunistic infections need to be available at all times. Antiretroviral Therapy, having been started, has to be continued for life, and therefore must be part of a sustainable programme. Testing by antenatal attendees must be encouraged to above 90%, with regards VCT there an inadequate number of groups tested, furthermore, there is no PEP for rape victims.

Another major challenge would be to ensure that there is an adequate supply of reagents (the diagnostic chemical) for the test and drugs for the treatment. It is equally important to ensure that the midwives are constantly being updated on HIV/AIDS matters as these develop. As an increase in the number of women taking up the test is observed, the next step will be to include those who undergo an abortion, as they remain another vulnerable group.

Monitoring and evaluation is insufficient and the absence of impact projection studies is also a problem that needs to be overcome.

### **Supportive environment**

Relatively high political will and commitment exists for combating HIV / AIDS in Seychelles. The National AIDS Policy was approved by Cabinet in December 2000. The Ministry of Health's Service Delivery Ethos includes HIV / AIDS as a major issue. The National Aids Committee, a high-level multi-sectoral body advising the Government on national policy on HIV / AIDS is chaired by the Minister of Health. A request has been made for it to be under the chairmanship of the Vice President in recognition of the national importance attached to this multi-sectoral coordination committee.

The National AIDS Trust Fund created in October 2002, is now fully established. The private sector has directed fund-raising activities for HIV / AIDS interventions. The UN Theme Group has expanded to include members of the Ministries of Health, Education, Foreign Affairs, Cultural and Social Affairs and Employment and Seychelles has been regularly represented at several international AIDS meetings.

Prevention of Parent / Mother to Child Transmission (PMTCT) is provided for all pregnant women. Midwives have received training in PMTCT and IEC materials have been developed. Voluntary Counselling and Testing (VCT) has been encouraged, with more people being tested. Testing of specimen is centralised and for the period of 1990-2001, 50,639 HIV tests had been done.

Since February 2000, the anti-retroviral drug has been available for all eligible HIV positive persons including the pregnant woman and her newborn. Eligibility is defined by the immunity level of the person which is measured in terms of the CD4 count through a blood test. Currently 32 adults and children are following treatment. In pregnant women, the treatment that is initiated at the twelfth week of gestation continues through the intrapartum and postpartum period. This is aimed at reducing the risk of mother-to-child transmission of HIV and AIDS. The newborn is administered a regimen of the approved drug orally or intravenously for the first six weeks of life. The child is tested again at 15 months and managed according to the test results.

Post Exposure Prophylaxis (PEP) is available to all health workers exposed to potentially HIV-infected material during the course of official duty. Blood transfusion is considered safe in Seychelles with all donors counselled on HIV / AIDS and all donated blood tested for HIV.

Clinical care has been made available to all HIV / AIDS patients since 1987 through the unit for the control of communicable diseases. In addition to this the Ministry of Health staff, NGOs, churches and individuals offer psychosocial care and support and nutritional advice to those infected or affected including children. Services are also extended to young people with the provision of a range of youth friendly services across the country such as sexual health education in schools and the activities of the Youth Health Centre and its satellite centers as it continues to expand. Initiatives by PLWHAs are supported and strengthened, encouraging greater involvement of PLWHAs through FAHA, their association. Stigma and discrimination have thus been addressed facilitating the ‘coming out’ in public of three PLWHAs.

Condoms are supplied free by the Ministry of Health as a means of preventing the spread of STIs and HIV/AIDS. Condom distribution has increased over the years to a record of 401,267 in 2002 provided free of charge in all health centers. Condoms are also sold at the three private pharmacies and at a few other shops.

#### **Priorities for development assistance**

- Financial and technical assistance for capacity building, as well as for
- The upgrading of monitoring and evaluation systems nationally, and for
- The HIV/AIDS Programme as a whole.
- Retroviral drugs are all urgently required.

There are serious limitations in both the surveillance of HIV / AIDS and research activities for example impact projection studies for HIV/AIDS in Seychelles. Hence a mechanism for monitoring and evaluation of HIV/AIDS activities must be created, and projection studies for impact must be conducted. There is an urgent need to address the social determinants of vulnerability to HIV / AIDS especially in selected sub-groups.

#### **ELEMENTS OF MONITORING ENVIRONMENT ASSESSMENT**

Data-gathering capacities	Strong	<b>Fair</b>	Weak
Quality of recent survey information	Strong	<b>Fair</b>	Weak
Statistical tracking capacities	Strong	<b>Fair</b>	Weak
Statistical analysis capacities	Strong	<b>Fair</b>	Weak
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms.	Strong	<b>Fair</b>	Weak
Monitoring and evaluation mechanisms.	Strong	Fair	<b>Weak</b>

## Target 8

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

### Indicators

Table 6.2: Number of cases reported

Indicator	1990	1995	2000
Malaria - imported		6	
Cardio-vascular disease	879	1062	1028
Cancer	188	426	463
Leptospirosis			24

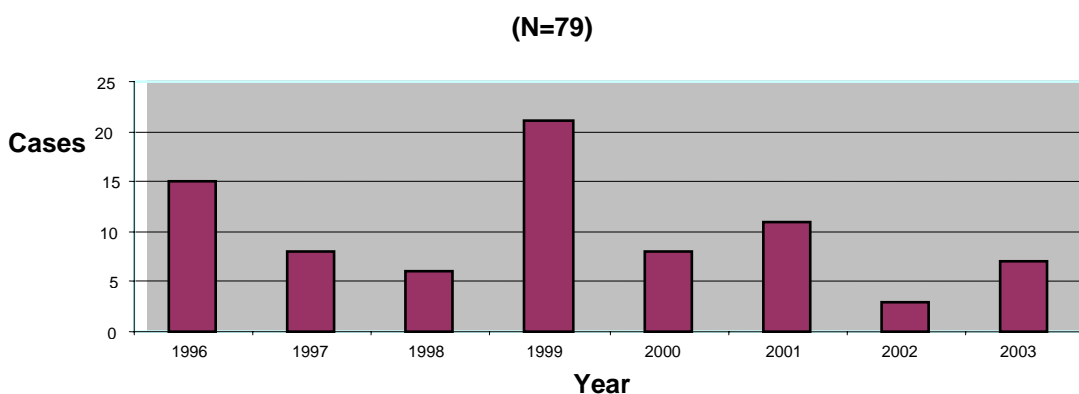
Source: Statistics Unit, Ministry of Health

### Status and Trends

#### Malaria

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.

