

THE SEYCHELLES NATIONAL ADVOCACY CONVENING ON REDUCING VIOLENCE AND DISCRIMINATION AGAINST KEY POPULATIONS

19 - 20 OCTOBER 2017

Savoy Resort and Spa, Beau Vallon, Mahe

TRANSFORMING
LAWS,
TRANSFORMING HIV **END**
STOP THE STIGMA
DISCRIMINATION
HUMAN
RIGHTS
FOR ALL
STOP THE
VIOLENCE **HEALTH**
FOR
ALL
REMOVE
LEGAL
BARRIERS

ARASA
AIDS  Rights
Alliance
for Southern Africa



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Abbreviations and acronyms

ACP	AIDS Control and Prevention Programme of the Ministry of Health
APDAR	Agency for the Prevention of Drug Abuse and Rehabilitation
ARASA	AIDS and Rights Alliance for Southern Africa
ASFF	Alliance of Solidarity for the Family
CDCU	Communicable Disease Control Unit
CEO	Chief Executive Officer
CEPS	Citizens Engagement Platform Seychelles
CID	Criminal Investigation Department
CSO	Civil Society Organisation
DURNS	Drug Use Response Network Seychelles
FBO	Faith-Based Organisations
KANCO	Kenya AIDS NGOs Consortium
HASO	HIV and AIDS Support Organisation
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immune Deficiency Virus
HRD	Human Resource Department / Development
HTC	HIV Testing and Counselling
IBBS	Integrated Behavioural and Biological Surveillance Survey
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
LGBTI-Sey	Lesbian, Gay, Bisexual, Transgender and Intersex - Seychelles
LTFU	Lost to Follow-up
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MNA	Members of the National Assembly
MOH	Ministry of Health
MTCT	Mother to child transmission
NAC	National AIDS Council
NEP	Needle Exchange Programmes (NEP)
NSC	National Sports Council
SADC	Southern African Development Community
SDG	Sustainable Development Goal
SNYC	Seychelles National Youth Council
STI	Sexually Transmitted Infection
WHO	World Health Organisation

Executive summary

Background to the National Advocacy Convening on Reducing Stigma, Discrimination and Violence against Key Populations

The National AIDS Council (NAC), the AIDS Control and Prevention Programme (ACP) of the Ministry of Health and the HIV and AIDS Support Organisation (HASO) held a National Advocacy Convening on Reducing Stigma, Discrimination, and Violence against Key Populations from Thursday 19 to Friday 20 October 2017, at the Savoy Resort and Spa in Mahe, Seychelles.

The meeting had the technical and the financial support of the AIDS and Rights Alliance for Southern Africa (ARASA) and took place under the Africa Regional Grant on HIV, a Global Fund grant to remove legal barriers to responses to HIV within the Africa region, a partnership between the United Nations Development Programme (UNDP), ARASA and other key regional HIV and human rights organisations. The meeting convened participants from key populations, civil society organisations and government agencies, including service providers.

Aim of the Meeting

The aim of the Convening was to discuss the issues of stigma, discrimination, and violence towards the Seychellois communities of key populations, and to develop a National Advocacy Plan to address these issues.

- To provide a platform for a range of stakeholders from different sectors, including key populations and people living with HIV, to engage in evidence informed discussions on causes of human rights violations related to HIV and TB and how to address them.

Meeting Outcomes: Advocacy Action Plan

A comprehensive Seychelles National Advocacy Action Plan 2018 – 2019, tailored to the local context, was developed based on prioritised advocacy actions and programmes.

Its main goals are:

1. To reduce stigma, discrimination and violence against key populations in service provision and delivery, and
2. To increase key populations' access to health, educational and psychosocial services.

The main objectives of the Plan are:

1. To raise awareness amongst key service providers, such as the police, health professionals and paraprofessionals, social services and civil society organisations working with key populations, about the national situation regarding key populations, namely sex workers, gay men and men who have sex with men, people who inject drugs, prison inmates and migrant workers
2. To reduce self-stigmatisation amongst key population, through boosting their self confidence and self-esteem
3. To support national efforts to amend legislation to create a conducive environment for service delivery to key populations.

See Annexure A for a copy of the Seychelles National Advocacy Plan 2018-2019.

The Convening determined the need to set up a Technical Working Group (TWG), as well as a Steering Committee (ST), to ensure that the process of implementing the Plan was driven, monitored and evaluated.

Introduction and background to the meeting

The Seychelles finalised its Legal Environment Assessment (LEA) in 2013 and validated its HIV & AIDS National Action Plan to Remove Legal Barriers in November 2016. In order to sustain ongoing actions, a two-day meeting was held in October 2017 bringing together key stakeholders from government, civil society organisations, key populations and other stakeholders from around the Seychelles to discuss issues surrounding stigma and discrimination encountered by key populations.

