



REPUBLIC OF SEYCHELLES
Ministry of Health and Social Development
Social Development Department
Gender Secretariat



NATIONAL ACTION PLAN FOR GENDER BASED VIOLENCE FOR THE REPUBLIC OF SEYCHELLES January 2010-December 2011

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Acronyms

AG	Attorney General
AU	African Union
BPFA	Beijing Platform For Action
CEDAW	Convention on the Elimination of all Forms of Violence against Women
CRC	Convention on the Rights of the Child
CSO	Civil Society Organisations
CSW	Commission on the Status of Women
DA	District Administrator
DV	Domestic Violence
EU	European Union
FBOs	Faith Based Organisations
FEAs	Federation of Employers Association
FGM	Female Genital Mutilation
GBV	Gender Based Violence
HSA	Health Service Agency
HIV	Human Immune- Deficiency Virus
ICT	Information Communication and Technology Department
IOC	Indian Ocean Commission
IPV	Intimate Partner Violence
NSA	Non-State Actors
NSB	National Statistical Bureau
NCC	National Council for Children
NCCP	National Council for Child Protection
NGMT	National Gender Management Team
NHRDC	National Human Resources Development Council
NIE	National Institution for Education
NIHSS	National Institute of Health & Social Studies

M&E	Monitoring and Evaluation
MFA	Ministry of Foreign Affairs
MHSD	Ministry of Health and Social Development
OHCHR	Office of the High Commissioner on Human Rights
PEP	Post Exposure Prophylaxis
PS	Permanent Secretary
PoA	Plan of Action
RBM	Results Based Management
SADC	Southern Africa Development Community
SBC	Seychelles Broadcasting Corporation
SDD	Social Development Department
SIM	Seychelles Institute for Management
SQA	Seychelles Quality Authority
TOT	Training of Trainers
TV	Television
UN	United Nations
UNDP	United Nations Development Programme
UNIFEM	United Nations Development Fund for Women

Background Context

GBV in the Seychelles: An Overview. Statistical data in the Seychelles points to the growing phenomenon of GBV. The number of cases of domestic violence reported to the police has reported to double in the years between 2000-2005.¹ Between January and December 2009, 164 cases of child abuse cases were reported to the Child Protection unit of the Social Development Department, of which 80% involved girls. The youngest victims were 1 year olds and the cases of females aged 14 being in the majority. About 61% of all child abuse cases handled by the unit involved sexual abuse (100 out of 164)². The Community Social Work section reported 181 new cases of abuse in 2009, which accounted for a 10% increase over the previous year. Sexual behaviours accounted for 47 new cases, which is an increase of 30%. There were 174 on-going cases of substance abuse; 70 being alcohol cases while 104 were drug abuse cases. In 2009, 15 new cases of substance abuse were recorded.³ The Family Tribunal registered a 55% increase in the number spousal violence cases between the years 2006 and 2009. The vast majority of GBV survivors reporting cases were women (92% in 2009).

GBV Policy Context in the Seychelles: A good number of regional and international protocols have recognised the importance of addressing gender based violence in order to contribute gender equality and development in general. CEDAW recommendation no. 19 (1992) notes that GBV is a form of discrimination that seriously inhibits women's ability to enjoy right and freedoms on a basis of equality with men. Member states are encouraged to put in place measures to address GBV. The Beijing Platform For Action (BPFA), 1995, equally observes that GBV is an obstacle to development and peace. It violates and impairs or nullifies the enjoyment of women of their human rights and fundamental freedoms. The BPFA provides a wide array of possible strategies countries can take to combat GBV in their countries. The AU Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa outlines violence against women as a violation of the basic rights and freedoms outlined in the charter. Articles 20-25 of the SADC Gender and Development Protocol makes provisions for the implementation of a variety of strategies, including enacting, reviewing, reforming and enforcing laws aimed at eliminating all forms of gender based violence and trafficking. There are specific stipulations for the provision of a comprehensive integrated package of treatment and care services for survivors of gender based violence, including the establishment of special courts to address these cases. The Protocol also makes provisions for the social and psychological rehabilitation of perpetrators of GBV. A section provides for monitoring and evaluation and sets targets and indicators for reducing gender based violence levels by half by 2015.

Seychelles is a signatory party to many human rights treaties that focus on women and gender equality. The **CEDAW** was acceded on 5th May 1992 and its Optional Protocol signed on 22nd July 2002. At present steps are being taken towards acceding the Optional Protocol and towards the submission of the Initial State Party report which has been outstanding since 1993. Seychelles adopted the Beijing Declaration and the Platform for Action in 1995. The Beijing +5 and +10 reviews were submitted to the UN. The Seychelles Government was represented for the first time at the 54th session of the Commission on the Status of Women (CSW), where the Beijing +15 review were being presented and discussed.

¹ Ministry of Health and Social Development, Social Development Department Policy Department, Gender Secretariat (2008) National Strategy on Domestic Violence 2008-2012

² Child Abuse statistic , January –December 2009

³ Community Social Work Section. Statistics Collected for the Year 2009.

Seychelles acceded the **Convention on the Rights of the Child** on 7th September 1990 and signed its Optional Protocols on Armed Conflict and Sale of Children on 23rd January 2001, which are both yet to be ratified. The initial and periodic CRC State Party reports have been submitted and presented to the OHCHR.

The **AU Protocol** to the African Charter on Human and People's Rights on the Rights of Women in Africa was acceded on 9th March 2006. Seychelles committed to the AU **Solemn Declaration** on Gender Equality in 2004; and the Ministry of Health and Social Development submitted the initial report on the Declaration in 2007.

Seychelles signed the **SADC Declaration** on Gender and Development on 8th September 1997 and signed the **SADC Addendum** on the Prevention and Eradication of Violence against Children and Women on 14th September 1998. To date both instruments have not been ratified. Upon returning to the SADC community in 2008, President Michel signed the **SADC Gender and Development Protocol**; currently the Protocol is in the process of ratification. A Gender Links commissioned study was published in July 2009, mapping out the national situation in regards to the achievement of targets set out in the Protocol.