Figure 6.3: Cases of imported malaria (1996-2003)



Source: Statistics Unit, Ministry of health

The control strategy adopted for malaria is primarily to prevent the introduction of the vector in Seychelles and to provide chemoprophylaxis for travellers to malaria endemic zones.

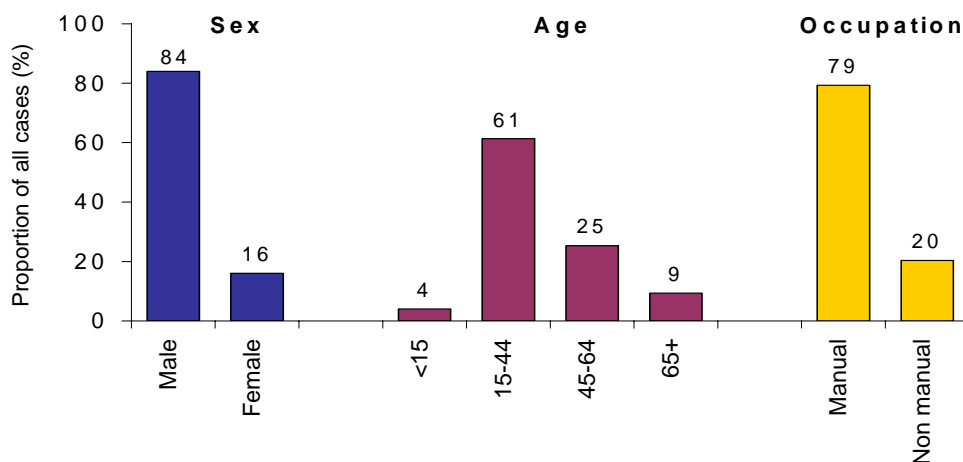
All incoming aircrafts are disinfected with Permetrin sprays; ships and boats are inspected and sprayed when necessary. There is a system of surveillance of mosquitoes around the airport and port. Every 2 weeks, a designated zone around the port and airport is sprayed with bio-pesticides.

The Communicable Disease Control Unit (CDCU) has always offered the services of a travel clinic. Some 2000 travellers are seen each year for advice, and 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).

### ***Leptospirosis***

Leptospirosis is another major killer disease in Seychelles. The figure below shows the distribution of 75 Leptospirosis cases in Seychelles by sex, age and occupation.

**Figure 6.4: Leptospirosis by sex, age and occupation**



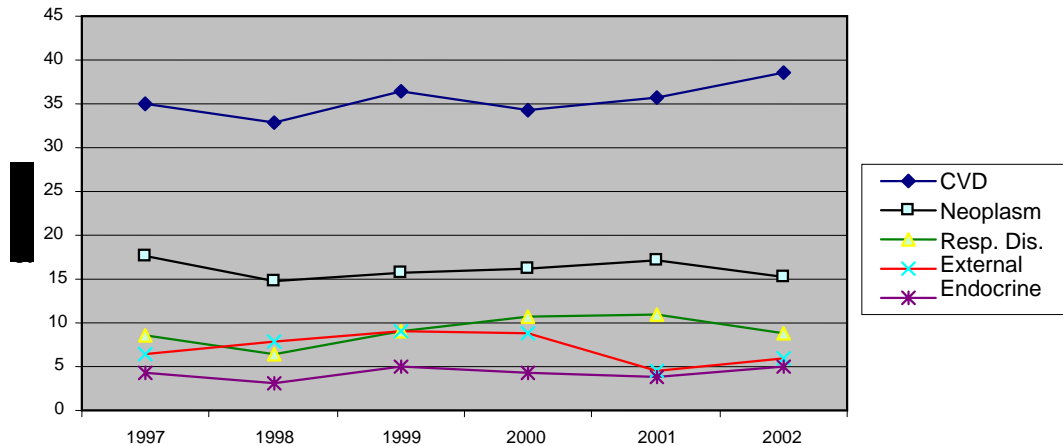
Source: Statistics Unit – Ministry of Health

Of the 75 cases in Seychelles, 6 died, a case-fatality rate of 8%. Post-mortem showed that massive haemorrhage in the lungs and other organs was the main cause of death in all fatalities. Most fatalities occurred as soon as 2-3 days after the onset of symptoms. Renal failure is another severe complication but it can now often (but not always) be handled with haemodialysis. Victims are predominantly male between 15 – 44 years of age in manual occupations.

### ***Non-communicable diseases***

Seychelles is experiencing an epidemiological transition characterised by a move from infectious diseases which are brought under control to chronic and degenerative diseases which emerge as leading causes of illnesses.

The increase in life expectancy and a change in lifestyle in the country has led to an increase in non-communicable diseases (NCD). The leading NCD is cardiovascular diseases, which is more common in the age-group 45 years and above, especially among the females. In the outpatient morbidity study of April to May 1998 of the 1544 males in the age group 45-64, 16.6% who attended health centres for a doctor's consultation, was suffering from cardiovascular diseases and other diseases of circulatory system, while (1714), 29.3% of females among those who attended had the same problem.



The figures are even more prominent in the age group 65 and more years, where 26.2% of the 672 males who attended suffered from the disease while 43.5% of 1221 on the female side.

In 1998 there were 105 new cancer cases identified in the Seychelles population compared to 98 in 1997. The highest number of new cases since 1993 was in 1995 with 134 and 1996 followed by 124 new cases. Cancer of the breast, especially in females is becoming more common followed by cancer of the cervix with 14 and 11 new cases consecutively in 1998.

In males cancer of prostate contributed to 11 out of 98 new cases in 1997 and 8 out of 105 in 1998.

Although the incidence of cancer of the cervix is still high, it is following a downward trend being just over 10% of all cancers in 1998 compared to 22% of all cancers in 1996 and 24% in 1995. Although cancers are not among the leading cause of outpatient morbidity it is the second leading cause of death in Seychelles. Unlike AIDS a patient with a late stage of cancer may be admitted several times in the hospital or may stay several days in the hospital. It is for those reasons that control and prevention of cancer of any type is of utmost importance.

Diabetes Mellitus a potentially life-threatening disease remains undiagnosed in a large proportion of the population. The disease is more common among females than males, and is more prominent above the age of 45 years.

Diabetes Mellitus needs attention in particular because of its complications, which include cardiovascular disease, blindness, renal failure, amputations and problems in pregnancy. Many of these are preventable, but effective action requires collaboration between health professionals, the community and affected individuals.

