

**MAURITIUS NATIONAL PROGRESS REPORT OF THE**  
**SPECIAL SESSION OF THE GENERAL ASSEMBLY ON**  
**CHILDREN**  
**- “A WORLD FIT FOR CHILDREN”**

MINISTRY OF WOMEN'S RIGHTS,  
CHILD DEVELOPMENT, FAMILY WELFARE  
AND CONSUMER PROTECTION

December 2006

# **National Progress Report of the Special Session of the General Assembly on Children – “A World Fit for Children”**

## **INTRODUCTION**

Since 1991 the Ministry of Women’s Rights, Child Development, Family Welfare and Consumer Protection is mandated to cater for children in the cohort of 0-18 years. It is responsible for designing, implementing national policies, programmes and projects relating to children. Children policies have over the years, expanded much beyond child survival and basic education: policies now encompass other aspects of child development including protection and child rights. Children have the right to have their basic needs met, not only for survival and protection but also to be able to develop their full potential to participate as members of society and to grow up to be caring and responsible citizens. As at July 2005, the number of children was estimated to 364,757 over the whole population of 1,243,253, accounting for 29.3% of the population in the Republic of Mauritius. (source: Central Statistics Office )

Mauritius has ratified several important international human rights and instruments. It acceded to the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) in July 1994 and ratified the Convention in 1985. Mauritius has ratified the Convention on the Rights of Child (CRC) in 1990 and ratified the ILO Convention on the Worst Forms of Labour. In 1993, the Government signed the Hague Convention on Civil aspects of Child Abduction. The Optional Protocol to the CEDAW, the Optional Protocol on the CRC on the Involvement of Children in Armed Conflicts and the Optional Protocol on the CRC on the sale of children, child prostitution and child pornography has been signed in November 2001. It has signed the SADC Declaration on Gender and Development in 1997 and in September 1998, it signed the Addendum to the Declaration on the Prevention and Eradication of Violence Against Women and Children. Mauritius being a party to the Beijing Platform of Action has also identified gender-based violence as one of the critical priority areas at the Fourth World Conference on Women in Beijing. Mauritius has also signed the Protocol to the African Charter on Human and People’s Rights on the Rights of Women in Africa and its ratification is in process.

## **A. CREATING A WORLD FIT FOR CHILDREN**

### **(a) National Legislations, Policies and Action Plans**

#### **(i) NATIONAL LEGISLATIONS**

##### **Child Protection Act**

A *Child Protection Act* was enacted in 1994 with the main objective of giving protection to children victims of abuse and neglect. The national laws have been harmonized in line with the Convention on the Rights of the Child. In this respect, a number of laws pertaining to children have been amended in the form of Child Protection (Miscellaneous) Act, the Criminal Code (Amendment) Act and the Criminal Code Supplementary (Amendment) Act.

In accordance with Article 4 of the CRC to take appropriate legislative measures for implementation of the rights recognized in the Convention, Government undertook in 1998 a series of amendments to 23 pieces of legislation under the Protection of the Child (Miscellaneous Protection) Act such as amendments in the Child Protection Act itself, Cinematography Act, Civil Service Family Protection Scheme Act, Dangerous Drugs Act, Legal Aid Act, etc

The Child Protection Act has been amended, amongst which

- a) the definition of the word “harm” has been extended so that “harm” now is defined as “includes physical, sexual, psychological, emotional or moral injury, neglect, ill-treatment, impairment of health or development”,
- b) the definition “place of safety” has been amended to also include “a convent, a charitable institution, an institution for children and a hospital.”
- (c) the definition of who can report cases of suspected abuse has been enlarged.

The Child Protection Act was amended in 2005 makes provision for all cases of child trafficking, abandonment and abduction to be dealt with by officers of this Ministry who are responsible for child welfare and development. Tougher penalties are provided for in case of contravention of the provisions of the law. Penalties under the present Child Protection Act for sexual offences and indecent photographs of children have been revised from a fine of Rs 50,000 and imprisonment not exceeding 5 years to Rs 75, 000 and 8 years respectively. As for cases of mentally handicapped victims, offenders will be liable to a fine of Rs 100, 000 and imprisonment not exceeding 15 years instead of Rs 75,000 and 8 years respectively.

## **Protection from Domestic Violence Act (PDVA)**

The *Protection from Domestic Violence Act* was enacted in May 1997 and proclaimed in March 1998. The objective of this legislation is to provide protection to spouses victims of domestic violence.

The Protection from Domestic Violence Act was amended in 2004 to broaden the scope of the Protection from Domestic Violence Act, in particular to cover all cases of domestic violence (physical, sexual, moral, against a spouse or his/her child) committed by persons living under the same roof, increase time limits and penalties and provide for counselling. Amongst the positive points are: the reference to the child's welfare and need when deciding a protection order and the possibility to take interim protection order in case of serious risk. The protective measure may be applied even when there is no criminal act.

## **Education Act - 2004**

The *Education Act* was amended in 2004 to provide that education shall be compulsory for every child up to the end of the academic year in the course of which the child attains the age of 16. It is a criminal offence for responsible party, including parents, to refuse or neglect to cause the child to attend school regularly without reasonable cause. This amendment will consolidate measures to curb school drop-outs.

## **Computer Misuse and Cyber Crime Act - 2003**

The *Computer Misuse and Cyber Crime Act* was enacted in 2003. It inter alia makes child pornography a criminal offence, punishable by law.

## **Juvenile Offenders Act**

The *Juvenile Offenders Act* provides that 'where the parent or guardian of a juvenile represents on oath before a juvenile court that he is unable to control the juvenile, the court may forthwith order the juvenile to be removed and placed in an institution'. The magistrate determines that the period of stay, basing himself on the probation officers' report. Further parents can still swear on oath before the court to the effect that the child is beyond control and have the child sent to an institution without trial.

The Juvenile Offenders Act has been amended to:

- (i) bring the definition of child in line with the Convention;
  - (ii) restrict the circulation of reports of all proceedings taken in Juvenile Courts.
- that where any person below the age of 18 is apprehended by the police, the police officer shall immediately take all reasonable steps to inform the parents or guardian of the child or and the place where the child may be seen

- no statement should be recorded from an apprehended person below the age of 18 outside the presence of his parent or guardian unless such parent/guardian cannot be contacted within a reasonable time or fails to call at the police station.

### **Ombudsperson for Children Act**

The *Ombudsperson for Children Act* 2003 has been enacted with the objective to provide for the establishment of an office of Ombudsperson for Children.

The Ombudsperson's Act enables the Ombudsperson to assume the role of an advocate for children's rights, to advise the Minister and other public bodies and Institutions on matters relating to promotion and protection of children's rights and to carry out any such investigations as the Ombudsperson may decide, on complaints relating to the rights of the child.

In February 2005 the following amendments were brought in the Ombudsperson for Children Act to:

- empower the Ombudsperson for Children to compel witnesses to attend and give evidence on oath before and produce documents to the Ombudsperson in connection with investigations conducted under the Act; and
- provide for various offences, including failure to attend and take the oath before the Ombudsperson, giving false evidence, insulting the Ombudsperson and willfully interrupting proceedings conducted before the Ombudsperson.

### **National Children's Council Act 2003**

The *National Children's Council (NCC) Act* 2003 became effective as from 28 February 2004, with the aim of making the National Children's Council more dynamic and responsive to the needs of children and to ensure better participation of children.

The NCC Act provides that the Council shall:

- be the key consultative and coordinating national body on all activities related to children;
- protect the rights of children, promote their interest and well-being and ensure their participation in matters of interest to them; and
- promote activities for the welfare of children in line with the Convention on the Rights of the Child.

The National Children's Council Act has been repealed and replaced. The NCC Act of 2003 restructured the NCC in view of setting up a National Children's Committee, comprising boys and girls between the ages of 15 and 18 elected from children's organisations registered with the Council, who may deliberate on

matters relating to child welfare and offer its views to the National Children's Board. However in view of lacking provisions on the manner to elect children as well as member of Non Governmental Organisation, the NCC Act will be amended accordingly.

### **Criminal Code 1998**

The *Criminal Code* has been amended in 1998 to increase penalties for offences against children including sexual abuse. The offence for sexual harassment has been introduced. Penalties are provided for the abandonment of a pregnant spouse, failure to pay alimony, etc.

The Criminal Code Act was further amended in 2003 which introduced into the criminal law the offence of torture to give effects to article 2 of the CAT.

### **Cinematograph Act**

The *Cinematograph Act* was amended to provide for punishment for any person who admits a minor at the exhibition or proposed exhibition of a cinematographic film in breach of a condition imposed by the Board of Censors under the act or under the regulations. The offence is punishable by a fine of Rs 50,000 and imprisonment for a term not exceeding two years.

### **Civil Service Protection Act and Statutory Bodies Family Protection Act**

The *Civil Service Protection Act* as well as the *Statutory Bodies Family Protection Act* were amended to extend the pensions payable on the death of those employed by Government and statutory bodies to acknowledge children born out of wedlock.

### **Dangerous Drugs Act**

The *Dangerous Drugs Act* was amended to provide for increased penalties for those who provide drugs to children. The act of administering, selling or supplying drug to a minor or mentally handicapped person is an aggravating circumstances and the accused is liable to a fine not exceeding Rs 50,000 and imprisonment not exceeding 20 years.

### **Divorce and Judicial Separation Act**

The *Divorce and Judicial Separation Act* was amended to make it mandatory for courts to seek the views of child above the age of 10 and capable of discernment in any case in which he or she has an interest. Thus the courts should not decide to give custody of a child to his father or mother without ascertaining what the child feels about it. Before the amendment, the court was not under a duty but had a discretion as to whether to hear a child.

### **Legal Aid Act**

The *Legal Aid Act* has been amended to provide legal aid to a minor charged with a crime or misdemeanor.

### **Explosives Act**

The *Explosives Act* was amended to provide that no person should cause or permit a minor to handle explosives.

### **Firearms Act**

The *Firearms Act* was amended to ensure that child prosecuted for a crime or misdemeanour is assisted by counsel.

### **Interpretation and General Clauses Act**

The *Interpretation and General Clauses Act* has been amended to include the definition of 'child' and 'minor'.

### **Gaming Act**

The *Gaming Act* was amended to ensure that no pool promoter or agent of a pool promoter or collector or bookmaker or pari-mutuel organizer transacts any business with a minor. Any such transaction may be made void at the request of the minor.

### **National Adoption Council Act**

The *National Adoption Council Act* was amended to provide that in considering the adoption of a Mauritian child by a non-citizen the possibilities of local placement would have been given due consideration. Government is presently considering further amendment of the National Adoption Council Act or introducing a new Act to incorporate the provisions of the Hague Convention on Inter-country Adoption.

### **Pawnbrokers Act**

The *Pawnbrokers Act* was amended to prohibit pawn broking with a minor.

### **Pesticides Control Act**

The *Pesticides Control Act* was amended to prohibit the employment of a person under the age of 18 in certain operations.

### **Pharmacy Act**

The *Pharmacy Act* was amended to prohibit the sale to a minor of any poison specified in the schedule to the Act.

### **Police Act**

The *Police Act* was amended to prohibit the issue of a license to employ a minor for security or protection services.

### **Reform Institutions Act**

The *Reform Institutions Act* was amended amongst others to ensure that religious instructions be given to detainees who so consent or whose responsible parties consent.

### **Registration of Associations Act**

The *Registration of Associations Act* was amended to provide that a minor with the written permission of his responsible party be admitted as a member of a registered association. No minor is to be appointed to the committee or as an officer of a registered association.

### **Shops Act**

The *Shops Act* was amended to provide that no child of an occupier should be employed or allowed to serve customers where the child is below the age of 15 years.

### **Stage Plays Act**

The *Stage Plays Act* was amended to prohibit the admission of any minor to a public place where a stage play is being performed when such admission takes place in contravention of a conditions imposed by a board of censors.

### **Civil Service Protection Scheme Act and Statutory Bodies Family Fund Act**

The *Civil Service Protection Scheme Act* and *Statutory Bodies Family Fund Act* was amended to extend the pensions payable on the death of employees of the government and statutory bodies to acknowledged children born out of wedlock. Previously even though the Civil Code had been amended to give to natural children the same pension's rights as legitimate children, the two pensions funds made provisions for legitimate children only, in violation of Articles 2 and 26 of the Convention.