The Indian Ocean Commission (**IOC Gender Policy**) was adopted on the 4th of April 2009 at the IOC meeting of Ministers held in the Comoros. Seychelles was represented at the meeting by former Minister Patrick Pillay. A National Gender Report for the Elaboration of a sub-regional IOC Gender Strategy was published in 2008.

Development and Launch of National Strategy on Domestic Violence: In 2008 the Seychelles developed its first national strategy on domestic violence. The strategy document provided a framework from which stakeholders from the GBV sector could draw their work on. One of the gaps to effective implementation of the strategy was the absence of a Costed Action Plan that acts as a tool for easier implementation of the strategy. To this end, the Ministry of Health and Social Development, the Gender Secretariat made a special request to UNIFEM Southern Africa to provide technical support to develop the two Year Indicative and Costed National Action Plan. A team of Consultants provided by UNIFEM has contributed to the provision of the technical support towards development of this Action Plan.

Emerging Issues from Stakeholder Consultation During Inception Period: As part of affirming the themes, the stakeholders highlighted important issues around the thematic areas worth noting.

Awareness Raising and Prevention: Stakeholders discussed the lack of continuous effective education campaigns on GBV with most activities centred around the 16 days campaign on GBV. A recommendation for strategic planning to mount a mass media GBV campaign was made. The necessity for a targeted campaign was emphasised. Suggestions were made to use popular public figures for the role modelling of good behaviours. Stakeholders noted the importance of socialisation processes especially in the homes and school, to address some of the underlying causes of GBV. There is need to address the current conception that GBV only affects women and advocating for increased services for male survivors.

Standardised Procedures, Guidelines and Training Materials: Development of standardised procedures was viewed as critical. However, the stakeholder highlighted the importance of involvement of all affected institutions to make the process effective. The stakeholders should agree on content of the procedures and

own the process in order to potentially operationalise the procedures. There was a recommendation to utilise the example of the *Working Together* manual for child protection in improving GBV integrated response. Stakeholder involvement in all stages of developing the *Working Together* document for GBV was seen as vital in order to ensure ownership, complementarity of multi-sectoral service providers and potential sustainability of implementation of the document. Mainstreaming of GBV in the training of strategic stakeholder was recommended not only to be for new recruits but also for in-service training. Such modules would be developed for strategic departments that include the police, health, Social Development Department, prisons and education.

Capacity Strengthening of Service Providers: Consultation with stakeholders noted the urgent need for capacity of services providers in programming for GBV. Areas for capacity mainly cited by the stakeholders included tailor-made training modules for strategic public sector official who include the judiciary, police, health officers, social workers, probation officers and teachers. There was general consensus from most stakeholders that civil society organisations were not visible yet they could potentially play a strategic role in the national response to GBV. Institutional capacity strengthening of CSOs was viewed as fundamental.

Legislation, Advocacy and Lobbying: The consultations with stakeholders during the inception phase revealed that majority of stakeholders are in favour of the enactment of a new law on domestic violence. This is against the view that the current legal provisions do not adequately address issues of domestic violence. Advocacy on criminalisation of the domestic violence was noted as critical. One stakeholder also noted that while the Seychelles can pride themselves in having some legislation in place for GBV, the implementation and enforcement of such legislative provisions remains a major challenge. In the Seychelles, amendments were made in 1996 to the Evidence Act to make special arrangements for vulnerable witnesses (including sexually abused children and adults) to give evidence in court via short circuit television or chambers. Discussions with child-related institutions noted concerns regarding non-implementation of this legislative provision despite the fact that equipment has been made available for some time.

Rehabilitation: Originally, this theme had a second part that related to provision of short-term security of GBV survivors (shelters). The stakeholder strongly felt that the provision of shelters would not be the best option for Seychelles for many reasons: a) Pulling out mothers and children from their homes and dumping them in a shelter where they can stay for longer periods could potentially destroy their families and confidence to contribute to the welfare of their families. b) It was also argued that the Seychelles is a very small country where it would not be possible to keep a secret the location of shelters. c) There is a general shortage of housing on Seychelles. d) Moreover, if high security were provided on the houses, the public sector does not have adequate capacity to run the shelters. In place of shelters, the stakeholders held the view that the criminalisation of GBV and introduction of rehabilitation programmes would be a more effective approach.

The stakeholders highlighted the importance of rehabilitation and change in behaviour. The stakeholder who held this view highlighted the importance of improving current efforts to rehabilitate the perpetrators of GBV. Focussing on dealing with some of the known risk factors of GBV such as drug abuse and alcoholism were also seen as a better option. The stakeholders noted the critical need to enhance the capacity of current service providers in counselling. The need for refresher training for probation officers was noted as key. It observed that rehabilitation efforts should take into cognisance that healing takes long. The

consultation noted that the National Council for Children (NCC) was already providing similar services that included anger management. Enhancing the capacity of NCC to focus on rehabilitation could be cost effective. The consultation also observed that current efforts for rehabilitation conducted by the Probation Services are limited. The main thrust is on reconciliation on a one to one basis among the affected groups. The difficulties were discussed around compelling perpetrators to attend rehabilitation programmes, which is why the current services mainly focus on the female survivors. It was also noted that the Seychelles does not have a robust structure or framework through which rehabilitation services could be offered. Discussions around the logistical challenges surrounding the provision of shelter for GBV survivors led to suggestions for alternative approaches involving eviction of the abusers and the need for rehabilitation services to ensure behavioural change.

Coordination, Research, Monitoring and Evaluation: Stakeholders noted that coordination of the national GBV response was a matter requiring urgent attention. They advised taking lessons from the coordination of children's issues. The need for strong leadership in the coordination of GBV services was viewed as critical. The perception of what constitutes GBV was varied in the country. Good coordination of GBV response called for a lot of sensitisation and awareness raising. Stakeholders pointed to the need for responsive services. The current response to issues of domestic violence from the police was noted as relatively slow. Observations pointed to the fact that sharing of strategic data among service providers was rather problematic. The current process calls for many levels of approval for information which if provided faster could serve the need of the potential survivors of GBV. The stakeholders recommended for an approach of shared confidentiality where service providers could share important data on cases they are dealing with in a more responsible manner. Interviews with staff in the Social Development Department noted the need for harmonising and standardising the language used in GBV in the country as well better management of GVB data.