Diseases of the respiratory system are the leading cause of attendance at health centres. Those diseases include upper respiratory tract infections like tonsillitis, sinusitis, pharyngitis, associated with fever, which contribute to a high percentages, and to a lesser extent lower respiratory tract infections like asthma, bronchitis and pneumonia.

### Challenges

In Seychelles, like many developing countries, the rise in chronic and degenerative diseases is related to changes in lifestyle and behaviour, resulting for example from more sedentary

work, less physical activity, and new eating habits. In this connection the health of young people presents a important challenge and cause for concern. The prevalence of risk factors for diseases of early adulthood and middle age is already high among adolescents. Tobacco use, alcohol consumption, poor eating habits, and inadequate physical exercise signal the serious need for urgent action to prevent future pathology and morbidity.

Because of the increasing importance of disease surveillance in planning, resource allocation and early detection and response to epidemic as well as for assessing the impact of disease prevention and control programmes there is an urgent need to strengthen all existing disease surveillance systems. The WHO integrated approach for strengthening disease surveillance has been adopted and sensitisation workshops have been held for health coordinators, programme managers, private practitioners and medical doctors from the health centres and Victoria hospital.

It is also a challenge to continue good practice as far possible in the light of increasing demand for limited resources in the face of emerging needs & AIDS

### **Supportive environment**

Seychelles has a clear National Policy on HIV / AIDS and several steps have been taken to combat the disease. The Ministry of Health through UPCCD has already established registers at all out patient clinics for patients with chronic diseases, including diabetes. Special clinics in health centres are being held for diabetic patients and any at risk patients have their urine and blood sugar tested before doctor's consultations at nearly all health centres.

WHO provides both financial and technical support to the programme of the Ministry of Health.

### **Priorities for Development Assistance**

Human Resource development is a key area where substantial external assistance is required.

### **Monitoring and Evaluation Environment**

The Ministry of Health has the capacity to monitor and evaluate the existing system. With WHO an integrated surveillance system is being put in place to improve monitoring and evaluation of health programmes.

<b>Elements of Monitoring Environment</b>	<b>Assessment</b>		
Data-gathering capacities	Strong	<b>Fair</b>	Weak
Quality of recent survey information	Strong	<b>Fair</b>	Weak
Statistical tracking capacities	<b>Strong</b>	Fair	Weak
Statistical analysis capacities	Strong	<b>Fair</b>	Weak
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms	<b>Strong</b>	Fair	Weak
Monitoring and evaluation mechanisms	Strong	<b>Fair</b>	Weak



## Goal 7

## Ensure Environmental Sustainability

### Target 9

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

#### Indicators

<b>Proportion of land</b>	<b>1990</b>	<b>2000</b>
Ratio of area protected		46%
Proportion of population using fossil fuels	19.5%	4.3%

*Source: Management Information Systems Division (MISD)*

#### Status and Trends

Seychelles has a strong history of conservation and environment protection activities, which has been heightened over the last 12 years through the development and implementation of environment management plans (EMPS). Seychelles is currently implementing its second environment management plan (EMPS 2000-2010) which embodies the country's vision, goals and objectives for the promotion, coordination and integration of sustainable programmes. The EMPS which is guided by a set of 12 principles consistent with Agenda 21, is integrated across all sectors in a manner that enables consideration of environmental issues within each sector such as agriculture, tourism, health, and education.

By 2000 over 46% of the archipelago's land as well as 228 km<sup>2</sup> of ocean were legally protected in the form of national parks and reserves. An additional 20-25% is classified as being sensitive and may become protected areas in the near future. Seychelles has two UNESCO world Heritage sites and more than 1,000 endemic species of flora and fauna. There are also success stories in relation to conservation since no endangered species have been lost and other species like the Magpie robin have actually increased.

The national vision on environment has been largely driven by the recognition that both fisheries and tourism depend largely on Seychelles' unique albeit limited resources which have to be utilised in a sustainable manner. For example although tourism is the mainstay of the economy, Seychelles' tourism policy has always paid close attention to the protection and conservation of the environment, and has sought to limit negative impacts by setting limits on visitor arrivals while seeking to maximise per capita visitor yield. At the same time, development on the coastal zone has been subjected to increasingly strict regulations, including setback limits and aesthetic standards. Environmental Impact Assessments have been introduced since 1994.

#### Challenges

Seychelles' vulnerability as a small island state poses several major challenges in relation to environment sustainability notably:

- **Vulnerability** to external economic and political developments for example the Gulf War in 1991, which caused a decline in national revenue and investment.
- **Lack of Capacity** both in terms of quality and quantity of infrastructure and human resources. Management capacity continues to be a problem within both the government and non-government sectors. The shortage of human resources in terms of numbers and skills also continues to pose a serious challenge.
- **Lack of Financial Resources** due to sharp decline in official development assistance as a result of shift in focus of the international community and Seychelles' high GDP

per capita. Local funding is also decreasing due to reduced public expenditure nationally.

- **Threats to biodiversity & Conservation Capacity** which arise from both direct and indirect human impacts and further complicated by the indirect effects of global climatic change.
- **Climate change** will have significant impact on natural habitats, biodiversity and key socio-economic sectors namely tourism and fisheries, both key to sustainable development.
- **Land Use Conflicts.**  
The coastal population density on Mahé the main island is 400 persons per square kilometre. With over 46% of the island under conservation protection and management and another 10% designated as sensitive areas there are numerous conflicts arising from tourism, housing, transport and agriculture development and land use.
- No systematic means of data collection and analysis for informed decision-making.
- Absence of a legal framework for NGO/Government interaction in the area of environment.
- Promoting a more sustainable lifestyles through Information Education and Communication (IEC).

### **Supportive Environment**

Article 38 of Seychelles Constitution underscores the country's strong and clear commitment to sustainable development and undertakes to "*ensure a sustainable socio-economic development of Seychelles by a judicious use and management of the resources...*". This undertaking is reflected in Seychelles National Vision embedded in the Environment Management Plan of Seychelles 2000-2010. To support the implementation of this strategy, the Ministry of Environment created an EMPS Coordination Unit, overseen by a multi-sectoral steering committee, with members across sectors of Government, the private sector and NGOs.

In addition some categories of development projects such as hotel development and industries are submitted to the National Interministerial Committee<sup>10</sup> and Cabinet of Ministers (highest decision-making body) for approval to ensure they meet national sustainable development principles and show due concern for the conservation of the environment.