### **Civil Status (Amendment) Act 1981**

According to the *Civil Status (Amendment) Act 1981*, it is the responsibility of the father or mother of a child or any other person appointed by law, to declare the birth within a period of 45 days from the birth at the Civil Status Office of the district where the birth took place or where the parents reside. The Act was further amended in 2004 to strengthen the obligation for either the father or the

mother to declare the birth of their child, even if the child is born in an asylum, a prison or other institution, save in specified circumstances (section 14).

### **Civil Code**

Mauritius amended its *Civil Code* in 1999 to provide for the child to be heard in court in any case which concerns him or her, and protect his or her property.

### **Labour (Amendment) Act 2004**

The *Labour (Amendment) Act* in 2004 to provide for specific offences and penalties in case of assault, verbal abuse, threat, bullying and others against workers.

### **Residential Care Homes Act 2003**

The *Residential Care Homes Act* was introduced in 2003 to regulate residential care homes and institutions by making provisions inter alia for licensing of residential care homes and for a regulatory body responsible for the control and discipline of these homes.

### **Local Government Act 2003**

The *Local Government Act* in 2003 which modernises the law relating to local government with greater decentralisation and transparency in the management of the affairs of local authorities. It is of interest that section 41 related to the functions of the local authorities, state that they are responsible, in the limits of its area of jurisdiction, of the formulation and implementation, particularly in deprived regions, of policies aiming to respond better to poverty and exclusion, of the safeguard and promotion of the rights and welfare of children living within its administrative area, as well as the promotion of sportive and cultural activities.

### **Sexual Offences (Miscellaneous Provisions) Act 2003**

The *Sexual Offences (Miscellaneous Provisions) Act* in 2003 which amended the Courts Act, the Criminal Code Act and the Criminal Procedure Act to inter alia provide for cases in which a person has been raped by 2 or more individuals to be tried before a judge without a jury, to increase the sentencing powers of the Intermediate Court. Government is now in the process of introducing a new

### **Mutual Assistance in Criminal and Related Matters Act 2003**

The *Mutual Assistance in Criminal and Related Matters Act 2003* enables measures of international cooperation in investigations, prosecutions or proceedings concerning serious offences and related civil matters.

## **(ii) NATIONAL POLICIES**

### **1. Early Childhood Development (ECD) Policy**

The Ministry has an additional responsibility to cater for children in the cohort of 0-3. Following a study commissioned on provision of early childcare in 1996, an Early Childhood Development (0-3) policy has been implemented in 1999 to improve children's overall development through the introduction and adoption of integrated approach to ECD. The ECD Implementation Plan has been prepared based on that Policy Paper. To regulate childcare services including home-based facilities, a proper legislative framework with established norms and standards has been enacted in 2000. The Government's long-standing objective is to provide a national programme of support through which it can play a facilitating role in the provision of quality, affordable care for children in the age group 0-3 years. Hence the ECD policy paper is being integrated in the National Children's Policy.

### **2. National Children's Policy (NCP)**

The Ministry of Women's Rights, Child Development and Family Welfare with the assistance of UNICEF has prepared a *National Children's Policy* in 2004 with a view to establish linkages with all relevant Government institutions and NGOs, to co-ordinate and monitor children's policies. The Position Paper was prepared and upon approval by Government, work focusing on data collection and in-depth and wide consultations led to the preparation of the National Children's Policy. The NCP embodies the framework that will lead to further develop programmes and projects to promote and protect the rights of children in the next decade. The adoption of the NCP is an important step taken by Government in its commitment to human rights generally and to child rights and welfare specifically.

### **3. Education Reform Policy**

Education has become compulsory for each and every child up to the end of the academic year in the course of which the child attains the age of 16. It is a criminal offence for responsible party, including parents, to refuse or neglect to cause the child to attend school regularly without reasonable cause.

With a view to offering equal access to education to our children, the Government has, since September 2005, introduced free transport to all school children including full time students attending University.

#### *Quality Initiative*

The policy measures envisaged by the providers of education in Mauritius for implementation are geared towards:

- Creating the Opportunity for All to Learn
- Ameliorating Instructional Practice

- Confronting the Equity Challenge
  - Encouraging Community support
- Literacy and Numeracy strategy has been introduced as from 2006.
  - “Bridging the Gap” project aims at ensuring smooth transition from Pre-primary to primary
  - Formative assessment will be introduced as from 2007.
  - A pool of psychologists ensures that psychological support is given to pupils.

#### **4. National Gender Policy**

The basis and mandate of the *National Gender Policy (2005)* is drawn from the constitution of the Republic of Mauritius, which states that every citizen is entitled to fundamental human rights and freedom. This policy document provides relevant and appropriate strategies to promote planning, allocation of resources, implementation and monitoring of development programmes with a gender perspective. This policy takes into consideration the strategies given in the Children’s policy.

The National Gender Policy contributes to the national development goal of the Republic of Mauritius that aims at “transforming the economy into a diversified, high-tech and one of high-income services” (*budget speech 2003-2004*). In order to achieve this, the policy works towards ensuring that Government invests in improving the effectiveness and efficiency of programmes and projects through mainstreaming gender in order to achieve gender equality and advancement of women and protection of children.

This policy helps to address those areas where there are still discriminatory tendencies. It ensures that the concerns of women, men and children, especially the roles, responsibilities, rights as well as their differentiated needs, have been made priority issues for achieving sustainable development.

#### **5. National Policy Paper on Family**

The *National Policy Paper on the Family (2005)* reflects a growing concern from the nation pertaining to the well being of the family and the commitment to reinforce the institution of the family so that it continues to be a viable component of society and facilitates the development of the overall well being of its members, in particular children. The policy document takes a holistic approach in line with the agenda of the UN programme on the family which recognizes the need to promote, protect and strengthen the institution of the family.

### ***(iii) NATIONAL ACTION PLAN***

#### **National Plan of Action (NPA)**

A *National Plan of Action* (NPA) has been prepared with a view to implementing the policy statements stipulated in the National Children's Policy (NCP). The Plan of Action translates the Policy into short, medium and long term programme, projects and activities for implementation.

The objective of the NPA is to ensure the protection of our children from any form of abuse and the creation of a conducive environment within the family and the civil society. It also aims at developing strategies and activities to be implemented by all stakeholders including Government Institutions, the Private Sector, Non-Governmental Organizations, the Community and the family for the best interests of the child.

#### **CSEC Action Plan**

Following two studies on the Commercial Sexual Exploitation of Children (CSEC) a National Plan of Action on CSEC was prepared to prevent and progressively eliminate CSEC and also to protect CSEC victims and ensure their recovery and integration in society.

The NPA was prepared on the basis of the four components of the Agenda of Action Against CSEC adopted at Stockholm as follows:

- (i) Coordination and Cooperation;
- (ii) Prevention;
- (iii) Protection; and
- (iv) Recovery and Reintegration.

In the preparation of this NPA, an integrated and holistic approach has been adopted for the implementation of activities on protection of children. It has large scope geared towards the overall protection of children from any form abuse including commercial sexual exploitation in line with existing legislation and provisions of the CRC.

#### ***(b) Establishing/strengthening domestic bodies to promote/ protect the well being of children***

##### **1. Child Development Unit**

The *Child Development Unit* of the Ministry of Women's Rights, Child Development and Family Welfare was created in 1995 to provide the necessary framework for action under the Child Protection Act. The Child Development Unit intervenes in cases of child abuse and neglect. The Unit is responsible for the enforcement of legislation pertaining to children and for the implementation of policies and programmes pertaining to the survival, development, protection and

participation of children. The Unit works in close collaboration with other agencies such as the Police Department to provide a 24 hours service through hot line as well as free legal assistance and psychological counseling to children at risk.

## **2. Family Welfare Unit**

In line with one of the UN recommendations that states should set up appropriate mechanisms to implement policies and programme in favour of families, this Ministry has set up a *Family Welfare Unit* since July 2003. The Family Welfare Unit has a network of 6 Regional Offices known as Family Support Bureaux (FSBx) which offer services to all members of the family through the Family Counseling Service. The Family Counseling Service which has existed since 1986 provides individual and mass counseling on all family related problems. The decentralized services at the Family Support Bureaux are offered in a holistic manner whereby staff of the Family Counseling Service, Family Protection and Child Development work within the same premises with a view to minimize further trauma to victims of violence.

## **3. Police Family Protection Unit (PFPU)**

The *Police Family Protection Unit (PFPU)* was set up in 1994 with the special mandate to provide specific services to a category of people who are termed vulnerable within society. This category of people includes women, children and the elderly. They are considered as vulnerable because they are less able to protect themselves when faced with crimes and criminal justice system as compared to other members of the society. Given their position of vulnerability, their rights are more likely to be violated than others. Hence, a special policing approach towards them is required.

The PFPU is responsible to receive, investigate with extreme sensitivity, arrange for investigation and coordinate the investigation of reported or suspected cases of domestic violence, child abuse, elderly abuse, family conflicts and conflict among neighbours.

PFPU also has a special *Children's Corner* which has been set up with the help of a child psychologist. It contains items atypical of children such as small colorful table and chairs, toys, white board with markers, colored pencils, drawing books and so on.

Children, both victims and those in conflict with the law are interviewed or while they accompany parents victims of violence.

## **4. Brigade pour la Protection des Mineurs**

As children are becoming more and more vulnerable in our society, the Mauritius Police Force has at the request of this Ministry, set up a new unit styled "*Brigade pour la Protection des Mineurs*" as from May 2004. One of the priorities

of the Brigade is to act as a watchdog against all forms of exploitation and abuse against children. The Brigade provides meaningful and sound customer care service aimed at optimizing the protection of children and helping to alleviate the anxiety of parents whose children have been subjected to such abuses. The unit has been reinforced with additional human resource and vehicles.

## **5. National Children's Council**

As a signatory to the Convention on the Rights of the Child (CRC) Mauritius showed its commitment vis à vis the CRC, by giving the Ministry of Women's Rights & Family Welfare the additional attribution of child development with the *National Children's Council* (NCC) as the operational body.

The National Children's Council was set up in August 1990 as a corporate body under the aegis of the Ministry. The Council offers a forum where matters pertaining to Child Welfare and Child Development can be discussed before appropriate recommendations are forwarded to the government.

## **6. Drop-in-Centre**

A *Drop-in-Centre* was set up in December 2003 to take care of children victims of commercial sexual exploitation. In line with the recommendation contained in the National Action Plan, the MWRCDFW has proposed to set up a Drop in Centre based on the Philippines model with the collaboration of an NGO. The Drop in Centre makes available to all children at risk or victims of sexual exploitation, all relevant information, education, psycho-social medical and logistic support to ensure their protection, rehabilitation and reintegration in the family, in school, at work and in the community at large.

This Project reaffirms the commitment of the Government through the MWRCDFW to fight the problem of sexual exploitation, including all forms of sexual violence and sexual abuse of children up to the age of 18. This project aims to protect children victims of sexual abuse, and to ensure their full reintegration in society as well as to prevent other children from becoming victims.

With a view to ensure recovery and rehabilitation and preventing relapse, a Day Care Centre will be set up

## **7. Ombudsperson for Children's Office**

Following the Ombudsperson for Children Act, an Ombudsperson for Children's Office was set up in December 2003.

The main objectives of the Office are to ensure that the rights, needs, interests of the children are given full consideration by public bodies, private authorities, individuals and associations for individuals; promote the rights and best interest of children; and promote compliance with the Convention on the

Rights of the Child, and more particularly, to create an effective mechanism for the investigation of complaints regarding violation of children's rights.

The *Ombudsperson for Children* is responsible for promoting children's interests, protecting victims of exploitation, investigating complaints of violations, and presenting proposals for preventing trafficking.

**(c) *Developing national monitoring and evaluation systems.***

**High Level Steering Committee**

The Government has approved the NPA covering the period February 2003 to December 2004 to protect children against sexual abuse including commercial sexual exploitation of children. A *High Level Steering Committee* was set up to monitor the implementation of the NPA. It included all relevant Ministries and NGOs. Emphasis is being placed on preventive measures such as the development of an appropriate Information, Education, Communication (IEC) strategy, the training of trainers and the training of community/youth leaders and awareness campaigns on the Rights of the Child. Support will also be provided for the recovery and rehabilitation of those who manage to get out of the sex trade.