Background to HIV, law and human rights in Seychelles

The Seychelles Legal Environment Assessment of HIV and AIDS, and the Background Document prepared for the Advocacy Convening describe the disproportionate impact of HIV on key populations in Seychelles, such as sex workers, gay men and men who have sex with men, transgender persons, people who use drugs and prisoners.

It also serves to highlight the high levels of stigma and discrimination against them and its impact. Stigma, discrimination, violence and punitive laws from partners, communities, health care providers and the police, amongst others, limits key populations' options for accessing treatment, support and services, driving them underground and increasing their vulnerability and impacting on their health.

There are numerous gaps in the national response to HIV and STIs to reducing stigma, discrimination and violence in key populations. There are still insufficient targeted interventions for key populations, with even fewer outreach programmes. Interventions are still based general sensitisation and awareness, with few non-governmental organisations (NGOs) involved and targeted interventions are limited.

In addition, deeply entrenched individual and societal attitudes present a barrier to eliminating stigma and discrimination. This disabling environment also frustrates efforts to collect updated and accurate data on prevalence and health outcomes amongst key populations. While efforts have been made to increase protections for the health rights of key populations, these efforts are fragmented and disparate. There is a lack of coordination and communication across the various actors, a disconnection that is undoubtedly fuelled by the generally prohibitive context within which these issues arise.

See folder for a copy of the Background Document

Aim of the meeting

The main objective of the 2-day workshop was to develop a National Action Plan promoting advocacy aimed at reducing violence and discrimination against key populations.

Methodology of the meeting

The meeting was a 2-day consultative and facilitated workshop consisting of key stakeholders from across Seychelles, including representation from key population groups, civil society organisations and government ministries. The meeting created time and space for presentations, facilitated panel and plenary discussions and group work on key HIV, TB and human rights issues that affect key populations and agreement on the "way forward", including the development of a National Advocacy Plan.

See Annexure B for a copy of the agenda.

Participants to the meeting

The meeting was organised by the National AIDS Commission (NAC), with the support of a national consultant, Mr Benjamin Vel, and with funding from ARASA. The Ministry of Health staff, headed by the Minister for Health, Mr. Jean-Paul Adam and other service providers, such as the Department of Family Affairs, the Department of Social Services, non-governmental organisations (NGOs) such as HASO and the Alliance for Solidarity for the Family (ASFF), and key populations including individuals as well as representatives from NGOs such as the Lesbian Gay Bisexual Transgender and Intersex Seychelles (LGBTI-Sey) and the network of people using drugs (Drug Use Response Network Seychelles - DURNS). The Anglican Church and other Christian denominations were represented by Reverend Christine Benoit, who is also a member of the NAC Board. Different service providers from different sectors who work directly or indirectly with the public and key populations were also present: they included human resources, the National Sports Council (NSC), the Department of Environment, the Seychelles National Youth Council (SNYC), the Department of Family Affairs, the Department of Social Affairs, and many more.

See Annexure C for a list of the participants to the meeting.

Entertainment by Mr. Achille Kwame Luc



Proceedings of the meeting

The Convening was opened by Dr. Anne Gabriel, the Chief Executive Officer (CEO) of NAC, who stressed that “AIDS doesn’t kill, stigma does”, reiterated the need to provide support to all key populations, and how stigma, discrimination, and violence prevented the availability and access to HIV and related services. She urged all participants to ensure that they work towards reducing or even ending these discriminatory and violent behaviours amongst themselves as individuals and as service providers. She encouraged participants to discuss issues close to their hearts and to openly discuss the strengths and weakness of services to reduce stigma and discrimination.

ARASA representative Nthabiseng Mokoena outlined the objectives and expectations from the 2-day meeting. Nthabiseng explained ARASA’s role to work with countries in Southern Africa to strengthen human rights-based responses to HIV. She stressed that the role of ARASA was to provide technical support for the meeting, whereas the ownership of the process, the debates and the planned actions lie with the national institutions, stakeholders and affected communities. Nthabiseng urged the participants to share information, experiences and good practices, reflect on a number of questions affecting key and vulnerable populations, identify national efforts, gaps and challenges and agree on key advocacy actions to reduce stigma, discrimination and violence against key populations.

