



Convention on the Rights of the Child

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Committee on the Rights of the Child

Consideration of reports submitted by States parties under article 44 of the Convention

Combined second, third and fourth periodic reports of States
parties due in 2007

Seychelles*

[6 July 2009]

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Executive summary

This document constitutes the combined second, third and fourth periodic reports submitted by the Republic of Seychelles as a State party to the Convention on the Rights of the Child, in accordance with article 44, paragraph 1 (a) of the Convention and it covers the period 1997–2007. The report contains details of legislative and policy measures taken by the Member State to implement the provisions of the Convention on the Rights of the Child, with due regard to the local context, the existing legislative framework and the financial and human resources constraints which the country as a small island developing state faces. It also reflects the cultural context of the country, as Seychelles is unique in its multi ethnic make up devoid of any indigenous people and a high level of racial harmony and integration. The cooperation of NGOs and the civil society in general who continues to make a social investment in our children is also acknowledged in the report.

The present report comprises of plans and projects for the future to be undertaken both by the Government and NGOs. This is balanced by shortcomings, possible solutions and recommendations for the future.

I. Background to the combined second, third and fourth periodic reports

1. This is the Seychelles combined second, third and fourth periodic reports to the Committee on the Rights of the Child (the Committee) submitted under article 44, paragraph 1 of the Convention on the Rights of the Child.
2. The Seychelles was one of the first countries to ratify the Convention on the Rights of the Child in 1990. The initial report on the implementation of the Convention in Seychelles discussed implementation over a five-year period, from 1990 to 1995.
3. The Committee considered the initial report of Seychelles (CRC/C/3/Add.64), submitted on 7 February 2001, at its 815th and 816th meetings (see CRC/C/SR.815 and 816), held on 23 September 2002.
4. In order to help the State party return to reporting in full compliance with its obligation under the Convention, the Committee invited the State party, by way of exception, to submit its second (due on 6 October 1997), third (due on 6 October 2002) and fourth periodic reports in one consolidated report before 6 October 2007.
5. The present report has been prepared in accordance with the Committee's guidelines for periodic reports. Accordingly, this report updates the Seychelles' first report and highlights significant changes to law, policy and practice that occurred between September 1995 and October 2007, including those that address the areas of concern and recommendations made by the Committee in relation to Seychelles first report. Areas in which there have been no developments are not commented on in this report; the situation in relation to such areas remains as reported in Seychelles first report. Where relevant, this report contains cross references to relevant parts of Seychelles' first report.
6. The Ministry of Health and Social Development is the designated Ministry responsible for coordinating Seychelles' response to the United Nations Committee on the Rights of the Child on implementation of the Convention.
7. In order to ensure transparency and continuity in reporting, the combined report has the same structure as the first report. This report aims to provide a systematic analysis of the extent to which law, policy and practice in Seychelles comply with the principles and standards contained in the Convention on the Rights of the Child (art. 44). It not only analyses traditional indicators of compliance to the obligations under the Convention, but also highlights gaps and inconsistencies and proposes actions needed for compliance.

Context and methodology

8. The last decade has seen an increased focus on the changing needs and aspirations of children in Seychelles by the State. The recommendations made by the United Nations Committee have also been integral to legal reforms and policy shifts to bring legislation in line with the Convention. In 2005, the national theme "Our Children, Our Treasure, Our Future" served to reaffirm children's needs as a priority.
9. The Ministry of Employment and Social Affairs commissioned a Research Officer from the Social Development Division in 2005 to draft the consolidated report.
10. In order to ensure continuity in reporting procedures, all stakeholders made progress reports which were followed up by site visits, meetings and consultations. Two multi agency workshops were held to discuss progress made in addressing the recommendations made by the United Nations Committee on the 12–13 October 2005 and 19–20 February

2007. The report also draws on the findings of numerous forums, seminars and workshops of which the views of children, the public as well as stakeholders have been given prominence.

11. The final draft was made available to be commented on by the public through various websites and media outlets.

12. As with the initial report the final report was discussed and validated at a multi agency consultative workshop, held on 19 July 2007 then forwarded to the National Commission for Child Protection (NCCP) for further review. The final report was discussed and then adopted by the Council of Ministers.

II. General measures of implementation

A. Measures taken to implement the provisions of the Convention

Measures to harmonize national law and policy with provisions of the Convention

13. Since the submission of the initial report, important steps have been taken to harmonise Seychelles law to be in compliance with the Convention. Amendments have been made to legislation as well as a specialized committee set up for harmonisation of laws pertaining to children. The committee held long and extensive deliberations and consultations with young people, service providers and parents. This created a public sphere where stakeholders including children had their inputs taken into consideration hence facilitating the formulation of the legislation as a participatory process. Various inconsistencies were identified and the Children Act and Penal code have been amended. Specific amendments enacted will be cited throughout the report.

14. Under the Children (Amendment) Act 1998, a Family Tribunal has been created. The primary function of the Family Tribunal is to hear and determine matters relating to the care, custody access or maintenance of a child. The Tribunal also determines matters relating to children who may need compulsory measures of care and consent to medical dental or surgical treatment, in respect to the child. The Tribunal is deemed to have all the functions of the Supreme Court.

15. The Tribunal in particular addresses obstacles that families were facing due to the inherent problems in the previous system. The need for a Family Tribunal was justified because the best interest of the child was not being given due consideration. Unreasonable delays in cases were placing unnecessary stress on the child and many people were put off by the complexities and formalities of the court system. The Tribunal has had numerous successes in fulfilling its duties, prior to November 1998 an average of 160,000 Seychelles Rupees was being collected as child maintenance monthly, compared to 800,000 Seychelles Rupees on average nowadays. Another telling statistic is that while only sitting on Mondays and Wednesday the Family Tribunal has adjudicated over 18696 cases in a total of 445 sittings over the last four years. The demand of its services has lead to serious consideration of the Family Tribunal becoming a full time body. The Family Tribunal has also set up a Secretariat on Praslin and holds sessions there one Friday per month.

National mechanisms for coordinating policies and for monitoring the Convention

16. Since 1997 the Social Development Department has placed more emphasis on developing a more eclectic approach to issues concerning children with due regards to the local context.

The Committee recommends that the State party strengthen its efforts to coordinate policy and programmes and ensure a holistic approach to children's issues both at the national and local levels, in particular by ensuring that coordination mechanisms receive the necessary financial and human resources.

17. The State recognizes that the best way to ensure a holistic and coordinated approach to children's issues is to ensure that efficient and representative mechanisms are in place to ensure this. The National Commission for Child Protection (NCCP), Inter Agency committee, Child Protection Team, Advisory Committee on Children Homes, Social Services Committee as well as Interagency working groups for the Risk Indicator Framework, Child Well Being and parenting programmes all draw upon a wide range of top level expertise and experience. These committees also ensure that different agencies make the best use of resources and ensure that collaborative approaches result in the best services for children.

18. One of the most dynamic measures taken is the National Plan of Action for Children (2005–2009); this has been a tangible expression of the Government's commitment to a culturally relative paradigm of "well-being" for all Seychellois children. This approach acknowledges that children's behaviour, expectations and needs are fluid. The plan was developed over a three month period during 2004. During this time, an inventory of research studies that have been undertaken on children in Seychelles over the years were compiled as well as an assessment of all services and programmes by all key ministries and organizations catering for children. This has helped identify areas of weakness and gaps in the delivery of services and formulation of programmes relating to children. A weeklong workshop which brought together all government ministries, NGOs and civil society organizations involved with children in Seychelles and a group of secondary students who were integral to the new ideas proposed in the document. The plan contains 20 goals and specific actions and targets that have to be undertaken over the next 5 years to ensure the sustained development and wellbeing of Seychellois children. These actions and objectives span the whole spectrum of Government and civil society stakeholders under the broad headings of Economic Security, Health, Education, Social Environment, Identity, Emotional Development, Recreation, Sports and Aspirations. The plan is being evaluated by the National Commission for Child Protection (NCCP). In the annex find the plan in its entirety and a first report of implementation.

19. The Inter Agency Committee set up in 1999 also ensures the holistic approach set out in the recommendation. This is through a wide representation of professionals from different sectors who work together in collaboration to ensure that the best interest of the child is being served. Procedures have become more integrated and efficient due to this committee. This approach of collaboration between agencies has been extended to working groups for the Risk Indicator Framework and also in the formulation of parenting programmes.

20. Under the national theme of 2005 "Our Children, Our Treasure, Our Future" a steering committee consisting of all key partners and stakeholders chaired by the President was set up to achieve the following:

- Outline a profile of well-being and development for the Seychellois child. This is being addressed through the child well being study.
- Establish a directory of research studies on children and youth of Seychelles and identify areas where further research is of significant relevance.
- Establish a directory of existing services for children and youth and identify mechanisms to promote coordinated action.

- Map out important stages of development of a child from pre-birth to young adult and identify areas that require special focus and propose mechanisms to address these.

21. A Social Development Division was set up in 2001 which in 2007 became the Policy, Planning and Cooperation Division. The division's mandate is to be a "think tank" for the Government, carrying out research for policy formulation. The Division comprises of a Research section, Communication and Information management section and a Gender secretariat. The Division ensures that national social policies are founded on a solid, informed and statistical accurate base. The division also ensures that social policies are harmonized in the Government's vision of people centred development. Many policy and research initiatives that have been taken up by the division have addressed recommendations and shortcomings made by the committee and appear frequently in this report.

Independent monitoring structures

22. One of the main and most pertinent concerns raised in the concluding observations of the initial report was the lack of independent monitoring mechanism with a mandate to regularly monitor and evaluate progress in the implementation of the Convention and which is empowered to receive and address individual complaints by children.

The Committee encourages the State party to pursue its efforts to develop and establish an independent and effective mechanism, provided with adequate human and financial resources and easily accessible to children, in accordance with the Principles relating to the status of national institutions for the promotion and protection of human rights (The Paris Principles) (General Assembly resolution 48/134, annex), that would:

- (a) Monitor the implementations of the Convention;**
- (b) Deal with complaints from children in a child-sensitive and expeditious manner;**
- (c) Provide remedies for violations of their rights under the Convention.**

23. A major step in fulfilling this requirement is the development of the Indian Ocean Observatory (L'ODEROI) Observatoire des Droits de L'Enfant de l'Ocean Indien was launched in Mauritius in November 2004. The Observatory covers Comores, Madagascar, Mauritius, Reunion and Seychelles. It is a joint initiative of the Indian Ocean Commission, the University of Mauritius and UNICEF. The headquarters are based at the University of Mauritius. The main objectives of the observatory are:

- To monitor the rights and well-being of children in the Indian Ocean region
- To keep a regional database of the needs of children in the region
- To highlight how much member countries have achieved in child well-being and also where progress is lacking
- To follow up on the Convention on the Rights of the Child in the Indian Ocean region
- To develop indicators to measure the implementation of the Convention on the Rights of the Child
- To share regional expertise and experience
- To make recommendations in best practices in the implementation of the Convention on the Rights of the Child in the Indian Ocean region

24. Seychelles local chapter launched in June 2005 is represented as follows:
- Ministry of Health and Social Development
 - Ministry of Education
 - Ministry of Community Development Youth, Sports and Culture
 - National Council for Children
 - National Statistics Bureau (which has the very important role of focal point and manager of the system)
 - Internal affairs Department
25. The Observatory will go a long way to providing objectivity and a systematic way of implementing and monitoring the Convention on the Rights of the Child that was perhaps lacking before. It has also provided a way to pool resources and expertise amongst regional countries with limited capabilities.
26. The Cabinet of Ministers has approved the setting up of a Commissioner of Children's Rights. The need for such a body was widely accepted by practitioners, adults and young people themselves when the proposal was put before them in a workshop organised in October 2005 to prepare the next report on the implementation of the Convention.
27. From this vote of confidence a concept paper was drawn up and discussed with key partners such as the NCC, National Youth Council and the Ombudsman outlining the proposed structure for a Commissioner of Children's Rights.
28. To be an effective Independent Monitoring Mechanism, the Commissioner of Children's Rights office is to be created by an Act. The proposal to set up a Commissioner of Children's Rights instead of a children's ombudsman, will avoid unnecessary confusion which are foreseeable in the circumstances, given the fact that the constitution already provides for the office of the Ombudsman.
29. To give national recognition to the importance of such a monitoring body and to ensure that it carries a high status, appointment to the office of the Commissioner of Children's Rights will be made by the President to whom the former would be both administratively and legally accountable by law, and would be required to produce periodical reports about the implementation of the UN Convention.

Functions of the proposed Office of the Commissioner of Children's Rights

30. The functions of the Office of the Commissioner of Children's Rights would include; but not be limited to the following:
- (a) To promote the public awareness of, and compliance with, the principles and provisions of the Convention;
 - (b) To ensure that public authorities, private organizations and individuals have regard the rights, needs and interests of children in the performance of their functions or carrying out their activities;
 - (c) To receive complaints of Violations of children's rights under the law, to investigate such complaints and to take appropriate action under the Act.
31. It is mainly through its investigative powers which would be provided by the Act, that the Commissioner of Children's Rights would be able to carry out its statutory functions. For the purpose of such an investigation, the Commissioner for Children's Rights will be empowered to:

- (a) Summon any person;
- (b) Call for the production of any document by any person;
- (c) Examine the persons on oath;
- (d) Have access to any premises where a child is present.

32. The following recommendations were made.

Allocation of budgetary resources

While recognizing the existing economic difficulties, the Committee encourages the State party to pay particular attention to the full implementation of article 4 of the Convention by prioritizing budgetary allocations to ensure implementation of the economic, social and cultural rights of children “to the maximum extent of ... available resources”. Furthermore, the Committee recommends that the State party undertake an evaluation of spending and resources in the public and private sectors, including by NGOs, to assess the cost, accessibility, quality and effectiveness of services for children.

33. As in the initial report, it has been difficult to access specific documentation regarding prioritization of budgetary allocations. However, there have been improvements in budgetary allocations to programmes and services developed for children and the family not only in terms of larger allocations but also increased number of programmes targeting the family which receives state funding. It is to be noted that the Ministry of Education continues to benefit from the largest portion of the budget.

34. The State also maintains a Children’s Fund which provides funding for different programmes related to children and the family, predominantly educational programmes. Proposals to be considered for funding under the Children’s Fund are submitted on a yearly basis.

Data collection

35. The Committee expressed its concern over the lack of disaggregated data and indicators for all areas covered by the Convention and in relation to all groups of children in order to monitor and evaluate progress achieved and assess the impact of policies and programmes adopted with respect to children.

The Committee recommends that the State party:

(a) Develop a system of data collection and indicators consistent with the Convention, disaggregated by gender and age, as well as by island. This system should cover all children up to the age of 18 years, with specific emphasis on those who are particularly vulnerable, including child victims of abuse, neglect or ill-treatment, children with disabilities, children in conflict with the law, and children living in poverty;

(b) Use these indicators and data for the formulation and evaluation of policies and programmes for the effective implementation of the Convention;

(c) Seek technical assistance from the United Nation’s Children’s Fund (UNICEF) or other organizations in this regard.

36. The Seychelles Government has made considerable progress in this area. Solid mechanisms and research initiatives have been put into place that will provide adequate culturally relevant data for policy formulation. Much emphasis has been placed on developing indicators that not only embody the principles of the Convention but are also placed into the local context. The scope and reach of the mechanisms has also improved,

providing a more complete and in depth picture of the progress, needs and problems facing children in our society.

37. As mentioned the Observatory will facilitate data collection. Indicators have already been established and its first major project – a Regional study on Violence against Children has been completed and a second study is being carried out on adolescents. The Observatory also administers a regional database which is continuously being updated and can be accessed via ODEROI'S website <http://oderoi.uom.ac.mu>.

38. One of the most pertinent systems of data collection that is being developed by the Policy, Planning and Cooperation Division is the "Project Child Well-Being". This is an extension of an exercise carried out in late 2004 within the "Our Children, Our Treasure, Our Future" framework (CTF). The aim of this research is to develop a definition and model of child well being that takes into account the Seychelles context. The development of the Seychelles Model of Child Well Being relies upon a number of key concepts. Consideration was especially given to: the values that Seychelles hold, the need to be policy relevant and the importance of seeing the child as a whole individual and an active citizen.

39. The project is to provide an evidence-based measure of trends over time in the perceived quality of life or well-being of Seychelles' children and youth disaggregated by gender and age, as well as by island covering all children up to the age of 18 years. The data will be compiled primarily from children/youth in a comprehensive survey of child perception from all schools in Seychelles. Secondary Data will be derived from the Household Expenditure Survey, Health Department and Ministry of Education studies.

40. A list of indicators has been compiled, based on the sub-components of the model. The indicators have been well-established internationally in over two decades of empirical research on subjective well-being by numerous social psychologists and social scientists. Newly added indicators for the Seychelles model have been based on those used internationally.

41. Data will be compiled from relevant statistics collected from Government Ministries and NGOs, Sample surveys (children/parents).

42. By measuring child well-being the following will be facilitated:

- Assessment and description of the conditions of children growing up in Seychelles
- Identification of children who are at risk and require preventative services and children who have avoided risk, and whose experience can provide evidence of what works
- Monitoring child outcomes over time and the implementation of policies, services and programmes that seek to improve their lives
- Setting goals and planning more effective services, programmes and policies that will address the specific needs of different groups of children
- Evaluation of the successes and failures of policies and whether resource investments in selected programmes, services and initiatives are making a real difference to the lives of children in Seychelles

43. The Seychelles Government recognizes that one of the main concepts shaping the Convention is that children are not only entitled to citizenship rights, but also to special care and assistance. This suggests that a comprehensive approach to children's rights should include the civil, political, economic, social and cultural rights inherent to the human dignity of the child.

44. While recognizing that the Convention provides a common reference against which progress in meeting human rights standards for children can be assessed and results

compared, a universal set of standards which has to be adhered to by all countries, the Project Child Well Being provides a localized reference and set of standards. Once relevant information is collected, processed and analyzed, it is envisaged that a bi-annual report will be produced.

45. A group of Seychellois researchers were commissioned by the Government in 1998, to carry out a National Youth Study with the aim of better understanding the young people of Seychelles. The study was designed and conducted with the participation of young people and the support of a Canadian technical team, 1,242 questionnaires were used.

46. The Social Development Department has also taken considerable steps in setting up a data collection system which will help in early intervention and prevention for children at risk within the age group of 0–4. Refer to the risk indicator framework paragraphs 202–208 below.

B. Measures to promote public awareness of the Convention

Measures to promote the principles and provisions of the Convention

47. The Seychelles Government places emphasis on sensitization and dissemination as a means of making the Convention as effective and far reaching as possible. Extensive use is made of the mass media in order to infiltrate as large an audience as possible, as well as more specific grass root education at the earliest stage possible.

The Committee recommends that the State party strengthens its efforts to ensure that the principles and provisions of the Convention are widely known and understood by adults and children alike. In this regard, the Committee encourages the State party:

(a) **To ensure that the Convention is translated in its entirety into all three official languages;**

(b) **To undertake a systematic education and training programme on the principles and provisions of the Convention for children, parents and all professional groups working for and with children, in particular judges, lawyers, members of the Family Tribunal, law enforcement officials, staff of the Youth Residential Treatment Centre, teachers, health-care personnel, social workers, staff in orphanages, parliamentarians and religious leaders.**

48. The Creole version of the Convention was developed by the Social Development Department and NCC which features on the NCC as well as the Social Development Department's websites.

49. A Human Rights Approach to Programming workshop was offered to representatives from ministries and organizations working with children in 2004.

50. The Seychelles Broadcasting Corporation (SBC) radio service carries weekly programmes where children not only participate but are themselves the presenters which focus on their areas of interest and concerns. Television slots are specifically allocated to youth issues. Additionally both SBC Radio and TV offer the NCC support in producing specific programmes promoting children's welfare. Radio programmes which are aired on a monthly basis discussing the Family Tribunal have as one of their objectives to increase people's awareness on the roles and functions of the Family Tribunal in upholding children's protection rights vis-à-vis the Convention. Broadcasting spots on Radio and TV on issues advancing the cause of children are broadcasted free of charge. Similarly, matters of national concern affecting the youth such as HIV/AIDS receive free airtime.