**High Level Committee (Tardy Declaration)**

A *High Level Committee* co-chaired by the Attorney General and the Minister of Women's Right's, Child Development, Family Welfare and Consumer Protection has been set up in August 2005 to take stock of the situation of tardy declaration as at date and to find means to improve upon the existing system. This committee monitors the tardy declaration of birth program on a weekly basis.

The following actions were taken to streamline the procedures for the tardy declaration of birth:

- A pool of 3 Attorneys was set up to deal with cases, providing free legal aid
- Arrangement has been made with the Magistrate to be on call at court in cases of tardy declaration
- Transport facilities are provided to parents
- Tardy declaration of birth can be made through a hotline which operates on a 24 hour basis.
- Sensitization is being carried out regularly on the media to increase public awareness

Since the setting up of the Committee some 80 undeclared children have been immediately registered at the Civil Status Division.

## PARTNERSHIPS AND PARTICIPATION

### (a) *Projects/programmes designed to protect/promote the rights and well-being of children*

#### **Tardy Declaration**

Under Article 4 of the Convention of the Rights of the Child, the right of child to an identity should be respected. The absence of an identity deprives a child of other basic rights such as access to education, access to health facilities, etc. Even adults have been identified as undeclared. Since the process of tardy declaration of birth is lengthy and cumbersome, a *Tardy Declaration of Births Scheme* has been put in place at the level of the Ministry to re-establish speedily their identity.

This fast-track system is operational since August 2005 with the collaboration of the Accountant-General's Office, the Police, the Civil Status Office, and the Ministry of Health. A high level Committee co-chaired by the Attorney General and the Minister of Women's Right's, Child Development, Family Welfare and Consumer Protection set up in August 2005 monitors the tardy declaration of birth program on a regular basis.

To date out of the **427** applications for tardy declaration received, **300** births have been registered while some **85** are under process.

Undeclared Children who are identified to be tardily declared are referred to the vaccination unit of the Ministry of Health for immunization and to the Ministry of Education for admission in pre-primary, primary or vocational schools.

#### **Foster Care**

With a view to ensuring better protection of children especially those at risk a *Foster Care System* has been introduced as an alternative care for the children at risk. The aim of the Foster Care System is to provide children with a substitute family environment so as to enhance their physical, emotional and social development. As at date, some 50 children have been placed with foster families.

#### **Mentoring Programme**

As regards children with behavioural and emotional problems, it is proposed to introduce a *Mentoring Programme* under which a responsible adult (Mentor) will provide guidance to the child through a relationship of trust and friendship.

## **Observatory for the Rights of the Child**

An *Observatory for Child's Rights* has been set up and is fully operational at the University of Mauritius with the UNICEF and Indian Ocean Commission. It serves to ensure follow-ups of children's rights, creates a regional database on social development of the child and derives statistical analysis in five countries of the Indian Ocean. The Observatory collects information and data on Child's rights, analysing the data in comparison to different countries and will make reports available. The recommendations made therein will certainly enable the countries to take necessary actions and develop appropriate strategies to improve the welfare of children.

The Observatory aims at monitoring child rights in five Indian Ocean countries; building area data-base on child social development; developing statistical analysis at country and area level; establishing tendencies and comparisons; publishing periodical reports; and promoting public debate and to make recommendations for action of children's rights duty bearers.

The overall formula of the project is to select a set of social indicators, investigate what patterns of change they show, and check whether prevailing policies are responsive to these. Therefore the success of the project relies mainly on the quality of human resources and the networks involved.

## **Parental Education Programme**

Through a *Parenting Education Programme*, approximately 10,000 parents have been sensitized and another 8,000 parents have been reached through peer-to-peer education.

A parenting programme (0-18 years) with emphasis on child care, protection, development and education (0-18 years) has been carried out in 15 ZEP schools on Saturdays from March 2003 to August 2004. 60 workshops have been organized and about 2,500 parents have been sensitized and another 3,000 parents reached through peer to peer education.

Parental Educational Programme will in due course be supplemented by 'National Parental Empowerment Programme' which will focus on counseling services with parents and other family members, liaison with NGOs and other stakeholders.

The main objectives of the National Parental Educational Programme are:

- to avoid conflicts at home.
- to help in strengthening care of children through support and education of parents.
- to empower parents in enabling them to ensure the holistic development of their children
- to improve the relationship between parents and children.

## **Sensitization and Awareness Campaigns**

Regular *sensitization campaigns* targeted towards children are carried out through media by way of radio and television programmes. Talks are delivered to school children at primary and secondary levels, to parents, in regions at risks and to the community at large on the dangers of sexual exploitation of children.

### ***Sensitization Campaigns of the NCC***

Since its creation, the National Children's Council has been responsible for disseminating the Convention on the Rights of the Child through aggressive *sensitization campaigns*. Publications including posters and booklets on articles relating to the Convention have been disseminated regularly. Ministries and Non Governmental Organizations involved in the promotion of women's and children's rights were provided with copies of the publication.

Students of primary and secondary schools around the island have also benefited from the IEC campaigns. Debates and projects on issues related to the Convention were also organized in secondary schools. Sensitization campaigns including the organization of talks and seminars were also carried out at grass root level for people with lower level of education.

- *Training & activities on the CRC for children, teachers, social workers and other professionals:*

#### **July 2005 to June 2006:**

- (i) 100 talks delivered on CRC for 5341 students of Primary and Secondary Schools.
  - (ii) 25 Talks on CRC for 1000 Women of Women's Associations, Social Centres and Community Centres.
  - (iii) 6 Talks for 50 Teachers and Educators of Primary Schools.
- *Training of Trainers on CRC*

#### **2004:**

3 days Training of Trainers Workshop on CRC  
25 Training were given Training on CRC from 20-25 April 2004.

### ***Training Programme conducted by NCC***

- Staff of the Council followed training on CSEC in February 2006
- Approximately 10 staff of the Day Care Centres followed courses on First Aid by the St John Ambulance in March/April 2006
- The Council organized a two day training programme on HIV/AIDS for approximately 30 persons (staff of the Council, Resource persons and NGOs) in February 2006

## **Training Programme on CSEC**

A *Training Programme* for Trainers and Community Leaders on CSEC has been carried, **22** Community Leaders were awarded their certificates on 9 November, 2006.

## **Protocol of Collaboration**

A *Protocol of Collaboration* was signed by all stakeholders for implementation of the plan of action at their respective level.

## **Childwatch Network**

A *Childwatch Network* was set up since the Ministry believes in the involvement, partnership and support of the community in addressing the problem of child abuse. The childwatch is a programme and surveillance for children exposed to any harm or abuse. The objectives are to ensure early detection and identify children at risk and child abuse conditions. These cases are channeled through a coordinating structure for appropriate action. This network receives the support of volunteers, members of "Forces Vives" and officers of the CDU.

### **(b) *The role of NGOs/Partnerships***

There are several non-governmental organizations that play an important role in protecting and promoting the rights of the child:

## **Residential Care Institutions for Children**

Several organizations/charitable institutions\* provide residential care facilities for children victims of abuse/neglect. These children are under the Ministry of Women's Rights, Child Development, Family Welfare and Consumer Protection following the issue of an Emergency Protection Order/Interim Committal Order/ Committal Order and are placed in these institutions which are considered as places of safety at the level of the District Courts. These children are removed from the care of their biological parents as the latter are not in a position to ensure their safety and security. The Court Orders are issued as per the provisions of the Child Protection Act 1994.

- \* 1 Shelter: Forest Side  
Albion
- 2 Terre de Paix
- 3 Foyer Pere Laval
- 4 Foyer Mgr Leen
- 5 SOS Children's Village  
Beau Bassin
- 6 CEDEM: Floreal  
Hollywood
- 7 SOS Children's Bambous
- 8 Crèche Coeur Immaculé De Marie
- 9 Gayasing Ashram
- 10 Mauritius Muslim Orphanage

The Association de Parents d'Enfants Inadaptés de L'île Maurice (APEIM), founded in 1970, initiated an Early Intervention Programme in 1983, to train parents and volunteers in Community Based Care. This programme has now been expanded and decentralized. APEIM has conducted mass media campaigns about the rights and needs of handicapped children, and public awareness has increased, as more children come to their centres at an earlier age. Children who cannot be integrated into normal schools are sent to special schools, and extremely handicapped children are provided home visits.

The Bethleem Diocèse Crèche (BDC), displays the Convention at its centres, and distributes it to parents. Since its inception in 1979, the BDC has trained over 1,500 trainees in its Early Childhood Development training centre.

The Centre d'Education et de Développement des Enfants Mauriciens (CEDEM) has been providing assistance to normal and handicapped children since 1984. CEDEM concentrates on a process of integrating children, except for the severely handicapped, who need special assistance, in all their activities. CEDEM runs several types of training programmes, including basic programmes in remedial education for parents, teachers, helpers, police officers, probation officers, social workers and other concerned parties. It runs the "Riviere du Rempart Home" for abused girls and conducts "learning through play" programmes in deprived areas once a week. It conducts awareness campaigns about the Convention by door-to-door counseling, and various animated activities. Children in the CEDEM Youth Wing are encouraged to express their concerns, advocate for their rights, and lobby Ministers and Organizations through letters, songs, paintings and other activities.

The Organisation Mondiale Pour l'Education Pre-Scolaire (OMEP), formed in 1972, has specialized in training teachers, and running parent awareness classes, and conducting workshops in childcare and development. At present, it has trained over 1,000 teachers in areas from child nutrition to recognizing child abuse.

The Mauritius Family Planning Association (MFPA), has since 1957 been working successfully towards family planning issues, but has shifted its approach since 2000, towards a "broader concept of sexual and reproductive health", which includes promoting gender equality, and programmes on adolescent sex and reproductive health issues. In 2003, the Mauritius Family Planning Association was entrusted by the Ministry to manage the Drop-In Centre designed specifically to help and assist sexually abused children and commercial sexual exploitation victims. The Association provides Family Life Education (FLE) sessions in various schools, IVTB institutions and institutions catering for children and adolescents with special needs. Regular medical check-ups and consultations including immunization services are offered and educational sessions on Childhood Development are conducted. The Association has also integrated Voluntary Counseling and Testing for HIV/AIDS in its services and acts as a Referral Point. The Association liaises with finding agencies such as

the Trust Fund for Social Integration of Vulnerable Groups to submit income generating project proposals to meet their specific needs.

The MFPA has been active in disseminating information about the Convention in secondary schools, through the “Well Women-Clinic”, (launched in 2000, so that all women could have access to general medical care), through Parent Teacher’s Association (PTA) , through the University of Mauritius, and through Women Empowerment Group (WEG), located in 9 districts in Mauritius, and in Rodrigues.

Action Familial since its foundation has contributed to the welfare of children by having family life education as a strong component of its service to couples, aiming at providing the couples with tools to help them achieve harmonious family life and develop parental skills.

The Mauritius Scout Association was formed in 1912, and is active in 7 districts in Mauritius and in Rodrigues. It is estimated that there are 3,500 Scouts in Mauritius. As part of the training of trainers, Scout leaders are given basic knowledge of the Convention of the rights of the child.

The Mauritius Girl Guides Association created in 1926 is active in Mauritius and in Rodrigues, with approximately 1,200 Girl Guides. Information about the Convention is given to all Girl Guides, and they help disseminate the information. They have also helped sensitizing the youth about AIDS, and encouraged students with low academic performance.

### **NGO Trust Fund**

The Government is committed to the optimization of the Government/NGO partnership in improving the conditions of life of the vulnerable groups. This is being translated into reality through the NGO Trust Fund which was formed under Finance and Audit (Amendment of Schedule) Registrations 1999.

The NGO Trust Fund operates under the aegis of Ministry of Social Security, National Solidarity and Senior Citizen Welfare & Reform Institutions and contributes to the development of NGO’s in Mauritius through institutional support and assistance.

The objects of the Fund are :-

- (a) to consider and approve applications for assistance from NGOs;
- (b) to finance, wholly or partly, services and projects of NGOs which have been approved by the Committee;
- (c) to ensure an effective use of resources; and
- (d) to rationalize the disbursement of funds to NGOs.