Presentations

Introductory information session

The following presentations were made in the first information session:

1. Brief on the National Strategic Plan 2012-2016 Review by Dr Agnes Chetty, Consultant, Ministry of Health
2. Stigma, Discrimination and Violence explained by Mr Chrissant Barbe, Programme Manager, NAC
3. National Action Plan of the Legal Environment Assessment by Mrs Iris Carolus Consultant

Key points raised included the following:

- Key issues, such as sharing of injecting equipment among people who inject drugs, remain a major concern as do multiple and overlapping risk behaviours amongst key populations including – sex workers and gay men who have sex with men also report low condom use and injecting drug, and the fact that young people engage in early sexual activity.
- The Ministry of Health has introduced a variety of prevention and intervention programmes, such as condom distribution, prevention of mother-to-child transmission and blood safety. Successes include reduced cases of sexually transmitted infections (STIs) by the Communicable Disease Control Unit (CDCU), no reports of transmission of HIV from infected blood and blood products and good progress with the HIV Care Cascade despite some being lost to follow up (LTFU). The Test and Treat Campaign was underway and other positive results include the development of the National Policy on HIV and STIs, the creation of key population organisations such as LGBTI-Sey and DURNS, as well as the decriminalization of sex between men.
- Ongoing challenges include addressing adherence issues in treatment, managing the increase in new cases in 2015, encourage people to test for HIV, monitoring and evaluating frameworks and developing mechanisms to identify level and distribution of services according to needs.
- Stigma, discrimination and violence remains a major concern for key populations, impacting on their self-esteem, their employment, housing and access to services. Key populations need protection, care, inclusion, empowerment and education.
- The Legal Environment Assessment found that various actions are required to protect the rights of key populations, including law and policy review and reform (e.g. repealing / amending sections of the Penal Code and the Constitution; reviewing policies on migrants), strengthening the rights of prisoners to access HIV testing and counselling (HTC), prevention and rehabilitation programmes, protecting sex workers from discrimination and violence and providing human rights training and empowerment for all people.

See folder of Presentations for full details of presentation.



Dr. Anne Gabriel

WORK SESSION 1:

The national situation on stigma, discrimination and violence on key populations

The following presentations were made to set out the national situation on stigma, discrimination and violence experienced by key populations in Seychelles:

1. National situation of persons who use drugs, by Mr. Faddy Banane, Network Coordinator of Drug Utilisation Response Network Seychelles (DURNS)
2. National situation of sex workers by Mr. Benjamin Vel, National Consultant
3. National situation of lesbian, gay, bisexual, transgender and intersex (LGBTI) populations, by Ronny Arnephy, Vice- Chairperson LGBTI Seychelles

Key points raised included the following:

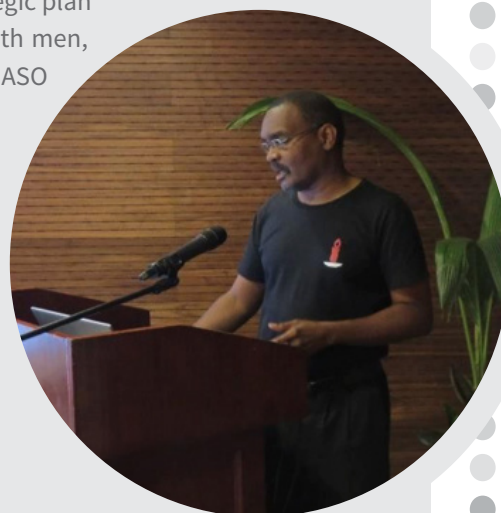
- People who use drugs experience ongoing stigma, discrimination, isolation and avoidance. They also self-stigmatise as a result of their daily experiences.
- DURNS, in operation since November 2016, has provided counselling, guidance and empowerment to people who use drugs to improve access to treatment and services. The network has provided information about harm reduction, overdose prevention, and safer sex and use of drugs. HASO has worked with them to promote an enabling environment for people who use drugs, since their participation and inclusion is critical. This has led to the community of people who use drugs coming out to demand services.
- Sex workers continue to experience stigma, discrimination, violence and harassment, including from law enforcement officials.
- LGBTI populations felt stigmatised and discriminated against by society, in religious places, workplaces, from service providers, from family members, law enforcement agencies, in the media and by leaders in society. This led to them feeling rejected and abandoned.
- Police harassment was identified as a critical concern during plenary discussions.
- An HTC programme has begun in secondary schools, is voluntary and parents would need to give their permission in order for students to participate; this will be critical to dealing with HIV amongst young people.
- Treatment adherence is a challenge, and requires the support of the community and civil society organisations.
- There have been successes with measures set out in the previous national strategic plan include the creation of support groups for gay men and men who have sex with men, the development of workplace HIV policies and advocacy through NGOs like HASO through KANCO.