51. The National Commission for Child Protection (NCCP) produced a booklet in Creole in 1999 entitled "Drwa ek Devwar Bann Zanfan", which stated the rights of the

child and explained the relationship between rights and responsibilities. This booklet was distributed to all schools throughout Seychelles.

52. There has been school wide sensitization of the Convention, sessions held jointly by the NCC and the Ministry of Education for different target groups within the school community have been carried out. Sensitization sessions were also held for all school Parent Teacher Associations.

53. The Seychelles National Youth Council has started a series of workshops with youths from all districts to enable them to be more conversant with the Convention and to provide the opportunity to contribute to the periodic reports.

Measures to circulate the report among the public (art. 44, para. 6)

54. The report has been posted on the Social Development Department's website where it has been open to comments. The report has also been made available at the National Library and other national outlets.

C. Concluding remarks and recommendations

55. Compliance with article 44 requires that:

(a) This report be widely circulated and areas for further action highlighted to promote public consultation. Individual ministries need to continue to ensure that they monitor and disseminate their own efforts to comply with the Convention;

(b) Broadcasts made by the SBC need to be made more relevant to children and take into consideration their views and needs of current programmes;

(c) In order to ensure that dissemination of the Convention is effective, efforts made have to be consistent and continuously evaluated. It is apparent that awareness and misconceptions about the Convention are still major obstacles;

(d) Collaborative work between key stakeholders to disseminate the report needs to increase and reporting channels already established maintained for ongoing monitoring of progress.

III. Definition of the child

A. Definition of the child under Seychelles law

56. Please refer to the initial report, paragraph 25.

B. The age of majority

57. Please refer to the initial report, paragraph 26.

C. Other legal minimum ages

58. Please refer to the initial report, paragraph 27.

The Committee raised the concern that:

- (a) Under law there is a different minimum age of marriage for boys and girls;
- (b) The age of compulsory education is not clear, giving rise to uneven enforcement.

The Committee, therefore, recommends that the State party:

- (a) Review its legislation with a view to rectifying differences in the minimum age of marriage by raising the age for girls to that for boys;
- (b) Establish a clear age for compulsory schooling and ensure that it is enforced.

59. Under the Civil Status Act, Parental consent is required if a girl from 15 to 17 years wishes to marry. The age of consent of boys to marry is 18. Proposals to amend this piece of legislation are still under consideration.

60. Both the Constitution and the Education Act (2004) provide for 10 years free and compulsory education for all Seychellois children from primary one to Secondary Four. Education Act 2004 defines 'compulsory school age' as the prescribed age at which a student is obliged to attend school. In terms of level of education, a child is obliged to attend Primary 1 to Secondary 4. In terms of age a child is obliged to attend school from age 6 to 16+. The Ministry of Education however recognises that children develop at differing rates and where judged to be in the best interest of the child, accepts in a non-obligatory manner in Primary 1, children younger than 6 years.

61. Provisions relating to alcohol consumption have been amended to tally with that of tobacco (S.I. 10 of 2001 Licences Act cap 113).

62. Restriction of children to discotheques and dancing halls has become more stringent under the (S.I. 10 of 2001 Licences Act cap 113). It states that:

The holder of a licence to keep or manage a discotheque or dancing hall shall not permit a person under 18 years of age\or who is unable to produce an identification document which proves to the satisfaction of the holder of the licence that the person is 18 years old or over to enter the premises except being used for the purposes stated in regulation 33(d).

63. Regular spot checks are carried out by the Licensing Authority in collaboration with the Probation Services of the Social Development Department in all discotheques and dance halls. Fines are handed out to proprietors who contravene the Licenses Act and have acted as an efficient deterrent to underage admissions.

64. Access to prescribed contraception without parental consent remains at 18, the disparity between age of consent between sex and access to contraception remains a problem and is discussed in detail in section VII below.

D. Concluding remarks and recommendations

65. Compliance with article 1, the definition of a child, requires that:

- (a) Laws are reviewed in order to improve standardization of age levels, especially for the sake of gender equity in legal provisions;
- (b) Laws need to be monitored to verify implementation as the practice of sending children to buy alcohol and cigarettes for adults is still rampant.

IV. General principles

A. Non-discrimination (art. 2)

66. As stated in the initial report Seychelles enjoys a highly integrated and diverse society. Adequate mechanisms and provisions under the law ensure that these constitutional rights are continually guaranteed. Since the submission of the last report steps have been taken to make the application of the principles of the Convention more explicit in domestic legislation.

67. The Committee expressed its concern that the principles of non-discrimination, the best interests of the child, the right to life, survival and development of the child and respect for the views of the child are not fully reflected in the State party's legislation and administrative and judicial decisions, as well as in policies and programmes relevant to children at both national and local levels.

The Committee recommends that the State party:

(a) Appropriately integrate the general principles of the Convention, in particular the provisions of articles 2, 3, 6 and 12, in all relevant legislation concerning children;

(b) Apply them in all political, judicial and administrative decisions, as well as in projects, programmes and services which have an impact on all children.

Apply these principles in policy-making and planning at every level, as well as in actions taken by social and health welfare and educational institutions, courts of law, including the Family Tribunal, and administrative authorities.

Furthermore, the Committee requests that specific information be included in the next periodic report on the measures and programmes relevant to the Convention on the Rights of the Child undertaken by the State party to follow up on the Durban Declaration and Programme of Action adopted at the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance, and taking account of the Committee's general comment No. 1 on article 29, paragraph 1, of the Convention (aims of education).

68. Although Seychelles' law ensures that there is virtually no scope for discrimination, cultural values and paradigms can be seen to marginalise and alienate. These issues are more complex to deal with as they often go under the radar of legislation and are rather ingrained in popular perception and attitude.

69. Traditionally gender disparities and rigid stereotyping have played a discriminatory role in society; one of the best documented examples is in the education system. Evidence of this is the gross under-representation of girls in the technical and vocational areas in spite of their good academic performance and open door policy of the Government. Gender imbalances in staffing at crèche/primary levels, gender blindness of staff/perpetuate the reinforcement of stereotyping. Underachievement by boys in primary school has become a growing concern and warranted a research project funded by the Foundation of African Woman Educationalist to determine the extent and causes of boy's underachievement in primary schools.

70. The Ministry of Education and the Gender Secretariat of the Policy, Planning and Cooperation Division has however reacted pro-actively; mechanisms have been put in place by the Ministry to mainstream gender. The main aims have been to ensure that the fruits of development (education) benefit girls and boys equally and to uncover hidden biases that limit boys and girls' ability to enjoy equal rights and reach full potential.

71. The role of the Ministry of Education will be to promote greater gender equity in education and ensure full participation and equitable learning experiences for both genders. Also to act as a watchdog, screen policies and projects and curriculum for gender responsiveness and alert management on gaps.

72. The new Personal and Social Education (PSE) programme, which is compulsory for all students, discusses family responsibilities and relationships in gender sensitive ways which are not limited by traditional roles and tasks. Accurate information on growth and development as normal processes for both girls and boys is given to students. Gender sensitive careers education and counselling are being introduced from very early ages. This will bring about attitudinal changes over time and help boys and girls develop new and stronger relationships based on respect and equality for both genders.

73. There is still no protective legislation rendering it unlawful to discriminate against people, including children, on grounds of sexual orientation. *Article 2 of the Convention states that all rights must be respected “irrespective of the child’s race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status”*. It is to be noted that in many youth forums and debates, homosexuality is subject to a negative discourse and has worryingly been described as a ‘negative influence of modernisation’.

74. Discrimination amongst disabled children in mainstream education is another issue which needs to be addressed. Mainstream schooling can be seen to be exclusive and disenfranchising with no facilities to cater to their special needs such as sign language teachers or textbooks in brail. This results in few disabled children being found in mainstream education, instead of going to the “School for the Exceptional child” where they are taught mainly vocational subjects. This leads to a large dependence on Social Security benefits and eventually exclusion from meaningful employment.

B. Best interests of the child (art. 3)

75. Acting in the best interests of the child remains a key principle underpinning legislation and practices concerning children in all national jurisdictions, including the developments outlined throughout this report. The following recommendation was made by the Committee in regards to the best interest principle.

In light of article 3, the Committee recommends that the State party ensure that the best interests principle is reflected in all relevant legislation, policies and programmes for children, in particular in the proceedings and decisions of the Family Tribunal.

Legislative provision for the best interests of the child

76. The legislative provision of this Article has already been established in the initial report; however amendments have been undertaken to improve implementation and provide guidelines. Key decisions made in the Supreme Court have directly quoted the Convention in key decisions such as (Durup Vs Durup – Civil Appeal No. 1 of 2000) reinforcing the best interest principle being paramount in decision making. The amendments also serve to address the concerns stated by the committee.

77. The Children (Amendment) Act 2005 states that whenever a court or tribunal determines any question with respect to the upbringing of a child, the child’s well being shall be its primary consideration. A court or tribunal which determines such a question shall have regard to the following statutory checklist:

- The general principle that a delay in determining the question is likely to prejudice the well being of the child

- Such wishes and feelings of the child as may be ascertained considering the child's age and understanding
- The likely effect on the child of any change in the child's circumstances
- The child's age, gender, background and any characteristic of the child which the court or tribunal considers relevant
- Any harm which the child has suffered or is at the risk of suffering
- The capacity of each of the child's parents, and any other person in relation to whom the court or tribunal considers the question to be relevant of meeting the child's needs
- The range of powers available to the court or tribunal in the proceedings in question

Staff of the Family Tribunal are being given training to familiarize themselves with the checklist.

78. It has been established through the Chief Justice's practice directives that cases involving children are to be given priority in court so as not to prejudice the well being of the child. However the court faces numerous constraints in this area and often for diverse reasons such cases are delayed. Consultation with partners is ongoing to see how best to tackle this.

79. The Family Tribunal is under the obligations of the Children (Amendment) Act 1998 to have as its paramount consideration the interest of the child who is the subject matter before the Tribunal. The Tribunal is also charged under this act to ensure that where it is able to do so, take into consideration the view of the child who will be affected by the decision. Although there is still no guarantee of judicial or administrative implementation, this however provides a concrete backdrop for consistent decision making placing the best interest of the child as an overriding principle.

Standards of facilities for the care and protection of children

80. Please refer to the initial report, paragraphs 40–41.

C. The right to life, survival and development (art. 6)

81. Please refer to the initial report, paragraphs 42–43.

D. Respect for the views of the child (art. 12)

82. The Seychelles Government has undertaken numerous measures to ensure that respect for the views of the child especially in matters concerning them is integrated in policy formulation.

In light of article 12 of the Convention, the Committee recommended that the State party ensure that children's views are given due consideration in courts, schools, relevant administrative and other processes concerning children and in the home through, inter alia, the adoption of appropriate legislation, the training of professionals working with and for children and the use of information campaigns. The Committee further recommended that the State party undertake consultations with children on matters affecting them.

83. The Children (Amendment) Act 2005 introduced a statutory checklist which is a list of factors which the courts and Tribunal have to take regard to. Amongst those factors,

includes the requirement of courts or Tribunals to take into account the ascertainable wishes and feelings of the children (i.e. their views).

84. Practice guidelines to ensure that the views of children are respected have been developed and have been issued to Tribunal workers.

85. Extensive surveys such as the National Youth Survey of 1998 and Aspiration 2013 have been carried out in order to gauge the views of children and incorporate these views into future plans and policies. The Government has also established accountability through reporting back to children on how their views are being implemented.

86. A survey for children's views on programmes affecting them was conducted in schools in November 2005. Also refer to freedom of expression, (paras. 91–99 below).

87. Children have been consulted for their views all the way through the process of compiling this report. A child delegation has been present at all the workshops organised to discuss actions undertaken to implement the provisions of the Convention and their views have been duly considered and relevant comments inserted in the report.

E. Concluding remarks and recommendations

88. Compliance with article 2 requires that:

(a) A legislative review be undertaken which will make it unlawful to discriminate on grounds of sexual orientation, and will introduce an age of consent for all children regardless of their sexual orientation;

(b) Research needs to be carried out in other spheres rather than solely the education system to detect if similar biasness and discrimination are being carried out in other sectors. The example in the education system illustrates that discrimination is subtle and ingrained in perception rather than inherent in legislature. This requires policies which focus on sensitization, training and mainstreaming.

89. Compliance with article 3 requires that:

(a) Continued and systematic review and evaluation of childcare and protection facilities be undertaken;

(b) A set of standards for these institutions be established and enforced;

(c) Employees be screened to ensure they are suitable persons to care for children;

(d) Appropriate training offered to establish and maintain the standard of facilities;

(e) Facilities are made available to facilitate mainstreaming of disabled children in the education system;

(f) Delays in court proceedings in cases involving children are rapidly addressed.

V. Civil rights and freedoms

A. Right to a name, nationality and identity (art. 7)

90. Please refer to the initial report, paragraphs 49–52.

B. Preservation of the child's identity (art. 8)

In light of article 8, the Committee recommended that the State party review its legislation in order to ensure that all children born out of wedlock have, as far as possible, the legal right to know and maintain contact with both their biological parents, and that all children of divorced or separated parents have the legal right to maintain their identity.

91. Following the amendment to the Children (Amendment) Act 1998, the Family Tribunal with the jurisdiction to make decisions over disputes between parents which encompasses custody and access (contact) of children to parents was created. However, so far no law has been enacted that confers on any child the right to know his/her biological parent/s. The identity of children following separation or divorce of the parents is maintained provided that the parents agree.

C. Freedom of expression (art. 13)

92. The State has enhanced this right over recent years by actively promoting freedom of expression through numerous channels. However, cultural attitudes and perception has proved more difficult to change. Freedom of expression like many other rights has in many instances been seen as an affront to adult authority or traditional approaches to parenting. The general consensus amongst children is still that in many cases in their family lives their views and opinions are not adequately respected or acknowledged. However the state has enabled, revamped and galvanised various bodies to tap into this rich vein of dynamism and creativeness.

93. A National Youth Action Plan has been formulated by the Youth Department. Various programmes under this streamlined action plan cater for and maximise freedom of expression amongst children in Seychelles.

94. The Seychelles National Youth Assembly was officially launched in 2003. The assembly is comprised of members from each district who bring concerns raised in forums and debates in their districts to the assembly. The assembly seeks to establish dialogue between youths and policy makers and provide them with a sphere to debate concerns and ideas. Recommendations from this body are taken very seriously and already legislation has been enacted as a result of motions forwarded. An example of this is suitability clearance for security workers at school has become compulsory due to recommendation made by the youth assembly.

95. An annual youth festival is held where children are given the opportunity and encouragement to showcase talent and express themselves.

96. The National Youth Council conducts an annual general youth conference, through this forum youths debate pertinent issues and make recommendations. These recommendations are then forwarded to the appropriate organizations for consideration. Again this has proved highly effective with a number of views expressed by children having been adopted or taken into consideration.

97. Another programme initiated by the state has been 'Aspiration 2013'. During the course of two months March–May 2003; young people were invited to participate in discussions with the aim of providing young people with an opportunity to enable participation in the creation of a vision for the development of Seychelles over the next ten years. The discussions were held for all secondary schools and post-secondary institutions as well as for other out of school youth from all the districts of Mahe, Praslin and the inner islands. In all 59 extensive sessions were conducted.

98. In 2006 the Schools Division and Education Services Bureau joined forces in order to revitalise the national student council, the parent organization for all students associations. This will facilitate and advocate students to express their views in the running of their schools.

99. Five youths also got the chance to take part in the 'Comité Citoyen des Jeunes de l'Océan Indien' forum in Reunion. This is a project initiated by UNICEF, COI and ODEROI, which brings together youths of the region to contribute towards reflection on the themes chosen for the annual studies of ODEROI. The first meeting took place in December 2006 and brought together twenty five youths aged 12–17 from the five Member States of the Indian Ocean Commission (Reunion, Comores, Madagascar, Mauritius, Seychelles) and addressed the issue of violence against children which was the subject of the first report. The five local members have drawn up their action plan to be implemented at the national level.

100. Since 2005 a children's symposium has been held for secondary students which provides them with the opportunity to express their opinions and voice any questions on the chosen national theme.

D. Freedom of thought, conscience and religion (art. 14)

101. An issue that has been brought up through consultations with children is over school uniforms and the possibility of wearing veils and other religious symbols or apparel. Also the monopoly of Catholicism of the religion syllabus has been raised as a concern, as children from other religious faiths often choose not to participate. The Ministry of Education's policy as it stands does not allow any deviance from the standard uniform including veils or encourage a more eclectic approach to religious studies.

E. Freedom of association and of peaceful assembly (art. 15)

102. Plans for the redevelopment of the Victoria Children's Playground are being discussed with private investors. Recommendations by the National Youth Council to incorporate new equipment, trained staff and a more conducive environment for peaceful assembly and recreation will be implemented.

103. The Ministry of National Development has acknowledged the need for recreational areas for children in all new housing projects. All new housing estates now have to guarantee a secure and safe area for children to play.

F. Protection of privacy (art. 16)

104. Please refer to the initial report, paragraphs 66–69.

G. The right not to be subjected to torture or cruel, inhuman or degrading treatment or punishment (art. 37 (a))

105. Please refer to the initial report, paragraph 70.

H. Access to appropriate information (art. 17)

106. There is still no specific legislation in Seychelles charging the mass media to provide adequate programmes for children. The Seychelles Broadcasting Corporation (SBC) uses its own discretion and initiative to ensure that diverse and informative programmes are adequately broadcasted. An SBC Radio service carries weekly radio programmes whereby children not only participate but are themselves the presenters of their programmes which focus on their chosen area of interest and concern. Weekly television slots are specifically allocated to youth issues, and spots on Radio and TV addressing issues pertinent to children are broadcast free of charge. Additionally both SBC Radio and TV offer the NCC technical support in producing specific programmes promoting children welfare. However consultation with children through workshops and discussions has revealed wide dissatisfaction with the quality and content of broadcasts.

107. The Government has taken a number of steps to encourage the dissemination of information through the mass media. The print and the broadcast media have specific programmes for children and other programmes focusing on issues that are of relevance to children and young people. All three national languages are used in print and on radio and television programmes. Media coverage is given to children specific events and annual activities such as Children's Day.

108. The Ministry of Community Development, Youth, Sports and Culture has defined an important project to equip the Children's Library with new books, equipment such as computers, audio-visual equipment, and other material resources.

109. Provisions which make it a crime for any person to exhibit indecent material in public or to trade in, distribute or exhibit indecent material, including films have become more stringent under the Children (Amendment) Act 2005.

I. Concluding remarks and recommendations

110. Compliance with article 7 requires that civil law be reviewed to permit a father to acknowledge a child at birth without this obliging the child to bear the fathers' name. Any dispute arising from the choice of name could then be settled by the courts, in the child's best interest.

111. Compliance with article 14 and article 5 requires that as a child becomes capable of articulating a view in relation to religious practice the parent, carers and/or authorities should respect it.

112. Compliance with article 15 requires that provisions be made for more appropriate and convenient meeting places for young people to promote their right to freedom of association and assembly.

113. Compliance with article 17 requires that children be allowed more input in the selection of broadcasts.

VI. Family environment and alternative care

114. The family structure in Seychelles has continued to change radically with various implications for the way parenting is approached and the best way to ensure that appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention is provided. Research has been carried out in 2002–2003 about demographic change and its implications on social responsibilities. From this research it has been established that in Seychelles we face:

- Falling birth rates and smaller families
- Fewer marriages and more cohabitation
- An increase in divorce, remarriage and reconstituted families
- An increase in the proportions of one-parent families (SDD, 2003)

115. The increase in the female labour force participation and a reduction in family size has reduced the availability of family caregivers and increased the dependence on outside support networks. This scenario is forecasted to become more acute during the following 20 years.