Financial Assistance from the NGO Trust Fund falls under the following categories:

- a) Grant in aid
- b) Ad-Hoc assistance
- c) Micro projects (partial funding)

**a) Grant in aid**

It is an annual sum earmark for NGO's to cover their day to day running.

**b) Ad Hoc Assistance**

An Ad Hoc Assistance is granted to NGO's either to cover partly a capital project or to cover part of its current expenses or to help an NGO with financial difficulty. Any new application for grant in aid from NGO's not previously receiving assistance from the NGO Trust Fund is treated first as an Ad Hoc request.

**c) Micro project**

Micro project relates to the finance of projects up to a ceiling amount of Rs 100 000.

**B. GOALS, STRATEGIES AND ACTIONS**

**PROMOTING HEALTHY LIVES**

Health care is free and accessible to everyone in Mauritius. The Ministry of Health and Quality of Life provides an integrated health services and consequently no disaggregated data is available as far as budget allocation is concerned. However, it is estimated that health care for children represents about 35% of Ministry of Health budget.

**(a) Infant and under-five Mortality rate**

**Infant and under-five mortality rate**

	<b>INFANT MORTALITY RATE*</b>		<b>UNDER 5 MORTALITY RATE*</b>	
	<b>Mauritius</b>	<b>Rodrigues</b>	<b>Mauritius</b>	<b>Rodrigues</b>
<b>2002</b>	14.5	23.3	16.7	30.7
<b>2003</b>	12.4	24.2	15.4	29.1
<b>2004</b>	14.1	22.2	16.1	24.3
<b>2005</b>	13.2	12.3	15.9	14.5

\* rate per 1,000 live births

The infant mortality rate also fluctuated between 14.5 and 13.2 from 2002 to 2005. In 2005, infant mortality rate was 13.2 infant deaths per 1000 live births (13 infant deaths per 100,000 live births). The IMR has been brought down from 19.3 per thousand live births in 1998, to 13.2 per thousand live births in 2005.

*Measures taken:*

- Foetal monitoring is done routinely for all women during labour.
- Neo-natal ICDs exist in 2 Regional Hospitals and essential equipment for survival of small and low birth weight babies has been installed in other hospitals.
- Parental education about breast feeding, care of the infant and management of diarrhoea and other childhood illness is done routinely in all antenatal clinics.
- A handbook for parents providing information on how to deal with common childhood medical problems was published at the end of the year 2000, and is distributed to parents.

**(b) Maternal Mortality rate**

**Maternal mortality rate**

	<i>Mauritius</i>	<i>Rodrigues</i>
<b>2002</b>	0.05	2.46
<b>2003</b>	0.22	-
<b>2004</b>	0.16	-
<b>2005</b>	0.22	-

From 2002 to 2005, the maternal mortality rate fluctuated between 0.05 and 0.22. In 2005, the maternal mortality rate was 0.22 maternal deaths per 1000 live births (22 maternal deaths per 100,000 live births).

**(c) Immunization of children**

**Rates of Immunisation**

<b>IMMUNISATION COVERAGE RATES (%)</b>								
	<b>MAURITIUS</b>				<b>RODRIGUES</b>			
	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>
BCG	86.9	91.9	89.8	90.1	93	97.3	95.8	99.6
DPT & HEPATITIS (3 <sup>rd</sup> Dose)	88.1	92	88.4	87.4	93	100.4	93	98.2
POLIO	88.5	92.2	88.8	87.9	93	100.6	94.7	82.9
MMR	84.5	93.5	88.5	87.9	99	93.5	91	102.7
TETANUS TOXOID (3 <sup>RD</sup> DOSE)	71.5	73.2	75.4	80.2	76.2	75.3	79.1	72.8

In 2005, BCG immunization coverage during first year was 90.1 per 100 live births; DPT + Hep B immunization coverage was 87.4 per 100 live births; Polio immunization coverage was 87.9 per 100 live births; and MMR was 87.9 per 100 live births. No case of neo-natal tetanus has been found.

*Measures taken:*

- An effective and well organized Expanded Programme of Immunisation is in place in Mauritius.
- Services are offered at all Area and Community Health centres.
- Polio has been eradicated.

**(d) Addressing child malnutrition (under 2 years of age and under 5)**

**Rates of malnutrition**

Malnutrition statistics for the years 2002-03 for children up to the age of 18 are not available. However, a National Nutrition Survey was carried out in 2004 for that age group. The Survey Report will not be made available by January 2006.

**(e) Households: Access to hygienic/sanitarian facilities and safe drinking water**

**Water and Sanitation**

According to the Housing and Population Census of 2000, potable water coverage is 98.5% of the population.

During the period 1990 to 2000, there has been an increase in water demand due to the increase in the number of houses, which had to be provided with piped, potable water. The country has implemented several water development projects in the same period to meet the 4% increase in water consumption, and to improve the quality of the water supplied.

**(f) Development and Implementation of the Early Childhood Development Programme**

The Ministry has the responsibility, since 1991, to cater for children in the cohort of 0-3. A study was commissioned on provision of early childcare in 1996, and has been used as a reference for the elaboration of a policy paper. In this respect, an *Early Childhood Development (0-3) Policy* was implemented in 1999 to improve children's overall development through the introduction and adoption of integrated approach to ECD. Based on that Policy Paper, ECD Implementation Plan has been prepared. A proper legislative framework with established norms

and standards has been enacted in 2000 to regulate childcare services including home-based facilities. The Government's long-term objective is to provide a national programme of support through which it can play a facilitating role in the provision of quality, affordable care for children in the age group 0-3 years.

A Child Care Accreditation Bureau has been set up to advise on quality care services, and to manage and monitor the Accreditation Project Process and to award certificates of accreditation to child care centres which satisfy all principles and standards established for quality care including Health and Nutrition.

For the 0-3 year old, a handbook with programme guidelines for Early Childhood Development, has been prepared and is being distributed for implementation in all registered day care centres since early 2004. Efforts are being made to encourage the integration of children with special needs into regular centres through incentive schemes.

Training programmes on Early Childhood Care and Development (ECCD) are organized for managers and caregivers of Child Day Care Centres. Training is meant to equip them with adequate knowledge, skills and competencies so that they may enhance child care services in their Day Care Centres.

### **Growth Monitoring**

A Nutritional Surveillance system is in place, but is not being successfully implemented. A quarterly Nutrition Bulletin is published and circulated

- Regular growth monitoring of children is done throughout the island through a network of 134 primary health care points.
- Babies are visited at home soon after birth by midwives and are given appointment for medical check up at six weeks post partum.
- The child is weighed every month in the well baby clinic in the first year of life, then once every 2 months during the second year and once every three months during the third year Babies are referred to the Paediatrician when indicated.
- Paediatrician sessions are held once weekly at AHCs.

### **Medical screening of children**

Each year there are approx 66 000 attendances of children under 5 years of age for routine medical examination by doctors in health centers.

All babies have a medical check up soon after birth, at six weeks and at six months. A child is reviewed more frequently if any medical condition warrants it. The child is later examined at one, two and three years of age, and a cash gift

voucher worth Rs200 is issued to each baby after the medical check up. The objective is to ensure regular medical examination and early screening of children in the first three years of life.

### **School Health**

Approx 85 000 primary school pupils were screened in 2004. Some pre-primary schools are also visited by health staff.

The following services are offered for pupils:

- Screening of all new primary school entrants by Doctors and Community Health Nurses.
- Screening of pupils in standard five.
- Screening of pupils in secondary schools.
- Routine vision check up is done for Std 3 and 6 pupils. .
- Immunisation (booster dose) at school entry and school leaving.
- Health education.
- Referral for further care at AHC and hospitals.

### **Health education**

Health education now forms part of the primary school curriculum. There is an ongoing program of health education in all primary and secondary schools by staff from the Ministry of Health. Topics vary according to the age of the pupils and include hygiene, healthy eating habits, physical exercise, smoking and substance abuse, reproductive health issues.

## **HEALTH CARE**

There are no disparities in accessibility to health services. Mauritius has an extensive network of regional hospitals and health centres which provide equitable health care free of cost. There is a fast track for children who attend the Accident & Emergency departments of regional hospitals for consultation.

To ensure that women enjoy the highest standard of physical and mental health, Government has continued to provide free health services from more than 200 points around the island.

### **(a) *Women/girls having access to affordable/quality reproductive health care***

Mauritius has a good distribution of health care services within easy reach of the population. Policies and programme are tailored to the specific health related needs of women. Regular information and contraception methods are made available easily. With support of UNFPA, sexual and reproductive health programme are conducted in schools, colleges, youth centres and women centres.

At the level of the Ministry, actions geared towards improving the health status of women, have been two fold, namely, the preventive and curative aspects. The Ministry has implemented a two-year Project funded by the UNFPA aimed at strengthening the Sexual and Reproductive Health among women and girls. To that end, Information Education and Communication (IEC) programmes have been conducted for about 10,000 primary and secondary students, as well as, 5,000 women across the country. Women are more informed about their reproductive rights as well as other sexual and reproductive health related issues. From 2001 to 2006, funds to the tune of Rs. 1,285,840/- (US\$- 45,923/-) has been allocated by the United Nations Population Fund (UNFPA).

Women are encouraged to participate in blood donation activities, through the 14 Women Centres. As an incentive, women are given a “carnet de santé” which enables them to have free general check-ups to keep track of their health status. An average of 2500 women have benefited from this facility.

**(b) Sexual and reproductive health education**

Services relating to Sexual and Reproductive Health are provided by the Government and Non-Governmental Organisations. Recognizing the need to increase access to Sexual Reproductive Health Services and Information to take preventive measures against Sexually Transmitted Diseases (STD) and HIV/AIDS, to promote Safe Motherhood and increased male involvement and participation in the process of women empowerment, the Ministry has adopted and initiated innovative approaches to ensure that women’s health and well-being are fully entertained.

**Adolescent Fertility Rate**

<b>Year</b>	<b>Adolescent Fertility Rate (15-9 years)</b>
2000	37.7
2001	34.2
2002	36.2
2003	35.8
2004	35.9
2005	33.5

There is a decline of adolescent fertility in Mauritius, from 44.10 in 1990 to 33.5 per 1,000 live births in 2005.

**Teenage Pregnancy**

Teenage pregnancy is an area of concern and occurs in the age group of 15-19 years. Many of these may terminate in abortion and have implications on the education of the girl child as well as bearing on the health consequences. The Ministry is working in collaboration with a Non-Governmental Organisation

namely “Mouvement D’Aide à la Maternité” and has geared its action towards prevention.

In the age group 15 -19 years there were 1617 live births in 2004 (8.9% of total births), and 1554 live births in 2005 ( 8.77% of total births)

*Number of reported cases at the Child Development Unit/Family Support Bureau by nature of problem and sex, 2002 – 2004*

	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>
<b><i>Teenage pregnancy</i></b>	61	53	112	119

Moreover mothers below the age of 20 years contribute to about 9 % of all births and every year there are about 25 registered live births to girls below the age of 15 years.

*Number and percentage of health professionals working in health-care services for children:*

Number of Pediatricians (including private) – 49 that is 4% of total doctor population.

*Measures taken:*

- Talks are held by qualified staff from Ministry of Health, MFPWA and Action Familiale in secondary schools on reproductive health.
- Family life education is being carried out in secondary schools by the MFPWA Two Youth Friendly Service Centres provide counseling to the youth on reproductive health issues. More such centres are planned including one in Rodrigues.
- A manual on Reproductive health has been prepared for use by all health educators, so as to standardize the information given to young people. All stakeholders such as Ministry of Health, Action Familiale, MFPA, Ministry of Youth, and other NGOs were involved in the preparation process, which was financed by UNFPA.
- A National Policy paper on SRH is under preparation.

**(c) *Promote exclusive breastfeeding of infants***

The National Nutritional Survey carried out by the Ministry of Health and Quality of Life in 1995, revealed that the prevalence of breastfeeding among infants is 12.2 weeks in Mauritius and, 17.2 weeks in Rodrigues.

A study carried out in Jan 2000 showed that only 44.8% mothers breastfed exclusively for 2-3 months, while only 18.4% breastfed for 4-6 months.