There are also a number of specialised authorities, for example the Marine Park Authority, Seychelles Fishing Authority, Public Utilities Corporation and Solid Waste & Cleaning Agency that implement environment policies and programmes. Similarly the Non-governmental sector is also active in the area of environment conservation. Of these the main ones are Nature Seychelles, Seychelles Island Foundation, Wildlife Clubs, Marine and Island Societies.

Seychelles is Party to a number of international conventions such as CITES; the Convention on Biological Diversity (CBD); the Basel Convention on the Trans-boundary Movement of Hazardous Wastes; the Montreal Protocol and its amendments; the United Nations Convention on Desertification, the United Nations Framework Convention on Climate Change and the Kyoto Protocol .

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<sup>10</sup> This Committee is chaired by the Head of State and membership includes Ministers and Chief Executives

The past decade has also seen the introduction of specific legislation with respect to environment management and protection. The Town & Country Planning Authority has been strengthened and Environment Impact Assessment Regulation introduced in 1994. The Ministry of Environment and its partners through the EPA has also set quality standards (ISO 1401) for the environment especially on noise, air and effluent pollution standards.

Several consultations workshops have been organised to solicit the views of the private sector, NGOs and civil society and environment awareness programmes using all three media (Radio, TV, Newspaper) have also increased.

### Priorities for Development Assistance

There are a number of areas where assistance is required. These are listed in the Barbados +10 report currently in preparation.

In general financial assistance & investment in capacity building are two priority areas where Seychelles' requires assistance and support in implementing the EMPS 2000-2010.

### Monitoring and Evaluation Environment

Elements of Monitoring Environment	Assessment		
Data-gathering capacities	Strong	<b>Fair</b>	Weak
Quality of recent survey information	Strong	<b>Fair</b>	Weak
Statistical tracking capacities	Strong	<b>Fair</b>	Weak
Statistical analysis capacities	Strong	<b>Fair</b>	Weak
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms	<b>Strong</b>	Fair	Weak
Monitoring and evaluation mechanisms	Strong	<b>Fair</b>	Weak

### Target 10

**Halve, by 2015, the proportion of people without sustainable access to safe drinking water**

### Indicators

**Table 7.1: Proportion of Population without access to safe drinking water.**

<b>Year</b>	<b>1990</b>	<b>2000</b>	<b>2010</b>
<b>Percentage</b>	41.4%	17.1%	5%

*Source: Management Information Systems MISD*

### Status and Trends

The population of Seychelles is supplied with water derived from small streams. Average consumption per capita is 140 litres a day on Mahé. There are four main water treatment plants on the main island, Mahé.

17.1% of the population was still using untreated water in 2000 representing a decrease of over 50% of the number without access to safe drinking water in 1990. Government policy on water aims at providing 95% of the population with potable water by the year 2010. The Public Utilities Corporation (Water & Sewerage Division) is responsible for the supply of water to the three main islands of the Seychelles.

In an attempt to expand and further integrate the water supply network, the government has formulated projects which are currently being implemented to achieve the sustainable management of water in a more cost effective manner. Integrated Water Resources Management (IWRM) is one of the projects aimed at facilitating the sustainable management of the available water resources.

Two main projects to be undertaken are the installation of desalination plants at strategic locations and the improvement and upgrading of the water reticulation system. The desalination plants will provide water especially during the dry months of the year when surface water depletes to a level that is inadequate to cope with the demand. The upgrading of the water network will enable the system to be integrated thereby optimising use of the surface water sources, which will be supplemented by desalinated water. Greater flexibility will be achieved in the operation of the network as water could be transferred from the northern part of the island to the drier southern part.

### **Challenges**

While rainfall is abundant potable water is scarce due to the steep topography and low retention capacity of the soil. The flow of local streams falls to very low levels during periods of drought when maintenance of water supply relies on storage reservoirs. Water storage capacity to-date is inadequate to meet existing demands.

Moreover development in the upper hills is polluting watercourses and catchments. It is furthermore obvious that there already exists a shortage of water supply during drought periods. Water supply situation in the South and South-west of Mahé is even worse than that of North Mahé as there are no storage facilities available in the South.

The main challenge is to rectify the present and future problems of sustainability in the water sector. Agreed strategies include promotion of measures to reduce water demand on the one hand and to improve water supply on the other and establishing an effective integrated water management system.

One of the major constraints in meeting the challenges of implementing the IWRM process is the lack of capital to fund and manage projects. Investment in water supply is very high in small island States. Although all treated water consumers in Seychelles pay for their supplies the water tariff is conservatively designed to collect revenue to operate and maintain the system only. Capital expenditure for water projects is borne by the government and is therefore subjected to competition from other socio-economic development projects.

### **Supportive environment**

Water management features prominently in both the EMPS 1990- 2000 and EMPS 2000-2010.

The EMPS as the Plan that brings together government policies on critical environment areas and concerns represents an integral part of the national planning process.

Government's policy on water is clear and focussed. The EMPS 1990-2000 included a number of large scale investments in the water sector. Over and above these 20 or so other projects totalling SR 275 million were implemented outside the EMPS framework.

### **Priorities for Development Assistance**

Assistance is required for training more Seychellois to work in the sector, for purchasing operational material and for improving monitoring services.

Capital Funding for implementing the water projects under the EMPS 2000-2010 is also considered a priority.

### Monitoring and Evaluation Environment

The EMPS is structured to facilitate annual audits and programme reviews thus enabling implementation, elaboration and reviews of programmes.

Elements of Monitoring Environment	Assessment		
Data-gathering capacities	Strong	Fair	Weak
Quality of recent survey information	Strong	Fair	Weak
Statistical tracking capacities	Strong	Fair	Weak
Statistical analysis capacities	Strong	Fair	Weak
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms	Strong	Fair	Weak
Monitoring and evaluation mechanisms	Strong	Fair	Weak

### Target 11

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

### Indicators

**Table 7.2: Percentage of urban population with access to improved sanitation.**

Year	1990	1995	2000
<b>Proportion of urban population with access to improved sanitation</b>	62.1%	86.3%	94.5%
<b>Proportion of households with access to secure tenure</b>	88.8%	92.7%	91.7%

*Source: MISD Census 1994*

### Status and Trends

Available data would seem to suggest that the majority of Seychellois have access to good sanitation and secure tenure. It is government policy to provide every family with housing through home ownership. According to the data obtained from censuses 88.8% of the population had access to secure tenure in 1990 compared to 91.7% in 2000. 60% of the population is considered urban. The total number of houses in 2000 was 18,000.