Stakeholder Workshop for the National Action Plan: A two-day stakeholder workshop was organised on 9th and 10 March 2010. Ms Linda William, Principal Secretary for Social Development opened the workshop by presenting a keynote address that among other issues highlighted the need to address ills presented by GBV. She highlighted the importance of noting the negative implication GBV has on overall development. She outlined efforts by the Seychelles towards compliance to international guiding protocols aimed at eradicating gender-based violence. The first half of the workshop was an educative one. Stakeholders were introduced to results based planning in the context of national response to GBV. A familiarisation of Action Planning and Costing tools was made. Using the newly acquired skills, in planning and costing, the stakeholders were grouped according to the pillars of the GBV Action Plans. The pillars included:

- i. Awareness Raising and Prevention of GBV
- ii. Standardised Procedures, Guidelines and Training Materials
- iii. Capacity Strengthening of Service Providers
- iv. Rehabilitation
- v. Legislation, Advocacy and Lobbying
- vi. Coordination, Research, Monitoring and Evaluation

Over the remaining one and half days, stakeholders made inputs to the 2 Year National Action Plan. This report contains the consolidated version of the GBV National Actions Plans.

1. Awareness Raising and Prevention of GBV

Pillar of PoA: Awareness Raising and Prevention of GBV								
Outcome Results 1 : a)The proportion of women survivors abused by intimate partners who seek outside help is increased from 38% (2009) to at least 70% by 2012								
Output Result.	Activities	Q1	Q2	Q3	Q4	Y2	Lead Agency	Implementing Agencies
1.1 At least 80% of households are reached with awareness education on understanding domestic violence, rape and sexual abuse of children as a public matter by 2011.	1.1.1 Develop simple flyers on GBV definition, its different forms and international agreed language (in English and Creole and by target groups) and disseminate to a wider population.		X				GBV Working Group	Gender Commission, NGMT, NCC, GEM Plus, Primary and secondary Schools, FBOs, CSOs, Police, MHSD, Ministry of Community Development, Youth, Sports and Culture. Media Houses and Media Commission.
	1.1.2 Hire local consultant to develop a gender responsive national media plan, to mount a multi-media campaign on reduction of GBV on radio, TV and print media. This will include talk shows, phone-ins on the radio, dedicated shows, spots, news items, vox pops, and available spots in existing programmes.		X					
	1.1.3 Train media workers in gender awareness and gender sensitive reporting. Such as in house training, written guidelines, TOT, gender desk in each media house.	X	X	X	X	GEM Plus		
	1.1.4 Promote and advertise key gender and human rights days (16 days of activism Q4, international women's day Q1, African women's Day, international men's day Q4, family day Q2 and more) advocate for multi-sectoral participation.	X	X	X	X	NGMT		

Pillar of PoA: Awareness Raising and Prevention of GBV									
Outcome Results 1 : a)The proportion of women survivors abused by intimate partners who seek outside help is increased from 38% (2009) to at least 70% by 2012									
Output Result.	Activities	Q1	Q2	Q3	Q4	Y2	Lead Agency	Implementing Agencies	
1.2 Prevalence of GBV violence experienced by women in their own homes or friend's homes is reduced from 47% (2009) to at least 35% by 2011.	1.2.1 Support a community driven campaign on awareness and prevention of GBV, including targeting the workplace.	X	X	X	X	X	Gender Commission	Ministry of Employment, workers unions, workers federation, all civil society working in GBV, MHSD, media agencies , Ministry of Community Development, Youth, Sports and Culture, private sector organisations, CSOs, FBOs, Police, Judiciary, Attorney General's Office, Bar Association, MHSD, Ministry of Community Development, Youth, Sports and Culture, University of Seychelles, Gender Secretariat, telecommunication companies, ICT Department.	
	1.2.2 Mount sensitisation campaigns on sexual harassment in the workplaces.		X	X	X	X	GBV Working Group		
	1.2.3 Create awareness on rape (including within and outside marriage) through media and advocacy campaigns.		X	X	X	X			
	1.2.4 Develop GBV induction modules for University of Seychelles.			X			Gender Secretariat		
	1.2.5 Provide GBV induction for new students for University students.			X		X			
1.3 Prevalence of domestic violence experienced by men in their own homes or friend's homes is reduced from 23% (2009) to at least 10% by 2011.	1.3.1 Conduct a comprehensive study on the nature and extent of GBV perpetrated against males.		X				Gender Secretariat	Ministry of Employment, workers unions, workers federation, Civil society in GBV, media, community structures and forums, private & public sector workplaces, MHSD, Ministry of Community (Family Tribunal, Probation Services and Children Social Services) Development, Youth, Sports and Culture, police, Ministry of Education	
	1.3.2 Disseminate the key findings of the study on GBV perpetrated on males.			X					
	1.3.3 Conduct sensitisation among service providers on the need for male friendly service provision.			X	X	X			