Many mothers do start breastfeeding, but drop out rates are also high, due to a variety of reasons which include: going back to work, very little milk, lack of support, and easy availability of breast milk substitutes.

The Ministry of Health and Quality of Life recommends exclusive breastfeeding for up to six months. Breastfeeding is not very popular in Mauritius especially in urban areas and in families where mothers work outside the home. When mothers do breastfeed, they tend to do it for a relatively short period.

*Measures taken:*

- Mauritius is a Signatory to the International Code of marketing of breast workers in counseling and support for milk substitutes breast feeding mothers;
- All Regional Hospitals have been designated Baby friendly;
- There are Breast feeding comers in all Regional Hospitals;
- Training of staff in counseling for breastfeeding has been carried out; and
- HIEC materials for education of mothers and family members have been prepared and distributed.

**(d) Children with disabilities**

In 2002, a study to determine the official number of children with disabilities in Mauritius, the types of disabilities and the quality of services available was commissioned by the Ministry of Social Security with the support of UNICEF. There are about 3000 children with disabilities.

**Statistics for Children with Disabilities**

**Children with disabilities, up to the age of 18, living with their families:**

<i>Year</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
2003	1658	1176	2834
2005	(No statistics available, but approximately the same number)		

**Children with disabilities living in institutions:**

<i>Year</i>	<i>Male</i>	<i>Female</i>
2002	11	6
2003	20	5
2004	4	4
<b>TOTAL</b>	<b>35</b>	<b>15</b>

**Children with disabilities attending regular schools:**

<b>Year</b>	<b>No of children</b>
2005	300

### **Children with disabilities attending special schools:**

Special Schools:	<b>949</b>
Day Care Centers:	<b>235</b>
Total	<b>184</b>

### **Facilities offered to children with disabilities**

Financial support is given to families (earning less than Rs.100, 000 a year) with handicapped children in cases where the incapacity is estimated to be 60% or above, where the child needs constant care.

The Ministry of Social Security provides equipment like wheelchairs, hearing aids and, white canes free of charge so as to enhance the mobility of disabled children.

The Ministry of Health and Quality of Life has a Speech Therapy and Audiology Unit (STAU), to which children are referred by doctors and teachers. Children form 70% of the patients to the unit.

When a disability is diagnosed, the Doctor In Charge maintains contact with the child's parents, and the teacher. Therapy is provided not only for the child, but also for the parents, as Home Therapy Programs are an important part of the treatment.

A National Policy for Disabled Children is being formulated in consultation with NGOs and other organisations. Mass media campaigns aim at creating awareness among parents and children about the rights of disabled children.

The Specialised Health Services work closely with NGOs that deal with disabled children, offering them the services of rehabilitative teams on a sessional basis.

The policy of Government is also to encourage disabled children to attend schools. In this context, a number of facilities are provided including free transport to all children attending schools; scholarship scheme to disabled students to pursue studies up to tertiary level; and all new State Secondary Schools are now being provided with ramps and toilets for the Disabled.

The Ministry of Health conducts Community Based Rehabilitation (CBR) programmes to socially integrate the handicapped child, and to enable the community to take a more active part in the child's welfare and rehabilitation.

The National Centre for the Rehabilitation of the Disabled (NCRD) is an advisory body, functioning under the aegis of the Ministry of Social Security, attends to all questions concerning the different handicaps and to advise Government accordingly. The NCRD retrofits, on a case-to-case basis, all public buildings to which disabled children are deemed to have access.

Many government buildings are being retrofitted at the request of Client Ministries. New buildings are also designed for easy movement of wheelchairs and whenever possible, lifts are being provided for movement of the disabled.

All Architects working in the Ministry of Public Infrastructure, Land Transport and Shipping have been instructed to ensure that access to disabled persons as well as provision of facilities to them are incorporated in all designs of building projects. Ramps on footpaths and on footbridges are increasingly incorporated in the design of roads.

## **PROVIDING QUALITY EDUCATION**

In the field of Education, Mauritius has already attained its target with regard to the Millennium Development Goal. Education is free at pre-primary, primary, secondary and tertiary levels. Our objective is now to achieve world class quality education and in this regard, Government has invested massively in new school infrastructure for both boys and girls. 34 new secondary schools with modern amenities have been constructed in urban as well as rural areas over the last 2 years.

The amendment brought to the Education Act makes education compulsory until the age of 16. This strengthens measures to curb school drop-outs. Transport is free to all school children including those attending University.

### **Capacity Building for Quality Education**

- Entry Qualifications of teachers at preprimary and primary have been raised.
- Pre-service and In-service programmes are run by the Mauritius Institute of Education (M.I.E.)
- We are working towards a Teacher's Licence at the secondary level.

## Data on education

### Pre-Primary School

	2004	%	2005	%	2006	%
<b>No of Schools</b>	<b>1,070</b>	-	<b>1,072</b>	<b>100</b>	<b>1,087</b>	<b>100</b>
- State-run	178	16	179	17	179	16
- Private	825	77	824	77	838	44
RCEA	8		10	1	11	1
Municipal/V.Councils	59		59	6	59	5
<b>Enrolment</b>	<b>37,483</b>		<b>37,356</b>	<b>100</b>	<b>37,129</b>	<b>100</b>
Male	19,120	51	18,934	50.6	18,730	50
Female	18,363	49	18,422	49.4	18,399	50
Gross Enrolment Ratio		96		94		95
<b>Budget (Rs m)</b>	101.0	1.9*	100.8	1.7*	82.0	1.3*

### Primary

	2004	%	2005	%	2006	%
<b>No of Schools</b>	289		291		290	
State-run	220	76	221	76	220	76
Private	69	24	70	24	70	24
- Confessional	53		53		53	
- Private Aided/Non-Aided	16		17		17	
<b>Enrolment</b>	<b>126,226</b>		<b>123,562</b>		<b>121,387</b>	
Male	64,019	50.7	62,729	50.7	61,687	51
Female	62,207	49.3	60,833	49.3	59,700	49
Gross Enrolment Ratio		102		102		102
Pass Rate (CPE)		63		65.3		
<b>Budget (Rs m)</b>	1,565	27.9*	1,601	26.7*	1,645	27.0*

### Secondary

	2004	%	2005	%	2006	%
<b>No of Schools</b>	176		188		189	
-State-run	67	38	70	37	70	37
-Private (Confessional, Private- Aided, Non-Aided)	109	62	118	63	119	63
<b>Enrolment</b>	<b>105,988</b>		<b>110,287</b>		<b>114,657</b>	
Male	50,910	48	52,988	48	55,136	48
Female	55,078	52	57,299	52	59,521	52
Gross Enrolment Ratio		66		67		68
<b>Pass Rate</b>						
- SC		78.1		78.4	-	
-HSC		76.2		78.2	-	
<b>Budget (Rs m)</b>	2,579	46*	2,644	44.0*	2,642	43.3*

1 : Actual

2 : Provisional: budget estimates

\* as a % of Government Recurrent Expenditure on Education

*Enrolment in all schools*

No of children per class	2004			2005			2006		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<b>Secondary Level</b>									
<b>Prevocational</b>	5,457	3,031	8,488	6,121	3,724	9,845	6,399	4,025	10,424
Form I Year I	2,302	1,339	3,641	2,583	1,581	4,164	2,273	1,474	3,747
Form II Year II	1,833	1,033	2,866	2,014	1,194	3,208	2,321	1,467	3,788
Form III Year III	1,322	659	1,981	1,524	949	2,473	1,805	1,084	2,889
<b>Enrolment in private schools</b>									
Pre-Primary level	15,750	15,210	30,960	15,616	15,239	30,855	15,472	15,201	30,673
Primary level	15,675	15,756	31,431	15,503	15,469	30,972	15,591	15,515	31,106
Secondary level	34,137	37,986	72,123	34,713	38,369	73,082	35,031	38,509	73,540
<b>Enrolment in state schools</b>									
Pre-Primary level	3,370	3,153	6,523	3,318	3,183	6,501	3,258	3,198	6,456
Primary level	48,344	46,451	94,795	47,226	45,364	92,590	46,096	44,185	90,281
Secondary level	16,773	17,092	33,865	18,275	18,930	37,205	20,105	21,012	41,117

*Enrolment in pre-primary, primary, secondary, vocational and post-secondary education, Republic of Mauritius, 1990, 2000, 2002, 2005 & 2006.*

Enrolment ('000)	1990		2000		2002		2005		2006	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<b>Pre-Primary</b> ('000)	10.9	10.5	19.7	19.6	18.7	18.2	18.9	18.4	18.7	18.4
<b>Primary</b> ('000)	69.6	67.9	68.7	66.5	67	65.4	62.7	60.8	61.7	59.7
<b>Secondary</b> ('000)	39.1	38.2	46.4	49.0	48	51.7	53.0	57.3	55.1	59.5
<b>Post-Secondary Tertiary</b> ('000)	1.5	0.75	4.4	3.4	7.1	9.7	7.5	9.3	NA	NA
<b>Pre-Vocational</b> ('000)	0.17	0.08	3.3	1.3	3.9	2	6.1	3.7	6.4	4.0
<b>Vocational and Technical Training</b> ('000)	NA	NA	4.7	0.8	5.8	1.7	2.3	0.9	NA	NA

Source: Central Statistics Office

**Pass rates at CPE, SC & HSC Levels**

	1992		2000		2002		2004		2005	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
CPE (% pass)	57.89	64.19	61.17	71.85	59.7	70.7	57.9	68.4	59.0	71.2
SC (% pass)	61.3	65.8	75.3	79.4	72.3	76.6	75.4	79.4	75.2	81.2
HSC (% pass)	54.40	53.10	67.41	77.20	73.9	77.4	72.5	79.4	73.6	82.0

Source: Examination Statistics for October 2002 Mauritius Examination Syndicate.

*Statistical data on Education*

	2002			2003			2004			2005		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
<b>Rates of Literacy *</b>	-	-	-	-	-	-	-	-	-	-	-	-
12 Years and over	-	-	-	-	-	-	-	-	-	-	-	-
15 Years and over	-	-	-	-	-	-	-	-	-	-	-	-
15 - 24	-	-	-	-	-	-	-	-	-	-	-	-
25 Years and over	-	-	-	-	-	-	-	-	-	-	-	-
<b>Enrolment Ratio</b>												
Pre-Primary Schools	94	94	94	98	101	99	96	96	96	93	95	94
Primary Schools	103	103	103	103	102	102	103	101	102	103	102	102
Secondary Schools	61	67	64	63	69	66	63	70	66	64	71	67
<b>% of Children completing</b>												
Primary Education	97	99	98	97	100	98	95	96	96	98	98	98
<b>Drop Outs Rate</b>												
Primary Level	0.5	0.4	0.5	0.8	0.8	0.8	0.3	0.5	0.4	0.1	0	0
Secondary Level(Academic only)	8.8	8.3	8.6	9.2	8.7	9.0	7.1	6.7	6.9	6.7	6.5	6.6
<b>Repetition Rate</b>												
Primary Level	4.9	3.6	4.3	5.5	3.9	4.7	5.3	4.1	4.7	5.1	3.5	4.3
Secondary Level(Academic only)	12.3	11.1	11.7	13.2	10.9	12	12.3	9.6	10.9	13.5	11.0	12.2
<b>Pupil/Teacher Ratio</b>												
Pre-Primary Level	N/A	N/A	15	N/A	N/A	15	N/A	N/A	15	N/A	N/A	15
Primary Level	N/A	N/A	34	N/A	N/A	31	N/A	N/A	29	N/A	N/A	30
Secondary Level - Academic	N/A	N/A	18	N/A	N/A	17	N/A	N/A	17	N/A	N/A	16
Secondary Level - Pre-Vocational	N/A	N/A	16	N/A	N/A	17	N/A	N/A	15	N/A	N/A	15

\* : Figures available only from Census conducted in 1990 & 2000  
N/A: Not Applicable