116. The Government has built on steps previously taken to ensure a holistic approach to combat this complex problem while at the same time recognising the sovereignty of the family.

The Committee recommended the following in relation to its concern with spreading phenomenon of family disintegration in the State party, including the large number of single-parent families:

(a) Continue ongoing efforts at legal reform with regard to parental responsibilities;

(b) Continue to develop measures for the prevention of family disintegration and the strengthening of family development together with public agencies, civil society organizations and families themselves.

A. Parental guidance (art. 5)

117. Please refer to the initial report, paragraphs 81–83.

118. Programmes and organizations setup to strengthen and support Seychellois families are outlined below. The support offered by these programmes assists parents with their vital role recognized in article 5 of the Convention.

B. The right to family life

Social Development Department

119. The Social Development Department supports and assists parenting education providers in initiating and implementing parenting programmes at the national level. The Department works in close collaboration with the Ministry of Education, the Ministry of Community Development, Youth, Sports and Culture as well as the parenting education providers in the community. The Social Development Department also carried out counselling with parents and works closely with other organizations through referrals and consultations. The Department also refers children to the NCC for therapy and to the Youth Health Centre for reproductive health counselling.

Ministry of Education

120. The Student Welfare Unit of the Ministry of Education is involved in activities that address issues affecting children's education. The unit also works in close collaboration with other partners.

NGOs

National Council for Children

121. The NCC runs a four session parenting module called 'KIDS' addressing consequences, communications, constancy and problem ownership. The programme encourages parents to share their experiences and find solutions together.

122. The NCC is also the focal point for the UNESCO Living Values Programme working in close collaboration with the Ministry of Education to implement the programme. The programme has a component for parents which are being disseminated to the Parent Teacher's Association.

123. The NCC has an active fathers' group and works closely with fathers in different schools to promote responsible fatherhood.

124. The NCC in collaboration with the Ministry of Health and Social Development have developed the television programme 'Mes Chers Parents' which addresses issues of parenting, child growth and their development.

Alliance of Solidarity for the Family (ASFF)

125. ASFF works with the family and parenting education forms a key part of their work. Their programmes are formulated in accordance with their Parenting Manual.

Mother's Union

126. Mother's Union works with parents in the home and they are particularly involved with grand parents who are bringing up their grandchildren. Their programmes include parenting with a faith based orientation.

Father's Association

127. The Father's Association works closely with the family in the home, giving support in instances of family violence. They have no formal programmes on parenting education but encourage fathers to follow existing ones being offered by other organizations.

Association for the Promotion of Solid Humane Families (APSHF)

128. The APSHF actively promotes Family Values; APSHF holds counselling for couples, Married/Non-Married and bereavement counselling. The association has also, developed a parenting programme which carries out parenting sessions for Social Service clients and in the districts.

Les Li Viv

129. Les Li Viv promotes respect for every human person born or unborn. It also provides support and care "especially for women" with unintended pregnancies and provides post-abortion counselling.

Campaign for Awareness Resilience and Education against Substance abuse (C.A.R.E.)

130. C.A.R.E. disseminates substance abuse information and offers prevention services to families.

131. A detailed booklet of all organizations working to ensure the right to a family life is provided in the annex.

Parental responsibilities

132. Please refer to the initial report, paragraphs 85–87.

133. The amount of maintenance and neglect cases recorded by the Social Development Department is a reflection of the problems associated with parental responsibilities. Since 1998, with the introduction of the Family Tribunal serious action is being taken to deal with defaulting parents in maintenance cases. The State is also focussing its efforts on support programmes aimed at dealing with the problem at the source and giving parents the necessary skills to take their responsibilities.

Views of the child within families (art. 12)

134. Please refer to the initial report, paragraphs 88–90.

Government assistance in the case of children (art. 18)

135. Please refer to B., Right to Family life in paragraphs 91–93 of the initial report.

Levels of family support**Standards of day-care provision (art. 3, para. 3)**

136. Through the National Action Plan for Children (1995–2000) the state committed to building more day care facilities. Day care facilities have evolved in the last 10 years in terms of availability and quality that is on offer. The increase in the amount of day care centres has brought about healthy competition to offer the best service. The Ministry of Education in view of the importance of the educational, cognitive, emotional and social development aspects of Pre-School now acts as the monitoring watch dog of day care centres empowered by the Education Act 2004. Under the 2005 Day Care Centre Guidelines all centres have to adhere to standards based on the World Health Organization standards schedule. Certificates of Registration/ Renewal of Registration are on condition that these standards are maintained. Monitoring through visits, meetings and discussion are carried out regularly. Standards of child minders provide a tougher challenge as they are individuals who look after children in their homes informally and it is therefore difficult to monitor whether they adhere to any standard.

Maternity rights and parental leave

137. The issue of paternity leave has been widely discussed and has gone as far as a National Assembly debate. However to date the right to paternity leave remains unresolved.

138. Nonetheless, the President of the Republic has recently declared that as of next year (2008) maternity leave will be increased from 12 weeks to 14 weeks allowing mothers to spend more time with their babies.

139. Please refer to the initial report, paragraphs 97–100.

Support for families with disabled children

140. There have been some changes in the last ten years in relation to “accessibility” to infrastructures. Nonetheless, an ‘occupational therapist’ has not been adopted on the National Planning Committee as had previously anticipated. However, the National Planning Authority is making some progress in supporting families with disabled children. New buildings are more accessible and some changes to old buildings such as ramps and hand rails are being introduced. It has been the policy of the Ministry of National Development to provide specialized housing modified to the needs of disabled children when informed beforehand of the requirements.

Financial assistance

141. Social Security fund provides disability benefit for disabled children of 15 years and above. Since 1999 children with disabilities below 15 years can also receive benefit but through a means tested system. Children of disabled parents who are receiving invalidity benefits automatically receive dependant benefits.

Other assistance

142. The State provides home carers for children who are unable to go to school on a merit basis. Those that do attend school are collected if they are unable to take public transport. Recently the Seychelles Public Transport Corporation has introduced free bus passes for all children with disabilities. However, public transport remains inaccessible for children in wheelchairs.

143. Parents who have to stay at home to look after their severely disabled child/children are provided for by the state under the Home Carer's Scheme.

144. Housing assistance is provided on a case-by-case basis by the Ministry of National Development. In the housing application form a new section (2003) has been introduced where applicant is asked to state whether there is a person with disability in the household. If there is, the house will be made accessible to disabled.

School for the Exceptional Child

145. The School for the Exceptional Child caters for all disabled children who cannot attend mainstream schooling.

146. Currently the Association for People with Hearing Impairment (APHI) is active in their efforts to create a dictionary of sign language in Creole. The Project is receiving the support of the Government. This will facilitate teaching by standardising Creole sign language.

Rehabilitation Centre

147. The Rehabilitation Centre's programme is under review and the facility is set for renovation. The Council for the Disabled sends a number of its clients to this centre for the services it offers. However the centre has found it hard to keep professionals who can offer specialist services. At the moment the centre is lacking the services of a permanent occupational therapist and speech therapist. It however has an audiologist and a rehabilitation specialist.

148. A proposal for an Integrated Disability Strategy is being considered. This strategy recognises that the Rehabilitation Centre is but one component of critical disability services aimed at meeting the needs of disabled persons and addresses the need for the Centre to be part of a framework encompassing different components of rehabilitation.

Day care

149. A day-care centre was set up in 2001 at North East Point near the Rehabilitation Centre but only lasted for two months. It was found to be too costly and time consuming for parents, due to the location and public transportation not being adequate for disabled children. However there are plans to build two day care centres, one on Praslin and the other on La Digue. For the former, the plot of land where it is to be built has already been transferred to the Council for the Disabled, and for the latter the necessary procedures are being undertaken for the transfer of a property. Following a consultation process the possibility of setting up a day care facility next to the School of the Exceptional child is being explored.

Other facilities

150. SDPO along with the Council of the Disabled has made a proposal for a multi purpose centre on Mahe for the disabled who do not attend school or the Rehabilitation Centre.

Mobility aid

151. The Council of the Disabled imports wheelchairs, crutches and other facilitating aides for children. Importation is tax free but inclusive of a Goods and Services Tax. The Council for the Disabled receives money from the Ministry of Finance upon request at no cost to the beneficiaries. The Health Department often receives donations of wheelchairs which ensure that there are no shortages.

The right to special care

152. Please refer to the initial report, paragraphs 106–109.

Respite care

153. Respite care remains unavailable; however the need to provide such a service has been recognized and is under discussion.

Social integration

154. The National Council for the Disabled encourages all disabled to continue living with their family. However, support for parents (other than financial) is very limited. The Council with the help of Leonard Cheshire International is trying to design programmes of counselling and support for parents of children with disability.

Associations

155. There are currently seven associations catering for people with disabilities:

1. Seychelles Disabled People's Organization (SPDO): mainly for the mentally and physically disabled.
2. Parents of Disabled Association of Seychelles (PODAS) – an association of parents with disabled children.
3. Seychelles Union of the Blind: catering for the visually impaired.
4. Association for People with Hearing Impairment.
5. Sports Association (for all disabled taking part in sports).
6. Faith and Light.
7. District Disabled Support Group. There is such a committee in each district.

156. The National Council for the Disabled oversees the work of all the mentioned associations and provides support. The Community Development Department organizes skills development and social activities to promote integration.

157. The Sports Association for the Disabled is very active and disabled children are provided with opportunities to take part in international competitions. (Indian Ocean games, CJSOI). These children also take part in the National Championships organized every year.

The child's views in divorce and separation (art. 12)

158. Please refer to the initial report, paragraphs 118–123.

C. Separation from parents (art. 9)**Provisions for separation**

159. Please refer to the initial report, paragraph 124.

Information on location of relatives separated from the child by the State

160. Please refer to the initial report, paragraph 125.

Children with parents in prison (art. 9)

161. Prison was relocated to Mahé in 2006; this has facilitated visits by children to incarcerated parents.

D. Family reunification (art. 10)

162. Please refer to the initial report, paragraph 129.

E. Recovery of maintenance for the child (art. 27)**Legislative provisions**

163. Please refer to the initial report, paragraph 130. See also Family Tribunal, paragraphs 14–15 above.

Enforcement of maintenance orders

164. Please refer to the initial report, paragraphs 131–132. See also Family Tribunal, paragraphs 14–15 above.

F. Children unable to live with their families (art. 20)**Placements (art. 2)**

The Committee recommends that the State party review its policies on alternative care for children deprived of a family with a view to developing a more integrated and accountable system of care and support by:

Strengthening and expanding the foster care system through improved training of social workers and increased counselling and support for foster families;

Enhancing coordination between all persons involved in the care of children deprived of a family environment, including police, social workers, foster families and the staff of public and private orphanages;

Establishing a set of standards and procedures for all public and private organizations working with these children that encompass the principles of the best interests of the child and respect for the views of the child and that ensure that their placement is periodically reviewed, in accordance with article 25 of the Convention.

Suitability

165. Foster parenting presents a cultural anomaly to traditional practices in Seychelles. Only a small number of parents are officially recognized as foster parents, however

informally it is estimated that a large proportion of orphaned children or children who cannot live with their parents are absorbed into an informal fostering system. Rather than going through the official channels, families usually take in the children who are often related to them. However no statistics or research exists exploring this practice.

166. A study conducted by the NCC on fostering practices in the Seychelles in 1998, was conducted due to concerns over the adequacy of the placement system. It was generally agreed that procedures are well established for handling a child who is at risk. The shortcomings in the system are a lack of appropriate placement for the child.

167. The Advisory Committee on Children's Homes in the Social Development Department has made recommendations to strengthen and expand foster care and made proposals to review and amend laws on adoption.

168. A School of Social Work was set up in 2001 under the umbrella of the National Institute for Health and Social Studies with the course content adopted from the Edith Cowen University in Australia. The first batch of students graduated in 2004 and the second cohort will graduate at the end of this year. This has helped a long way in providing more specific training for social workers. All in service social workers are expected to undergo this training. Most have already completed in the first cohort or will be completing at the end of this year along with the second cohort.

Contact with family

169. Move to making YRTC more of a day centre rather than residential as well as moving the institution to Mahe from Praslin with the onus more on family participation in the rehabilitation process.

Disabled children (art. 23)

Taking note of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities (General Assembly resolution 48/96, annex) and the results of the Committee's day of general discussion on the rights of children with disabilities, held on 6 October 1997 (see CRC/C/69, paras. 310–339), the Committee recommended that the State party continue its cooperation with the National Council for the Disabled and other relevant civil society organizations, in particular in:

Developing and implementing a policy aimed at the full integration of children with disabilities into the mainstream school system;

Assessing the extent to which current services and public facilities are accessible and appropriate for the needs of children with disabilities with a view to improving the physical environment, the coordination of service delivery and the capacity of all staff and professionals working for and with children to include children with disabilities in their programmes, thereby facilitating their active participation in society at large.

170. The principle of inclusive education is central to both the Education Act (2004) and Education Policy Statement "Education for a Learning Society" (2000).

171. Logistical challenges associated with full integration cannot however be overlooked, many schools cannot cater for disabled students as infrastructure is lacking. Often students who are bound to wheelchairs have to relocate to schools with facilities such as science labs on the ground floor. This is often very inconvenient as public transport does not cater for wheelchairs and often students have to attend schools a long way from their place of residence with little support from the state.

172. Access to buildings by disabled students has been included within the minimum facilities standards.

173. Baie Ste Anne Primary school situated on Praslin is the first new school with integrated facilities for disabled students.

174. Although steps have been taken and children with disabilities are becoming integrated, there is a lack of urgency to accept issues of accessibility as issues of citizenship. As long as disabled children face limited participation in society it needs to be fully recognized that it is society rather than the child which is disabled.

Reviews (art. 25)

Reviewing duties

175. Please refer to the initial report, paragraph 144.

Participation in reviews

176. Steps are to be taken by the Director of Social Services to increase effective child participation in reviews. However children are consulted when placed into care on a regular basis and reviews are carried out at the most after a period of six months.

Leaving accommodation or care (arts. 20 and 21)

177. The Social Development Department is currently evaluating its aftercare programmes.

178. The available aftercare programmes are fragmented, unclear and incomplete. Application is at surface level at the limitation of resources.

179. Aftercare is difficult to implement as other stakeholders often do not feel involved and Social Services cannot provide adequate networks in isolation as a lot of the support services that are required goes beyond the services provided by Social Services. There have been discussions in the past to try and address this. The Social Development has in the past unsuccessfully proposed that Ministry of National Development build a group home for children leaving institutions with nowhere to stay.

180. Pre-release preparation is lacking in structure and long term vision. Aftercare cannot be successful if clients are not well prepared.

Available support

181. Social Security provides financial assistance for children whilst in care and maybe continued once the child has left care. Children who leave care can continue their education (mainstream or schemes for skills development for older children). There are also numerous NGOs which offer support services.

Consultation and the evolving capacity of the child (art. 12)

182. Steps have to be taken to involve the child more in decisions such as policies within children's homes, placements, contact with families, participation in case conferences, and development of childcare plans. This has been done in some extent in regards to incorporating listening to children in parenting skills.

Complaints procedures (art. 12)

183. Informal channels exist for children to make complaints, however a detailed and transparent complaints guidelines which will guarantee security and privacy are yet to be established.

G. Adoption (art. 21)

184. Please refer to the initial report, paragraphs 157–165.

185. Since the initial report the Government has made amendments to adoption legislation to ensure that it is more children centred. New legislation has emphasised the right of the child to retain his/her natural family links in compliance with the right to preserve identity. Ratification of the Hague Convention on Protection of Children and Cooperation in respect of Inter Country Adoption is imminent.

Same-race placements (art. 30)

186. Please refer to the initial report, paragraph 166.

Information about adoption (art. 8)

187. Please refer to the initial report, paragraph 167.

H. Illicit transfer and non-return (art. 11)

188. No illicit transfers have been recorded.

I. Abuse and neglect (art. 19) including physical and psychological recovery and social integration (art. 39)

The Committee recommended that the State party:

Undertake studies on domestic violence, ill-treatment and abuse, including sexual abuse, within the family in order to assess the extent, scope and nature of these practices;

Develop awareness-raising campaigns, with the involvement of children, in order to prevent and combat child abuse;

Ensure that all victims have access to recovery and social reintegration programmes;

Establish effective procedures and mechanisms to receive, monitor and investigate complaints, including intervening where necessary;

Investigate effectively cases of domestic violence and ill-treatment and abuse of children, including sexual abuse, through a child-sensitive inquiry and judicial procedure in order to ensure better care and protection of child victims, including the protection of their right to privacy.

189. In 2001 a study of information management and patterns of child abuse in Seychelles was carried out. The aim of this exercise was to identify strengths and weaknesses of the existing data/record keeping/management information for child abuse and obtain a picture of existing patterns of child abuse and initial management of reported

cases in Seychelles. The most common abuse type was sexual abuse. In 2000, sexual abuse = 53 per cent of the total abuse cases recorded.

190. NGOs' and the State have worked on awareness-raising campaigns and training both with adults and children. The NCC for example organizes a "Child Protection Week" every year with the participation of all partners in child protection and children themselves to campaign against ill treatment of children. This event receives a lot of publicity.

191. The NCC has coordinated a multi-agency group to respond to the United Nations Global Study on Violence against Children and has prepared two children to attend the Sub-regional consultation on the above.

192. The NCC has in place an intake procedure with qualified staff to receive reports of abuse and grievances against children, followed by an effective referral process.

193. The setting-up of the Family Tribunal in 1998 and the enactment of new laws such as The Family Violence (Protection of Victims) Act 2001 and the 1996 amendment to the Penal Code described above have provided victims of violence (95 per cent of whom are women) with greater protection under the law and quicker action on their cases. Punishments for perpetrators of such actions have also been revised; wherein a person who contravenes a protection order under the Family Violence Act is liable to conviction before the Tribunal to a fine of R30, 000 or to imprisonment for three years. The Family Violence Act also provides legal support to the victims. These measures have increased the number of cases being reported. In the year 2000 out of the 122 cases of domestic violence registered by the Family Tribunal, only 3 per cent were withdrawn by the victims. Of the cases that went to the tribunal, 87 were disposed of by the making of appropriate orders. These ranged from home eviction, restraining orders to referrals for counselling to maximum prison terms of 2 years.

194. One of the major obstacles in combating domestic violence is public attitude and perceptions. Since 1988, both Government and NGOs stepped up efforts to sensitize people about problems of violence against women and children. NGOs such as Alliance of Solidarity for the Family (ASFF) have produced TV programmes, organized panel discussions and debates on issues of domestic violence. It also produced numerous articles for the national newspaper 'The Nation' and organized exhibitions showing the harmful consequences of violence on women and children. In 2001, the ASFF organized a UNIFEM sponsored workshop on the development of information education and communication materials.

195. The Ministry of Health and Social Development and the National Council for Children (NCC) have produced TV clips, spots and leaflets showing the harmful consequences of violence on children. National exhibitions held to promote the "Rights of the Child" stressed the right of the child to be protected from all forms of exploitation, abuse and discrimination. The NCC has also run workshops in conflict management and child protection techniques for school staff.

196. Violence against women and children has been portrayed in the media and in public campaigns as a violation of human rights and not a 'private internal family matter'. The campaigns have also encouraged the public and people at large to break the silence surrounding cases of violence and denounce the perpetrators of such crimes. The SBC provided extensive coverage on the work of the NGOs and helped in the public sensitization programme. In 2002, the Social Development Division and Gender Links a South African NGO conducted a training workshop on covering gender violence for media personnel. The training included practical sessions on covering gender violence with sensitivity. Following the workshop, a new association called Gender Empowering Media Plus Association of Seychelles a non-political body affiliated to Gender Links, was created

to provide opportunities for the gender sensitization of the media, raise awareness of gender and promote gender equality.

197. The Family Tribunal is empowered to make Protection Orders following an application made by any member of the public. The Probation Services provides reports as requested by the Family Tribunal in deciding whether to make an order.