Pillar of PoA: Awareness Raising and Prevention of GBV									
Outcome Results 1 : a)The proportion of women survivors abused by intimate partners who seek outside help is increased from 38% (2009) to at least 70% by 2012									
Output Result	Activities	Q1	Q2	Q3	Q4	Y2	Lead Agency	Implementing Agencies	
1.4 The proportion of women who are abused by their intimate partners and receive outside help is increased from only 15% in 2009 to at least 50% by 2011.	1.4.1 Create awareness on existing services for women who experience GBV.	X	X	X	X		Gender Commission	Civil society in GBV including FBOs, media, community structures and forums, public and private sector workplaces, MHSD, Ministry of Community Development, Youth, Sports and Culture, police and NGMT	
	1.4.2 Sensitise communities on various forms of GBV (including intimate partner violence), negative impacts and community action to end violence.		X	X	X	X	GBV Working Group		
1.5 The studies and GBV compiled statistics indicate a reduction in child sexual and physical abuse by 2011	1.5.1 Create wide awareness on sexual and physical abuse of children and its impact on their development in the communities.	X	X	X	X	X	Children's Services	NCC, NCCP, judiciary, the police, community structures and leaders, DA, Ministry of Education, Ministry of Community Development, Youth, Sports and Culture, Health Department, FBOs, CSOs	
	1.5.2 Advocate for a review and implementation of existing legislation on child abuse, make recommendations for the strengthening of provisions for protection of children.			X					
	1.5.3 Create multi-sectoral awareness of the need for innovative user friendly services for children survivors of sexual violence.		X	X	X	X			
	1.5.4 Mount campaigns for child protection at community levels, to include innovative user friendly reporting and support systems.		X	X	X	X			

Pillar of PoA: Awareness Raising and Prevention of GBV									
Outcome Results 1 : a)The proportion of women survivors abused by intimate partners who seek outside help is increased from 38% (2009) to at least 70% by 2012									
Output Result 2.	Activities	Q1	Q2	Q3	Q4	Y2	Lead Agency	Implementing Agencies	
1.6 The proportion of domestic violence cases involving women that are reported to the police is increased from 41% (2009) to at least 65% by 2011.	1.6.1 Mount an effective multi-media campaign focussing on the fact that domestic violence is a public not private matter which must be reported to respective authorities.		X	X	X	X	Gender Commission	Civil society, Gender Secretariat, the police, the judiciary, media, MHSD, Ministry of Community Development, Youth, Sports and Culture, community groups, FBOs, NGMT, DA, ICT, Tele-communication companies	
	1.6.2 Educate communities on the evolving domestic violence legislation, the need for innovative user-friendly system of reporting GBV at the community levels including the existing service provider's structures such as the police.		X	X	X	X	GBV Working Group		

2. Standardised Procedures Guidelines and Training Materials

Pillar of PoA: Standardised Procedures Guidelines and Training Materials								
Outcome Results 1: a) GBV survivors and their families are provided; standardized, effective, efficient and uninterrupted services by 2012								
b) About 80% of strategic staff handling GBV cases in police, judiciary, health, social dev. and education is trained in GBV procedures by 2012								
Output Result 1.	Activities	Q1	Q2	Q3	Q4	Y2	Lead Agency	Implementing Agencies
2.1 A <i>Working Together</i> manual for GBV is developed by 2010	2.1.1	Form a GBV working group involving government/civil society to coordinate the formulation of GBV standards Procedures, Guidelines and Training.		X			Social Development Department	GBV Working Group, NGMT, Gender Secretariat, all multi-sectoral service providers (Prisons, Police, Judiciary, Health public/private, Family Tribunal, Probation, Children's Services, Ministry of Education, CSOs, FBOs, NCC, care institutions), and University of Seychelles.
	2.1.2	Develop the Terms of Reference for the National Consultant to work on the Working Together Document.		X			GBV Working Group	
	2.1.3	Multi-sectoral service providers (meet separately) to brainstorm on contents for inclusion in the standards and procedure manual.		X				
	2.1.4	Hire a national consultant for 30 working days to consult with stakeholders and develop a Working together document on GBV.		X				
	2.1.5	Conduct a validation Workshop for the GBV Working Group and Stakeholders to review and endorse the Working Together Document on GBV.			X			
	2.1.6	Review the procedures, guidelines and training manuals periodically to integrate any changes to legislation and service provisions.				X	X	

Pillar of PoA: Standardised Procedures Guidelines and Training Materials								
Outcome Results 1: a) GBV survivors and their families are provided; standardized, effective, efficient and uninterrupted services by 2012								
b) About 80% of strategic staff handling GBV cases in police, judiciary, health, social dev. and education is trained in GBV procedures by 2012								
Output Result 2.	Activities	Q1	Q2	Q3	Q4	Y2	Lead Agency	Implementing Agencies
2.2 Training in how to implement standard procedures by multi- sectoral service providers in GBV is conducted by end 2011.	2.2.1			X			GBV Working Group	Prisons, Police, Judiciary, Health Department, Ministry of Education, University of Seychelles, SDD, care institutions, Training institutions (Police Academy, NIHSS & NIE).
	2.2.2			X		X		
	2.2.3				X	X		
	2.2.4				X	X		

3. Capacity Strengthening of Service Providers

Pillar of PoA: Capacity Strengthening of Service Providers								
Outcome Results 1: a) Adequate capacity of GBV multi-sectoral stakeholders (public sector, CSO and communities) is built to effectively implement the national response to GBV by 2012								
Output Result 1.	Activities	Q1	Q2	Q3	Q4	Y2	Lead Agency	Implementing Agencies
3.1 Develop gender responsive modules on GBV addressing issues of domestic violence, rape and child sexual abuse, for the multi-sectoral service providers to adequately address GBV in their lines of work.	3.1.1		X				Gender Secretariat	Police, Prison division, Health Department, Family Tribunal, Probation Services, Children Social Services) and Social Development, Ministry of Education, University of Seychelles, SQA, Gender Secretariat.
	3.1.2		X	X			Gender Secretariat	
	3.1.3		X	X	X		GBV Working Group	
	3.1.4		X	X	X	X		
	3.1.5					X	Gender Secretariat	University of Seychelles. Human Rights Trainers from 9 th EDF
	3.1.6					X	X	
	3.1.7		X	X	X	X		
	3.1.8		X	X	X	X		

EPillar of PoA: Capacity Strengthening of Service Providers								
Outcome Results 1: a) Adequate capacity of GBV multi-sectoral stakeholders (public sector, CSO and communities) is built to effectively implement the national response to GBV by 2012								
Output Result 2.	Activities	Q1	Q2	Q3	Q4	Y2	Lead Agency	Implementing Agencies
3.2 Strengthen the institutional capacity (organisational development, financial management systems and programming) of at least 5 civil society organisations and 4 public sector institutions by 2011.	3.2.1		X				Social Development Department	CSOs, NCC, the communities, community task forces, university and potential funding partners (E.g. UNIFEM & EU), Gender Commission, Academy Of Civil Society-LUNGOS
	3.2.2			X				
	3.2.3			X	X	X		
	3.2.4		X	X	X	X		
								Prison division, Police, HSA, judiciary