No. of Children per class	2002			2004			2006		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Pre-Primary Level	18,729	18,243	36,972	19,120	18,363	37,483	18,730	18,399	37,129
<b>Primary Level</b>	<b>67,039</b>	<b>65,393</b>	<b>132,432</b>	<b>64,019</b>	<b>62,207</b>	<b>126,226</b>	<b>61,687</b>	<b>59,700</b>	<b>121,387</b>
Std I	10,076	9,945	20,021	9,489	9,226	18,715	9,861	9,576	19,437
Std II	10,004	10,119	20,123	9,738	9,485	19,223	9,937	9,686	19,623
Std III	10,718	10,453	21,171	9,954	9,956	19,910	9,426	9,174	18,600
Std IV	10,729	10,778	21,507	10,026	9,988	20,014	9,648	9,457	19,105
Std V	11,145	10,886	22,031	10,655	10,395	21,050	9,833	9,850	19,683
Std VI	10,825	10,594	21,419	10,571	10,656	21,227	9,766	9,802	19,568
Std VI(.Repeaters)	3,542	2,618	6,160	3,586	2,501	6,087	3,216	2,155	5,371
Std VI(Incl.Repeaters)	14,367	13,212	27,579	14,157	13,157	27,314	12,982	11,957	24,939
<b>Secondary Level - Academic</b>	<b>47,989</b>	<b>51,698</b>	<b>99,687</b>	<b>50,824</b>	<b>55,164</b>	<b>105,988</b>	<b>55,136</b>	<b>59,521</b>	<b>114,657</b>
Form I	8,356	9,321	17,677	8,798	9,523	18,321	8,948	9,569	18,517
Form II	8,481	9,001	17,482	8,915	9,654	18,569	8,719	9,467	18,186
Form III	7,782	8,252	16,034	8,511	9,305	17,816	8,960	9,842	18,802
Form IV	8,174	8,583	16,757	8,715	9,242	17,957	9,915	10,309	20,224
Form V	8,283	8,741	17,024	8,486	9,064	17,550	9,650	10,277	19,927
FormVIL	3,257	3,789	7,046	3,533	4,201	7,734	4,398	5,142	9,540
FormVIU	3,656	4,011	7,667	3,866	4,175	8,041	4,546	4,915	9,461
FormVIL+U	6,913	7,800	14,713	7,399	8,376	15,775	8,944	10,057	19,001
<b>Secondary Level Pre- Vocational</b>	<b>3,926</b>	<b>2,040</b>	<b>5,966</b>	<b>5,457</b>	<b>3,031</b>	<b>8,488</b>	<b>6,399</b>	<b>4,025</b>	<b>10,424</b>
Year I	1,836	985	2,821	2,302	1,339	3,641	2,273	1,474	3,747
Year II	1,468	796	2,264	1,833	1,033	2,866	2,321	1,467	3,788
Year III	622	259	881	1,322	659	1,981	1,805	1,084	2,889
<b>Enrolment in Private schools</b>									
Pre-Primary Level	15,309	14,943	30,252	15,750	15,210	30,960			
Primary Level	16,033	16,012	32,045	15,675	15,756	31,431			
Secondary Level	34,070	38,298	72,368	34,147	37,986	72,133			
<b>Enrolment in</b>									
Pre-Primary Level	3,430	3,300	6,730	3,370	3,153	6,523			
Primary Level	51,006	49,381	100,387	48,344	46,451	94,795			
Secondary Level	13,919	13,400	27,319	16,773	17,092	33,865			

<sup>3</sup>Statistics Section, Nov 2006

**(a) *Accessibility and responsiveness of all basic education programmes to the special learning needs of children with various forms of disabilities***

- Zones d'Education Prioritaires (ZEP) project has been institutionalized for schools which have had a pass rate of less than 40% over the last five years at the CPE. There are in all 30 schools, including 2 in Agalega and 1 in Rodrigues. This project aims at improving the performance of these pupils who are generally socio economically disadvantaged.
- Special Education Needs: There are three specific types of Special Education Needs
  - (i) Children with disabilities
  - (ii) Children with specific learning needs
  - (iii) Children with learning difficulties arising from social problems
  - (iv) There are 39 Special Education Needs institutions, including 4 Government funded and 4 Government integrated units for students with major disabilities.
- Pupils with slight disabilities have been integrated in the mainstreams.
- The Mauritian Sign Language has been introduced.

**(b) *Providing education and training opportunities to adolescents to help them acquire sustainable livelihoods***

- Courses are run by IVTB and other technical schools to provide adolescents with skills that would be benefiting to them.
- "Career Guidance Service" exists to help students in their choice of subjects at secondary and tertiary levels and in their choice of jobs.
- Private companies sponsor extracurricular activities at school level to help develop entrepreneurial skills.

**(c) *Enhancing the status, morale, training and professionalism of teachers to ensure appropriate remuneration for their work and incentives for their development***

- Pre-service, and in service training are being organized for all officers at various levels.
- A career structure for teachers exists.
- The post of mentors in primary schools has been created and these guide newly recruited teachers in the performance of their work.
- Financial incentives are provided for those working in ZEP and in SEN schools.

**(d) *Development of responsive, participatory and accountable systems of educational governance and management at the school, community and national levels***

- Community link has been reinforced through PTA, NGO, CBO etc in the smooth running of our schools;
- An MoU has been signed with organizations (Joint Economic Council & UNDP) in the ZEP project.
- Links have been established by schools with business community and private sector to provide sponsorship to run projects at the schools in a bid to integrate the schools in the community.
- The education sector is presently composed of four Education Zones and each Zone Directorate includes a mix of urban as well as rural schools which are clustered. Zone Directorates are required to implement policy decisions emanating from headquarters. Zones are thus empowered to monitor more efficiently management which is in line with good education governance.
- Secondary schools have senior management teams and Heads of Departments who work in collaboration with Heads of school to ensure efficient school management.
- Internal control mechanisms exist and audit reports ensure compliance with the norms of good governance and accountability.

**(e) *Supporting basic education at an affordable cost including open and distance education, while reducing inequality in access and quality***

- School Information Technology Project (SITP): Each primary school is provided with 5 PCs and 1 Printer. Moreover ICT teachers have been trained.
- Information Technology (IT) is a subject taught up to Form VI.
- The subject Computer studies has been replaced by Universal ICT Education Programme (UIEP) that makes IT compulsory up to Form III. This leads to the Internet Core Computing Certificate (IC3).
- There is a number of MCA programmes whereby learning materials such as video cassettes and CDs are used as support to the learning process.
- Private initiatives in the domain of ICT at school are encouraged.

The Ministry of Public infrastructure, Land Transport and Shipping has contributed during these last few months to the development of the Mauritian children particularly with the implementation of free transport for students in primary, secondary and tertiary (full time) in September 2005. This decision was in line with the policy of the government to offer equal access to education to children in Mauritius. 146,000 students are concerned by this measure and can travel freely during school days from home to school and back.

With the introduction of free transport, all Mauritian children have now access to education and are not disadvantaged due to their social and economic background, gender or place of living. Free education is the best way to eradicate poverty and promote equality. In addition, parents can use the money they have saved with this measure to buy books, school materials or food for their children.

**(f) *Development of strategies to mitigate the impact of HIV/AIDS on education systems and schools, students and learning***

**HIV/AIDS**

In line with the National Action Plan, the Ministry of Education and Human Resources has set up the Health and Anti Drug Unit whereby the following activities are carried:

- Sensitization of all secondary schools teaching and administrative staff.
- Health Clubs in all secondary schools have been set up.
- HIV/AIDS has been streamlined in curricular materials.
- Co-curricular and extra-curricular activities are undertaken as part of the sensitization process.

**Sex Education**

- Sex Education has been streamlined in curricular materials for primary and secondary (age related)
- There are rare cases of pregnant girls at schools but the choice to continue schooling depends on the girls/parents.

**Provision of accessible recreational and sports opportunities and facilities at schools and in communities**

- “Health & Physical Education” and Physical Education (PE) are included in the time table of all primary and secondary schools respectively. Pre-service training for primary teachers includes a module on Physical Education.
- Mauritius Secondary Sports Association (MSSSA) organizes inter regional college sports meetings.
- Activities (Duke of Edinburgh Award, Scouts Movement, Girls Guide Movement, Educational Tours, “Colonies de Vacances”, etc) are organized in collaboration with other ministries for the overall development of the children.
- Various clubs (Benevolent, Drama, Health, Environment) are set up at schools.
- Mauritius Sports Council (MSC) in collaboration with sponsors organizes award ceremonies (Milo award) to give recognition to

athletes who perform well in abide to encourage the pupils of primary schools to see them as roles models.

- An MoU has been signed with Ministry of Youth and Sports for the utilization of sports infrastructure by the public after school hours in State Secondary Schools.

### **3. PROTECTING AGAINST ABUSE, EXPLOITATION AND VIOLENCE**

#### **(a) *Protecting children from all forms of abuse, neglect, exploitation and violence***

Mauritian citizens have the right not to be subjected to torture or to inhuman or degrading punishment or other such treatment under Chapter 2 of the *Constitution*. Neither capital punishment nor life imprisonment is imposed for offences committed by person below the age of eighteen years.

The *Child Protection Act* provides for protection to children with respect to physical, psychological, emotional or moral injury, as well as sexual offences and sexual exploitation. Heavier penalties are imposed when sexual offences or sexual exploitation are committed against mentally handicapped children. The *Criminal Code* also makes provision for protection of children in all spheres of life.

The *Juvenile Offenders Act* [section 3(4)(b)] provides that no magistrate shall inflict upon any young person imprisonment with or without hard labour for more than one year or any fine exceeding Rs 1,000.

The *Police Family Protection Unit* provides assistance to abused children. Moreover a *Child Protection Unit* has been set up in collaboration with the Police Department and the Ministry of Women's Rights, Child Development and Family Welfare to provide immediate assistance and protection to children, victims of abuse.

Two sexual assaults wards have also been set up at hospital level since 2002 to assist victims of sexual abuse through a fast track approach which include services of a Psychologist, Police Officer (for statement purposes) and Medical Social Workers.

Moreover, the *Police Department* carries out aggressive sensitization campaign in educational institutions, clubs, associations etc. to empower children to protect themselves from abuse.

More importance is given to the *Foster Care System* in Mauritius, which has been launched on a pilot basis. The Foster Care System provides children with an alternative family environment, which will foster their physical, emotional

and social development. With the success of this project, the Foster Care Unit has been integrated with the Child Development Unit as from 31 May 2004. An Advisory Committee has been set up to monitor the Foster Care System.

**(b) *Protecting children from the impact of armed conflict and forced displacement***

**Child Soldiers**

The rights of children are safeguarded under the Child Protection Act enacted in 1994 and amended in 2005. The law provides under the Child Protection Act (Amendment 2005), Section 13A that no person shall willfully and unlawfully recruits, transports, transfers, harbours or receives a child for the purpose of exploitation.

Recruitment in armed forces is regulated under the Public and Discipline Forces Service Commission and only those above 18 years are eligible for recruitment.

The issue of child soldiers is not relevant to Mauritius.

**(c) *Protecting children from all forms of sexual exploitation and trafficking***

**Commercial Sexual Exploitation of Children (CSEC)**

The Government of Mauritius is firmly committed to the survival, development and protection of children from any form of abuse and exploitation. Sexual abuse and commercial sexual exploitation have been a special concern for the Ministry.

Regarding the issue of trafficking in persons, this Ministry has carried out:

- (i) A first study on *Commercial Sexual Exploitation of Children (CSEC)* in 1998, with a view to assessing the magnitude of the problem and to identify the leading causes of CSEC;
- (ii) A second study on CSEC with the assistance of UNICEF in 2001. In order to have a better understanding of the problem, data and information was collected from a wide range of respondents including children, adult sex workers, taxi drivers, pimps, employees of hotels, bars and discos, tourists, representatives of NGOs, community based organizations, teachers, elected members of village councils, doctors, lawyers and so on. In that connection, 112 children involved in prostitution and 222 adult sex workers as well as 66 men and 65 women tourists were also interviewed.

Consequently Drop in Centres have been set up to take care of children victims of commercial sexual exploitation.

Sexual aggression on young girls has been an issue of exclusive concern. The commercial and sexual exploitation of children report (2002) provides figures on the extent of the problem. Most children engaged in prostitution are within 15-18 age group. Young people engaged in commercial sex are possibly not fully aware of the risks to their health and entire future.