198. Psychologist services are an integral part of the recovery process. Cases of abuse are referred to NCC from the Ministries of Health and Social Development and Education. NCC is also a drop in centre offering psychological and counselling services.

199. A Halfway Home which offers short term therapy for children who are victims of abuse was opened on the 30 April 2007.

200. Treatment for sexual abusers in prison and sentenced abusers is to be looked into with the possibility of the courts to give directives for abusers to undergo treatment.

201. The court circuit television to facilitate child testimony has been installed at the Supreme Court. The Registrar of the Supreme Court will take up matters of procedure with the Attorney General and make necessary arrangements for the training of judges and magistrates as well as personnel of the judiciary and members of the Bar Association on the use of the court circuit television.

Risk indicator framework

202. One of the projects earmarked under the year 2005 theme “Our Children, Our Treasure, Our Future” is the development of a risk indicator framework to enable early detection and intervention in ensuring the well-being of Seychellois children.

203. A workshop was held in May 2005 bringing together key stakeholders, including a group of secondary school students from English River School, and service providers with a view to agree to the “needs”, identify the various risks factors, agree on risk indicators and develop a risk indicator framework. To avoid unnecessary duplication participants were given a list of the needs identified under “Project Child Well-being” and asked to identify the factors/risks that can impact negatively on these needs being met. Participants agreed on five main areas seen as crucial to a child’s well-being namely:

- Economic & financial security
- Social factors
- Child’s developmental needs
- Parenting capacity
- Environmental factors inc. wider family & community resources

204. These five domains are interrelated and each has a number of critical and interacting dimensions which can affect a child’s well-being.

205. Development of a multi-agency assessment and referral ‘tool’ for use primarily by Social Services, Police, Health, Education and NCC was carried out. It is noted that many of the agencies already carry out their own risk assessment. It is hoped that eventually all agencies will adopt one systematic approach using a common framework for gathering and analysing information about children and their families, therefore a common assessment framework is recommended.

206. Developing a common framework for assessing both needs and risks will prove useful as a more preventive and integrated model for working with children and their families and ensuring the well-being of all our children.

207. It places the child in the context of the family and the community. The advantages of such a framework are many. It allows for:

- Early detection of risk factor, starting pre-conception
- Prevention work at all levels – primary, secondary & tertiary including working with families
- Outcome rather than process based
- Finding real solutions to problems in families
- Working towards well-being of child rather than primarily protecting child from abuse
- Make optimal utilization of resources amongst agencies working with children
- Promotes a closer collaborative method of working for the benefit of our children
- More effective information sharing, each stakeholder would be aware of what is happening on any particular case thus reducing frustration and defensive attitude which currently prevail amongst practitioners working with children
- A more effective child protection system which will ensure that children and their families do not go around from one organization to another with little satisfactory outcome to their situation

208. The main challenge is to ensure that the framework is “owned” by all stakeholders as this is critical to the success of the project. Ownership by all stakeholders will also facilitate working together in practice and not just in principle.

Children witnessing violence in the home

209. Please refer to the initial report, paragraph 178.

Protection of children outside the home

210. Please refer to the initial report, paragraph 179.

Protection from physical punishment and bullying in schools

211. A report on Bullying in Secondary schools in Seychelles has been published following a study carried out in 2004. The findings and recommendations have been passed on to schools and teachers. The study concentrated on two Secondary schools and showed that bullying is a common phenomenon affecting both boys and girls.

Protection from potential abusers

212. Proposal for the introduction of a suitability card is being considered to help determine the suitability of people who are to work in child-related services.

Inspections

213. Systematic and transparent mechanisms for inspections are to be put in place by the Director of Social Services.

Reviewing care and treatment

214. The Children Act (sect. 899), care and treatment programmes, all make provisions for reviews of supervision requirements which now actively involve children. However,

monitoring of implementation needs to be enforced to ensure that its reviews are systematic.

Children involved in prosecution of abusers

215. Please refer to court circuit television, paragraph 201.

216. Careful witness preparation is carried out by social workers which includes familiarisation, orientation and pre trial preparation. However concerns exist over the speed that cases are dealt with and the efficacy of police work.

Educational measures to protect children

217. Please refer to the initial report, paragraphs 187–187.

Child protection procedures and services

218. Please refer to the risk assessment indicator, paragraphs 202–208 above.

219. A system for recording information on abuse and ill treatment of children was introduced in 2003 called the Child Protection Register. This has become a central data base where all cases of abuse of children, children who are at risk of being abused and alleged and convicted abusers are recorded as part of the required child protection protocol. The information therein is used only by organizations in child protection and not the public at large.

Physical and psychological recovery and social reintegration (art. 39)

220. The Half Way Home is seen as a major step to increase/improve rehabilitative care for victims of maltreatment as it has been conceptualized to fill in gaps in the current system. The number of referrals for therapy at the NCC has also increased.

J. Concluding remarks and recommendations

221. Social services have developed a more positive approach to the promotion of the welfare of children. Research has been conducted and is being conceptualised to identify root causes of problems as well as extensive sensitization campaigns to educate parents as well as children. Social policy is becoming more evidence based than before which will ensure efficient allocation of resources. However more research needs to be done in many areas such as foster care to identify the cultural implications of this practice.

222. More research also needs to be carried out in order to establish a more precise picture of patterns of child abuse in Seychelles. A lack of information and different systems used to keep records by the various agencies were identified as problems contributing to the incomplete database of child abuse in Seychelles.

223. There is a need to intensify efforts to ensure that parenting education reaches out to the needs of a larger number of parents especially high risk families. A review of past and present parenting programme to assess shortcomings and evaluate the effectiveness of the programme so far in meeting the needs should be the starting point.

224. Whilst the principle of mainstreaming the disabled is becoming increasingly acceptable, more efforts are needed to improve effectiveness in practice so that more disabled children can benefit.

225. Measures need to be taken to ensure that highly trained specialists remain at the rehabilitation centre.

VII. Health and welfare (art. 24)

A. Health and health services

Legislative provisions for health and health services

226. One key area where legislation is seen to be failing young persons is the age of access to contraception. While the legal situation is not prejudicial towards the reproductive health status of adolescents and youth, the practice and interpretation of certain laws means that adolescents and youth may not benefit as much as they could from access to services. Under existing legislation, a young person under 18 cannot be given counselling and or treatment without parental consent. This means that while girls aged 15–17 can consent to sex; they cannot access the means to protect themselves against unwanted pregnancy, without their parent's consent.

227. While the need for changes in policy is beginning to be recognized by some key policy makers, there is a need to convince parents, teachers and other policy makers of the need for these changes. For this would imply facilitating access to contraception and condoms for teenagers in the hope of diminishing the incidence of unsafe abortions, as well as unwanted teenage pregnancies and transmission of HIV/AIDS.

Reducing infant and child mortality (art. 24, para. 2 (a))

228. Child mortality rates remain satisfactorily low.

Provision of adequate nutritious food (art. 24, para.2 (c))

Children's eating habits

229. Extensive media campaigns have been undertaken to encourage healthy eating, such as radio programmes advising on what to give children in their packed lunch.

230. A compilation of Seychelles dietary guidelines has been published and widely distributed amongst schools as well as a new school nutritional policy.

231. New Tuck shop guidelines have been implemented to ensure that food of nutritional value is being sold to children during break time.

232. Obesity remains a rising concern for the School Health System as shown by regular cardiovascular screening introduced in schools since 1998 with a specially designated school nurse monitoring levels of school children in each and every school.

Provision of clean drinking water and a safe environment (art. 24, para.2 (c))

233. The present access to water situation in the Seychelles is as follows:

- All household has access to water in the Seychelles
- Ninety per cent (90 per cent) households are connected to the Public Utilities Cooperation treated water supply line
- Eight per cent (8 per cent) are connected to untreated sources, and Two per cent (2 per cent) on private sources

The right to health*The State's role in promoting health (art. 24, para.1)*

234. Free primary health care at the point of use remains a constitutional right in Seychelles. The operating policy therefore provides all health care services free of charge at the point of use to all Seychellois. Services provided through health facilities are integrated and comprehensive. All health centres offer maternal, child and family planning, as well as a full range of other services. In addition to these is the unit for the control of communicable diseases including sexually transmitted infections and HIV/AIDS. This right is 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 centres as it continues to expand.

Rights for all (art. 2)

235. Please refer to the initial report, paragraph 232.

Children and young people affected by medical conditions

236. There are many children and young people whose general state of health is affected by long-term medical conditions, for whom extra facilities and services are required if they are to reach their "highest attainable standard of health".

Facilities for the treatment of mental illness (art. 24, para.1)

237. Please refer to the initial report, paragraph 234.

Facilities and care for disabled children and children with developmental problems (arts. 24, para. 1 and 23, para .3)

238. Please refer to the initial report, paragraphs 235–236.

Facilities for intensive specialist care (art. 6)

239. Please refer to the initial report, paragraph 237.

Facilities and care for those affected by HIV/AIDS (art. 24, para.1)

240. The Ministry of Health published the National Policy for the Prevention and Control of HIV/AIDS and STIs in November 2001 and the National HIV/AIDS Strategic Plan 2005–2009 was finalised early 2005. The Strategic Plan, will guide interventions over the next five years, as the government commits to face HIV and AIDS, not only as medical and health problems, but also to address them as cultural, social and economic issues that affect all sectors of our society and every Seychellois family.

241. A total of 45 cases (20 males and 25 females) of new HIV infections were recorded from January 2005 to December 2005 making a cumulative total of 248 cases since the first case in 1987. The cumulative total for AIDS was 88 which include 4 new cases in 2005. It is apparent that the HIV/AIDS epidemic is rising despite relentless education and prevention efforts, as the number of the infected population increases. Most HIV infection is acquired through heterosexual contact. Any stats in annex (updated, specific to children).

242. Free screening, anti retro viral drugs and counselling remain part of the services offered to children.

Facilities and care for asthma sufferers (art. 24, para.1)

243. Free nebulisers have been introduced to asthma sufferers by the Health Department, persons suffering from acute asthma attacks arriving at any clinic or hospital are automatically prioritised as an emergency.

B. Health education and preventive health-care services (art. 24, para. 2 (f))

Immunization

244. Immunization statistics are provided in the appendix.

Health surveillance

245. Please refer to the initial report, paragraphs 242–244.

The school health service

246. The Family Life and Health Education component of the PSE programme in the National Curriculum is the main vehicle for transmitting health, reproduction and population related information to all children and adolescents of school-going age. PSE is a compulsory subject on the school curriculum and all children from primary 1 to secondary 5 are taught three formal PSE lessons a week. Classes are mixed and both girls and boys have equal access to all aspects of the programme.

247. The new PSE programme, which replaced the Family Life Education Programme (FLEP) introduced in primary and secondary schools since 1979 and 1981 respectively, was revised and developed by the Curriculum Development Section in the Ministry of Education during 1997 and 1998 with the assistance of UNFPA consultants. The programme was officially launched in schools in 1998. The four strands of the programme are (1) Moral Education, (2) Careers Education and Guidance, (3) Education for Citizenship, and (4) Family Life and Health Education (FLHE). The FLHE component incorporates aspects of growth and development, sexuality education, gender roles, interpersonal and social skills, family role responsibilities and relationships, personal achievement and leisure, population issues and measures for sustainable development. These are detailed in the National Curriculum Framework and PSE programme published by the National Institute of Education in 2001.

248. Concerns faced by youth and adolescents in Seychelles, such as high incidence of sexual behaviour, unwanted pregnancies, increasing incidence of HIV/AIDS, sexual abuse, the growing number of teenage pregnancies and other family problems are addressed in the programme. The programme emphasises the importance of the family, and aims to promote positive attitudes and behaviour towards parenthood as a basis for better family living, parental care, gender equity and equality. Children are also taught to respect and protect the environment because of the fragile nature of the Seychelles eco-system. The contents of the revised programme were discussed and approved at a national conference in 1997 which was attended by representatives from various Ministries including Health and Social Services, church representatives, relevant NGOs, teachers, parents, and pupils before being launched in schools.

249. The curriculum team produced a trainers' package, developed materials and conducted in-service training of teachers prior to the implementation of the programme in schools. The methods and teaching approaches advocated are highly participatory and interactive and encourage pupils to take control of their own learning. The teacher acts as a facilitator and through methods such as case studies, role plays, interviews, songs and

drama gets young people to think, communicate, make decisions, solve problems and adopt positive behaviours. Teachers are encouraged to evaluate not only knowledge but also personal development, skills, attitudes and values. Teaching is done mostly in the mother tongue in the early years. This increases the level of discussion and participation. English is used especially in the upper primary and secondary classes where the support materials are mainly in English.

250. The Curriculum Development Section and later, the National Institute of Education (responsible for the pre and in-service education of teachers) started the training of specialist PSE teachers for secondary schools in 1999. To date, it has trained sixteen specialist teachers. Twelve more are currently undergoing training. It has also conducted a large number of in-service courses and sensitization sessions for different target groups in schools on specific themes such as HIV/AIDS, values education and substance abuse as needs have arisen. Modules on gender and PSE are incorporated into the training programmes of all prospective teachers.

251. The PSE programme today is one of the most developed and structured areas of the national curriculum largely because of UNFPA support for programme development and resources. The UNFPA provided US\$ 100,000 for a period of 4 years from 1996–1999 to fund two major projects dealing mainly with Reproductive Health and Family Life Education. The money was used to review the old Family Life Education programme, cover the costs of training, conferences, material development, resources as well as equipment such as photocopiers and computers.

252. The School Health Programme is one of the many programmes that the Health Department offers at the district level through schools. The school health programme is intended to provide comprehensive, preventive and promotive health services to school going children between the ages of 5 and 17 years.

253. The activities of the school health services form a foundation on which a child can build on opportunities for optimal, physical, intellectual, social and emotional growth and development to enable obtaining the maximum benefit from education.

254. The objectives of the programme are to improve the health of school children, families and teachers and inculcate health seeking behaviour among this population group. It is the most cost effective approach for enhancing the health and development of school aged programme.

Demographic data

255. The school population represents 24 per cent (19,937) of our total population and is distributed over 24 primary and 10 secondary state schools and 3 private schools.

Total population	82,852
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State schools

Crèche population	2,659
Primary school population	8,654
Secondary school population	7,433

Private school

Crèche population	179
Primary school population	550
Secondary population	462

256. This primary health care activity is well integrated in all schools in Seychelles and is run by doctors and nurses at district level.

257. The School Health Programme is seen as a continuation of the Maternal and Child Health Programme and targets school children aged between the age of 5 and 16 years. It forms part of the regional/district health programmes. At birth each child is registered in his/her residing district. One of the main advantages of this system is that continuity of care be maintained throughout.

258. As a child reaches his/her four years in the child health programme he/she will automatically be registered in the school health programme in the district where he/she attends school.

Health activities carried out at school

Health screening

259. Health screening is carried out to obtain an overall picture of the physical, mental and social health status of the child as well as to identify problems that might impair the child's ability to learn and develop academically and socially at school. It includes measurement of height, weight and vision. It provides an opportunity for the child or parent to raise any health concerns he or she may have. Students targeted for screening include Primary four (P4) Secondary one (S1) and Secondary four students (S4). The aim of this activity is to identify any problems for appropriate referrals to the relevant agencies, and also for planning of health education/health promotion activities. Cardiovascular disease, risk factor surveillance survey, forms part of the health screening. This allows the monitoring of trends in cardiovascular disease risk factors among school children.

Medical examination

260. All second year crèche students receive full medical check ups by the doctor before entering primary one class. Any health problems identified are treated by the district doctor. Cases needing special treatments are referred to the appropriate specialist. Chronic cases are being followed by the district health team and monitored by the district school nurse.

Immunization

261. As school health is a continuation of the Child Health Programme, immunization is a key activity in the school health services. Immunization is considered as the most cost effective public health intervention with a major role in prevention and protection of numbers of infectious diseases and death. Immunization in schools has been maintained above 90 per cent. Presently, BCG, Diphtheria, Tetanus, Oral Polio, Measles, Mumps and Rubella vaccines are administered to all primary one school children whether in State or private schools. The school children receive one vaccine per term. The secondary three students receive Anti-Tetanus toxoid and Oral Polio only.

Health education and health promotion

262. Health education is perceived as an important component of the school health programme, and most of it occurs on a one to one basis during screening. Health education is included in the Personal Social Education (PSE) curriculum which is compulsory for all students. It enables them to learn about their own abilities, interests and needs. It encourages them to take responsibility for their own health and physical well being and addresses many aspects of health. The Ministry of Health and Social Development and the Ministry of Education has worked in close collaboration in planning and implementing health interventions in schools.

Health information and support (art. 24, para. 2 (e))

263. As Seychellois children start school the school health services are involved in preventive health care. The school health programme operates from community health centres and includes periodic evaluation of children from second year crèche through to the fourth year of secondary education. It aims to promote health through educational activities and the early detection of abnormalities and illnesses. It is also aimed at reinforcing health-related components of the school programme. The Expanded Programme of Immunisation is integrated within the school health programme.

264. The school health nurses play a very important part in providing a school health profile as well as carrying out health care services and awareness-raising with children and young people. A very important component of the school health programme is the surveillance of health indicators related to non-communicable diseases, particularly cardiovascular diseases. It should be noted that cardiovascular diseases and other related factors are the leading causes of deaths in Seychelles, accounting for over 40 per cent of adult mortality. Since adult cardiovascular diseases have their beginnings in childhood and adolescence, it is important to screen children in school and provide early intervention to prevent the future development of overt cardiovascular diseases. This process also makes children conscious of the issue through intermittent contact with health professionals.

265. The 2001 report of the screening programme for risk factors in schools revealed that the prevalence of children with overweight or obesity is around 16 per cent in girls and 11 per cent in boys. Over-nutrition has for some years now been recognized as a significant problem in Seychelles. Blood pressure measurements show that around 20 per cent of children have blood pressure higher than normal. The data points to the need to take all measures possible to control overweight in children since it is the major cause of high blood pressure. This also emphasises the need for improved educational campaigns promoting physical exercise and healthier diets, especially among adolescents. There continues, however, to be a decline in the prevalence of the vaccine-preventable and some other communicable diseases in children. This is also due to contributions made by other sectors such as social services and education.

The Youth Health Centre

266. The Youth Health Centre has responded positively to the increased number of youths who have reported to Victoria hospital after having undergone unsafe abortions. In line with the above alarming situation, YHC has responded with the provision of concerted health information talks on YHC services, the effects of unsafe abortion, and other life skills programmes such as how to resist peer pressure, condom demonstration etc. All post secondary institutions benefit from the talks. Feedback from various sessions showed that youths participated actively through the interactive sessions, many doubts and misconceptions were clarified. It has been expressed by youths through evaluation exercises that they want to have more interactive sessions in order for them to ask questions in an open and non-judgemental way. The programme is ongoing in all post secondary institutions. Behaviour change and communication programmes are also carried out through dissemination of information, education and communication materials such as leaflets and posters in all sessions which are distributed in post secondary, secondary and work places.

267. A behaviour change communication programme through talks/presentations have been carried out. Sessions and presentations have become a routine activity and are ongoing in most post secondary institutions and two secondary schools. This approach has proven effective, as youths have obtained new information and skills. These sessions are made interactive allowing students to express their views and feelings towards certain issues pertaining to them. Positive feedback has been received from students, parents and teachers.

Many youths are reporting for counselling, screening and information. Topics covered in health talks are as follows.

268. Youth Health Centre Services, HIV/AIDS, STIs, Drugs, Alcohol, Sexuality, Peer Pressure, nutrition, Living Values, Relationship, Communication skills, Life skills to cope with Common health concerns affecting the youth, Self esteem and Reproductive health. Dissemination of behaviour change and communication materials is also done through distribution of IEC materials in schools and workplaces.

Family planning education and services (art. 24, para. 2 (f))

269. Adolescents and the youth population (15–24) made up 20,688 (25.5 per cent) of the total population in 2002. Girls of 15–24 amounted to 7104 (50 per cent). While current family planning and contraceptive services do not appear to be meeting their needs, their childbearing decisions will shape the future population growth rate and consequently impact on the Government's capability to maintain welfare services.