Faddy Banane



Benjamin Vel



Ronny Arnephy

WORK SESSION 2:

Role of legal and law enforcement agencies in reducing stigma, discrimination and violence against key populations

Inspector Winifred Bacari of the Seychelles Police Force discussed the role of the law, and law enforcement agencies in the Seychelles to respond to stigma, discrimination and violence.

Key points included the following:

- The police's role is to protect life and property universally, including for key populations. They face their own challenges, including violence against them from individuals or groups of people within the society, and their own issues with attitudes towards certain populations.
- There is a need to raise awareness of the nature and behaviour of key populations to the police, to enhance cooperation between the two groups and to promote change, even if it takes time.

“As protectors and guardians of public safety, police should be trusted to respect human dignity and uphold the human rights of all people.”

Executive Director of the Joint United Nations Programme on HIV/AIDS

WORK SESSION 3:

Advocacy with other stakeholders

The following presentations were made regarding advocacy in response to stigma, discrimination and violence:

1. Involvement of CSOS in promoting human rights, by Mr. Jules Houreau, Chairperson Citizens Engagement Platform (no presentation available)
2. Advocacy with stakeholders, by Dr. Anne Gabriel, NAC

Key points raised included the following:

- There is hypocrisy in religious spaces, where key populations are judged. Many workplaces were still not open enough to accept key populations without discrimination. As a result, there is a need for ongoing awareness raising in all public places like the churches and workplaces.
- NGOs and government need to co-ordinate efforts to scale up work against stigma, discrimination and human rights violations.
- There is a need for a continued police action and a structure to deal with stigma and discrimination. The Criminal Investigation Department is currently working on these issues, but experiences challenges.
- Advocacy requires the efforts of families, NGOs, clients, and national and international partners. There should be a strong relationship between these groups of people. Advocacy can fail due to poor knowledge of opponents, poor support, and strong positions on both sides. It is important to understand the beneficiaries of advocacy – key populations – to avoid misunderstandings and to ensure that key populations were free to engage voluntarily – e.g. in access to services.
- NAC should ensure the inclusion of key populations in the strategic plan and on a multi-sectoral mechanism.

See folder of Presentations for full details of presentation.

Group Work

Two sessions of group work were undertaken, to explore gaps in responses to stigma, discrimination and violence and advocacy opportunities for responding through law and law enforcement, and to identify priority actions and key organisations / institutions to respond.

The group findings are presented below.

GROUP WORK SESSION 1

Exploring gaps and opportunities in advocacy for reducing stigma, discrimination and violence against key populations

GROUP 1:

Gaps

- Lack of confidentiality in some services
- Information sharing
- No follow up of files
- Judgmental
- Attitude with persons in authority
- Lack of education regarding the situation of key populations e.g. PUDs, MSMs, sex workers.

Opportunities

- Use media, including social media and faith-based to reach out.
- Undertake more sensitisation in schools (students, teachers) so that children whose parents are part of key populations are not negatively singled out.
- Undertake petitions, hold marches according to legal requirements.
- Need access to politicians

GROUP 2:

Recommendations

- Undertake community actions in districts through talks for youth between 14 and 24 years but concerned about turnout. Incentives like snacks and refreshments should be given.
- Provide for advocacy in schools through MOE, disseminate materials. Parents should also be targetted especially regarding the provision of condoms and contraceptives for the youth.
- Provide condoms available in schools bearing in mind legal restrictions.
- Service providers should provide information sessions to persons enrolling on detox programmes and should be more involved in outreach programmes.
- Decentralise harm reduction programmes (e.g. Cote d'Or instead of Baie Ste. Anne on Praslin; Anse Royale potential location). This should be extended to district level in the future.
- Conduct sensitisation and training of police officers.
- Decentralise CDCU services.
- Address issues regarding lack of confidentiality.
- Target family planning and post natal care patients for information sessions and to ensure those who are HIV-free remain so.
- Offer HIV tests to all patients doing blood tests. Procedures should be put in place to offer this service at district level.
- Target workplaces for talks and HIV tests.



- Use neutral and impartial people to chair (TV) programmes on key populations.
- Key population groups should meet with religious groups to reduce stigma and opposition on their behalf.
- Use social media should also be used to counter negative comments.
- Empower and support HR Departments in workplaces to appropriately deal with drug testing undertaken in workplaces as a large number of staff test positive.
- Address stigma of recovering addicts in workplace.
- Use persons' names instead of he/she . Promote the use of neutral language.