Pillar of PoA: Capacity Strengthening of Service Providers								
Outcome Results 1: a) Adequate capacity of GBV multi-sectoral stakeholders (public sector, CSO and communities) is built to effectively implement the national response to GBV by 2012								
Output Result 3	Activities	Q1	Q2	Q3	Q4	Y2	Lead Agency	Implementing Agencies
3.3 Improve the capacity of communities to effectively participate and respond to GBV in their respective areas by 2011.	3.3.1 Identify community structures and systems as entry points for community participatory response to GBV.		X				Gender Commission	Ministry of Community Development, Youth, Sports and Culture, Community leadership forums, Youth groups, Women groups, men groups, Parliamentarians, FBOs, MHSD.
	3.3.2 Train community leadership to participate in the gender responsive advocacy and awareness raising for GBV.		X	X	X	X	GBV Working Group	
	3.3.3 Train community facilitators to sensitise communities on GBV issues preferably youth, women and men's groups.		X	X	X	X		

4. Legislation, Advocacy and Lobbying

Pillar of PoA: Legislation, Advocacy and Lobbying								
Outcome Results 1: a) A supportive legislative, advocacy and lobbying environment for an effective national response to GBV is in place by 2012								
Output Result 1.	Activities	Q1	Q2	Q3	Q4	Y2	Lead Agency	Implementing Agencies
4.1 A Domestic Violence Act is in place by 2011.	4.1.1		X	X			Social Development Department	GBV working group, NGMT, SDD, Gender Secretariat, Gender Commission, other CSOs, Health, Prisons, National Assembly, Judiciary, AGs Office, Police, Bar Association, Human Rights Commission, media houses, University of Seychelles
	4.1.2		X	X	X		Gender Commission	
	4.1.3		X	X				
	4.1.4			X			Gender Commission	
	4.1.5				X	X	AG	
	4.1.6			X	X	X	MHSD and AG	
	4.1.7					X		

Pillar of PoA: Legislation, Advocacy and Lobbying									
Outcome Results 1: a) A supportive legislative, advocacy and lobbying environment for an effective national response to GBV is in place by 2012									
Output Result 3.	Activities	Q1	Q2	Q3	Q4	Y2	Lead Agency	Implementing Agencies	
4.2 The National Assembly members and the public are knowledgeable of the development consequences of gender based violence and linkages to MDGs by 2011.	4.2.1 Educate strategic institutions such as Police, Judiciary, Health, Prisons, Family Tribunal, Probation Services and Children Services on the provisions of the Domestic Violence Act.		X	X	X	X	Gender Secretariat GBV Working Group	MHSD, GBV Working Group, NGMT, media house, GEM Plus, Gender Commission, Women Parliamentarians, Youth, Other Public Figures, Faith Based Personnel, AG, Bar Association, Training institutions (Police Academy, NIHSS, NIE, University of Seychelles, SIM), Ministry of Employment, Employment Tribunal, workers unions, FEAs.	
	4.2.2 Hold round table TV session on GBV with public figure. Ensure diversity of presenters.		X	X	X	X			
	4.2.3 Raise awareness on sexual harassment, focusing on the workplace and other public spaces.	X			X	X			
	4.2.4 Conduct advocacy and lobbying sessions with parliament members to sensitise them on the need for legislative reviews and amendments to the Penal Code and Employment Act to strengthen protection against sexual harassment.		X	X	X	X			

Pillar of PoA: Legislation, Advocacy and Lobbying								
Outcome Results 1: a) A supportive legislative, advocacy and lobbying environment for an effective national response to GBV is in place by 2012								
Output Result 3.	Activities	Q1	Q2	Q3	Q4	Y2	Lead Agency	Implementing Agencies
4.3 Civil Society Organisation have contributed towards increased knowledge of communities on the legal provisions relating to gender based violence in the Seychelles by 2011.	4.3.1		X	X	X	X	Gender Commission	Gender Commission, Other CSOs, National Assembly, Media houses, GEM Plus, Women Parliamentarians, Ministry of Community Development, Youth, Sports and Culture, Other Public Figures, Faith Based Personnel, MHSD.
	4.3.2		X	X	X	X		
	4.3.3				X	X		
	4.3.4			X				
	4.3.5			X		X		
4.4 The Civil Society Organisations and relevant public sector institutions have lobbied at all levels (national, regional and global) for increased allocation of resources for the implementation of the national strategy on domestic violence by 2011.	4.4.1		X	X	X	X	National Gender Management Team	NGMT, Gender Commission, other CSOs, Gender Secretariat, National Assembly SBC, GEM Plus, Parliamentarians, Youth, Other Public Figures, Faith Based Personnel, SDD, MFA, Ministry of Finance
	4.4.2		X	X	X	X		
	4.4.3		X	X	X	X		

Pillar of PoA: Legislation, Advocacy and Lobbying								
Outcome Results 1: a) A supportive legislative, advocacy and lobbying environment for an effective national response to GBV is in place by 2012								
Output Result 5.	Activities	Q1	Q2	Q3	Q4	Y2	Lead Agency	Implementing Agencies
4.5 Gender based violence issues are mainstreamed in strategic national development plans and programmes by 2011.	4.5.1 Organise annual retreats for senior government officials (Ministers/Principal Secretaries/CEOs/MNAs/SAs etc.) to discuss implementation modalities for GBV.		X			X	Social Development Department	Gender Secretariat, MHSD, National Assembly SBC, GEM Plus, Gender Commission, Parliamentarians, Youth, Other Public Figures, Faith Based Personnel.
	4.5.2 SDD participates in strategic national planning activities, where GBV can potentially be mainstreamed.		X	X	X	X		
	4.5.3 Civil society representation particularly the Gender Commission participates in strategic national activities where GBV issues can potentially be mainstreamed.		X	X	X	X		