270. By 1979 multiple contraceptive devices were made available in the Seychelles. The five most popular methods are oral contraceptives at 64 per cent, injectable contraceptives at 20 per cent, the intra-uterine device (IUD) at 5 per cent, condoms and sterilisation. Tubal ligations are the most common form of sterilization. Within the procedures for a surgical sterilization all cases have to be considered by a medical board, male sterilization however remains rare.

271. The contraceptive prevalence rate for modern contraceptive method use among all women aged 15–49 stood at over 60 per cent in 1996, 48 per cent in 1999 and 38 per cent in 2000. The decline is presumed to be the result of poor recording and inaccurate service statistics. The frequent turnover of sometimes untrained staff affects the quality of record keeping. Another factor may be more widespread condom distribution; the users are often not captured in health centre service statistics. The estimate for contraceptive prevalence was arrived at using population figures, data supplied by service statistics and information supplied by the three private practitioners who offer contraceptive services. Condoms are supplied free by the Health Department as a means of preventing the spread of STIs and HIV/AIDS. Some condoms are sold at the three private pharmacies and at a few other shops. The number of users is not really known hence this can make a difference to the overall estimate for contraceptive prevalence.

Adolescent reproductive health

The Committee recommends that the State party:

Increase its efforts to promote adolescent health, including mental health, by focusing, in particular, on the issues of reproductive health, substance abuse and health education in schools and institutions;

Consider means of reducing teenage pregnancy, including through strengthened reproductive health education and access to contraception without parental consent for adolescents;

Ensure the provision of comprehensive health services, counselling and support for pregnant girls.

272. Teenage and unwanted pregnancies remain a problem in Seychelles. In 1995, there were 218 births from girls aged less than 20 years. This represented 13.4 per cent of all births. The situation changed in 2000 when it was 12.5 per cent, but was on the increase again in 2002 when the number was 211 (or 14.2 per cent). The number of teenagers registered as Family Planning clients at the health centres was 453 (12.5 per cent of

teenagers) in 1996. This figure reached a record high of 695 (20.2 per cent of teenagers) in 2000, but has since fallen to 316 in 2002 (9.6 per cent of teenagers).

273. With the high number of teenagers having babies and abortions, there is clearly a need for improved contraceptive services as part of a strategy for the prevention of pregnancy. This becomes more significant when one notes the declining number of teenagers registered as regular family planning attendees; there was a 47 per cent decline between 2000 and 2002 with 202 and 96 attendees respectively.

274. Over half of all pregnancies in Seychelles are unplanned and among teenagers many of these pregnancies are also unwanted, resulting in rising unsafe abortion rates and premature deliveries (particularly among women in their early twenties), school dropouts and a multitude of social, medical and psychological problems for the young mother, her baby and her family. The teenage fertility rate has not significantly changed since 1995 when it was 60 per 1000 and stood at 64 per 1000 in 2002.

275. In regard to abortions, a high rate of 23.6 per cent of all spontaneous and induced abortions in 1998 was among teenagers. This figure has gradually decreased to 21.8 per cent in 2000 and 12.8 per cent in 2002. It is important to note, however, that the abortion data reflects only those that were reported to the health authorities. The fact that there is a decline in reported cases could be an indication that teenage pregnancy is on the decline and/or that teenagers are engaging in protected sex. For Seychelles, this is considered to be an important achievement given the high prevailing rates of teenage pregnancies and abortions over the past years. This seems to reflect the relative success of various interventions and efforts in reproductive health issues.

276. In spite of total abortions having been reduced, the number of septic and other abortions among adolescents and young people is gradually increasing. In 2000, these cases accounted for 31.5 per cent of all abortions and this figure went up to 35 per cent in 2002. Of this, 6.4 per cent and 10 per cent respectively were septic abortions; although this does not mean that these septic abortions were induced.

277. Adolescents and young people hospitalised for abortions and complications of abortions, receive pre or post abortion counselling as well as information about contraceptive use and the dangers of unsafe abortions. The psychologists from the Youth Health Centre offers this service twice a week and on the other days, it is done by the midwives on the ward. On discharge, these girls are referred to the Family Planning nurse in their respective clinics.

278. A Roman Catholic NGO (Les Li Viv) also provides support to some pregnant teenagers and teenage mothers through individual and family counselling, educational and training activities as well as some material support. In addition, in spite of the limited facilities, Mother Theresa's Sisters of Charity provide shelter to pregnant teenage girls who have been thrown out of their homes and to their babies when they are born.

Providing reproductive and sexual health services to young people

279. The Youth Health Centre is staffed with one psychologist and senior counsellor. One to one and group counselling are done on a daily basis. The Centre has established both drop in and appointment strategies to ensure that youth are able to freely utilize the services. Medical services to adolescents below the ages of 18 years are on offer. The Centre is equipped with a reproductive health nurse and a part time gynaecologist and a part time medical officer who are providing clinical and medical care to young people. These include provision to contraceptives, including condoms, breast examination, basic gynaecological examinations including pap smears, HIV testing and counselling, pre and post abortion counselling and diagnosis and treatment of STIs.

Peer education programme

280. In April 1994, a peer education project focusing on promoting the sexual and reproductive health of adolescents was implemented by the Ministry of Health. The Peer Counselling Programme (PCP) is a component of the ongoing National Family Planning programme supported by the United Nations Fund for Population Activities (UNFPA). It was recognized that while the family planning programme had been effective in reaching the adult population, adolescents had specific needs and problems which were not being met in the existing programme.

281. Whilst encouraging the students to be active role models as peer counsellors, the training also stresses the importance of recognizing the limits of their skills and responsibilities. They are encouraged to seek advice and support from designated professionals, such as school counsellors, in dealing with difficult situations, and to refer young people to appropriate health professionals and services where necessary.

Decentralization of Youth Health Centre services

282. Several meetings were held to discuss the decentralisation of YHC services in Anse Royale district in collaboration with Ministry of Community Development, Youth, Sports and Culture. A Focus Group Discussion is going to take place in several institutions in Anse Royale to identify a peak time for service delivery. The Centre has received funds under UNFPA for this project. These funds have been used to purchase carpets and filling cabinets.

283. Young parents Support Group – A programme targeting young mothers. The project aims at empowering adolescent mothers with appropriate knowledge and skills on issues pertaining to them. A one day workshop per month was organised for the high risk young parents. Topics included reproductive health, caring for their newborn child, nutrition etc. The programme has had to be discontinued as the UNFPA is no longer sponsoring the project.

Consultation with children

284. Children have a right to express their opinions and should be involved in matters of direct concern to them as embodied in article 12. It is now common in Seychelles for Government, ministries, NGOs, churches and other organizations to involve children in their programmes and activities. The active participation of adolescents and youth is illustrated in the following examples.

285. A workshop on legal and policy issues relating to adolescent reproductive health was held in April 2001. This followed the recommendations of the report on National Information, Education and Communication (IEC) Strategy for the Promotion of Adolescent Reproductive Health in Seychelles 2000–2002 and the Committee on the Harmonization of Laws concerning children. The principal objective of the workshop was to consult with young people on legal and policy frameworks within which they can access services and information relating to ARH.

286. A Peer Counselling Programme was established in April 1994 as a component of the FP programme to focus on promoting the sexual and reproductive health of adolescents. The programme aimed to train groups of young people as peer counsellors by equipping them with the knowledge and skills to pass on accurate information to their peers in the area of reproductive health. Through the programme, young peoples' attitudes and behaviour in areas such as sexuality, decision-making, relationships, contraception and safer sexual practices are influenced. Behaviours that may increase the risks associated with sexual activity among young people, for example drugs and alcohol, are also addressed.

287. The Peer Counselling Programme is coordinated by the Youth Health Centre. The Student Welfare Unit of the Ministry of Education is also actively engaged in the training and provision of follow-up support to the peer counsellors. Some 300 young people have been trained as Peer Counsellors to provide information, support and basic counselling to their peers. The staff of the Youth Health Centre also regularly conducts community activities in collaboration with the Ministry of Community Development, Youth, Sports and Culture to promote sexual health awareness among adolescents. These include peer education and cultural activities such as art, drama and music. Young persons play an active role in the design and implementation of these programmes.

288. However, there are also limitations in youth involvement. Regarding the PSE programme, youth have been consulted on its contents, but in order to make the programme more accessible and effective there is an obvious need to involve them more fully in the design and implementation of new programmes. This could be achieved by appointing student representatives on curriculum panels and getting peer counsellors to conduct periodic reviews of the programme with their colleagues. This information can be fed to curriculum teams to update their input accordingly.

289. Similarly, adolescents have specific needs which are not adequately met in the existing National Family Planning (FP) programme. Consistent with findings from around the world, young people express reluctance to attend family planning clinics due to concerns of privacy and confidentiality.

C. Other health-related provisions in the Convention

Care and treatment of illness

290. Please refer to the initial report, paragraph 263.

The welfare principle in health care provision (art. 3, para. 1)

291. Please refer to the initial report, paragraph 264.

The right to be informed and express a view (art. 12)

292. Please refer to the initial report, paragraphs 265–266.

The right to agreed standards of health care (art. 3, para. 3)

293. Please refer to the initial report, paragraph 267.

The right of children not to be separated from their parents

294. Please refer to the initial report, paragraph 268.

D. An adequate standard of living (art. 27)

295. Significant social and economic progress has not led to a total elimination of poverty. There are few poverty assessments undertaken in recent years to illustrate the actual dimensions of poverty in the Seychelles. The World Bank (1994) estimated that in 1992, almost 18 per cent of the population was living below the poverty line, which was set at SR 900 (US \$ 150) per household per month. The absolute poverty line in the study was set at SR 500 (US \$ 90), and about 6 per cent of the population was estimated to be living below absolute poverty. The key methodological and quantitative limitation of this World Bank study is that it used outdated and purely income-based data from the Household

Expenditure Survey of 1984. However, a more recent poverty assessment (Sinon, 1996) confirmed that there are ‘pockets of poverty’ in the Seychelles. The characteristics of Seychellois poor can be summarized as follows.

296. The Government’s policy to eliminate poverty dates back to 1977, and a number of poverty alleviation programmes have been successfully implemented. 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; and the problem of the proliferation of nuclear families over the extended family. Other factors such as high economic vulnerability and the ‘tightening’ of access to welfare programmes may lead to segments of the population living in poverty.

297. 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 dealing with issues related to poverty alleviation.

Access to adequate housing (art. 27, para. 3)

298. The Government plans to build over 5000 houses on reclaimed land to clear the backlog of families waiting for houses over the next five years.

Social security benefits and assistance (art. 26)

299. Apart from an annual raise in rates no changes have been made to social security benefits and assistance.

Ability to afford basic necessities (arts. 27, para. (1) and 26)

Social security benefit levels

300. Please refer to the initial report, paragraphs 275–276.

Children with disabilities

301. Please refer to the initial report, paragraphs 277–278.

Social security and invalidity benefits

302. Please refer to the initial report, paragraphs 279–281.

16- and 17-year olds and income support

303. Please refer to the initial report, paragraph 282–284.

Maintenance of children

304. Please refer to the Family Tribunal, paragraphs 14–15.

Access to adequate housing (art. 27, paras. 1 and 3)

305. Access to adequate housing remains one of the Government’s highest priorities. With an increasing population and limited land to construct houses on, the Government has reclaimed land to develop numerous housing estates and has pledged to build 5000 new houses in the next five years to clear the backlog of families awaiting accommodation.

Housing standards (art. 27, para. 3)

306. A high standard of housing remains in Seychelles with capacity of houses being taken into consideration when allocating families. All houses provided by the Government are equipped with appropriate facilities and high level of hygiene.

307. The issue of overcrowding is being addressed through efforts of making affordable accommodation available to Seychellois families.

Diet

308. Please refer to the initial report, paragraph 292.

Access to a clean water supply

309. Please refer to the initial report, paragraph 293.

Access to family life (arts. 7 and 9)

310. Please refer to the initial report.

Opportunities to play in a safe environment (art. 31)

311. All new housing estates are required to have a designated safe area for recreation to be utilized by children.

312. School campus perimeters have markedly been made more secure through the use of newly erected walls or fences and the increased use of security personnel at gates.

313. The Ministry of the Community Development, Youth, Sports and Culture conducted a workshop in Basic First Aid for all staff that organise activities, excursions, as well as camping trips, in order to be able to attend to the children in case of emergencies.

314. The Ministry of the Community Development, Youth, Sports and Culture conducted a workshop on organizing fire drills with the assistance of the Fire Department, in order to train the staff on how to manage children in the event of a fire.

315. A warden has been employed to monitor the safety of children outside the National Library.

The opportunity to participate in society

316. Please refer to the initial report, paragraphs 299–301.

E. The environment

317. The Wildlife Clubs of Seychelles (WCS) is a non-government organization (NGO) for young people. It was formed in 1994, dedicated to promoting conservation action through environmental education. Today there are about 800 throughout Seychelles who belong to wildlife clubs and who are members of WCS.

Specific policies aimed at reducing accidents amongst high-risk groups of children and young people

Consultation and participation (art. 12)

318. Many activities have been initiated to be more actively consultative and participatory. It has been recognized that children need to be instilled with a sense of

ownership of the environment. This is in context with the practice of extensive protection of Seychelles national heritage and eco tourism.

319. A hands-on programme called “adopt a natural area” has been introduced to encourage individual wildlife clubs to protect study and restore wetlands, forests, protected areas and other natural ecosystems close to where the clubs are located.

320. The WCS was appointed by UNESCO as the focal point of the International Year of Freshwater. The WCS has initiated “stream teams” a registered programme to engage clubs in monitoring the health of local streams and rivers.

321. Leaders often take their clubs on hikes in natural areas during holidays, often accompanied by guides. There are popular trails at Mare Aux Cochons, Copolia, Morne Blanc, Vacoa and La Reserve. Field trips are also organised to islands such as Cousin, Curieuse, La Digue and Silhouette. These are protected areas or designated parks with endemic or rare fauna and flora.

Education (art. 29, para.1 (e))

322. WCS produces a variety of printed materials to support its other programmes. These have included a Clipart Manual, a Leaders Handbook, a Coastal and Marine Activity Book and brochures. A magazine for clubs is also produced.

323. The WCS is aware that enthusiastic, committed leaders are absolutely essential to the success of the clubs. To cater for this, opportunities are provided for them to learn and grow as environmentalists and keep them motivated. Every year WCS organises workshops, field trips and study tours of different islands and nature reserves.

324. Since 1994, over 30 leader seminars and workshops to promote teachers’ interest and understanding of environmental issues and environmental education have been organised. More than 10 education publications on different environmental issues have been produced and donated to promote and support environmental education in clubs and schools. To sustain the long-term future of environmental education in wildlife clubs requires ‘multiplication’ mechanisms by Primary, secondary and post secondary school staff as Club leaders.

Objectives of workshops and seminars

- Build capacity of new club leaders to enable them to run their clubs more effectively
- Familiarise new leaders with the WCS Strategic Action Plan 2002–2006
- Familiarise leaders with the biodiversity and habitats of Parks and Reserves
- Organise visit of clubs to Cousin Island Special Reserve
- Increase understanding of the role played by protected areas in conservation

325. Activities planned include field trips, snorkelling, nature trails to study and observe endemic and native plants and designing education materials. The emphasis is on interpretation and active learning.

326. Funding for workshops is provided by Local Environment Action Programme. Through these training experiences, club leaders have great enjoyment visiting new places and experiencing new things, while getting to know one another, sharing ideas, and even planning joint club activities. Club leaders are often invited to take part in national and international meetings and workshops. This is an added incentive to remain involved with the club network.

The accessibility of public places

327. Please refer to initial report, paragraphs 314–317.

Safety of public places (arts. 3, para. 2 and 24, para. 2 (e))

328. Please refer to the initial report, paragraphs 318–319.

Transport and transport policies*Independence and mobility (arts. 3 para. 1 and 6. para. 2)*

329. Measures taken to enable disabled persons to use public transport remain lacking.

Safety on the roads (arts. 3, para (2) and 6)

330. Extensive media campaigns have been carried out by the police to sensitize children on crossing roads and other dangers. The National Council for Children in collaboration with the Seychelles Police Department and Support of the U.K Thames Valley Police and Emergency services launched a campaign in 2007, targeting 1,500 Seychellois youth through a sensitization campaign “Safe drive, Stay Alive”.

Pollution and health (art. 24, para. 2 (c))

331. Details of steps taken to eradicate pollution threats mentioned in initial reports, such as stray dogs, water borne intestinal infections, uncontrolled keeping of domestic pets, and the rearing of pigs close to houses, leptospirosis, and mosquito-borne diseases.

F. Concluding remarks and recommendations

332. The flat rate of benefits given to children with disabilities needs to be revised in order to recognise the different needs of different types of disabilities.

333. The Ministry of Health and Social Development’s guidelines for provision of reproductive health services to clients under 18 contained in its general policy and in the family planning manual does not make provision for young people to gain access to contraception without parental consent should they wish to indulge in protected sex. Very few girls under 18 years old would seek their parent’s permission to start on contraceptives, as most often they do not want their parents to know that they are sexually active. In other cases, doctors find themselves in a dilemma when it comes to their legal rights and responsibilities in relation to providing reproductive health services to under 18 year olds. It is vital that a clear policy is designed, and that sexuality education is intensified through the Ministry of Education’s Personal and Social Education curriculum.

334. Inconsistencies in relation to some laws and policies that make it difficult to manage or even delay access to services resulting in deprivation of the young person his/her right to access medical services. For example the discrepancy between the ages at which a young person can legally consent to sex and the age at which he or she can be prescribed contraceptives and other reproductive health services.

335. Despite some good feedback that the youth is getting enough information on the subject of Adolescent Reproductive Health, it appeared that many felt that appropriate and reliable information were lacking and services are still not easily accessible.

336. The Youth Health Centre is still in need of more qualified staff to ensure that the increasing demand on its services is met.

337. More youth friendly service points should be put in place in Praslin and La Digue and in the south of Mahe.

338. Specific mental health services that recognise the different requirements of mental health illnesses need to be improved to meet with current necessities.

VIII. Education, leisure and cultural activities

In light of the Committee’s General Comment No. 1 on article 29, paragraph 1, of the Convention (aims of education), the Committee recommends that the State party:

Consider creating study groups in schools involving students at higher and lower levels in order to contribute to the improvement of the achievements of students with learning difficulties;

Undertake a study of the reasons why students drop out of school in order to develop solutions;

That ensures their continuing educational or vocational training, and further opportunities for employment and integration into society;

Review the curriculum and teacher training programmes with a view to incorporating human rights education, including children’s rights, into the curriculum and implementing more participatory teaching methods;

Ratify the Convention against Discrimination in Education, of 1960 of the United Nations Educational, Scientific and Cultural Organization.

A. Education, including vocational training and guidance (art. 28)

Characteristics of the education system

339. Since 1997 the education system has kept abreast of the rapid socio-political, religious and other changes that have taken place in Seychellois society. Several changes have been made in the nature of the educational services provided. Comprehensive policy framework for national education and training “Education for a learning society, 2000” as well a new Education Act (2004), have been introduced in order to improve on existing educational provisions and further ensure the “education for all” policy embodied in the education system.

Vocational training and guidance

Special education programme

340. Training opportunities for children aged 15 years and above (art. 28, para. 1 (b)). The Ministry of Education recognizes that although the national curriculum has been designed to meet the needs of students with different learning abilities, in practice schools tend to focus on the more able and average learners, resulting in a significant minority of students who do not acquire satisfactory levels of literacy, numeric and life skills required later in life. Realizing that the school cannot always meet all the individual and personal needs of all students, under the Special Education Programme (SEP) vocational training and guidance is being offered.