GROUP 3:

Gaps

- Lack of communication and coordination between NGOS, CSOS and government ministries.
- Stigmatisation of key population groups by certain groups e.g. Police.
- Abuse of power by certain groups towards key populations.
- Lack of meaningful representation to educational sessions, for a from government sector.
- Civil society organisations are not taking on their role seriously and sometimes are perpetrators of stigma and discrimination themselves.
- Lack of political commitment from government leaders/ministries.
- Lack of resources for use by key populations on the other main islands.
- Presence of punitive approach in rehabilitation centres for key populations.
- Lack of implementation for intervention for transgender, intersex, MSM population.
- Drug Agency not represented on NAC and vice versa.
- Lack of laid down procedures for the formal reporting of discrimination.
- Presence of conflict on interest.
- No published data.
- Service area for key populations not deemed conducive e.g. CDCU.
- Lack of information about key population groups -e.g. what is LGBTI?

Opportunities

- Meaningful engagement of all parties/stakeholders.
- Provision of evidence-based educational sessions to all parties, stakeholders.
- Set up mechanisms for monitoring and evaluation so as to ensure behaviour change.
- Representation to fora so as to be champions of change, be able to impart newly acquired knowledge.
- Civil society organisations should enhance their roles as human rights defenders
- Need people to “walk the talk”.
- Review hours of operation of service for key population.
- Give NGOs opportunity to help with the provision of service such as counseling, psychological care.
- Multisectoral mechanisms need to be in place so as to ensure implementation of country's coordinating mechanisms.
- Reintroduction of Human Rights Programme at the Police Academy and for MNAs.
- Establishment of clear pathways for submission of discriminatory procedures with regards to complaints.
- Decentralisation of services for key populations.
- Formation of a body or group comprising of all key population groups.
- Improve collaboration between civil society organisations, government, ministries and public sector.



GROUP WORK SESSION 2

Action-planning session – Strengthening advocacy strategies to reduce stigma, discrimination and violence against key populations

What service providers are the priority for 2017 and 2018/2019:

- Agency for Drug Abuse and Rehabilitation
- Ministry of Family Affairs
- Ministry of Employment
- Ministry of Health – CDCU
- Ministry of Home Affairs – Prisons, Police
- Ministry of Education
- Ministry of Social Affairs
- NAC
- Attorney General’s Office
- Policy makers and National Assembly
- Media houses
- Civil Society Organisations
- Faith Based Organisations



What advocacy actions would you propose for KPs in 2017 and 2018/19:

Priorities

- Dissemination of evidence based educational session to members of the public
- Use of media for information sharing
- Formulation of multi-sectoral coordinating mechanism/body under NAC to coordinate national response
- Establish a functional monitoring and evaluation framework
- Establish standard operating procedures/protocols for admission procedures/places/pathways

Secondary

- Formulation and implementation of laws
- Need for accountability framework

In no order of Priority:

- Human Rights march, CEPS with partners to lead
- Focus groups meetings (what are KPs, who are they? Activities for KPs, addressing their issues)
- Lobby policy makers and National Assembly to listen and take point of view of KPs
- Hold implementers (of plans, strategies) accountable for plans
- Involved and engage KPs in all decisions concerning them and provide feedback
- Lobby Ministry of Finance for more resources
- Exchange programmes promoting best practices and training for KPs
- Decentralisation of service, involving partners

- Education and awareness:

- ✓ Advocacy session with service providers/ Empower key stakeholders, especially the police, for meaningful interventions
- ✓ Train KPs to have knowledge for sharing with peers.
- ✓ Target different geographical areas
- ✓ Awareness in schools (by CSOs)
- ✓ Sensitisation and awareness campaigns to be reinforced by all stakeholders
- ✓ Education/awareness campaigns:
 - Media spots, including social media.
 - Use of telecommunication companies
 - Advert on e.g. bus stops, buses, TV screen in town, Deepam cinema
 - Use mass activities e.g. Regatta, Festival Kreol, football matches

Who should do these:

- Technical Working Group for Seychelles
- NAC
- MOH
- All Ministries and bodies concerned