The sanitation service level in Seychelles is high. The 1994 census indicate that 100% of houses were served by sanitation systems of which 78% have flush toilets emptying into septic tanks, and the rest are served with pit latrines. The common use of flush toilets compares well with the high number of water connections. However, many of the individual systems are not functioning properly and constitute a significant source of pollution.

In the densely populated areas of Mahé, projects are being undertaken which allow for sustainable development and simultaneous environmental protection. These projects address mainly the needs of the population for better housing without adversely influencing their standards of living. For example the elimination of septic tank and soak-away allows the land area to be put to optimum use, a phenomenon that is characterized by the construction of additional facilities through house extension programmes on the part of the individual householders.

### Challenges

The principal challenge is to achieve the government's target which is to serve the entire population with sanitation systems by the year 2010. 90% of the population of greater Victoria and 70% of the population of Beau Vallon area, together representing about 30% of Mahé's population will be served with water-borne sewerage systems. The remaining balance representing about 60% of Mahé's population shall be served by individual sanitation systems, mainly septic tanks, leaving 10% of the population using pit latrines..

The sewerage section of PUC has at its disposal basic plant and equipment required for the discharge of its function. However, the resources available have not increased in line with the expansion that has been taking place in the section.

There is a lack of financing to implement small projects related to either extending or improving the sewer network due to the high capital cost involved. Lately, the section has been liaising with private establishments to at least partly finance small projects in areas where there is a demand, or to reduce environmental pollution.

### Supportive environment

There is no clear policy on sanitation though the EMPS 1990-2000 identified major areas of concern and actions which involved considerable large scale investments. The main institution involved in wastewater management is the Public Utilities Corporation (PUC) a parastatal entity responsible for provision of adequate sanitation to the populace. The Ministry of Environment & Transport is the parent Ministry of the PUC in these matters and is responsible for pollution monitoring and management. The Ministry of Health is also involved, as part of its mandate is to protect public health.

### Priorities for Development Assistance

Considerable investment is required to:

- Continue implementation of centralised sewerage treatment systems.
- Minimise environmental impact of wastewater in remote areas through the use of appropriate technology
- Increase knowledge and build capacity (human and institutional) with regard to wastewater treatment systems

<b>Elements of Monitoring Environment</b>	<b>Assessment</b>		
Data-gathering capacities	<b>Strong</b>	Fair	Weak
Quality of recent survey information	<b>Strong</b>	Fair	Weak
Statistical tracking capacities	<b>Strong</b>	Fair	Weak
Statistical analysis capacities	<b>Strong</b>	Fair	Weak
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms	<b>Strong</b>	Fair	Weak
Monitoring and evaluation mechanisms	Strong	<b>Fair</b>	Weak

## **GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT.**

### **Target 14 - Address the special needs of Small Islands Developing States.**

#### **Status and trends**

##### Vulnerability of a Small Island Developing State (SIDS)

As a small island developing state, Seychelles is characterized by its small land area, population, remoteness from major markets, limited natural resources which leads to a heavy reliance on external resources linked to tourism, consumer products and capital input.

The Seychelles Economy rests on tourism and fishing. Tourism accounts for about 18% of GDP and some 60% of total foreign exchange earnings. Industrial fishing, the second most important foreign exchange earner, accounts for less than 10% of foreign exchange earnings but nearly 90% of total domestic exports. Over 90% of the country's total primary and secondary production inputs and consumption goods are imported making both the economic and social development of the country highly vulnerable to external shocks. A decline in tourist arrivals quickly translates into a fall in GDP, into a decline in foreign exchange receipts and into budgetary difficulties.

The ongoing foreign exchange crisis which has forced Seychelles to ration foreign exchange and to drastically reduce imports is only a symptom of structural problems, and clearly demonstrates the fragility and vulnerability of Seychelles socio-economic success.

Seychelles has been a leading advocate in pressing for a vulnerability index for small island states whereby the special needs and vulnerability of small island states (SIDS) are taken into consideration instead of GNP as is currently the case in determining aid to small island states.

For small island developing states like Seychelles Official Development Assistance (ODA) plays an essential role as a source of financing for development. Private capital market tends not to favour small economies due to their size limitation, viability and vulnerability. There are few organisations like COMESA (a regional organization fostering economic cooperation through trade development) which pays particular attention to the problems of SIDS.

Ranked as a high income developing country on the basis of its per capita income and key social indicators Seychelles has now turned into a victim of its own success. Official Development Assistance, which used to be an important source of development financing, has over the last decade been declining<sup>11</sup>. It has decreased from 10.1% of GNI in 1990 to 2.4% in 2001. The sharp decline in both the Development and Technical Assistance has placed undue financial burden on government's budget and development efforts at a time corresponding with a real slow down of the real economy.

In addition as a high income country Seychelles is now expected to be a net contributor to international organizations. This has resulted in Seychelles having to pull out of some international and regional organizations since it cannot afford to pay its contributions or participate meaningfully due to limited human capacity.

On the sub-regional and regional level, currently Seychelles is a member of the Indian Ocean Commission (IOC), the COMESA and the ACP-EU grouping. The IOC, which brings

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<sup>11</sup> World Bank Report 2001

together Comoros, Madagascar, Mauritius, Reunion and Seychelles, promotes the specificities of SIDS. The COMESA is a regional organization fostering economic cooperation through trade development and the development of its natural and human resources.

### Trade

Seychelles' limitations to engage in sustainable trade practices are linked to its vulnerabilities as a SIDS which encompasses several factors ranging from diseconomies of scale, remoteness and isolation from major markets dependence on a narrow range of resources, limited diversification and capacity, and its open economy which makes it vulnerable to exogenous shocks.

Whilst globalisation offers SIDS immense opportunities for sustainable development, it also presents them with many challenges, which are heightened by the many constraints and vulnerabilities of SIDS. With the increased liberalization of the global economy trade has become a vital source of development financing. Traditionally, the main source of export revenue originated from two of the country's primary industries, namely agriculture and fisheries. The table 8.1 provides information on the domestic exports of Seychelles and their destination.

**Table 8.1: Trade Commodities 1999-2000.**

<b>Domestic Exports (f.o.b)</b>	<b>1999</b>	<b>2000</b>
By commodity		
Canned Tuna	531.9	630.9
Frozen and fresh fish	28.2	20.7
Dried shark fins	0.3	..
Frozen Prawns	7.7	18.3
Cinnamon bark	2.2	1.4
Copra	0.0	0.0
Other processed fish	0.0	24.7
Other exports	26.2	94.3

*Source: Trade, Central Bank of Seychelles*

But for many SIDS like Seychelles, the ability to generate and maintain viable export earnings is heavily dependent upon preferential market access.