341. This approach is aimed at helping each student to develop potential and achieve marketable skills for personal growth and development including training and employment. It helps students to find a path that is comfortable to facilitate individual learning and

progress through a friendly and supportive environment. Students who qualify for SEP will be educated partly outside the school education setting. The services will be provided in collaboration with other stakeholders of education mainly through vocational experience. This programme has as its objectives:

- To provide less able students with intellectual and behavioural difficulties with life and vocational skills through work experience
- To provide an alternative learning environment that would cater for the student's individual interest
- To prepare students for life including careers and employment
- To establish structures for parents to participate in and contribute to the programme

342. In spite of a policy of equal access to scientific, vocational and technical education, the rigid stereotyping of subject and career choices especially at the post secondary level is a cause of concern. Girls continue to be grossly under-represented in the technical and vocational areas in spite of their good academic performance and the open door policy.

343. Under the Rehabilitation Centre review programme it was found necessary to make the services the centre offers as responsive and meaningful to the needs of persons with disabilities. This has brought a shift from the concept of an all centre based vocational training programme, to a more decentralised and mainstream approach to training with the aim of making the trainees more marketable for employment.

Quality of youth training (art. 28, para. 1 (b))

344. Continued investments in quality youth training remains a priority, nearly all post secondary institutions lead to internationally recognized qualifications.

B. Aims of education

345. Please refer to the initial report, paragraphs 372–374.

Early years of education

346. Please refer to the initial report, paragraph 375.

C. Compliance with the Convention (art. 28)

Access to education (art. 28)

347. Please refer to the initial report, paragraph 377.

348. Although it is the Government's policy to guarantee education for all children, in practice some children are being marginalised due to lack of facilities. This is apparent in the case of children with hearing impairment. There are still no Government schools or centres for the deaf in Seychelles. No proper facilities are in place where parents or families may have access to counselling, and information about deafness. This is reflected in the prevailing attitude of associating deafness with mental problems.

349. All deaf children will attend the school for the exceptional child until the age of 14/15 years old where they are taught mostly vocational subjects. Very few deaf children are integrated into the mainstream schooling system and even fewer make it to academic levels of education. This is in part due to the fact that there are no sign language teachers in

State schools, deaf teachers, deaf assistants, or interpreters. The outcome of this can be seen in the fact that most deaf adults rely on social security benefits.

Children with special needs

Youth reach programme

350. Established in 2001, closed down in 2003 and reopened in 2004 under a new management team but is now temporarily awaiting relocation to a new site.

351. The programme has as its objective to provide alternative education placements for highly disruptive students, who cannot cope in mainstream schooling. Most often students with very low academic ability are targeted. The Programme is aimed at eventual reintegration of the participants into normal school.

352. Situated at the Cap Ternay youth village, the programme caters for students from S1 to S3 (12–14). Maximum 12 participants can be taken at once. Since the programme has started it has been catering for boys only. It has not been able to cater for girls due to shortage of staff but the ministry is looking into the possibility of catering for girls in the future as there are already demands in this regard.

353. Programme content has no clear structure however proposal is being worked on to outline structure of programme. Only maths, technical subject (agriculture & woodwork) art, home economics Physical Education, PSE is taught by a group of full time and part time teachers. The programme also offers counselling (group and individual). Each participant has 30 minutes of individual counselling per week. Recreational activities are also organised such as picnics, hikes and camping.

354. The programme runs from Monday to Thursday. On Fridays the participants go back to normal school and are monitored by their teachers. The programme has a self monitoring management system, whereby points are given for good performance in activities. At the end of the week points are compiled and students are awarded. Students also participate in debriefing sessions along with their parents and are given the opportunity to evaluate their own performance. A session lasts for a school term. Participants do not have to take exams as in mainstream schools; however teachers have to fill in an evaluation form after each session.

355. The programme has limited staff and none of the staff are trained in dealing with children with special needs.

356. The programme is costly to run and does not have an allocated budget, however it is supported by the Ministry of Education but the programme raises funds on its own. To date the programme has catered for 42 children.

The right to appeal against expulsions

357. Both parents and children are now allowed to appeal against expulsions.

Curriculum (art. 29)

Human rights and democracy

The Committee recommended that the state should review the curriculum and teacher training programmes with a view to incorporating human rights education, including children's rights, into the curriculum and implementing more participatory teaching methods.

358. The State has responded by making sure that elements of children's rights have been incorporated in the curriculum namely the PSE Programme of Secondary schools.

359. Teacher Training Programmes have been reviewed and children's rights related issues are sufficiently incorporated in the various units.

360. The Student Welfare Unit carries out frequent workshops at the National Institute of Education with teachers on the Convention. These workshops encourage teachers to understand the concept of rights, share experiences and view alternative ways of disciplining children. Recommendations have come out of these workshops for more sensitization with more experienced teachers who adhere to traditional forms of discipline.

361. Discussions of the recommendations made by the Committee form an integral part of debate sessions.

Language policy (diversity)

362. The Ministry of Community Development, Youth, Sports and Culture launched the Rodolphine Young Award for Children's Literature, a literary competition for Seychellois writers to produce literature for children in all three national languages.

363. A new language policy to reinforce the correct usage at a high level, the three national languages has been integrated into the national curriculum.

Protection and safety for children in schools (arts. 19 and 37)

364. Preliminary results from studies involving a limited number of secondary schools identify bullying as a key factor in the discontinuing of schooling by students. This finding is supported by other internal school based investigations.

365. Sensitization work with teaching staff on the negative impact of bullying on discontinuing of schooling and under performance has been undertaken. Student behaviour management guidelines with regards to bullying have been included in the Student Behaviour Policy Guidelines.

Freedom of expression (arts. 12 and 13)

366. Please refer to the initial report, paragraphs 390–393.

Mass media and information (art. 17)

367. Please refer to the initial report, paragraphs 394–401.

Parents' responsibility (art. 18)

368. Please refer to the initial report, paragraph 402.

The disabled child (art. 23)

369. An area that remains a concern is the disadvantages set before children with hearing impairments.

Indigenous minorities (art. 30)

370. Indigenous minorities do not exist in the true sense of the term in Seychelles. Minorities that do exist have equal rights and privileges under the Constitution, the law, and in practice.

D. Leisure, recreational and cultural activities (art. 31)

371. Please refer to the initial report, paragraph 405.

Structures for play and leisure activities

372. As from 2007 the Conservatoire of Music and Performing Arts has introduced modules on traditional Seychellois music and traditional Seychellois dance as compulsory modules in the music and dance programmes, in order to ensure that all children become aware of their own cultural art forms or expressions.

373. The Ministry of Community Development, Youth, Sports and Culture has drawn up a proposal for the creation of a Children's Leisure Centre which will cater for children from the ages of 3–18, in order to provide a supervised environment where children can participate in a variety of creative and recreational activities.

374. The Ministry of Community Development, Youth, Sports and Culture and the Ministry of Education have jointly proposed a Cultural education Curriculum for primary and secondary schools, as well as further education institutions to enable our children to become culturally literate and better informed citizens of Seychelles.

375. The Sports Planning and Policy Development Division in the Ministry of Community Development, Youth, Sport and Culture have the overall responsibility for the formulation, development and evaluation of sport policies of the Government. The policy rests on six main underlying aims: enhanced foundation, increased participation, improved performance, pursuit of excellence, capacity development and enhanced collaboration.

376. The Ministry's vision for Sport is *“a dynamic and sustainable sport environment which enables all Seychellois, to the extent of their abilities and interests to experience and enjoy participation in sport and recreational activities and to compete and perform consistently at national and international level and achieve success at the highest levels”*.

377. The Ministry also recently introduced a *“National Youth Sports Academy”*. The Academy aims at enhancing and providing a *“national scholarship system, a sports étude system”* to identify, nurture and develop talented children and youth for high performance sports.

378. Through the National Sports Council various activities are organized at a national level for children. Children also have free access to the sport facilities, swimming pool, baby gymnasium, etc. The Government is committed to encouraging children and young people to develop their talents and express themselves in all areas of play, recreation and sports activities. In 2006, the NSC launched the Fitness Seychelles *“Welcome Programme”* aimed at controlling obesity in children at school level. In collaboration with the Ministry of Health, an Educational Manual was prepared as a guide to the provision of healthy food and drinks at tuck shops. Furthermore, Cardiovascular and Nutritional talks were organized to sensitize all parents on how to prepare a balanced diet for their children.

Providing “appropriate” services and facilities (arts. 31, paras. 1 and 2)

379. One element in ensuring the full implementation of article 31.2 is a coordinated policy and strategic development at both national and local levels. In 1998, the first *Sports Policy and Strategic Plan* were developed and implemented. In 2003, a revision of the Policy and Strategic Plan was undertaken and a new *Sports Policy and Strategic Plan 2004–2008* were developed to respond to the developing trends and needs of the population and the challenges facing Seychelles Sport. The Policy and Strategic Plan are now being revised in consideration of new challenges, proactive thinking and fore sighting. Implementation of this new Strategic Plan is expected to start in 2008 and the appropriate

structures put in place to ensure enhanced, focussed coordination of resources and programmes.

380. The National Sports Council, the Government body concerned with sports, leisure and recreation, is given substantial resources annually by the Government for their work. In this case, it has developed and is implementing policies and strategic plans which accept the premise of article 31, paragraph 2. The Council emphasises its recognition of the importance of such work with children and young people, with quantifiable budgets for programmes identified and implemented.

381. The Youth Sports Unit in the National Sports Council is the specific department responsible for overseeing services for children and young people. The overall needs of children and young people are properly assessed and programmes developed and implemented. The newly launched National Youth Sports Academy provides a platform and spring board for children and youths with talents and potential to perform at the highest level. To compensate for the ninety minutes attributed for physical education, a new programme the “*School Sports Association*” is being developed to provide more hours of play, leisure and sports for all school children outside the school setting (extracurricular activities).

382. All policy and strategy include an understanding of the many elements of play, sports and leisure. They also reflect the importance of access for disabled children including, for example, physical access, and availability of different forms of communication and transport.

Consulting with children and young people

383. Please refer to the initial report, paragraphs 427–429.

Equal opportunities in play and leisure provision

384. A sports for all policy, including appropriate and equal opportunities for children and young people in line with article 31, paragraph 2 of the Convention would ensure that every young person has access to properly funded projects where young people’s experience and skills are valued and developed. The Ministry of Community Development, Youth, Sport and Culture have appointed *Regional District Sports Officers*, to work in the districts to oversee the provision of services for children and young people. These officers develop and implement a coordinated, comprehensive child and youth policy relating to the provision of play, sports and leisure activities. The officers work with advisory groups and network systems from the local population of children and young people.

Disabled children and young people

385. Integrated activities for children with disabilities and learning difficulties provided by the district disabled support group.

Safety and standards (arts. 3, para. 2 and 3, para. 3)

386. Please refer to the initial report, paragraphs 433–435.

E. Concluding remarks and recommendations

387. In order to guarantee access to education for all, there needs to be recognition of the difficulties that children with disabilities face with integrating into the mainstream education system. Training also needs to be provided to teachers so they are equipped to deal with the special needs of children with disabilities.

388. The effectiveness of both training and learning programmes in human rights and democracy would be further enhanced with the availability of learning materials, relevant training and texts.

IX. Special protection measures

A. Children in conflict with the law (arts. 37, 39 and 40)

The administration of juvenile justice (art. 40)

389. Please refer to the initial report, paragraphs 455–464.

Treatment of young people in custody (art. 37 (a))

390. The Inter Ministerial Committee on prisons and correctional centres has specified that a Juvenile Correctional Centre will be made available for young offenders in the new prison that is to be constructed on Mahe. This will have the following capacity:

- 20 boys and 10 girls
- Gender separation
- Proper classification facilities
- Proper correctional/rehabilitation programme

391. This follows the gradual phasing out of the previous YRTC structure which housed young offenders with children with behavioural problems. Pending the construction of the Juvenile Correctional Centre young offenders are to be sent to the adult prison where special arrangements are made to house them.

The right to maintain contact with family (art. 37 (c))

The Committee recommended that the conditions at the Youth Rehabilitation and Treatment Centre (YRTC) should be improved and to ensure that rehabilitation and education programmes are provided while continuing consideration of the possibilities of relocating the Centre to the main island order to facilitate contact between children and their families.

392. The YRTC has now been moved to Mahe, this will facilitate visits by the majority of parents whose children live on Mahe.

393. A shift towards community based programmes and the more intrinsic role in rehabilitation that is to be pursued will greatly increase contact with family. More effort is to be made to involve family members in the treatment and rehabilitation of their children as family focused interventions have previously shown positive impacts on child and family interaction, delinquent behaviour and recidivism. To make the programme more effective areas that been previously ineffective are to be rejuvenated. Pre integration preparation within the educational, employment, family environment and community will be intensified.

Alternatives to institutional care (art. 40, para. 4)

394. It has been recognized that more community based programmes are needed; this has been at the heart of the YRTC reforms and is reflected in the goal to reduce the number of residents. The onus has shifted more onto reintegration and rehabilitation.

Gender

395. Please refer to the initial report, paragraphs 473–475.

Promoting the best interests of the child (art. 3, para. 1)

396. Please refer to the initial report, paragraphs 476–477.

Maintaining high standards in all institutions (art. 3, para. 3)

397. There are still no set of statutory minimum standards for conditions in treatment centres for young people. However with the new proposed juvenile correctional facilities and new YRTC can be seen to be a big improvement on their predecessors in terms of facilities and infrastructure.

Complaints procedures

398. Mechanisms and procedures available to residents to express views on treatment and other issues are to be standardised and structured by the DSS. Provisions to access information and knowledge of procedures will also be addressed in the new measures.

Physical and psychological recovery and social reintegration

399. With the relocation of YRTC and the proposed Juvenile correctional facility to Mahé, physical, psychological recovery and social reintegration will be facilitated through more efficient outsourcing. More resources and opportunities are available on Mahe, the downsizing of YRTC will provide more focused treatment and greater involvement of parents and community based treatments.

B. Children in situations of exploitation

Economic exploitation including child labour (art. 32)

400. Please refer to the initial report, paragraphs 482–487.

Regulation of employment (art. 32, paras. 1 and 2 (b) and (c))

401. Interdepartmental strategies have been developed to address the risks faced by children and young people in employment.

Ignorance of the law (arts. 32, para (1) and 13)

402. Sensitization campaigns have been carried out by the Ministry of Health and Social Development. However there is a need to intensify and diversify educational campaigns in order to increase awareness.

Terms and conditions of employment (art. 32, paras. 1 and 2 (b))

403. There are still issues of young workers being seen as cheap labour in areas where they are as equally productive as adults which remain to be addressed. However an employment tribunal exists as well as a successful workers union to provide a forum and means of resolving disputes over terms and conditions of employment.

Drug and alcohol abuse (art. 33)**The Committee recommends that the State party:**

In light of article 33 of the Convention, continue to take all appropriate measures, including administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and to prevent the use of children in the illicit trafficking of such substances;

Support rehabilitation, reintegration and recovery programmes specifically designed for child victims of drug and substance abuse.

404. Appropriate legislation, Misuse of Drugs Act and Children's Act exist. However we need to re-look at our programmes and services and make it specifically designed for children.

Alcohol abuse

405. Alcohol abuse remains an area of great concern and is reflected in the increase in children seeking rehabilitation and facing sanctions at school due to alcohol. A sociological alcohol survey has begun to explore key areas such as binge drinking and establishing drinking patterns/profiles amongst children to shed light on this pertinent issue. It is hoped from this study more effective and relevant policies can be formulated.

Drug abuse

406. Support, rehabilitation, reintegration and recovery programmes specifically designed for child victims of drug and substance abuse has been addressed by the setting up in 1998 of the Mont Royale Rehabilitation centre. This institute provides day and residential care for drug and alcohol addiction for all ages. Psycho dynamic counselling is offered to patients in close collaboration with parents in the case of children. Children account for approximately 10 per cent of all patients, the youngest recorded being aged 11 years old. The main causes of addiction continue to be marijuana and alcohol.

407. Drug policy is to be reviewed to make it more specific and relevant to the changing nature of abuse amongst children.

408. The Ministry of Education has issued a new drug policy for schools which acknowledges a thorough and holistic programme to address the complexities of drug abuse rather than focus on a more punitive approach.

409. The Drug and Alcohol Council has undertaken extensive educational programmes in school also giving talks and facilitating debates in schools.

410. The Government also launched a National Drug Control Master Plan in 2002, addressing the issues of substance abuse and illicit drug trafficking in all its aspects – prevention and education, treatment and rehabilitation supply reduction and law enforcement.

411. The Global Youth Tobacco Survey was carried out in Seychelles in 2002. This study focused on behaviour, knowledge, beliefs related to tobacco among students in secondary schools. Results showed a clear need to strengthen school based programmes to further raise awareness on tobacco.

Sexual exploitation and sexual abuse (art. 34)

The Committee recommended that the State party undertake a comprehensive study of child sexual exploitation and prostitution which assesses the magnitude of the problem, proposes possible solutions that address its root causes and evaluates the availability and appropriateness of services for the care and protection, recovery and social reintegration of the victims, taking into account the Declaration and Agenda for Action and the Global Commitment adopted at the 1996 and 2001 World Congresses against Commercial Sexual Exploitation of Children.

412. No comprehensive study of child sexual exploitation and prostitution which assesses the magnitude of the problem has been undertaken. The issue of sexual exploitation remains very much unexplored, however the issue is starting to be bridged to some extent through living values workshops conducted by the National Youth Council.

413. A regional Study on Violence against Children was commissioned by the Indian Ocean Observatory, which was also the theme adopted for the UN study in 2006. The study looked at the situation of violence against children in the region on the basis of a series of indicators which would help to press forward politics and programmes of prevention and regional cooperation in the fight against violence. The study outlined the various responses that exist in terms of protection and prevention as well as existing opportunities for the rehabilitation of abusers.

Sale, trafficking and abduction (art. 35)

414. There have been no cases of sale or abduction of children in Seychelles. Reports of trafficking or harbouring of children with a view to using them for sexual exploitation, though very few, is an area of concern. There are no known cases of illegal abduction of children in Seychelles. The laws relating to abduction and kidnapping were covered under section VI of the initial report.

Other forms of exploitation (art. 36)

415. Please refer to the initial report, paragraph 509.

C. Children of minority or indigenous populations (art. 30)

416. Please refer to the initial report, paragraph 510.

D. Concluding remarks and recommendations

417. It is imperative that statutory minimum standards for conditions in treatment centres for young people are introduced.

418. Education needs to be recognized as a key issue in combating drug abuse and prostitution.

419. Studies are undertaken in order for informed policy formulation on drug issues.

420. Studies are undertaken to explore underlying causes and effects of prostitution.

Annexes

Annex I

Vital statistics in Seychelles 2001–2006

Vital statistics	Years						Average 2001–2005
	2001	2002	2003	2004	2005	2006	
Midyear population	81 202	83 723	82 781	82 474	82 852	84 600	82 545
No. of registered births	1 440	1 481	1 498	1 436	1 536	1 467	1 464
Crude birth rate (per 1,000 pop)	17.73	17.69	18.10	17.41	18.54	17.34	17.73
No. of registered deaths	554	647	668	611	673	664	620
Crude death rate (per 1,000 pop)	6.82	7.73	8.07	7.41	8.12	7.85	7.51
No. of registered infant deaths	19	26	25	17	16	14	22
Infant mortality rate (per 1,000 live births)	13.19	17.56	16.69	11.84	10.42	9.54	14.86
No. of early neonatal deaths	10	9	14	10	7	6	11
No. of late neonatal deaths	4	13	6	2	7	3	6
No. of post neonatal deaths	5	4	4	5	2	5	5
No. of neonatal deaths	14	22	20	12	14	9	17
Neonatal mortality rate (per 1,000 live births)	9.72	14.85	13.35	8.36	9.11	6.13	11.61
No. of stillbirths	9	15	18	7	13	16	12
No. of perinatal deaths	19	24	32	17	20	22	23
Perinatal mortality rate (per 1,000 live births and stillbirths)	13.11	16.04	21.11	11.78	12.91	14.83	15.58
No. of registered child deaths	3	1	4	4	1	2	3
Under 5 mortality rate (per 1,000 population under 5 years)	3.07	4.14	4.38	3.10	2.48	2.28	3.46
Under 5 mortality rate (per 1,000 live births)	15.28	18.23	19.36	14.62	11.07	10.91	15.61
No. of registered maternal deaths	0	1	0	1	1	0	0.50
Maternal mortality ratio (per 100,000 live births)	0.00	67.52	0.00	69.64	65.10	0.00	34.16
Life expectancy at birth (years)							
Male	67.35	67.44	66.17	69.01	67.39	68.87	67.49
Female	79.40	76.00	76.10	76.44	77.13	75.66	76.99
Both sexes	72.50	71.50	70.92	72.64	71.93	72.20	71.89

Source: Health Statistics Unit – Division of Health Planning and Information.