Annexures

Annexure A: Seychelles National Advocacy Plan 2018-2019

Introduction

1. There is clear evidence from anecdotal reports from key populations and from the Integrated Biological and Behavioural Surveillance Studies (IBBS) conducted with these populations in 2011 and 2015, that key populations experience stigma, discrimination and violence. These attitudes and actions come a variety of persons in their lives, including from service providers. For example, in 2011 in the IBBS conducted with men who have sex with men and people who inject drugs, 68% of people who inject drugs reported being refused a service in the past 12 months because of their injecting drug use, and just over 50% of them had been arrested in the past twelve months.¹ Moreover, most people who inject drugs themselves (83%) would want the HIV status of a family member to remain secret if one of the family members became ill with HIV.²
2. Gay men and men who have sex with men also report stigma and discrimination.³ *“Forty- one percent of men who have sex with men reported that they had received verbal insults and 3.8% reported being hit, kicked or beaten in the past 12 months because someone believed respondent has sex with other men.”*⁴ Moreover, 21% of men who have sex with men also reported being forced to have sex when they did not want to at some point in their lives. Among those, 50.3% then reported having been forced to have sexual intercourse in the past year. In interactions with the police, 44% of gay men and men who have sex with men reported being arrested in the past year.
3. The IBBS done with female sex workers in 2015 revealed that 37.2% of sex workers had experienced violence in the past year, with 20.5% reporting being forced to have sex against their will and 50.6% reporting arrests. Female sex workers experienced more physical violence at the hands of a steady boyfriend or a husband, at 34.5%, than from clients (15.5%) than the police (13.8%). Sex workers were also just as likely to be assaulted by unknown persons as they were by the police.⁵
4. Of those sex workers who had been forced to have sex against their will, the most common perpetrators were their one-time clients at 28.1%, unknown persons at 15.6% and their steady partner or husband at 12.5%. Other people included friends, casual sex partners and their children’s father.⁶ Relationships with the police tended to be poor. In terms of arrests, sex workers were arrested mainly for loitering (16.0%), drug use (11.5%) and selling sex (7.1%).

Aims and Objectives of the Advocacy Plan

The main goals of the Seychelles National Advocacy Plan 2018-2019 are two-fold:

1. To reduce stigma, discrimination and violence against key populations in service provision and delivery, and
2. To increase key populations’ access to health, educational and psychosocial services.

The specific objectives of the Plan are to:

- a. Raise awareness amongst key service providers, such as the police, the health professionals and paraprofessionals, social services and civil society organisations working with key populations, about the national situation regarding key populations such as sex workers, gay men and men who have sex with men, people who inject drugs, prison inmates and migrant workers;
- b. Reduce the incidence of self-stigmatisation amongst key populations through boosting their self confidence and self-esteem;
- c. Assist national efforts in amending legislation such as the relevant sections of the Penal Code and other laws to create a conducive environment for service delivery to key populations.

¹ Ministry of Health (2011) Injection Drug Use in the Seychelles, 2011: Integrated Biological and Behavioral Surveillance Survey - Round I

² Ibid, p. 59

³ Ministry of Health (2011) Men Who have Sex with Men in The Seychelles 2011: Integrated Biological and Behavioral Surveillance Survey - Round I

⁴ Ibid, p.59

⁵ National AIDS Council (2016) HIV Biological And Behavioral Surveillance Survey Among Female Sex Workers 2015: Final Report

⁶ National AIDS Council (2016) HIV Biological And Behavioral Surveillance Survey Among Female Sex Workers 2015: Final Report p.56

Proposed Actions in 2017

The National Advocacy Convening on Reducing Stigma, Discrimination and Violence against Key Populations held on Thursday 19th and Friday 20th October 2017 at the Savoy Resort and Spa, in Beau Vallon, Mahé, Seychelles, which brought together key populations and service providers, highlighted the most urgent actions that need to be taken, and the service providers to be targeted. The two-day meeting funded by the AIDS and Rights Alliance for Southern Africa (ARASA) gave a series of actions which are presented in terms of priority for the next two years. Some of the actions have been proposed for the rest of 2017.

Objectives	Actions	Target Group	Responsibility	Deadline
Coordinate national actions on HIV & the National Advocacy Plan	Create a Technical Working Group (TWG)	MoH, NAC CSO working with KPs	NAC	December 2017
Raise awareness about the national situation of KPs	Educational sessions Media programmes	Public	DURNS LGBTI-Sey HAPTF	December 2017
Raise awareness about the national situation of KPs	Educational sessions	Police	DURNS LGBTI-Sey HAPTF	December 2017

Proposed Actions in 2018

It is imperative that the TWG is created to coordinate the implementation of the Advocacy Plan under the guidance of the Steering Committee at NAC. Once this is done, through the merging of the present TWG created to oversee the implementation of the Operational Plan for Female Sex Workers, funded by the World Health Organisation (WHO), it will be easier to organise the implementation, monitoring and evaluation of the National Advocacy Plan 2018-2019. This will ensure that coordinating mechanisms are in place.

