

APPENDIX 1
TERMS OF REFERENCE

**MAURITIUS
COUNTRY PROGRAMME EVALUATION
1996-2000
TERMS OF REFERENCE
22 May 2001**

1. Background and Context

UNICEF presence in Mauritius dates from the early 1970s. Since 1986, the cooperation has been structured in five-year Country Programme Cycles. The third Country Programme covered the period 1996-2000. The total funded budget amounted to US\$ 4,111,6000 (US\$ 3,750,000 Regular Resources and US\$ 361,600 Supplementary Funds).

In 1997, the UNICEF Executive Board decided to gradually phase out Regular Resource allocations for countries having reached a combined threshold of US\$ 2,895 GNP per capita and U5MR of less than 30 per 1,000 live births (cf. Annex 1). Since Mauritius complies with these criteria, the traditional type of cooperation with allocation of Regular Resources will come to an end and modalities of a modified UNICEF presence in Mauritius are under consideration. A transitional Country Programme for a three-year-period (2001-2003) with a last allocation of Regular Resources was approved by the Executive Board in September 2000 (Regular Resources US\$ 1,500,000).

The Mauritius Country Office organised a Programme Retreat for UNICEF staff in January 2001 (CO Mauritius, selected partners and one representative from the Area Office in Antananarivo). It focussed on the formulation of strategies for programme implementation for the transitional Country Programme (2001-2003). The Retreat recommended conducting an evaluation of UNICEF cooperation as part of the preparation of the transition process. The exercise would account for the third Country Programme (1996-2000) and provide lessons learned that could be useful for the transition.

The Mauritius Country Office requested support from the Regional Office for Eastern and Southern Africa (ESARO) and the Evaluation Office in UNICEF Headquarters to design and conduct the evaluation. Since it is important to develop tools for Country Programme evaluations that could contribute to *best practice* models for up-coming transition scenarios in many regions of the world, the Evaluation Office in New York responded favourably to the request for direct support from the Country Office. The Monitoring and Evaluation Officer in ESARO is fully involved in the exercise.

The present draft terms of reference have been written in consultation between the Mauritius Country Office and a representative of the Evaluation Office at UNICEF Headquarters in New York (on mission in Mauritius 12-16 February 2001). They have been submitted for discussion to governmental and non-governmental partners in Mauritius as well as within UNICEF.

2. Objectives of the Evaluation

The *accountability objectives* of the evaluation of the Mauritius Country Programme 1996-2000 are fourfold:

- a) to assess the role and relevance of the Country Programme as to the situation of children and women in Mauritius
- b) to assess the realisation of the Country Programme objectives as spelled out in the Master Plan of Operations (June 1995) and the Revised Master Plan of Operations (December 1998) against the background of World Summit for Children (WSC) and National Plan for Action (NPA) goals
- c) to assess effectiveness, efficiency and impact of supported projects and programmes and analyse to what extent activities and results are sustainable and / or replicable.
- d) to assess the approach to prepare for the transition process.

The evaluation will yield lessons learned that may guide the modification of UNICEF presence in Mauritius resulting from the withdrawal of Regular Resources at the end of the transition cycle 2001-2003. It will thus contribute to *empowerment* of national partners, support *strategic decision-making* and contribute to *rights-based and results-based management* at the country level.

The evaluation will also contribute to the development of a *best practice* model for other transition countries and generate lessons learned that may be useful for UNICEF to formulate policies and strategies related to transition processes. It will thus also contribute UNICEF's overall *strategic governance*.