Notes: A child in this table is defined as a member in the population who is 1 to 4 years old.

One infant in 2003 who was buried and registered in Seychelles as a registered death was born and died in England.

All births and deaths in this table are from the registry of the Civil Status Office where coverage is 100 per cent.

Annex II

Tables and charts

Tables

Table 1	Midyear population estimates, 1971–2006
Table 2	Components of population change, 1992–2006
Table 3	Registered live births by year, month of registration, sex and status, 2001–2006
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Table 5	Age-specific fertility rates 1990–2006
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Table 9a	Registered marriages and divorces, 1987–2006
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Table 10a	Marriages by age and previous marital status of bride (residents only), 2006
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Charts

1. Births, deaths, migration, 1975–2006
2. Infant deaths by sex, 1976–2006
3. Births out of wedlock, 1971–2006 per 1,000 live births
4. Age specific fertility rates, 2005–2006

End of year population 2006

1. Table 1 below shows the mid-year population estimates, vital events and rates for the period 1971–2006.

Population change

2. The components of population change for the period 1992–2006 are shown in Table 2. The population is estimated at 83,942 persons as at 31 December 2006. This represents an increase of 1,225 persons between January and December 2006 or an annual growth rate of 1.5 per cent over December 2005. During that same period the rate of natural increase (births less deaths) was 1.0 per cent.

Births

3. There were 1,467 births in 2006 compared to 1,536 births in 2005. Of these 732 occurred in the first six months and 735 occurred in the last six months of 2006. The crude birth rate which measures the number of births per thousand mid-year population was 17.3 in 2006 compared to 18.5 in 2005.

4. Table 3 provides information on the number of births by sex and status for the period 2001–2006 whilst table 4a shows the number of births by birth order and by status and age group of mother for the year 2006 only. Table 4b shows births by district of residence and age group of mother. There are two classes of birth status in Seychelles.

- Nuptial births – these are births occurring within marriage
- Ex-nuptial births – these are births occurring outside marriage and which are further broken down into:
 - Acknowledged births – recognized by the father
 - Natural births – not recognized by the father

5. Of the 1,467 births in 2006, 360 (25 per cent) occurred within marriage, 834 (57 per cent) were acknowledged and 273 (19 per cent) were non-acknowledged. The percentage of nuptial births in 2006 has increased from 24 per cent in 2005 to 25 per cent in 2006. Acknowledged births have decreased from 59 per cent in 2005 to 57 per cent in 2006. Conversely, non-acknowledged births increased from 18 per cent in 2005 to 19 per cent in 2006.

Table 4a shows that 200 (14 per cent) of all births in 2006 occurred to women aged less than 20. This has remained at the same level as in 2005.

6. Table 4b shows that the district with the highest number of births is Anse Aux Pins (91) followed by Baie Ste Anne (89).

7. Of the total number of births in each district Roche Caiman recorded the highest percentage of births to teenagers (28 per cent) followed by Grand Anse Mahe (22 per cent) and St Louis with (21 per cent).

8. Table 5 shows the age specific and total fertility rates for the period 1990 to 2006. The total number of children a woman is expected to have during her life has decreased from 2.2 in 2005 to 2.1 in 2006.

Deaths

9. There were 664 deaths registered in 2006 of which 12 occurred to non-residents (Table 6). The crude death rate for the year was 7.8 per thousand midyear population. (The number of deaths differs from Table 2 because deaths of persons who are not on the National Population Database are excluded from the calculation of the population estimates). Had the 12 deaths to non-residents been excluded then the crude death rate would decrease to 7.7. Table 6 provides details on deaths by sex and age for the period 2002–2006, whilst Table 7 provides details on age and sex specific mortality rates for the period 2002–2006.

10. The total number of infant deaths (death to babies aged less than 1 year) for 2006 was 14. The infant mortality rate is 9.5 per thousand live births compared to 10.4 in 2005.

Migration

11. The net migration figure of (410) persons for 2006 was composed of 763 males less 353 females (table 8).

Marriages and divorces

12. There were 984 marriages registered in 2006, of which 385 were by residents. There were also 142 divorces registered in 2006 (table 9a). Tables 9b and 9c show marriages by age of bride and groom for residents and visitors and for residents only. Tables 10a and 10b show marriages by age and previous marital status of bride and groom for residents only.

Table 1

Mid-year population estimates, birth and deaths, 1971–2006

<i>Year</i>	<i>Midyear population</i>	<i>No. of registered births</i>	<i>Birth⁽¹⁾ rate</i>	<i>No. of registered deaths</i>	<i>Death⁽¹⁾ rate</i>	<i>Registered infant deaths</i>	<i>Infant⁽²⁾ mortality</i>
1971	54 695	1 837	33.6	463	8.5	61	33.2
1972	58 029	1 723	30.8	529	9.4	62	36.0
1973	56 892	1 639	28.8	474	8.3	51	31.1
1974	57 937	1 860	32.1	496	8.6	73	39.2
1975	59 292	1 806	30.5	433	7.3	64	35.4
1976	60 504	1 642	27.1	466	7.7	53	32.3
1977	61 786	1 599	25.9	477	7.7	69	43.2
1978	62 150	1 796	28.9	466	7.5	47	26.2
1979	62 686	1 730	27.6	436	7.0	44	25.4
1980	63 261	1 830	28.9	444	7.0	32	17.5
1981	64 035	1 802	28.1	442	6.9	31	17.2
1982	64 413	1 552	24.1	482	7.5	30	19.3
1983	64 335	1 662	25.8	452	7.0	24	14.4
1984	64 717	1 739	26.9	487	7.5	24	13.8
1985	65 244	1 729	26.5	468	7.2	31	17.9
1986	65 652	1 722	26.2	498	7.6	31	18.0
1987 ⁽³⁾	68 499	1 684	24.5	505	7.4	31	18.4

Year	Midyear population	No. of registered births	Birth ⁽¹⁾ rate	No. of registered deaths	Death ⁽¹⁾ rate	Registered infant deaths	Infant ⁽²⁾ mortality
1988	68 755	1 643	23.8	504	7.3	28	17.0
1989	69 167	1 600	23.0	566	8.1	29	18.1
1990	69 507	1 617	23.1	543	7.7	21	13.0
1991 ⁽⁴⁾	70 439	1 706	24.2	542	7.7	22	12.9
1992 ⁽⁵⁾	70 763	1 601	22.6	522	7.4	19	11.9
1993	72 253	1 689	23.4	597	8.3	22	13.0
1994 ⁽⁶⁾	74 205	1 700	22.9	562	7.6	15	8.8
1995	75 304	1 582	21.0	525	7.0	29	18.3
1996	76 417	1 611	21.1	566	7.4	15	9.3
1997	77 319	1 475	19.1	603	7.8	12	8.1
1998 ⁽⁷⁾	78 846	1 412	17.9	570	7.2	12	8.5
1999	80 410	1 460	18.2	560	7.0	15	10.3
2000 ⁽⁷⁾	81 131	1 512	18.6	553	6.8	15	9.9
2001	81 202	1 440	17.7	554	6.8	19	13.2
2002 ⁽⁸⁾	83 723	1 481	17.7	647	7.7	26	17.6
2003 ⁽⁸⁾	82 781	1 498	18.1	668	8.1	25	16.7
2004 ⁽⁹⁾	82 475	1 435	17.4	611	7.2	17	11.8
2005	82 852	1 536	18.5	673	8.1	16	10.4
2006	84 600	1 467	17.3	664	7.8	14	9.5

Source: National Statistics Bureau/Civil Status Office.

Notes:

- (1) Measured per thousand of midyear population.
(2) Deaths of infants under one year of age per 1,000 live births.
(3) The mid-year population estimates for 1987–1993 have been rebased using the 1987 census data.
(4) 2 persons aged 36 & 37 who were registered in 1991 are not included in births in this table.
(5) 2 persons aged 27 & 50 who were registered in 1992 are not included in births in this table.
(6) The population has been rebased using the 1994 census results.
(7) The population has been adjusted due to misreporting of births from Civil Status.
(8) The original census figure has been adjusted by 2.4% to take into account undercounts.
(9) The population has been rebased using the 2002 census results.

Table 2
Components of population change, 1992–2006

Period	Population at beginning of period	Births	Deaths	Migration	Population at end of period
Jan–June 1992	70 445	741	-250	-173	70 763
Jul–Dec 1992 ⁽¹⁾	70 763	860	-272	-25	71 326
Jan–June 1993	71 326	820	-331	438	72 253
Jul–Dec 1993	72 253	869	-266	-158	72 698
Jan–June 1994	72 698	883	-277	546	73 850
Jul–Dec 1994 ⁽³⁾	74 205	817	-285	-142	74 595

<i>Period</i>	<i>Population at beginning of period</i>	<i>Births</i>	<i>Deaths</i>	<i>Migration</i>	<i>Population at end of period</i>
Jan–June 1995	74 595	782	-255	182	75 304
Jul–Dec 1995	75 304	800	-264	-121	75 719
Jan–June 1996	75 719	810	-271	159	76 417
Jul–Dec 1996	76 417	801	-289	-642	76 287
Jan–June 1997	76 287	805	-319	546	77 319
Jul–Dec 1997	77 319	670	-269	-137	77 583
Jan–June 1998 ⁽⁴⁾	77 583	748	-309	824	78 846
Jul–Dec 1998	78 846	664	-252	36	79 294
Jan–June 1999	79 294	726	-280	670	80 410
Jul–Dec 1999	80 410	734	-271	398	81 271
Jan–June 2000 ⁽⁴⁾	81 271	758	-268	-630	81 131
Jul–Dec 2000	81 131	754	-270	-448	81 167
Jan–June 2001 ⁽⁴⁾	81 167	736	-272	-429	81 202
Jul–Dec 2001	81 202	704	-267	-912	80 727
Jan–June 2002 ⁽⁵⁾	80 727	757	-348	-315	80 821
Jul–Dec 2002 ⁽⁵⁾	83 723	724	-287	-1 984	82 176
Jan–June 2003 ⁽⁶⁾	82 176	771	-323	157	82 781
Jul–Dec 2003	82 781	727	-331	-1 186	81 991
Jan–June 2004	81 991	748	-276	12	82 475
Jul–Dec 2004	82 475	687	-319	-396	82 447
Jan–June 2005	82 447	808	-297	-106	82 852
Jul–Dec 2005	82 852	728	-358	-505	82 717
Jan–June 2006	82 717	732	-363	1 514	84 600
Jul–Dec 2006	84 600	735	-289	-1 104	83 942

Source: National Statistics Bureau from information provided by Civil Status Office and Immigration Division.

Notes:

- (1) From 1987–1993 the population estimates have been rebased using the 1987 census results.
- (2) 2 persons aged 27 & 50 who were registered in 1992 are not included in the births in this table.
- (3) The population has been rebased using the 1994 census results.
- (4) The population has been adjusted due to misreporting of births from Civil Status Office.
- (5) The difference in the population at the beginning of period is due to an adjustment of the census figure by 2.4% to take into account undercounts.
- (6) The population has been rebased using the 2002 census results.
- (7) As from 1996 the number of deaths excludes deaths to persons not on the NPD.

Table 3
Registered live births by year, month of registration, sex and status, 2001–2006

<i>Month/Year</i>	<i>2001</i>	<i>2002</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>
January	112	132	111	96	117	107
February	120	97	113	99	113	100
March	107	105	119	141	128	110
April	137	130	138	131	142	136
May	144	167	146	139	163	135
June	116	126	144	142	145	144
July	141	137	152	127	142	134
August	111	137	100	121	125	117
September	102	114	130	108	136	136
October	131	123	122	116	128	125
November	125	124	115	113	102	118
December	94	89	108	102	95	105
Total	1 440	1 481	1 498	1 435	1 536	1 467
Sex						
Males	717	723	781	720	785	757
Females	723	758	717	715	751	710
Status						
Nuptial	346	364	332	320	362	360
Ex-nuptial						
Acknowledged	767	809	875	840	902	834
Other	327	308	291	275	272	273

Source: National Statistics Bureau/Civil Status Office.

Table 4a
Births by birth order and by status and age group of mother, 2006

Number of births

<i>Legitimacy status and age group</i>	<i>Total births</i>	<i>Birth order</i>							
		<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8+</i>
Status									
Nuptial	360	120	130	71	26	10		2	1
Ex-nuptial									
Acknowledged	834	368	263	112	68	14	7	1	1
Other	273	133	80	33	19	5	1	1	1
Total	1 467	621	473	216	113	29	8	4	3
Age group									
Under 15	4	4							
15–19	196	173	20	3					
20–24	364	213	124	20	6		1		

Legitimacy status and age group	Total births	Birth order							
		1	2	3	4	5	6	7	8+
25-29	422	161	166	64	27	4			
30-34	301	53	103	82	46	12	4		1
35-39	149	15	53	41	30	9		1	
40-44	30	2	7	6	4	4	3	3	1
45+	1								1

Source: National Statistics Bureau/Civil Status Office.

Table 4b
Births by district of residence and age group of mother, 2006

District	Age group								Total
	Under 15	15-19	20-24	25-29	30-34	35-39	40-44	45+	
Anse Aux Pins		11	23	25	22	9	1		91
Anse Boileau		9	20	23	13	4	1		70
Au Cap		8	11	14	13	7	1		54
Anse Etoile	1	10	19	15	12	8	1		66
Anse Royale		7	13	20	18	10	4		72
Bel Air		8	9	13	6	3	3		42
Baie Lazare		6	14	13	17	3			53
Belombre		6	14	22	11	5	2		60
Baie Ste Anne		10	24	22	22	9	2		89
Beau Vallon	1	10	12	23	11	6			63
Cascade		7	13	18	18	6	4		66
English River		10	6	16	6	11			49
Glacis		5	16	13	14	4			52
Grand Anse Mahe		10	13	8	8	4	2		45
Grand Anse Praslin		4	14	20	8	3	1		50
La Digue		2	10	9	7	7	1		36
Les Mamelles		6	6	14	5	4			35
Mont Buxton		8	18	10	10	1	1		48
Mont Fleuri	1	8	17	27	18	4			75
Plaisance		7	31	20	15	13	2		88
Port Glaud		3	10	14	4	3	1		35
Pointe Larue		4	10	19	11	5			49
Roche Caiman	1	15	13	15	10	2	2		58
St Louis		16	18	19	14	11			78
Takamaka		6	10	9	8	7	1	1	42
Silhouette				1					1
Total	4	196	364	422	301	149	30	1	1 467

Source: National Statistics Bureau/Civil Status Office.

Table 5
Age specific fertility rates, 1990–2006⁽¹⁾
 Births per woman per year

Group	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
10–14	0.000	0.001	0.001	0.001	0.002	0.002	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.000	0.001	0.001
15–19	0.061	0.070	0.064	0.076	0.068	0.059	0.063	0.055	0.052	0.061	0.055	0.059	0.057	0.060	0.054	0.059	0.054
20–24	0.151	0.153	0.139	0.151	0.015	0.149	0.136	0.114	0.120	0.120	0.113	0.112	0.105	0.117	0.111	0.118	0.103
25–29	0.137	0.137	0.131	0.126	0.136	0.119	0.121	0.104	0.109	0.101	0.107	0.103	0.105	0.097	0.104	0.114	0.129
30–34	0.096	0.105	0.086	0.089	0.095	0.089	0.088	0.090	0.078	0.077	0.080	0.073	0.076	0.078	0.076	0.083	0.079
35–39	0.061	0.057	0.069	0.063	0.049	0.045	0.045	0.050	0.037	0.041	0.046	0.040	0.053	0.046	0.047	0.052	0.044
40–44	0.014	0.019	0.014	0.011	0.024	0.009	0.011	0.014	0.009	0.008	0.013	0.008	0.010	0.011	0.012	0.013	0.009
45–49	0.000	0.000	0.000	0.001	0.000	0.000	0.000	0.000	0.002	0.001	0.001	0.000	0.000	0.001	0.001	0.001	0.000
Total fertility⁽²⁾	2.60	2.71	2.52	2.59	2.63	2.37	2.32	2.14	2.04	2.04	2.08	1.98	2.04	2.06	2.01	2.20	2.11

Source: National Statistics Bureau.

Notes:

⁽¹⁾ Using mid-year estimates based on smoothed 1994 census data.

⁽²⁾ Total fertility = Total number of children born to a women who passes through childbearing ages experiencing current age-specific fertility rates.

⁽³⁾ As from 2002 the population estimates have been rebased using the 2002 census results.

Table 6
Deaths by sex and age, 2002–2006

Age group	2002		2003		2004		2005		2006	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
Under 1	14	12	14	11	4	13	10	6	5	9
1–4	1		3	1	2	2		1	2	
5–9		1	2	2		1	2		2	2
10–14			3	1			2	2	2	6
15–19	4	1	6	1	5	1	2	1	4	1
20–24	5	3	3	3	9	3	4	3	3	3
25–29	8	2	9	2	4	4	8	2	6	3
30–34	10	2	10	4	9	3	13	2	3	7
35–39	12	5	27	6	13	3	11	9	13	2
40–44	15	7	25	9	18	7	14	9	15	10
45–49	22	8	17	8	21	7	28	10	22	8
50–54	24	11	16	11	25	7	27	11	18	8
55–59	20	8	28	5	27	13	33	12	27	7
60–64	29	17	30	17	21	21	21	7	25	19
65–69	31	24	37	18	26	17	33	20	40	20
70–74	47	35	45	38	40	29	42	24	37	38
75–79	43	33	41	30	43	41	51	34	51	40
80–84	33	32	32	42	37	39	46	53	42	46
85+	42	86	29	82	25	71	39	81	39	79
Total	360	287	377	291	329	282	386	287	356	308

Source: National Statistics Bureau/Civil Status Office.

Table 7
Age and sex specific mortality rates, 2002–2006^{(1), (2)}

Age group	Average 2002–2003		Average 2004–2005		Average 2006	
	Males	Females	Males	Females	Males	Females
Under 1 ⁽¹⁾	18.6	15.6	9.3	13.0	6.6	12.7
Under 5 ⁽¹⁾	21.3	16.3	10.6	15.0	9.2	12.7
5–9	0.3	0.4	0.3	0.2	0.7	0.7
10–14	0.4	0.1	0.3	0.3	0.5	1.8
15–19	1.3	0.3	0.9	0.3	1.1	0.3
20–24	1.1	0.8	1.8	0.9	0.7	0.8
25–29	2.4	0.5	1.7	0.9	1.6	0.9
30–34	2.7	0.8	3.2	0.7	0.7	1.9
35–39	5.6	1.5	3.7	1.7	4.0	0.6
40–44	6.1	2.6	5.0	2.5	5.1	3.1
45–49	7.9	3.6	8.4	3.2	6.6	2.8

Age group	Average 2002–2003		Average 2004–2005		Average 2006	
	Males	Females	Males	Females	Males	Females
50–54	11.8	7.3	14.9	5.9	9.8	4.8
55–59	19.2	5.4	21.1	9.1	17.2	4.7
60–64	29.7	14.4	21.0	13.1	24.9	17.5
65–69	39.9	17.9	34.3	15.5	47.7	16.1
70–74	62.3	36.4	57.4	25.7	52.1	35.2
75–79	89.7	41.5	94.1	46.9	100.4	50.1
80–84	157.0	119.0	166.7	118.1	194.7	120.4
Overall	8.9	6.9	8.7	6.8	8.3	7.4

Source: National Statistics Bureau.