5. Rehabilitation

Pillar of PoA: Rehabilitation								
Outcome Results 1: a) A national framework for rehabilitation of GBV perpetrators and survivors (both adults and children) is developed and operationalised by 2012								
Output Result 1.	Activities	Q1	Q2	Q3	Q4	Y2	Lead Agency	Implementing Agencies
5.1 A gender responsive Rehabilitation Programme for adult GBV Perpetrators at multi-sectoral level (police, health, Family Tribunal, Probation services, Children Services, prisons, faith-based organisations, community nurses, judiciary and other community-based workers) is developed and implemented by 2011.	5.1.1		X				Social Development Department	Police, prison division, Health Department, Psychiatric Ward, SDD, Mont Royale Rehabilitation Centre, Judiciary, Ministry of Community Development, Youth, Sports and Culture, community leadership structures, NGO's in the social & health, environment Commission, Parents of Hope, Agriculture Dept., Training Institutions (Police Academy & NIHSS), University of Seychelles, NCC. Friends of Prison, relevant LUNGOS NGO's {social, health, culture, agriculture, etc}, Department of Agriculture, Police, Probation Services, Department of Culture, Probation Services, NGO's.
	5.1.2		X				GBV Working Group	
	5.1.3		X					
	5.1.4		X					
	5.1.5		X	X				
	5.1.6			X	X	X		
	5.1.7				X	X	X	
	5.1.8				X	X	X	

Pillar of PoA: Rehabilitation								
Outcome Results 1: a) A national framework for rehabilitation of GBV perpetrators is developed and operationalised by 2011								
Output Result 2.	Activities	Q1	Q2	Q3	Q4	Y2	Lead Agency	Implementing Agencies
5.2 A gender responsive rehabilitation programme for children survivors of sexual abuse and other forms of abuse is developed and implemented by civil society organisations and other relevant public sector departments by 2011.	5.2.1			X	X	X	Social Development Department	NIHSS, University of Seychelles, NCC, Ministry of Education, NHRDC, Health Department, SDD, FBO
	5.2.2			X	X	X		
	5.2.3			X	X	X		
5.3 A gender responsive rehabilitation program for adult survivors of GBV at multi-sectoral level is developed and implemented by 2011.	5.3.1			X	X	X	Social Development Department	SDD, Health Department, Ministry of Community Development, Youth, Sports and Culture, community leadership structures, NGO's in the gender, social & health, environment Commission, Parents of Hope, Agriculture Dept, Police, Judiciary, telecommunication companies, Dept of ICT.
	5.3.2			X	X	X		
	5.3.3		X	X	X	X		

Pillar of PoA: Rehabilitation								
Outcome Results 1: a)A national framework for rehabilitation of GBV perpetrators is developed and operationalised by 2012								
Output Result 4.	Activities	Q1	Q2	Q3	Q4	Y2	Lead Agency	Implementing Agencies
5.4 A gender responsive Rehabilitation Programme for specific and targeted juvenile GBV Perpetrators at multi-sectoral level (police, health, social development, judiciary and community) is developed and implemented by 2011.	5.4.1. Hire a national consultant for at least 20 days to consult stakeholders to review and strengthen the national framework for GBV juvenile rehabilitation services.		X				Social Development Department	SDD NCC, Children's Services, Halfway Home, care institutions, Ministry of Education, Mont Royale Rehabilitation Centre and relevant CSOs incl. FBOs,
	5.4.2. Hold a one-day stakeholder workshop to validate the national GBV juvenile rehabilitation framework.		X				GBV Working Group	
	5.4.3. Conduct training for respective institutions (NCC, Children's Services, Mont Royale Rehabilitation Centre, CARE and its CARE for Teens Programme, Half Way Home, care institutions and relevant CSOs) on how to operationalise the juvenile rehabilitation programme and establish a rehabilitation programme for juvenile GBV perpetrators.				X		X	NIHSS, University of Seychelles, NCC, Ministry of Education, NHRDC
	5.4.4. Conduct follow-up & reintegration programmes with juvenile GBV perpetrators.		X	X	X	X		
								Children's Service.

Pillar of PoA: Rehabilitation								
Outcome Results 1: a)A national framework for rehabilitation of GBV perpetrators is developed and operationalised by 2012								
Output Result 4.	Activities	Q1	Q2	Q3	Q4	Y2	Lead Agency	Implementing Agencies
5.5 Appropriate review of legislation, and enactments of legislation to ensure effective enforcement of rehabilitation efforts are done by 2011.	5.5.1 Advocate for the need to include provisions for court-ordered rehabilitation in the proposed Domestic Violence Act.		X	X	X	X	Social Development Department	SDD, Gender Commission, GBV working group, NGMT, AGs, judiciary
	5.5.2 Advocate for alternative sentences, which include probation supervisory orders, community service in addition to a comprehensive rehabilitation services (residential and day care).		X	X	X	X		

6 Coordination, Research, Monitoring and Evaluation

Pillar of PoA: Coordination, Research, Monitoring and Evaluation								
Outcome Results 1: a) A functional, evidence based, and sex disaggregated data provides a timely and effective national response to GBV by 2012								
Output Results	Activities	Q1	Q2	Q3	Q4	Y2	Lead Agency	Implementing Agencies
6.1 A national mechanism to coordinate the implementation of the 2 Year GBV Action Plan is in place by 2010.	6.1.1. Establish a multi-sectoral national Committee on GBV.		X				The Gender Secretariat	Gender Commission, Family Tribunal, Probation, Prison, Health, Education, NCC, University of Seychelles, children social services.
	6.1.2. Hire a part-time project coordinator for implementation of GBV PoA.		X					
	6.1.3. Develop a simple template to be used by all stakeholders to capture statistics and services in GBV.		X					
	6.1.4. Compile a national database on GBV stakeholder to include public and Non-State Actors (civil society).		X					
6.2 The capacity of the National Statistical Bureau (NSB) to mainstream GBV data into strategic national household surveys is enhanced by 2011.	6.2.1 Holds senior strategic meeting with NSB on the importance in inclusion of GBV data in national survey.	X	X	X	X	X	Social Development Department	Gender Secretariat, NSB University of Seychelles, NGMT, GBV working group
	6.2.2 Advocate for mainstreaming of gender statistics into the National Strategy on the Development of Statistics (NSDS) and any other national surveys.		X	X	X	X		
	6.2.3 Advocate for repackaging statistical findings related to GBV and gender for wider dissemination in user friendly languages.		X	X	X	X		
	6.2.4 Train relevant stakeholders in GBV and gender statistics, including design of research tools and analysis.			X		X		