Objectives	Actions	Target Group	Responsibility	Deadline
Monitor stigma, discrimination & violence in service delivery	Create a KP Watchdog Group, with existing KP NGOs and CBOs	Service providers	KP Watchdog Group TWG NAC	March 2018
	Publish periodic reports on service delivery	Service providers	KP Watchdog Group TWG	June 2018
		Public KPs	NAC	September 2018 December 2018
Raise awareness about the national situation of KPs	Educational sessions Media programmes	Service providers	DURNS LGBTI-Sey HAPTF, NAC	December 2018
Raise awareness about the national situation of KPs	Human Rights March	Public	DURNS LGBTI-Sey HAPTF	April 2018
Support national actions to amend relevant laws	Gain membership of groups / committees working on changes in policies & laws	MNAs	TWG DURNS LGBTI-Sey HAPTF	June 2018
	Lobby Members of the National Assembly (MNAs)			
Empower KPs/ reduce self-stigmatisation	Training sessions for KPs	KPs	NAC MoH TWG	May 2018 August 2018 November 2018
Improve advocacy programmes being conducted	Survey on advocacy programmes undertaken in 2018	NAC / MoH Steering Committee TWG, Service providers, KPs, MNAs	NAC MoH TWG	October 2018

It is expected that these actions in 2018 will pave the way for greater engagement of key populations in other advocacy programmes, and that there will be reductions in the number of reported cases of stigma, discrimination and violence against key populations. Furthermore, it is also expected that the monitoring & evaluation conducted by the Key Populations Watchdog Group will indicate that there has been a reduction in discriminatory and violent behaviours.

Proposed Actions in 2019

The advocacy actions aim to consolidate the gains from activities in 2017 and 2018. The last year of the implementation of the National Advocacy Plan is also an opportunity to take stock and to prepare for the coming years, seeking to improve actions and to find corrective measures for identified weaknesses. It will be up to the TWG to ensure that key populations are engaged at all levels of conception, planning, implementation and monitoring and evaluation of programmes

Objectives	Actions	Target Group	Responsibility	Deadline
Monitor stigma, discrimination & violence in service delivery	Publish periodic reports on service delivery	Service providers Public KPs	KP Watchdog Group TWG NAC	June 2019 September 2019 December 2019
Raise awareness about the national situation of KPs	Educational sessions Media programmes Adverts on bus stops, buses, billboards Operate a stall in Regatta, Festival Kreol	Public	DURNS LGBTI-Sey HAPTF NAC	On-going, throughout 2019
Raise awareness about the national situation of KPs	Human Rights March	Public	DURNS LGBTI-Sey HAPTF	April 2019
Raise awareness about the national situation of KPs	Educational sessions	Service providers	DURNS LGBTI-Sey HAPTF	April June, August October December
Empower KPs/ reduce self-stigmatisation	Training sessions for KPs International exchanges, work attachments & conferences	KPs	NAC MoH TWG	Ongoing & as needed & available during the year

Annexure B: Agenda

Thursday 19 October 2017

Time	Activity / Topic	Facilitator / Session Chairperson
08H30 – 09H	Registration of participants	NAC Secretariat
0900H – 1000	Opening Ceremony	MC
	Welcome Remarks by Master of Ceremony	
	Opening prayer by Rev. Christine Benoit	
	Official Opening by CEO National AIDS Council (NAC), Dr Anne Gabriel	
	Objectives of meetings and remarks by ARASA facilitator.	
	Entertainment by Mr Achille Kwame Luc	
	Brief National Strategic Plan Review by Ministry of Health Consultant Dr Agnes Chetty	
	Stigma, Discrimination and Violence explained by Mr Chrissant Barbe, NAC Programme Manager	
	Action Plan of the Legal Assessment Framework by Mr Benjamin Vel, National Consultant for ARASA.	
10H00 – 1030H	Health Break	Savoy Resort
1030H – 1300H	Introductions to Workshop and Work Sessions Day 1	Mr Benjamin Vel, National Consultant
	Purpose of meeting and expectations	ARASA facilitator
	Introduction of participants	ARASA facilitator
	Work Session 1: The National Situation on Stigma, Discrimination and Violence on Key Populations	Mrs Patricia Baquero – Chair of session
	1. National situation of Persons Who Use Drugs (PUDs) by Mr. Faddy Banane, Network Coordinator of Drug Utilisation Response Network Seychelles (DURNS)	
	2. National situation of Female Sex Workers (FSW), by Mr. Benjamin Vel, National Consultant	
	3. National situation of Lesbian Gay Bisexual Transgender Intersex(LGBTI), by Ronny Arnephy, Vice-Chairperson LGBTI Seychelles	
	4. National situation of children and youth by National Youth Council representative	
	5. National laws on stigma, discrimination & violence (housing, employment, education, leisure) by Khalyaan Karunakaran	
	Plenary Session	
13H – 14H	LUNCH	Savoy Resort
14H – 14H05	Entertainment by Mr Achille Kwame Luc	
14H05 – 16H	Work Session 2: Role of Legal & Law Enforcement Agencies in reducing Stigma, Discrimination & Violence against Key Populations	Human Rights Commission – Chair of session
	1. Role of the Police & Prison	
	2. Recap on the Action Plan of the Legal Assessment Framework, by Mr. Benjamin Vel, National Consultant.	
	3. Group-work: Exploring Gaps & Opportunities in advocacy for reducing Stigma, Discrimination & Violence against Key Populations (<i>problems & situations where legal / law enforcement agencies can intervene</i>)	
16H	Closure for Day 1	