Notes:

(1) Under 1 and under 5 mortality rates calculated per thousand registered live births for the year.

(2) For other age groups, mortality rates calculated per thousand of estimated mid-year population in respective age groups.

Table 8
Age and sex distribution of migrants, 2006

Age group	Males		Females		Net migration		
	Arrivals	Departures	Arrivals	Departures	Males	Females	Both sexes
0–4	848	784	878	791	64	87	151
5–9	993	1 188	1 052	1 215	-195	-163	-358
10–14	1 045	1 002	1 020	1 113	43	-93	-50
15–19	1 131	1 166	1 165	1 272	-35	-107	-142
20–24	2 604	1 820	2 037	1 809	784	228	1 012
25–29	3 582	3 894	2 926	3 421	-312	-495	-807
30–34	3 996	3 254	3 024	2 612	742	412	1 154
35–39	3 728	4 122	2 727	3 025	-394	-298	-692
40–44	4 061	4 011	2 901	2 965	50	-64	-14
45–49	3 478	3 369	2 366	2 301	109	65	174
50–54	2 591	2 802	1 721	1 837	-211	-116	-327
55–59	1 159	1 054	999	907	105	92	197
60–64	800	878	820	865	-78	-45	-123
65+	844	753	979	835	91	144	235
Total	30 860	30 097	24 615	24 968	763	-353	410

Source: National Statistics Bureau from immigration cards.

Table 9a
Registered marriages and divorces, 1987–2006

Year	Marriages		Total	Divorces
	Residents	Visitors		
1987	290	332	622	25
1988	208	462	670	34
1989	174	603	777	43
1990	278	759	1 037	47
1991	282	650	932	86
1992	268	561	829	87
1993	257	556	813	81
1994	301	636	937	62
1995	298	534	832	92
1996	353	521	874	72
1997	352	507	859	89
1998	330	388	718	79
1999	432	451	883	102
2000	484	465	949	88
2001	418	372	790	109
2002	428	437	865	112
2003	363	460	823	126
2004	408	497	905	171
2005	376	510	886	140
2006	385	599	984	142

Table 9b
Marriages by age of bride and groom, 2006

Residents and visitors

Age of groom	Age of bride									Total	%
	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55+		
15–19	1									1	0
20–24	13	36	10	3	1			1		64	7
25–29	1	46	100	20	6	2	1			176	18
30–34	2	23	97	101	20	7	4			254	26
35–39	1	13	43	73	61	17	5			213	22
40–44	1	5	11	22	49	27	5	2		122	12
45–49			7	10	16	22	12	2		69	7
50–54		1		2	11	9	8	6	1	38	4
55+	1		4	3	3	4	12	5	15	47	5
Total	20	124	272	234	167	88	47	16	16	984	
%	2	13	28	24	17	9	5	2	2	100	100

Table 9c
Marriages by age of bride and groom, 2006
 Residents only

<i>Age of groom</i>	<i>Age of bride</i>									<i>Total</i>	<i>%</i>
	<i>15-19</i>	<i>20-24</i>	<i>25-29</i>	<i>30-34</i>	<i>35-39</i>	<i>40-44</i>	<i>45-49</i>	<i>50-54</i>	<i>55+</i>		
15-19	1									1	0
20-24	13	27	8	2	1					51	13
25-29	1	29	46	6	1	2	1			86	22
30-34		7	35	25	6	2	3			78	20
35-39	1	8	11	15	10	7	2			54	14
40-44	1	4	3	7	25	6	2	1		49	13
45-49			3	4	7	12	5	1		32	8
50-54				1	1	4	4	2		12	3
55+	1		2		1	3	6	2	7	22	6
Total	18	75	108	60	52	36	23	6	7	385	
%	5	19	28	16	14	9	6	2	2	100	100

Source: National Statistics Bureau/Civil Status Office.

Table 10a
Marriages by age and previous marital status of bride
 Residents only, 2006

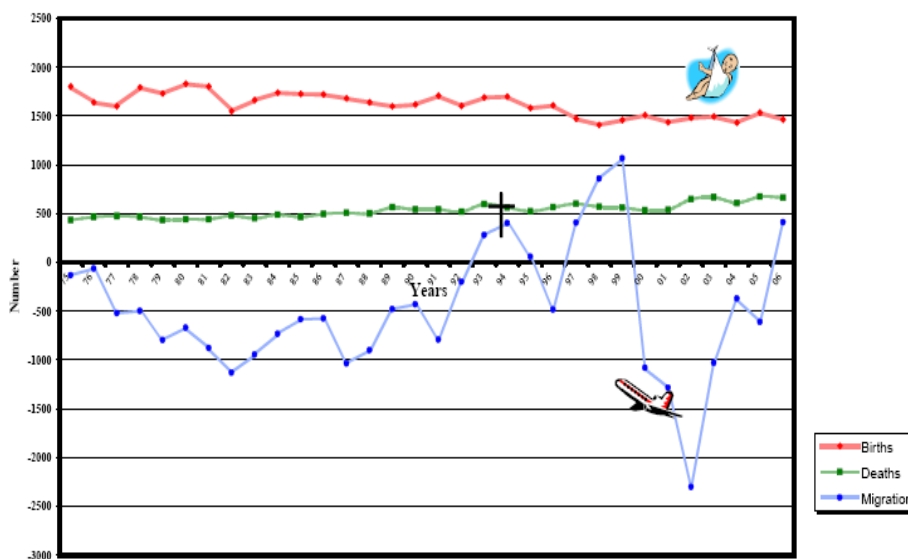
<i>Age group</i>	<i>Total marriages</i>	<i>Previous marital status of bride</i>		
		<i>Spinster</i>	<i>Widowed</i>	<i>Divorced</i>
15-19	18	18		
20-24	75	74		1
25-29	108	100		8
30-34	60	54	1	5
35-39	52	39	1	12
40-44	36	25	2	9
45-49	23	14		9
50-54	6	4		2
55+	7	6	1	
Total	385	334	5	46

Table 10b
Marriages by age and previous marital status of groom
 Residents only, 2006

Age group	Total marriages	Previous marital status of groom		
		Bachelor	Widowed	Divorced
15–19	1	1		
20–24	51	51		
25–29	86	85	1	
30–34	78	76		2
35–39	54	41		13
40–44	49	36	2	11
45–49	32	20	1	11
50–54	12	8	2	2
55+	22	10	4	8
Total	385	328	10	47

Source: National Statistics Bureau/Civil Status Office.

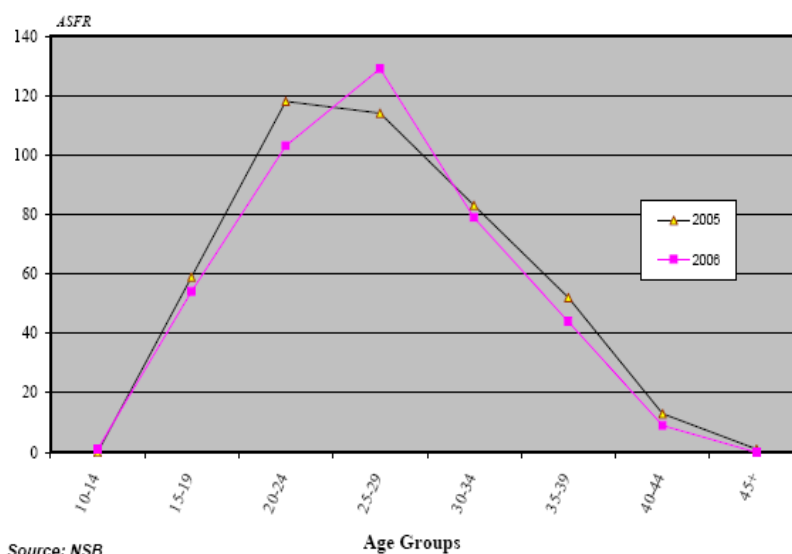
Chart 1
Births, deaths, migration, 1975–2006



Source: NSB

Source: NSB.

Chart 4
Age specific fertility rates, 2005–2006



BCG vaccination first term primary one 2005

Schools	No. of pupils	Target pop.	No. immunized	No. left	Refusal	% coverage
Anse Etoile	51	51	51	0	0	100.0
Bel Eau	72	72	72	0	0	100.0
Independent	50	49	49	0	0	100.0
Ecole Francaise	11	7	7	0	0	100.0
La Retraite	34	34	34	0	0	100.0
Glacis	30	30	30	0	0	100.0
Beau Vallon	99	99	99	0	0	100.0
Bel Ombre	30	30	30	0	0	100.0
Silhouette	2	2	2	0	0	100.0
International school	32	33	33	0	0	100.0
Exceptional school	4	4	4	0	0	100.0
Cascade	50	49	49	0	0	100.0
Plaisance	118	118	118	0	0	100.0
Anse Aux Pins	81	81	81	0	0	100.0
Pte Larue	51	51	51	0	0	100.0
Anse Royale	93	93	93	0	0	100.0
Takamaka	33	33	33	0	0	100.0
Baie Lazare	56	56	56	0	0	100.0
Anse Boileau	80	78	78	0	0	100.0
Grand Anse Mahe	30	30	30	0	0	100.0
La Misere	22	22	22	0	0	100.0
Port Glaud	38	38	38	0	0	100.0
Grand Anse Praslin	68	68	68	0	0	100.0

<i>Schools</i>	<i>No. of pupils</i>	<i>Target pop.</i>	<i>No. immunized</i>	<i>No. left</i>	<i>Refusal</i>	<i>% coverage</i>
Baie ste anne Praslin	58	58	58	0	0	100.0
Mont Fleurie	91	93	93	0	0	100.0
La Digue	43	43	43	0	0	100.0
La Rosiere	130	128	127	1	0	99.2
Total	1 457	1 450	1 449	1	0	99.9

Diphtheria and tetanus vaccine + oral polio – primary one 2005

<i>Schools</i>	<i>No. of pupils</i>	<i>Target pop.</i>	<i>No. immunized</i>	<i>No. left</i>	<i>Refusal</i>	<i>% coverage</i>
Anse Etoile	48	48	48	0	0	100.0
Bel Eau	72	72	72	0	0	100.0
Independent	49	49	49	0	0	100.0
Ecole Francaise	7	7	7	0	0	100.0
La Retraite	35	35	35	0	0	100.0
La Rosiere	132	132	132	0	0	100.0
Glacis	31	31	31	0	0	100.0
Beau Vallon	67	67	67	0	0	100.0
Bel Ombre	28	28	28	0	0	100.0
Silhouette	2	2	2	0	0	100.0
International school	28	28	28	0	0	100.0
Exceptional School	4	4	4	0	0	100.0
Cascade	50	49	49	0	0	100.0
Plaisance	121	121	121	0	0	100.0
Anse Aux Pins	81	81	81	0	0	100.0
Pte Larue	51	51	51	0	0	100.0
Anse Royale	93	93	93	0	0	100.0
Takamaka	33	33	33	0	0	100.0
Baie Lazare	57	57	57	0	0	100.0
Anse Boileau	79	79	79	0	0	100.0
Grand Anse Mahe	30	30	30	0	0	100.0
La Misere	22	22	22	0	0	100.0
Port Glaud	38	38	38	0	0	100.0
Grand Anse Praslin	68	68	68	0	0	100.0
Baie Ste Anne Praslin	58	58	58	0	0	100.0
Mont Fleurie	91	90	90	0	0	100.0
La Digue	44	44	44	0	0	100.0
Total	1 419	1 417	1 417	0	0	100.0

Measles, mumps and rubella vaccines – primary one 2005

<i>Schools</i>	<i>No. of pupils</i>	<i>Target pop.</i>	<i>No. immunized</i>	<i>No. left</i>	<i>Refusal</i>	<i>% coverage</i>
Anse Etoile	48	48	48	0	0	100.0
Bel Eau	74	74	74	0	0	100.0
Independent	50	50	50	0	0	100.0
La Retraite	35	35	35	0	0	100.0
Glacis	32	32	32	0	0	100.0
Beau Vallon	67	67	67	0	0	100.0
Bel Ombre	29	29	29	0	0	100.0
Silhouette	2	2	2	0	0	100.0
International school	28	28	28	0	0	100.0
Cascade	48	48	48	0	0	100.0
Plaisance	125	125	125	0	0	100.0
Anse Aux Pins	79	79	79	0	0	100.0
Pte Larue	54	54	54	0	0	100.0
Anse Royale	90	90	90	0	0	100.0
Takamaka	34	34	34	0	0	100.0
Baie Lazare	58	58	58	0	0	100.0
Anse Boileau	84	84	84	0	0	100.0
Grand Anse Mahe	29	29	29	0	0	100.0
La Misere	23	23	23	0	0	100.0
Port Glaud	38	38	38	0	0	100.0
Grand Anse Praslin	58	58	58	0	0	100.0
Baie ste anne Praslin	58	58	58	0	0	100.0
Mont Fleurie	91	91	90	1	0	98.9
La Rosiere	134	134	132	2	0	98.5
La Digue	45	45	44	1	0	97.8
Ecole Francaise	7	7	6	1	0	85.7
Exceptional School	4	4	3	1	0	75.0
Total	1 424	1 424	1 418	6	0	99.6

Note: The remaining primary one pupil will be vaccinated early this year.

First term immunization S3 2005

<i>Schools</i>	<i>No. of pupils</i>	<i>Target pop.</i>	<i>No. immunized</i>	<i>No. left</i>	<i>Refusal</i>	<i>% coverage</i>
English River	170	170	170	0	0	100.0
Independent school	47	47	47	0	0	100.0
Beau vallon	159	157	157	0	2	100.0
International school	24	23	23	0	0	100.0
Mont Fleurie school	147	147	147	0	0	100.0
Exceptional school	11	11	11	0	0	100.0
Pointe larue	180	179	179	0	1	100.0

<i>Schools</i>	<i>No. of pupils</i>	<i>Target pop.</i>	<i>No. immunized</i>	<i>No. left</i>	<i>Refusal</i>	<i>% coverage</i>
Anse Royale	206	206	206	0	0	100.0
Anse Boileau	175	175	175	0	0	100.0
Grand Anse Praslin	162	161	161	0	1	100.0
Belonie	162	162	161	1	0	99.4
Plaisance	165	165	162	3	0	98.2
La Digue	39	39	38	1	0	97.4
Total	1 647	1 642	1 637	5	4	99.7

Note: Anti-tetanus toxoid and oral polio for secondary 3 students.

Health screening in schools Screening of second year crèche pupils 2005

<i>Schools</i>	<i>No. of pupils</i>	<i>Target pop.</i>	<i>No. immunized</i>	<i>No. left</i>	<i>Refusal</i>	<i>% coverage</i>
Bel Eau	42	42	42	0	0	100.0
La Retraite	28	28	28	0	0	100.0
Glacis	25	25	25	0	0	100.0
Beau Vallon	66	65	65	0	1	100.0
Silhouette	2	2	2	2	0	100.0
Les Mamelles	55	55	55	0	0	100.0
Pte au Sel	15	15	15	0	0	100.0
Anse Royale	78	78	78	0	0	100.0
Anse Boileau	106	106	106	0	0	100.0
Port Glaud	29	29	29	0	0	100.0
Anse Kerlan	18	18	18	0	0	100.0
Grand Anse Praslin	34	34	34	0	0	100.0
Mont Fleurie	90	90	90	0	0	100.0
Takamaka	36	36	35	1	0	97.2
Anse Etoile	36	36	34	2	0	94.4
La Misere	18	18	17	1	0	94.4
Baie Lazare	43	43	40	3	0	93.0
La Rosiere	85	85	79	6	0	92.9
Bel Ombre	23	23	21	2	0	91.3
Pte Larue	66	66	60	6	0	90.9
Grand Anse Mahe	22	22	19	3	0	86.4
Independent	49	49	41	5	0	83.7
Plaisance	79	79	66	13	0	83.5
Baie ste anne Praslin	66	66	55	11	0	83.3
English River	92	92	76	16	0	82.6
Anse Aux Pins	68	68	50	18	0	73.5

<i>Schools</i>	<i>No. of pupils</i>	<i>Target pop.</i>	<i>No. immunized</i>	<i>No. left</i>	<i>Refusal</i>	<i>% coverage</i>
Bel Eau Annex	32	32	23	9	0	71.9
Cascade	41	41	22	19	0	53.7
La Digue	36	36	19	17	0	52.8
Total	1 380	1 379	1 244	134	1	90.2

All second year crèche pupils are given full medical check up before entry in primary one. Parents are advised to accompany their children and be present on that day, so that they can discuss any pertinent issues to the health team.

Screening of primary four students 2005

<i>Schools</i>	<i>No. of pupils</i>	<i>Target pop.</i>	<i>No. immunized</i>	<i>No. left</i>	<i>Refusal</i>	<i>% coverage</i>
Anse Etoile	51	51	51	0	0	100.0
Bel Eau	72	72	72	0	0	100.0
Ecole Francaise	19	16	16	0	3	100.0
La Retraite	34	34	34	0	0	100.0
Glacis	35	35	35	0	0	100.0
Bel Ombre	30	30	30	0	0	100.0
Silhouette	2	2	2	0	0	100.0
International school	32	33	33	0	0	100.0
Exceptional school	4	4	4	0	0	100.0
Cascade	49	49	49	0	0	100.0
Plaisance	138	138	138	0	0	100.0
Anse Aux Pins	81	81	81	0	0	100.0
Pte Larue	51	51	51	0	0	100.0
Anse Royale	106	106	106	0	0	100.0
Baie Lazare	36	36	36	0	0	100.0
La Misere	22	22	22	0	0	100.0
Port Glaud	16	16	16	0	0	100.0
Grand Anse Praslin	68	68	68	0	0	100.0
Baie ste Anne Praslin	66	66	66	0	0	100.0
Mont Fleurie	91	93	93	0	0	100.0
Anse Boileau	98	98	97	1	0	99.0
Grand Anse Mahe	36	36	35	1	0	97.2
La Rosiere	130	129	125	0	0	96.9
Independent	50	49	47	2	0	95.9
Takamaka	41	41	39	2	0	95.1
Beau Vallon	60	60	35	25	0	58.3
La Digue	57	57	33	24	0	57.9
Total	1 475	1 473	1 414	55	3	96.0

Screening of secondary one students

<i>Schools</i>	<i>No. of pupils</i>	<i>Target pop.</i>	<i>No. immunized</i>	<i>No. left</i>	<i>Refusal</i>	<i>% coverage</i>
Mont Fleurie	145	145	145	0	0	100.0
Pte Larue	195	194	194	0	1	100.0
Grand Anse Praslin	164	164	164	0	0	100.0
La Digue	43	43	43	0	0	100.0
Anse Royal	214	214	213	1	0	99.5
English River	149	149	146	3	0	98.0
Beau Vallon	138	135	132	3	3	97.8
Plaisance	181	181	177	4	0	97.8
Anse Boileau	164	164	159	0	5	97.0
Belonie	133	133	129	4	0	97.0
Independent school	46	46	31	15	0	67.4
Total	1 572	1 568	1 533	30	9	97.5

Screening of S4 students 2005

<i>Name of school</i>	<i>No. of pupils</i>	<i>Target pop.</i>	<i>No. immunized</i>	<i>No. left</i>	<i>Refusal</i>	<i>% coverage</i>
Beau Vallon	136	122	122	0	14	100.0
Mont Fleurie	145	145	145	0	0	100.0
Plaisance	162	161	161	0	1	100.0
Pte Larue	195	195	195	0	0	100.0
Anse Royal	222	222	222	0	0	100.0
Grand Anse Praslin	133	133	133	0	0	100.0
Belonie	111	111	111	0	0	100.0
Anse Boileau	152	152	151	1	0	99.3
English River	162	162	156	6	0	96.3
La Digue	54	54	49	5	0	90.7
Independent school	50	50	43	7	0	86.0
Total	1 522	1 507	1 488	19	15	98.7

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