**(d) *Eliminating the worst forms of child labour***

Worst Forms of Child Labour such as slavery, debt bondage and seldom and forced or compulsory recruitment of children for use in armed conflict, do not exist in Mauritius.

A provision regarding the minimum age for admission to any type of employment on work which, by its nature or the circumstances in which it is carried out is likely to jeopardize the health, safety and morals of young persons has already been included in the Occupational Safety & Health Act. The definition of young person in this Act has been amended and includes a person above 16 years and less than 18 years. The Occupational Safety and Health Act has not yet been proclaimed: A list of activities to be prohibited under the Act in connection with work by young persons are work with explosives, exposure to ionizing radiation, work with heavy metals, including lead and mercury, work in the forestry and construction sector, work or exposure to any form of asbestos, exposure to benzene or other harmful organic solvents, exposure to aromatic amines, exposure to prescribed noise or vibration, work in compressed air or in confined spaces and any work which is harmful to the health and safety of that person.

The prohibition of Child Labour is being ensured by the Ministry of Labour, Industrial Relations and Employment in the course of daily routine visits at undertakings by Labour and Industrial Relations Officers. For period 1 June 2003 to 31 May 2005, out of 5,679 inspection visits effected in connection with child employment, 20 cases involving 24 children were detected. The employment of these children was stopped forthwith and the employers concerned were warned accordingly. The detected cases were also referred to the Child Development Unit for rehabilitation purposes. During period 1 June 2005 to May 2006, - 5,690 inspection visits were carried out. No case of child labour was detected.

The Labour Act was amended on 21 November 2006 to raise the minimum age for employment from 15 to 16. This is in line with the Education Act No. 44 of 2004, which makes it compulsory for any child to attend school up to the age of 16. Besides, the Minimum Age Convention, 1973 which Mauritius ratified on 30 July 1990, prescribes the minimum age for employment as being not less than the age of completion of compulsory schooling.

## GENERAL PROTECTION

### (a) *Projects/programmes undertaken*

#### 1. **Commercial Sexual Exploitation of Children (CSEC)**

Sexual exploitation of Children is covered mostly by the provisions of the Child Protection Act and the Criminal Act. A first study was conducted on Commercial Sexual Exploitation of Children (CSEC) in Mauritius in 1997, with the assistance of UNICEF and WHO to assess the magnitude of the problem and to identify the leading causes of CSEC in Mauritius. The report was released in 2000 and a plan of action was prepared for implementation.

In 2001, a second study on the Protection of Children against Sexual Abuse including Commercial Sexual Exploitation of Children (CSEC) was commissioned by the UNICEF and the Ministry to assess to the extent of the problem of CSEC in the country with a view to obtain qualitative and quantitative information on CSEC and its causes. This study, carried out by the University of Mauritius, indicated that prostitution is a national phenomenon which exists in both rural and urban areas with over 3800 adults and 2500 children involved in the business.

Based on the recommendations of the study, a National Plan of Action (NPA) was prepared and publicized in 2003. The NPA's objective is to guarantee child protection from any type of abuse and to create a conducive environment within the family and the civil society. . It has a broad scope geared towards the overall protection of children from any form of abuse including commercial sexual exploitation in line with existing legislation and the provisions of the CRC.

#### 2. **Creation of the Child Development Unit**

A *Child Development Unit (CDU)* of the Ministry was set up in 1995 and has been decentralized in five different regions. It is the executive arm of the Ministry to intervene in cases of child abuse and neglect. The CDU is mandated to enforce the Child Protection Act and to implement policies and programmes for the development, protection and survival of children. The CDU works closely with other agencies such as the Police Department which provides a 24-hour service through hot lines to children at risk and free legal assistance psychological counseling to children.

#### 3. **Rehabilitation Care**

**Shelters** are provided to children in distress to provide temporary accommodation to children who are victims of violence and abuse. The shelters enable children to recuperate from their trauma, medical, legal and psychological assistance is provided to them.

The Ministry has introduced a **Foster Care System** on a pilot basis with a view to promote the well being of children in need of protection and care. The system provides a shelter to children who may be ill-treated, are exposed to various types of harm, may be victims of physical injury, sexual abuse or emotional and psychological violence. Foster care is available whenever a child is at risk of being exposed to any form of harm/ill-treatment and is in need of care, parental guidance and affection.

A **Child Protection Unit** has been set up in collaboration with the Police Department and the Ministry to provide immediate assistance and protection to children, victims of abuse.

A **Trust Fund for Women and Children** in distress has been set up with a view to provide temporary shelter to women and children victims of abuse and family problems. Moreover, a shelter for women and children in distress has also been set up to provide a temporary refuge to women away from conflictual family environment and to children in difficult circumstances being abused, battered, neglected or ill-treated by parents or guardians.

A **Brigade pour la Protection des Mineurs** was set up in 2004 within the Police Force to act as a watchdog against all forms of exploitation and abuse against children. The Brigade is providing a meaningful and sound customer care service aimed at optimizing the protection of children and helping to alleviate the anxiety of parents whose children have been subjected to such abuse.

The **Drop-in-Centre** was launched in December 2003 in Bell Village. Its purpose is to assist children victims of sexual abuse and exploitation and help them to re-integrate in society. A hotline (113) has also been made available to the public for the referral of cases of child prostitution.

The **Police Family Protection Unit (PFPU)** was set up with the special mandate to provide specific services to a category of people who are termed vulnerable within society. This category of people includes women, children and the elderly. They are considered as vulnerable because they are less able to protect themselves when faced with crimes and criminal justice system as compared to other members of the society.

#### **4. Tardy Declaration**

A child who is not declared does not have any identity and is not recognized as a citizen of Mauritius. Declaration of birth must be done within 45 days following the birth of the child.

The process of tardy declaration of birth is lengthy and cumbersome. The ministry is facilitating the registration process of undeclared children through a coordinated approach, in collaboration with the Ministry of Education, Ministry of Health and other Government departments. Undeclared Children who are identified to be tardily declared are referred to the vaccination unit of the Ministry

of Health for immunization. The ministry of Education then steps in to get the children admitted in pre-primary, primary or vocational schools.

## **5. Road Safety Education**

In order to protect children from road dangers, a *Road Safety Education Project* was launched in 2001 for both primary and secondary schools. It has as objective to develop a road safety culture amongst school children. The program is being held on a four days basis per week in order to cover the maximum of primary schools. A Teacher's Guide and an Activity Book have been prepared and will be distributed to all Head Teachers, Information Technology and Physical Education Personnel in January 2007. The activities within the book will help the pupils of 7-9 years old to realize the ever-growing dangers of the road and make use of the traffic signals. Talks on road safety are also delivered in secondary schools including private and vocational schools. The students are exposed with several topics such as road environment, hazards on our roads, factors contributing to road accidents and some statistics regarding fatalities of pedestrians.

## **PROTECTION FROM ARMED CONFLICT**

The Child Protection Act safeguards the rights of children. The law under the Child Protection Amendment Act (2005) provides that no person shall willfully and unlawfully recruit, transport, transfer, harbour or receive a child for the purpose of exploitation.

The Public and Discipline Forces Service Commission regulates recruitment in armed forces and only those above 18 years are eligible for recruitment.

Mauritius is not directly involved in any armed conflict.

## **ELIMINATION OF CHILD LABOUR**

Amendments were brought to the Labour Act 1975 (Section 7) so as to raise the minimum age for admission to employment. The Labour Act now prohibits the employment of persons below the age of 16, and also provides that no person shall employ or continue to employ a person below the age of 18:

- (a) On work which is harmful to health, dangerous or otherwise unsuitable for a young person;
- (b) After being notified in writing by an officer that the kind of work which the young is employed in, is harmful to health, and is dangerous or otherwise, unsuitable for the young person

The prohibition of child labour is being covered in the course of daily routine visits at undertakings. The minimum age of admission to employment

has been revised to 16. This is due to the introduction of the Education (Amendment) Act 2004 (Act no. 44 of 2004) which is effective as from January 2005 and makes it compulsory for any child to attend school up to the age of 16.

Provisions pertaining to the minimum age for admission to any type of employment or work which, by its nature or the circumstances in which it is carried out, is likely to jeopardize the health, safety or morals of young persons have been included in the Occupational Safety and Health Bill. The definition of “young person”, as laid down in the Bill, includes a person above 16 years and less than 18 years.

Generally speaking, employers and workers have now become more aware of the child labour issue. The regular site inspections effected by enforcement officers act as a deterrent to such practice so that fewer and fewer cases are being detected.

The current policy of the Ministry of Labour, Industrial Relations and Employment is to issue warnings prior to envisaging prosecution. Recourse to prosecution has not been necessary as employment of children has, in all instances, been stopped forthwith.

Furthermore, the reforms undertaken in the Education Sector will undoubtedly contribute to a significant reduction, if not eradication, of child labour in view of the positive impact in terms of increased access to education, rise in enrolment rate, reduction in the number of school drop outs as well as compulsory schooling up to the age of 16.

Available statistics reveal that the magnitude of child employment in Mauritius is quite minimal. According to the 2000 Housing and Population Census some 763 children, that is about 0.1% of the working population, were in employment at the time the survey was carried out. For reasons as mentioned under Article 9, this figure is bound to decrease further in the years to come.

## **COMBATING HIV/AIDS**

### ***(a) Measures taken to combat HIV/AIDS regarding children and their families***

#### **Prevention**

A Multi-sectoral HIV and AIDS Strategic Plan 2001 - 2005 has been implemented already and the next Strategic Plan 2006 - 2010 is being finalized. It links prevention efforts to care, treatment and support for people living with HIV and AIDS.

As regards prevention, which remains the backbone of our control programme, strategic interventions have been identified and are being carried

out to target the population at large and the vulnerable groups including student population and out of school children.

A National Youth AIDS Network has been set up to enlist young people to participate actively in this fight. Structured information, education and counselling and testing campaigns are carried out. Other partners are also contributing in the implementation of various activities such as attending street children. Out of school children are reached at youth centres and community centres.

Parents and families are being reached at workplaces, women's centres and Social Welfare Centres.

### **Prevention of mother to child transmission**

Since December 1999, a protocol of effective prophylactic ARV treatment and necessary support are given to HIV positive mothers and their children so as to reduce mother to child HIV transmission:

- Pregnant women attending health centers and hospitals are counselled and tested with their consent.
- HIV positives women and their newborns are treated with Antiretroviral (mothers as from 26th\_28thweek of pregnancy till delivery and baby for 6 weeks as from birth)
- Babies are given artificial milk free for 2 years.
- This protocol reduces the risk from 30% to 1%.

### **Treatment**

In addition to strengthening our prevention activities, the Government of Mauritius is providing since April 2002, antiretroviral drugs, free of any user cost, to all HIV and AIDS patients, including children, who need them. Other HIV treatment and prevention policies include opportunistic infections treatment, the provision of prophylactic treatment to health care workers and to sexual assault victims.

### **Sensitization programmes on HIV/AIDS at schools**

The welfare state in Mauritius has been further consolidated to provide free education to all from pre-primary to tertiary level. In fact, education up to 16 years has been made mandatory through the enactment of legislation. While sensitization programmes on HIV and AIDS are already being carried out in schools, consideration is being given to include HIV infection in the school curricula for the children and adolescents.

### **Poverty**

Existing data also show that poverty in Mauritius is localized (pockets of poverty) rather than widespread. The incidence of poverty is relatively higher among female-headed households (33.8%) than among male-headed households (8.9%).

Data on geographical distribution of reported cases of HIV/AIDS in Mauritius indicate that a very significant number of these cases are located in deprived regions. The risk of infection is higher in economically deprived areas where commercial sex workers and drug addicts are more concentrated. Poverty is the root cause of this problem in deprived areas.

The priority of Government is to enhance social protection, especially to the vulnerable groups. The measures proposed include amongst others a monthly income support payment and additional social aid to the people in need. An Empowerment Programme which includes *inter alia* land for social housing, training and reskilling and special programme for unemployed women has been initiated.

### **Stigma and Discrimination**

An HIV/AIDS Bill is actually being finalized to provide a comprehensive legal framework including issues pertaining to stigma and discrimination. Furthermore, as protecting women from sexual assaults, reduces women's vulnerability to HIV/AIDS, new legislation including a "Sex Discrimination Act" and a "Sexual Offences Act" have been enacted.