### Debt

Seychelles' narrow resource base and other vulnerabilities as a SIDS has resulted in a heavy dependence on external financial flows for its economic and social development.

Heavy public spending in the early 90s has led to an increase in public debt, both domestic and foreign. According to the Human Development report 2003 Seychelles' total debt service as percentage of exports of goods and services was 7.8% in 1990 and 2.1 in 2001. Net government borrowing increased by R514 million (\$100 million at 1997 exchange rate) over 1997 period. Furthermore Seychelles has had to borrow from abroad to clear foreign payments backlog and for the government's rescheduling programme. Table 8.2 provides data on domestic and external debt for 1999 up to 2002.



**Table 8.2: Government Debt 1999-2000**

	<b>1999</b>	<b>2000</b>
Central Government Debt Stock	5,054.5	5,243.4
<i>of which:</i>		
Domestic debt	4,120.1	4,230.1
External debt	934.4	1,013.3

*Source: Trade, Central Bank of Seychelles*

### **Challenges**

Seychelles greatest challenge is to sustain the relatively high standard of living and level of development in the light of the aforesaid.

The small size of the Seychellois market with a population of 82,000 inhabitants imposes severe restrictions on the development of a truly competitive economy. Strengthening the economic planning process and a better coordination of monetary, fiscal and exchange rate policy will be essential if a sound macro-economic framework is to be established.

An important task for the whole of Seychelles lies in establishing a policy framework which provides adequate incentives to bring forth sufficient investment in physical and human capital for the tourism sector to maintain its international competitiveness.

The second area of competitive advantage of Seychelles lies in the large Exclusive Economic Zone, adequate physical and human resource development in this area might enable Seychelles to derive more economic benefits from its Exclusive Economic Zone. The development of the offshore sector is seen as having potential as a third pillar of growth for the economy.

Seychelles also needs to establish or enhance appropriate institutions and policies and develop a pool of highly skilled human resource so that it can benefit from regional integration and strengthen its capacity to participate as effective and credible partners in the global economy.

A growing number of organizations are now looking towards financing projects on a regional rather than a bilateral basis. Seychelles would have to look towards further regional cooperation. Whether Seychelles is part of it or not, the rules of the trading environment, as defined by the WTO, will have a tremendous impact on our economy.

### **Supportive environment**

The government has made a significant shift in economic policy, continued fiscal austerity and introduced further measures to encourage private sector and foreign investment. Fiscal facilities and other incentives have been provided to investors to attract more foreign investments. The government is pursuing a steady programme of privatization and is withdrawing from direct involvement in many areas of economic activity. The private sector is now expected to take the lead in development; exploiting the favourable international climate. Important private investments are expected in tourism, trade and communications.

### **Priorities for development assistance**

- Rescheduling debt programme.
- The special needs, concerns and vulnerability of small island states (SIDS) are taken into consideration instead of GNP as is currently the case in determining aid to small island states.
- Develop a coordinated framework for resource mobilisation

### **Monitoring and evaluation environment**

The Research and Statistic Division of the Central Bank advises Government and the Board of Directors on general economic issues. It is also responsible for the production and publication of the Bank's Quarterly and Annual Reports.

The Ministry of Foreign Affairs is responsible for the monitoring, evaluation and quarterly review of Country Cooperation Frameworks. This is carried out through tripartite review meetings. The auditing of projects and programmes need to be strengthened in order to ensure greater efficiency in programme delivery.

<b>Elements of Monitoring Environment</b>	<b>Assessment</b>		
Data-gathering capacities	Strong	<b>Fair</b>	Weak
Quality of recent survey information	<b>Strong</b>	Fair	Weak
Statistical tracking capacities	Strong	<b>Fair</b>	Weak
Statistical analysis capacities	<b>Strong</b>	Fair	Weak
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms	<b>Strong</b>	Fair	Weak
Monitoring and evaluation mechanisms	Strong	<b>Fair</b>	Weak

### **Target 16: Develop and implement strategies for decent and productive work for youth**

#### **Status and trends**

Youth unemployment is a serious concern and the Cabinet of Ministers are being kept informed of the situation on a quarterly basis. Hard data on youth unemployment is however still unreliable or unavailable.

Government has given priority to achieving the goal of full employment through various programmes and reforms. The Full Employment Scheme (FES) and the Work Experience Programme (WEP) have been the main initiatives towards the reduction of unemployment. The aims of the FES and WEP were, respectively, to provide temporary employment on a part-time basis to the needy at a minimum salary and to target young people such as school leavers and dropouts. The FES was phased out in 1995 and was replaced by the Unemployment Relief Scheme (URS).

The Unemployment Relief Scheme (URS) provides temporary employment for six months while the job seeker looks for permanent employment. Young girls are predominant in the scheme as can be seen in the following table showing youth unemployment by gender. For various reasons most participants on the scheme stay on the scheme for long time, sometimes years as they do not find suitable alternative employment.

Table 8.3: Young Job Seekers by Gender as at June 2002

<b>Female</b>	<b>Male</b>	<b>Total</b>
<b>725</b>	<b>638</b>	<b>1363</b>
<b>746</b>	<b>657</b>	<b>1403</b>

*Source: Centre for Skills Development, Ministry of Social Affairs and Employment*

Unemployed youth tend to be mostly those with S 5 level of education or Polytechnic students who have aborted their studies, both groups are at a stage where they possess very little marketable skills. It must be noted that students who graduate in specialized fields have no difficulty finding employment. The bulk of participants on Unemployment Relief Scheme are female representing 78 percent of the total. The most plausible explanation is that girls seem to encounter more social related problems, which as a result prevents them from completing their educational cycle and training.

To address the above situation the Centre for Skills Development (CSD) was created within the Ministry of Social Affairs and Employment in 1995 to coordinate a number of programmes aimed at engaging youths and school leavers in employment, skills training and small business enterprises. By 2002, over 6,000 youths had been registered with the CSD; the majority received appropriate training and are in gainful employment.

### **Challenge**

With a small population base, the Seychelles faces the problem of manpower shortage as with most other small island developing states. Government is aware of these risk factors and has already embarked on the implementation of a long-term vision, among other things, to empower the population in order to increase livelihood prosperity. This will be done in collaboration with all relevant agencies and stakeholders.