Key Questions

3.1 Role and Relevance of the Country Programme – Did UNICEF and its partners do the right things?

- a) How was the third Country Programme (1996-2000) designed? To what extent did the 1995 Master Plan of Operations address issues identified in the WSC / NPA and in the Situation Analysis of 1994?
- b) To what extent did the *original* design of the third Country Programme address major economic and social factors affecting the lives and well being of children and women?
- c) What was the rationale of the *revision* in 1998 (as a result of the Mid-Term Review) of the Situation Analysis and the Master Plan of Operations?
- d) To what extent did the *revised* design of the third Country Programme address major economic and social factors affecting the lives and well being of children and women?
- e) How compatible was the Country Programme with policies and strategies of the Government of Mauritius? How was UNICEF support to governmental activities designed to be implemented (support to implementation / facilitating and / or innovative)?
- f) To what extent did the Country Programme result in a *strengthening of the policy framework* of the Government of Mauritius to realise provisions of the Convention of the Child (CRC)?
- g) How did the Country Programme relate to activities of NGOs and other institutions of civil society in Mauritius? How was UNICEF support to non-governmental activities designed to be implemented (support to implementation / facilitating and / or innovative)?
- h) To what extent was the Country Programme complementary / innovative rather than substitutive with regards the implementation of governmental and non-governmental policies, strategies and activities? To what extent was sustainability of UNICEF supported activities ensured by governmental and non-governmental organisations?
- i) What have been the key functions of UNICEF presence during the third Country Programme? Have governmental and non-governmental partners gradually taken over certain functions during the period under review? Which vital functions are still assumed by UNICEF upon completion of the third Country Programme?

- j) Which are the lessons that can be learned from the consideration of role and relevance of the Country Programme for the transition process?
- k) Did UNICEF make a difference? How can UNICEF make a difference?

3.2 Realisation of WSC / NPA Goals and Country Programme Objectives – Did UNICEF and its partners do things right?

- a) To what extent have objectives stated in the successive versions of the Master Plan of Operations (1995 and 1998) been achieved?
- b) To what extent has the Convention of the Rights of the Child (1989) become operational in Mauritius? What role has UNICEF played in this regard?
- c) To what extent has a rights-based programming approach been incorporated in the Country Programme at the Mid Term Review and how has it since been implemented in practice?
- d) To what extent were WSC / NPA goals achieved (cf. End-Decade Report 2001)? What factors explain achievement / non-achievement of the goals? How did UNICEF support the achievement of the goals?
- e) To what extent and in what ways did UNICEF support contribute to the empowerment and capacity building of Mauritians to fulfil children's rights in general and achieve WSC / NPA goals in particular?
- f) What role did Regular Resources granted to the Country Programme play in the context of governmental spending on social sectors and other resource mobilisation?
- g) Are there *areas* that UNICEF has not addressed sufficiently and that remain as unfinished business for the successive Country Programme and / or for the future?
- h) How effective have United Nations partnerships been?
- i) Which are the lessons that can be learned from the implementation of the Country Programme as a whole for the transition process?
- j) Did UNICEF make a difference? How can UNICEF make a difference?

3.3 Effectiveness, Efficiency and Impact of Supported Projects and Programmes and Sustainability and / or Replicability of Activities and Results – Did UNICEF and its partners achieve intended results?

N.B. This part of the Country Programme evaluation will rely on existing studies and evaluations related to projects and sectoral or thematic programmes

- a) How *effective* and *efficient* have UNICEF supported projects and programmes of the third Country Programme been (child rights promotion and realisation, early childhood care and development, adolescent protection and participation)?
- b) How has *supply assistance* provided by UNICEF contributed to the Country Programme? What is the relation between external supplies provided by UNICEF and the mobilisation of supplies with internal resources of Mauritius? What explains the declining trend of supplies in CP budget? Are children's needs now increasingly satisfied by supplies on internal resources?
- c) What *outputs* did these projects and programmes have? What *outcomes* did they produce in terms of capacity building among governmental and non-governmental partners?
- d) How did they *impact* the lives of children? What contributions did they make to WSC / NPA goals and Country Programme objectives?
- e) How *sustainable* have activities and results of projects and programmes been, i.e. to what extent will they be sustained beyond UNICEF direct support? To what extent can governmental and non-governmental partners replicate innovations?

- f) To what extent have evaluations and studies supported decision-making concerning projects and programmes and the Country Programme (e.g. during the Mid-Term Review)?
- g) How have national partners received innovations introduced by UNICEF?
- h) Are there *aspects of specific programmes* that UNICEF has not addressed sufficiently and that remain as unfinished business for the successive Country Programme and / or for the future?
- i) Which are the lessons that can be learned from the implementation of UNICEF supported projects and programmes for the transition process?
- j) Did UNICEF make a difference? How can UNICEF make a difference?

3.4 Preparation for the Transition Process – Have major challenges been addressed and have appropriate actions been undertaken?