### **Other measures**

The following measures have been taken by the government to curb the HIV infection especially addressing the IDUs that fuel the spread of HIV:

- Government has already agreed to the principle of introducing Methadone as a substitution therapy for opiates addiction. A "modus operandi" for the implementation is being worked out at the level of the Ministry.
- A Needle Exchange Programme (NEP) which has proved to be a very effective solution in curbing the spread of HIV/AIDS spread among IDUs. The introduction of this measure has strongly been recommended.
- An HIV/AIDS Bill is actually being finalized to provide a comprehensive legal framework in prevention, care and support, human rights.
- In line with the UNAIDS guiding principles, a Monitoring and Evaluation (M&E) framework for HIV/AIDS responses has been elaborated and a National Strategic Framework is being finalised.

### **Mother to child transmission**

Since the Prevention of Mother To Child Transmission (PMTCT) project was set up in December 1999, all pregnant women following antenatal clinic are screened for HIV. Those tested positive are offered a prophylactic treatment, which reduces the risk of transmission from mother to child from 30% to 1%.

All babies born to HIV positive mothers are tested for HIV with the following results:

1. No contamination of children has been recorded from 65 HIV positive mothers who adhered to prophylactic treatment.
2. On the other hand, out of 23 children born to HIV positive mothers who did not attend antenatal clinic or who were non-compliant to prophylactic treatment, 5 were contaminated by HIV.

<b>Babies born from HIV+ mothers</b>	<b>Total</b>	<b>Alive</b>	<b>Dead</b>
Before PMTCT programme - December 1999	9	8	1
After PMTCT programme	5	4	1
Total	14	12	2

14 children (5 male and 7 female) have been detected HIV positive, among whom 2 died (1 male, 1 female). All have been contaminated through Mother To Child Transmission.

All the 12 children are being followed at the National Day Care Centre for the Immunosuppressed out of which 7 are on Anti Retroviral Treatment (ART). ART is being provided free of users cost for all those in need since April 2002. It enables people living with HIV/AIDS to live more decently and longer.

**(b) *Implementation of the National Strategic Plan to combat STDs, including HIV/AIDS, with a special focus on the needs of women and girls***

**1. Awareness sessions with secondary students and out of school youth**

Awareness session with secondary school students is an ongoing exercise since 2001 and is conducted in collaboration with the Ministry of Education and Human Resources.

**2. Awareness sessions with women and girls of child bearing age in women centres, social welfare and community centres**

On-going awareness sessions targeting young girls and women who attending community centres, social welfare centres and women centres with the collaboration of other stakeholders. The objective of these sessions is to address the issue of vulnerability of women to HIV/AIDS and also to promote Mother to Child Prevention Transmission.

**3. Training of peer educators on Family Life Education skills and HIV/AIDS**

The AIDS Secretariat conducts training sessions on Family Life Education skills to peer educators through 4 to 6 residential workshops and seminars each

year. Topics covered are: Reproductive Health, Sexually Transmitted Infections, HIV/AIDS, Communication and Project design and management. The Secretariat has established a network of peer educators who help to mount programmes for out of school on HIV/AIDS issues.

#### **4. Prevention of Mother to Child Transmission**

The Prevention of Mother to Child Transmission Project was set up in December 1999. An HIV test is being offered after counseling to all pregnant women attending the Antenatal clinic in the public sector. The counseling is being carried out by staff of the AIDS Secretariat and trained nursing personnel. It is accepted by almost all of them.

Free Antiretroviral prophylactic treatment is given to pregnant HIV positive women during the last trimester and to the newborn for six weeks. Caesarian Section is preferred to normal delivery. The transmission rate is reduced from 20% to 1%. Out of 65 babies born to HIV positive mothers who had prophylactic treatment, none got contaminated while among the 23 mothers who did not attend the ANC, thus had no prophylactic treatment, 3 positive cases were detected.

#### **5. Awareness sessions with workers in EPZ Sector and public officers**

Officers from the AIDS Secretariat carry out on going awareness sessions with workers of the EPZ sector on HIV/AIDS. Officers also attend to talks organized for other manufacturing sectors by the Ministry of Labour, Industrial Relations & Employment.

#### **6. Provision of Post Exposure Prophylaxis to victims of rape**

Free Antiretroviral drugs are being provided to victims of rape and to those with accidental injuries in the context of the post exposure prophylaxis (PEP) since December 1999 to reduce the risk of infection. Police officers have been trained on PEP and measures to be taken in cases of rape.

#### **7. Empowerment of Commercial Sex workers to negotiate safe sex**

Information and awareness sessions are conducted with commercial sex workers to give them skills to negotiate for safer sex with their clients.

## C. MOBILIZING RESOURCES

### EDUCATION SECTOR

*Government Budget on Pre-Primary, Primary and Secondary School (Rs m)*

	2003	%	2004	%	2005	%	2006	%
<b>Pre-Primary School</b>	78.4	1.6*	101.0	1.9*	99.0 (Provisional)	1.7*	82.0	1.3*
<b>Primary School</b>	1,514	29.3*	1,565	27.9*	1,771	29.8*	1,645	27.0*
<b>Secondary School</b>	2,308	44.7*	2,579	46*	2,554	42.9*	2,642	43.3*

\* as a % of Government Recurrent Expenditure on Education

*Budgetary Central Government Expenditure on Education (Estimates) - (Rs Million)*

<i>Particulars</i>	<i>2003/04</i>	<i>2004/05</i>	<i>2005/06</i>	<i>2006/07</i>
Current Expenditure on Education	5,104	5,485	5,881	6,291
Capital Expenditure on Education	917	955	991	934
Total Expenditure on Education	6,021	6,440	6,872	7,225
Total Expenditure on Education as a % of GDP	3.8%	3.7%	3.7%	3.4%
Current Expenditure Education as a % of Total Current Expenditure	13.8%	13.5%	13.6%	14.3%
Total Expenditure on Education as a % of Government Total Expenditure	13.3%	13.2%	13.3%	14.0%

### HEALTH SECTOR

*Health Care Expenditures*

<i>Year</i>	<i>Amount (Rs)</i>	<i>% GDP</i>	<i>% Health Budget</i>
2003/04	3,258,490,000	2.1	NA
2004/05	3,668,200,000	2.1	7.6
2005/06	3,998,500,000	2.1	7.7
2006/07	3,949,200,000	2.05	7.10

## NON-GOVERNMENTAL ORGANISATIONS

*Protection of children who are in need of alternative care including the support of care institutions*

	<b>2003-2004 (Rs)</b>	<b>2004-2005 (Rs)</b>	<b>2005- 2006(estimated) (Rs)</b>
Charitable institutions: Orphanages	7,200,000	7,500,000	7,800,000

### **United Nations Population Fund**

The Ministry has implemented a two-year Project funded by the UNFPA aimed at strengthening the Sexual and Reproductive Health among women and girls. From 2001 to 2006, funds to the tune of Rs. 1,285,840/- (US\$- 45,923/-) has been allocated by the United Nations Population Fund (UNFPA).

### **NGO Trust Fund**

Financial Assistance from the NGO Trust Fund falls under the following categories: Grant in aid; Ad-Hoc assistance, and Micro projects.

#### *1. Grant in aid*

It is an annual sum earmark for NGO's to cover their day to day running. Grant in aid is usually disbursed in two instalments, the first one being 60% and the second one 40%. This allows a more effective monitoring of the funds to the NGO's. The annual grant in aid varies between Rs 40 000 to Rs 2 000 000.

#### *2. Ad Hoc Assistance*

The sum earmarked for this type of assistance varies between Rs 50 000 and Rs 75 000 and is disbursed in one instalment.

#### *3. Micro project*

Micro project relates to the finance of projects up to a ceiling amount of Rs 100 000. But most projects are in the range of Rs 40 000 to Rs 60 000.

**MINISTRY OF WOMEN'S RIGHTS, CHILD DEVELOPMENT,  
FAMILY WELFARE & CONSUMER PROTECTION**

*Recurrent Expenditure for the Child Development Unit, National Children's Council & Ministry of WRCDFW&CP for the period 2003-2006*

	<b>2003-04 (Rs)</b>	<b>2004-05 (Rs)</b>	<b>2005-</b>
Child Development Unit	7,605,000	8,255,000	10,805,000
National Children's Council	3,565,000	4,600,000	5,200,000
Ministry (Total)	102,575,000	121,605,000	130,560,000

*Budget allotted to Police Family Protection Unit and Brigade pour la Protection des Mineurs*

<b>Financial Year</b>	<b>Budgeted Amount</b>
	<b>Total (Rs)</b>
<b>2002-2003</b>	2,480,000
<b>2003-2004</b>	4,220,000
<b>2004-2005</b>	5,645,000

*Programmes and Services for Abandoned Children, including Street Children*

	<b>2003-2004 (Rs)</b>	<b>2004-2005 (Rs)</b>	<b>2005- 2006(estimated)(Rs)</b>
Street Children Programme funded by UNESCO and Trust Fund for the Integration of Vulnerable groups	-	1,612,780	1,045,000 (up to October 2005)

*Juvenile Justice and the Recovery and Reintegration of Juvenile Offenders*

	<b>2003-2004 (Rs)</b>	<b>2004-2005 (Rs)</b>	<b>2005-2006 (estimated) (Rs)</b>
Rehabilitation of Youth Centre	7,640,000	9,750,000	10,000,000
Payment of contribution to Probation Hostels for Boys and Girls	1,000,000	1,500,000	1,500,000

*Programmes and Services for Children with Disabilities*

	<b>2003-2004 (Rs)</b>	<b>2004-2005 (Rs)</b>	<b>2005-2006 (estimated) (Rs)</b>
Transport services only(refund for parents and free for children)	3,722,600	5,105,600	3,000,000

*Support Programmes for Families*

	<b>2003-2004 (Rs)</b>	<b>2004-2005 (Rs)</b>	<b>2005-2006 (estimated)(Rs)</b>
- Pension under NPF Act <i>Basic Orphan Pension (B.O.P) and Child Allowance</i>	6,600,000	5,576,000	6,200,000
- Under Social Aid Act	142,000,000	151,000,000	170,000,000
- Refund of Examination Fees	5,800,000	6,000,000	6,500,000

**D. FOLLOW-UP ACTIONS AND MONITORING**

**High Level Steering Committee**

The Government has approved the NPA covering the period February 2003 to December 2004 to protect children against sexual abuse including commercial sexual exploitation of children. A *High Level Steering Committee* has been set up to monitor the implementation of the NPA. It includes all relevant Ministries and NGOs. Emphasis is being placed on preventive measures such as the development of an appropriate Information, Education, Communication (IEC) strategy, the training of trainers and the training of community/youth leaders and awareness campaigns on the Rights of the Child. Support will also be recognized for the recovery and rehabilitation of those who manage to get out of the sex trade.

**High Level Committee (Tardy Declaration)**

A *High Level Committee* co-chaired by the Attorney General and the Minister of Women's Right's, Child Development, Family Welfare and Consumer Protection has been set up in August 2005 to take stock of the situation of tardy declaration as at date and to find means to improve upon the existing system. This committee monitors the tardy declaration of birth program on a weekly basis.

In order to streamline procedures for the tardy declaration of birth, the following actions were taken:

- A pool of 3 Attorneys was set up to deal with cases, providing free legal aid
- Arrangement has been made with the Magistrate to be on call at court in cases of tardy declaration
- Transport facilities are provided to parents
- Tardy declaration of birth can be made through a hotline which operates on a 24 hour basis.
- Sensitization is being carried out regularly on the media to increase public awareness

Since the setting up of the Committee some 80 undeclared children have been immediately registered at the Civil Status Division.

### **Area Child Protection Committees (ACPCs)**

A National Child Protection Committee has also been set up since 2002 with a view to coordinating and monitoring the work of the *Area Child Protection Committees* (ACPCs). The ACPCs were set up at districts levels since April 2003 with the objectives to:

- Reduce harm and prevent further injury or suffering to children victims of violence and abuse,
- Provide accessible, reliable and co-ordinated guidance on cases of violence and abuse and ensure that the victims receive appropriate medical or other treatment,
- Promote and safeguard the welfare of children generally.