It is recognised that job creation alone will not be enough to solve the problem of youth unemployment. Such initiatives should go hand in hand with the development of skills including life skills that meet the demands of the labour market.

Matching education competencies with real needs in society is also a considerable challenge which may require a review of the education system to make it more responsive and relevant.

### **Supportive environment**

In March 2000, government endorsed the Social Development Strategy for Seychelles Beyond 2000. The ultimate goal of the Strategy is to improve the quality of life of all the people of Seychelles, in keeping with their individual and collective hopes and aspirations, and within the context of their prevailing cultural traditions and practices. The main objectives of the Strategy are:

- 1) To alleviate poverty
- 2) To realise distributive justice
- 3) To enhance popular participation
- 4) To ensure an integrated approach to social development

The priority population issues in the context of alleviating poverty and improving the quality of life of the population are: the creation of more gainful employment for some sections of the population (especially women and youth); targeting school drop outs due to teenage pregnancy; reducing drug and alcohol abuse; combating a choosy attitude toward certain jobs;

Over and above these strategies the government has been putting considerable emphasis on self-employment, encouraging young men and women to start their own business. Many young people have been assisted with loans and other support through SIDEC.

### Priorities for development assistance

Innovative macro-economic strategies must be considered in order to

- create new jobs for the expanding labour force, with focus on the youth, especially as unemployment and related problems such as drugs and alcohol, crime and poverty place heavy demands on public sector services.

### Monitoring and evaluation environment

There is a lack of research and adequate data collection and monitoring in all respective areas of population and development. This has contributed to a lack of effective monitoring and evaluation of programmes such as the Unemployment Relief Scheme.

Elements of Monitoring Environment	Assessment		
Data-gathering capacities	Strong	Fair	<b>Weak</b>
Quality of recent survey information	Strong	Fair	<b>Weak</b>
Statistical tracking capacities	Strong	Fair	<b>Weak</b>
Statistical analysis capacities	Strong	<b>Fair</b>	Weak
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms	Strong	<b>Fair</b>	Weak
Monitoring and evaluation mechanisms	Strong	Fair	<b>Weak</b>

**Target 17: In co-operation with pharmaceutical companies provide access to affordable essential drugs in developing countries.**

### Indicators

Proportion of population with access to affordable essential drugs

INDICATORS	1990	1995	2000
% of population with access to essential drugs	100	100	100

### Status and trends

The Ministry of Health has an Essential Drugs Programme which is a component of Primary Health Care. This programme ensures that the population has access to essential drugs which are prescribed at no cost to the patient. Review of the health systems in early 1990's revealed that the organisation of the Essential Drug Programme was inefficient and unsatisfactory characterised by wastage, misuse and abuse. Reforms in this sector in which drugs are selected according to mean patient load, treatment facilities, generic prescriptions to name a few have resulted in reducing costs considerably.

One successful essential drug programme is the Expanded Programme on Immunisation (EPI), considered by many to be the corner stone of primary health care. Immunization is the most cost-effective preventive health intervention currently available. Public demand for vaccination of infants and pregnant women is strong in Seychelles. Vaccines are universally available due to effective logistics and nurses delivering a high quality of service.

Data on essential drugs imported by the private sector and the problems encountered is unavailable.

### **Challenges**

Foreign Exchange availability for the purchase of drugs is posing as a real challenge for the state-run and the 2 private pharmacies especially in the light of increasing demands for more sophisticated and costly drugs.

With the spread of HIV/AIDS a major challenge would be to ensure that there is an adequate supply of reagents (the diagnostic chemical) for the test and drugs for the treatment. Since February 2000, the anti-retroviral drug has been available for all eligible HIV positive persons including the pregnant woman and her newborn.

Anti-retroviral Therapy, once started, has to be continued for life, and therefore must be part of a sustainable program.

Another major challenge would be to develop mechanisms for co-operation between the Ministry of Health and the two private pharmacies especially with regards the purchase of essential drugs and the collection of data.

### **Supportive environment**

The Health Policy recognises that essential drug programme is a critical component of Primary Health Care. Due to priority given to the Expanded Programme on Immunization and the cost effectiveness of the immunisation programme the National EIP programme can continue to serve as the flagship of primary health care delivery in Seychelles.

The Seychelles' Constitution also safeguards health as a basic right to be provided free at the point of use.

Prevention of Parent / Mother to Child Transmission (PMTCT) is provided for all pregnant women, routine HIV testing of all pregnant women attending the antenatal clinics started in 1990. With the political will and commitment for combating HIV / AIDS in Seychelles the ministry seeks to ensure that adequate supplies of reagents for testing and drugs for the treatment will be made available.

### **Priorities for development assistance**

Development partners like WHO should continue to assist Seychelles maintain, at all times, an adequate supply of essential drugs and vaccines.

Technical assistance is required for the upgrading of monitoring and evaluation systems throughout the Ministry of Health, including mechanisms to collect data from all partners providing access to affordable essential drugs in Seychelles.

### **Monitoring and evaluation environment**

Co-operation, a platform for discussion, as well as mechanisms for statistical tracking and data-gathering capacities with pharmaceutical companies, providing access to affordable essential drugs all need to be strengthened.

<b>Elements of Monitoring Environment</b>	<b>Assessment</b>		
Data-gathering capacities	Strong	Fair	<b>Weak</b>
Quality of recent survey information	Strong	Fair	<b>Weak</b>
Statistical tracking capacities	Strong	<b>Fair</b>	Weak
Statistical analysis capacities	Strong	<b>Fair</b>	Weak
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms	Strong	<b>Fair</b>	Weak
Monitoring and evaluation mechanisms	Strong	Fair	<b>Weak</b>

**Target 18: In cooperation with the private sector make available the benefits of new technologies, especially information and communications.**

<b>Indicators</b>	<b>1991</b>	<b>1995</b>	<b>2000</b>
Telephone lines & cellular subscribers per 1000 people	12%	17%	56%
Personal Computers & Internet users			3%

### **Status and trends**

Despite its remoteness, Seychelles boasts very modern systems of communication and information technology with state of the art equipment that is continually upgraded to suit consumer demands. International Direct Dialling connections are available to almost all countries. Telephones and cellular phones, computers and faxes are widely used and easily available. Satellite communications also link Seychelles to the rest of the world.

Seychelles Telecommunications is the envy of the region. Private sector involvement in these areas has been good. For more than 100 years Cable & Wireless PLC enjoyed monopoly on telephone and other communication lines achieving this position through the policy of continuous investment. Since the late 1990s' another telecommunication company has been providing similar services at competitive prices.