Agenda

Friday 20 October 2017

Time	Activity / Topic	Facilitator / Session Chairperson
08H30 – 09H	Registration of participants	NAC Secretariat
0900H – 09H30	Recap & Report back on Group Work by Rapporteurs	Mr Benjamin Vel, Consultant
09H30 - 11H	Work session 3: Advocacy with other stakeholders	Mr Justin Freminot – Chair
	1. Presentation by Ministry of Social and Family Affairs by Mrs Marie-Josée Bonne, Principal Secretary Family Affairs	
	2. Presentation by Ministry of Health by Dr. Anne Gabriel	
	3. Presentation by civil society by Chairperson Citizens Engagement Platform	
	4. Presentation by the private sector representative (SCCI)	
	Plenary Session	
11H00 – 11H30	Health Break	Savoy Resort
1030H – 1300H	Work session 4: Action-planning session – Strengthening advocacy strategies to reduce Stigma, Discrimination & Violence against Key Populations	Mr Ronny Arnephy – Chair
	Work session 4.1: 1. Group-work 2. Report-back by rapporteurs Groups 1 to 3	
13H – 14H	LUNCH	Savoy Resort
14H - 15H	Work session 4.2: 3. Report-back by rapporteurs Groups 4 to 6 4. Plenary 5. Conclusions and recommendations by National Consultant	Mr Ronny Arnephy – Chair
15H - 15H30	Closing Session	MC
	1. Workshop evaluation 2. Closing remarks • Nthabiseng Mokoena, ARASA • Dr Anne Gabriel • Vote of Thanks by a participant	

Annexure C: List of Participants

No.	Name	Organisation
1.	Magline Hollanda	
2.	Darrell Marie	
3.	Levina Cesar	
4.	Sabrina Vidot	
5.	Herther Aglae	
6.	Mayra Alcindor	
7.	Ernestine Biscornet	
8.	Cecile Prosper	
9.	Dominic Severinetne	
10.	Jean-Yves Prosper	
11.	Thomas Nancy	
12.	Pamela Cadeau	
13.	Yvan Agathine	
14.	Pascal Batille	
15.	Fatma Marcelin	
16.	Anifa Simeon	
17.	Leeroy Samson	
18.	Lyanne Aristide	
19.	Saminah Fred	
20.	Seychelle Worth	
21.	Sasha Marivel	
22.	Mayross	
23.	Gretel Marie	
24.	Tessy Vel	
25.	July Hoareau	
26.	Aubrey Laira	
27.	Charline Monthy	
28.	Letimy Pillay	
29.	Winnifred Baccarie	Police Department
30.	Gina Michel	Ministry of Health
31.	Sabrina Mousbe	Ministry of Health
32.	Brigitte Gbilimou	Ministry of Health
33.	Tessy Madeleine	HIV and AIDS Support Organisation (HASO)
34.	Justin Freminot	HIV and AIDS Support Organisation (HASO)
35.	John Ondiek	Local Rapporteur
36.	Dr. Anne Gabriel	National AIDS Council (NAC)
37.	Patricia Bacquero	National AIDS Council (NAC)
38.	Chrissant Barbe	National AIDS Council (NAC)
39.	Agnes Chetty	National AIDS Council (NAC)
40.	Randolph Fernandez	National AIDS Council (NAC)
41.	Rev. Christine Benoit	Anglican Church
42.	Fadette Estico	Agency for the Prevention of Drug Abuse and Rehabilitation (APDAR)
43.	Fabianna Bonne	Lesbian Gay Bisexual Transgender Intersex-Seychelles (LGBTI-Sey)
44.	Ronny Arnephy	Lesbian Gay Bisexual Transgender Intersex-Seychelles (LGBTI-Sey)
45.	Priscilla Finesse	Department of Energy and Climate Change
46.	Michel Pierre	Citizens Engagement Platform Seychelles
47.	Achille Luc Kwame	Citizens Engagement Platform Seychelles
48.	Fady Banane	Drugs Use Response Network Seychelles
49.	Roland Alcindor	United Nations Development Programme (UNDP)
50.	Nthabiseng Mokoena	AIDS and Rights Alliance for Southern Africa
51.	Iris Carolus	ARASA Local Consultant / Rapporteur
52.	Benjamin Vel	National Consultant