Pillar of PoA: Coordination, Research, Monitoring and Evaluation								
Outcome Results 1: a) A functional, evidence based, and sex disaggregated data provides a timely and effective national response to GBV by 2012								
Output Result 4.	Activities	Q1	Q2	Q3	Q4	Y2	Lead Agency	Implementing Agencies
6.3 The research studies required to support the operationalisation of the national strategy on domestic violence are conducted by 2010.	6.3.1		X				The Gender Secretariat	NSB, University of Seychelles, SDD
	6.3.2					X		
	6.3.3			X				
6.4 The capacity of GBV service providers to report on key results areas (outcome & outputs) is enhanced by end 2010.	6.4.1.		X				GBV Working Group	NSB, University of Seychelles, SDD
	6.4.2.			X	X	X		
	6.4.3.			X	X	X		
6.5 A national coordinated database on GBV statistics is established by end 2011	6.5.1			X	X	X	GBV Working Group	University of Seychelles, NSB, SDD, Police Academy, NIHSS, NIE
	6.5.2			X	X	X		

Annexes



Annex 1: Workshop Programme

MINISTRY OF HEALTH AND SOCIAL DEVELOPMENT
Development of a Costed Action Plan for GBV for Seychelles
Stakeholder Action Planning Workshop
Tuesday 9th to Wednesday 10th March 2010,
STC Conference Room



PROGRAMME

Tuesday 9th March

8.30 – 9.00	Registration of participants
9.00 - 9.05	Welcoming remarks <i>by MC</i>
9.05 - 9.10	Opening Remarks, <i>by Principal Secretary of Social Development, Ms Linda William</i>
9.10 – 9.30	Objectives of the workshop and Overview of the Situation of Gender Based Violence in Seychelles, <i>by SRO Gender Secretariat, Miss Tessa Siu</i>
9.30 – 10.00	Open discussions
10.00 – 10.30	Tea-break
10.30 – 11.30	Presentation on Results Based Management (RBM), Planning for GBV <i>by Dr Nedy Matshalaga, UNIFEM Consultant</i>
11.30 – 12.00	Open discussions
12.00 – 13.00	Lunch – lunch provided
13.00 – 13.15	Planning Template for Action Planning, <i>by Dr Nedy Matshalaga, UNIFEM Consultant</i>
13.15 – 13.45	Planning Template for Costing, <i>by Mr Arthur Jani, UNIFEM Consultant</i>
13.45 – 13.55	Open discussions
13.55 – 14.00	Presentation of themes and division of stakeholders into thematic workgroups
14.00 – 16.00	Group work on Action Plans



MINISTRY OF HEALTH AND SOCIAL DEVELOPMENT
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PROGRAMME

Wednesday 10th March

8.30 – 9.45	Group work discussions
9.45 – 10.00	Tea-break
10.00 - 12.00	Stakeholder sharing of work to date
12.00 - 13.00	Lunch
13.00 – 15.30	Continuation of group work
15.30 – 16.00	Handover and closing

Annex 2: List of Participants to the GBV Action Planning Workshop

#	Name	Organisation/Institution	Title/Contact Address
1	Ms Linda William	Social Development Dept	Permanent Secretary
2	Ms Tessa Siu	Gender Secretariat	Senior Research Officer
3	Dr Neddy Matshalaga	Primson Management Services/ UNIFEM	Mission Team Leader
4	Catherine Nyakato	Primson Management services/ UNIFEM	GBV Expert
5	Arthur Jani	Primson Management services/ UNIFEM	Finance and Costing Expert
6	Mrs Francoise Lucas	Alliance of Solidarity of the Families (ASSF)	LUNGOS Building , Victoria
7	Mrs Rosie Denis	Association for the Promotion of Solid and Human Families	
8	Mrs Edwina Adrienne	Association for the Promotion of Solid and Human Families	La Salle D'Oeuvre
9	Mrs Marie-Annette Ernesta	CARE	Director- CARE House
10	Mrs Marie-Agnes Ally	Child Protection	Senior Social Worker - DSS, Ocean Gatehouse
11	Ms Holly	Child Protection	
12	Mrs Chantal Cadeau	Community Social Work	Senior Social Worker - DSS, Oceangate House
13	Mr Peter Pierre-Louis	Culture Division	Special Advisor
14	Mr Benjamin Vel	Drug and Alcohol Council	Director
15	Ms Sylvette Getrude	Social Services-	Director Social Services (DSS)- Oceangate House
16	Mrs Barbara Carolous-Andre	Former EDF Human Rights coordinator	UNDP Office, Le-Palm Building
17	Mrs Jennie Ah-Kong	EFOIS	Camion Hall
18	Mrs Agnes Franchette	Family Task Force	Police HQ Victoria
19	Mrs Josette Thelemont	Family Tribunal	Secretary to Family Tribunal, Victoria House
20	Mr Steven Robert	Family Tribunal	Clerk to Family Tribunal, Victoria House
21	Ms Sharon Thelemaque	GEM Plus	Chairperson, MS Complex
22	Mrs Marie-Nella Azemia	Gender Commission	Chairperson, Victoria
23	Mrs Mahrookh Pardiwalla	Independent Gender Consultant	Bel Ombre
24	Mrs Janick Bru-Rosalie	Local Consultant	Bel-Ombre
25	Mrs Desiree Hermitte	Ministry of Education	Mont Fleuri
26	Mr Robert Moumou	Mont Royale Rehabilitation Centre	Forte Noire