**Table 8.5: National Telecommunication.**

	<b>1987</b>	<b>1994</b>	<b>1997</b>
Telephone Exchange lines (no.)	18,750	19,635	20,641
Telex Subscribers (no.)	68	46	34
Telefax subscribers (no.)	572	581	634
Cellular mobile telephone subscribers (no.)	5,190	16,316	24,509
Payphones (no.) <sup>1</sup>	216	233	231
Internet accounts (no.)	898	818	1,285
<u>Local Press</u>			
Dailies	1	1	1
Weeklies	2	2	2

Source: Seychelles in Figures - MISD

<sup>1</sup> Includes both coin and card operated phones.

### Challenges

The prevailing economic situation and stringent measures under the Macro-Economic Reform Programme may have quite serious impact especially on the quality of services provided. Yet Seychelles has to maintain its comparative advantage over its regional competitors.

### Supportive environment

The Government has always had a well-defined policy with respect to communication and information. As part of the visioning Exercise undertaken in 2001 this commitment was re-affirmed. 1991 saw the introduction of the outer island telecommunication system (DOMSAT) which for the first time brings direct dialled international telephone, fax and telex services to some of the remoter islands of Seychelles.

In 2000 two satellites were launched to serve Seychelles domestic communications and broadcasting needs.

In 1996 there were 15,000 televisions in homes. 1996 saw the launching of Internet in Seychelles, however, the first Internet bureau for the use of people without access to the information superhighway was set up by a local company in 1997.

### Priorities for development assistance

Assistance is required to overcome the countries current economic difficulties, especially the persistent foreign currency shortage that is hampering development.

### Monitoring and evaluation environment

Data-gathering and statistical tracking in this field is carried out by Management Information Systems Division, only when a census or survey is carried out. Their statistical analysis capacities are very strong as is their data collection capacities.

<b>Elements of Monitoring Environment</b>	<b>Assessment</b>		
Data-gathering capacities	<b>Strong</b>	Fair	Weak
Quality of recent survey information	<b>Strong</b>	Fair	Weak
Statistical tracking capacities	<b>Strong</b>	Fair	Weak
Statistical analysis capacities	<b>Strong</b>	Fair	Weak
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms	Strong	<b>Fair</b>	Weak
Monitoring and evaluation mechanisms	Strong	Fair	<b>Weak</b>

## GLOSSARY

**ACP** – EU African, Caribbean & Pacific  
**ASSF** – Association de Solidarité Pour la Femme et sa Famille  
**CDCU** – Communicable Diseases Control Unit  
**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  
**CVD** – Cardio-Vascular Disease  
**EIA** – Environmental Impact Assessment  
**EMPS** – Environmental Management Plans  
**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  
**IOC** – Indian Ocean Commission  
**IOT** – Indian Ocean Tuna  
**IWRM** – Integrated Water Resource Management  
**MDG** – Millennium Development Goals  
**MERP** – Macro-Economic Reform Programme  
**MISD** – Management Information Systems  
**NDP** – National Development Plan  
**NER** – National Enrolment Ratio  
**NGO** – Non-Governmental Organization  
**NIC** – National I 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  
**PVC** – Public Utilities Corporation  
**SADC** – Southern African Development Cooperation  
**SDD** – Social Development Division  
**SIBA** – Seychelles International Business Authority  
**SIDS** – Small Island Developing States  
**SIM** – Seychelles Institute of Management  
**SR** – Seychelles Rupees  
**STD** – Sexually Transmitted Diseases  
**STI** – Sexually Transmitted Infections  
**URS** - Unemployment Relief Scheme  
**UPCCD** – Unit for Prevention & Control of Cardiovascular Diseases  
**VCT** – Voluntary Counselling and Testing  
**WHO** – World Health Organisation



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**Seychelles' Progress towards the Millennium Development Goals: Status at a Glance**

<b>GOALS</b>	<b>WILL DEVELOPMENT GOAL BE REACHED</b>				<b>STATUS OF SUPPORTIVE ENVIRONMENT</b>			
<b>Extreme Poverty</b> Halve the proportion of people living below the national poverty line by 2015	<b>Probably</b>	Potentially	Unlikely	Lack of data	<b>Strong</b>	Fair	Weak but improving	Weak
<b>Hunger</b> Halve the proportion of people who suffer from hunger between 1990 and 2015	<b>Achieved</b> <sup>12</sup>	Potentially	Unlikely	Lack of data	<b>Strong</b>	Fair	Weak but improving	Weak
<b>Universal Primary Education</b> Ensure that by 2015 children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	<b>On Track</b>	Potentially	Unlikely	Lack of data	<b>Strong</b>	Fair	Weak but improving	Weak
<b>Gender Equity</b> Achieve equal access for boys and girls to primary and secondary schooling by 2005	<b>On Track</b>	Potentially	Unlikely	Lack of data	<b>Strong</b>	Fair	Weak but improving	Weak
<b>Child Mortality</b> Reduce under-five mortality by two-thirds by 2015	<b>On Track</b>	Potentially	Unlikely	Lack of data	<b>Strong</b>	Fair	Weak but improving	Weak
<b>Maternal Health</b> Reduce maternal mortality ration by three-quarters by 2015	<b>On Track</b>	Potentially	Unlikely	Lack of data	<b>Strong</b>	Fair	Weak but improving	Weak
<b>HIV / AIDS</b> Halt and reverse the spread of HIV / AIDS by 2015	Probably	<b>Potentially</b>	Unlikely	Lack of data	Strong	Fair	<b>Weak but improving</b>	Weak
<b>Malaria and other major diseases</b> Halt and reverse the incidence of malaria and other diseases by 2015	<b>Probably</b>	Potentially	Unlikely	Lack of data	<b>Strong</b>	Fair	Weak but improving	Weak
<b>Environmental resources</b> Reverse loss of environmental resources	<b>Probably</b>	Potentially	Unlikely	Lack of data	<b>Strong</b>	Fair	Weak but improving	Weak
<b>Access to safe drinking water</b> Halve the proportion of people without access to safe drinking water	<b>On Track</b>	Potentially	Unlikely	Lack of data	<b>Strong</b>	Fair	Weak but improving	Weak
<b>Develop a global partnership</b>	Probably	<b>Potentially</b>	Unlikely	Lack of data	Strong	<b>Fair</b>	Weak but improving	Weak

<sup>12</sup> No available data to suggest that there is anyone suffering from hunger in Seychelles