	Name	Organisation/Institution	Title/Contact
27	Ms Ruby Pardiwalla	National Children's Council	Director
28	Mr Daniel Savy	National Council for Disabled	North East Point Rehabilitation Centre
29	Guillianne Philoe	National Institute of Health & Social Studies (NIHSS)	Mont Fleuri
30	Georges Nicette	National Institute of Health & Social Studies (NIHSS)	Mont Fleuri
31	Ms Kirsten Confait	National Statistics Bureau	NSB Gender Focal Point
32	Mrs Mermedah Moustache	Natural Resource Department	Independence House
33	Ms Cheryl Vangadasamy	Seychelles Police	Police HQ Victoria
34	Ms Tania Labiche	Population Unit	Social Development Department
35	Ms Nadine Lucas	Population Unit	Social Development Department
36	Ms Elsa Nourrice	Prison Division	
37	Ms Alice Pointe	Prison Division	
38	Mr Marc Bonnelame	Probation Services	Principal Probation Officer, DSS - Oceangate House
39	Ms Sabine Denis	Probation Services	Senior Social Worker, DSS - Oceangate House
40	Ms Dolivette Chang-Ko	Seychelles Institute of Management	
41	Ms Carol Kayde	UNDP	
42	Mrs Rosemary Elizabeth	Women in Alliance and Solidarity Organisation (WASO)	LUNGOS Building Victoria
43	Mrs Judy Brioche	Youth Health Centre	Coordinator YHC, English River

Annex 3: Key Note Speech by the Permanent Secretary

OPENING REMARKS

Ms Linda William, Principal Secretary for Social Development

Stakeholder Action Planning Workshop for GBV, 9th March 2010, STC

Distinguished Guests,

Ladies and Gentlemen,

Yesterday the 8th March we celebrated women across the globe under the theme “equal rights, equal opportunities; progress for all. We paid tribute for their achievements and contribution towards women emancipation, empowerment and their relentless effort in fighting for social justice. We however note that despite all the successes that we celebrate, Gender based Violence still plagues almost every society on planet earth and the female sex is the most affected. Statistics speak for itself.

Today we have among us a team of consultants from the United Nations Fund for Women (UNIFEM) to assist us in finding better ways of responding to Gender Based Violence. Dr Nedy Matshalaga the Team Leader, Ms Catherine Nyakato the GBV Expert and Mr Arthur Jani the Finance expert, on behalf of the government of Seychelles and the ministry may I bid you welcome to our island home. I am sure that you have settled and will take time to enjoy the beautiful scenery of our island despite your very busy schedule. I would also like to convey our gratitude to UNIFEM for funding this mission and thank you for sharing your expertise with us.

Two years on, early 2008 the Ministry of Health and Social Development launched the National Strategy on Domestic Violence 2008-2012. Today, we come together again to work towards strengthening our resolve to better respond to Gender Based Violence. If I may jolt your memory, it was during this same event in 2008 at the International Conference Centre when the Minister for Health and Social Development, Mrs Marie-Pierre Lloyd, pledged on behalf of the Government of Seychelles to join the United Nations Secretary General in his global campaign to “Unite against Violence Against Women”. Since then many more assurances have been made and many strides taken to ensure that actions are geared towards eliminating this disease.

One of the most recent achievements has been the adoption of the Southern African Development Community (SADC) Gender and Development Protocol, which President James Michel signed in August 2008. The Ministry of Health and Social Development is currently leading the process of ratifying this significant human rights instrument, which will soon be brought to the National Assembly for debate and approval. The ratification process legally binds the Seychelles Government towards domesticating the provisions made in the SADC Protocol and commits us towards achieving the set targets, including halving the levels of Gender Based Violence by 2015.

Ladies and Gentlemen

Gender Based Violence in all its forms, be it domestic violence, child abuse or other forms of family violence, is a stain on our society and our families. The level of development and evolution of any civilisation is measured by its treatment of its most vulnerable. Gender Based Violence directly violates the fundamental rights and freedoms outlined in our Constitution, specifically the *right to life*; the *right to dignity*; and the *right to liberty*. When the State fails to hold perpetrators of Gender Based Violence accountable, we fail to uphold another Constitutional right, the *right to equal protection of the law*. Impunity for Gender Based Violence reinforces the subordination and powerlessness of its targets, by publically announcing it as a socially acceptable and normal pattern of behaviour.

Gender Based Violence and Violence Against Women has been spelt out as a fundamental human rights abuse since the United Nations World Conference on Human Rights held in Vienna in 1993, which held the central theme 'Women's Rights are Human Rights'. In 1995 the Beijing Declaration and Platform for Action stated that "Gender Based Violence is an obstacle to development and peace. It violates and impairs or nullifies the enjoyment by women of their human rights and fundamental freedoms."

In addition domestic violence has been recognised as a fundamental development issue, as when violence or fear of violence hinders women from learning, earning or actualising their full potential, this affects the economy and our national development.

The Ministry of Health and Social Development is also in the process of reporting on the implementation of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) which Seychelles has been a party to since 1993. General Recommendations of the Convention spells out that Gender Based Violence is a form of discrimination against women and obliges Government to report on measures to address it.

Ladies and Gentlemen

Gender Based Violence is a pervasive and resistant social ill that will not be eradicated without stakeholder commitment. Political will is spelt out through legislation, strategies, and national Action Plans, like the one we are here to develop today. Gender Based Violence goes beyond the responsibility of the Police and the legal system, but necessitates the provision of support services, rehabilitation, awareness raising and education. **(Mahatma Gandhi:) "We must become the change we want to see"**.

Our efforts applied during these two days will help mould a national integrated two year plan on how we choose to eradicate Gender Based Violence. Some of the actions will be highly debateable and controversial, while others will build on our current strengths. In this regards I bid you fruitful deliberations and officially declare this workshop open.

Thank you.