- a) How did UNICEF and its partners understand the need for a transition to a different UNICEF presence in Mauritius before and during the third Country Programme and were appropriate actions undertaken? What has so far been accomplished in the search for adequate institutional arrangements in Mauritius to ensure the fulfilment of children's rights? To what extent was interaction with the media used for this purpose?
- b) How did the Area Office in Madagascar (with responsibility for Mauritius) and ESARO as well as UNICEF Headquarters support the intended transition in Mauritius?
- c) To what extent has the cooperation between UN agencies and under UNDAF / Common Country Assessment been conducive to the transition process? What functions of this Framework should be maintained or strengthened in the further evolution of transition?
- d) To what extent do key indicators of economic and social development in Mauritius and national capacities to address unfinished business bode well for the well being of children and the fulfilment of their rights until 2015?
- e) Is there a need for procurement services to be provided by UNICEF on internal resources of Mauritius during the remainder of the transition period and under post-transition?
- f) What lessons can be learned from the stages of the transition process hitherto accomplished for next steps to be made during the Country Programme (2001-2003)?
- g) What lessons can be learned from this experience for strategic planning and the development of a *best practice* model on transition that may be useful for similar processes planned in other countries? Which tools can be derived from this evaluation for future Country Programme evaluations?
- h) What lessons can be learned from this experience that may be useful for policy formulation on transition at the level of UNICEF's Executive Board?
- i) To what extent has there been a mobilisation of resources to cope with the withdrawal of Regular Resources from UNICEF?
- j) Will the absence of UNICEF Regular Resources make a difference? What is the recommended role for UNICEF in Mauritius after regular resources for programme cooperation are phased out taking into account UNICEF's mandate, mission statement, strengths and comparative advantages as well as national capacities and circumstances?

Methodology

The evaluation will take into consideration the draft *African Evaluation Guidelines 2000* that contain a checklist to ensure *utility* (ownership by stakeholders), *feasibility* (political viability and cost-effectiveness), *propriety* (impartiality, respect of rights of stakeholders, cultural sensitivity) and *accuracy* (adequate information) (cf. Annex 2). The evaluation report will contain an annex

describing to what extent the guidelines could be applied and provide feedback for their finalisation.

The evaluation will comprise an extensive desk review of relevant documentation. Key documents for each of the key areas will be the following:

- a) *Role and Relevance*: One important document of reference will be the *Mauritius Country Report on Follow-Up on the World Summit for Children* (January 2001). Another key document will be a special study on *Disparities and Children* that will be commissioned by UNICEF before the start of the evaluation. Moreover, a collection of documents will be assembled on macro-economic developments in Mauritius, government policies and strategies and on the situation of children and women in the country.
- b) *WSC / NPA Goals and Country Programme objectives*: All relevant documents related to the NPA prepared during the 1990s will be assembled. Apart from that, there will be a full documentation of the Country Programme cycle (*Situation Analyses, Master Plans of Operation, Mid-Term Review, Strategy Papers, Country Plans, Annual Reports etc.*).
- c) *Projects and Programmes*. The evaluation will make use of relevant reports, studies and evaluations that already exist. It appears that experiences are relatively well documented. A new study on responses to social disparities will be completed before the start of this evaluation.
- d) *Preparation of the transition*. The evaluation will consider all relevant documents that exist at the global level and that provide inspiration and guidance for transition processes (e.g. *Southern Cone documents* prepared in Latin America, *draft discussion paper* by Programme Division in UNICEF Headquarters, documents related to the *Working Group on Transition*). Moreover, it will examine and analyse documents prepared for the transition in Mauritius.

An extensive round of interviews including focus group interviews with youngsters will follow the desk review. It will concern key stakeholders in the third Country Programme and in the transition process in Mauritius. The evaluation will be an inter-active learning process culminating in a participatory workshop during which main findings, conclusions and recommendations of the evaluation will be discussed and finalised. The results of the workshop will be incorporated in the evaluation report.

Dissemination of the evaluation report will be ensured by the Mauritius Country Office and by the Evaluation Office in UNICEF Headquarters. Reporting of the Mauritius Country Office for the remainder of the on-going Country Programme (2001-2003) will account for follow-up and feedback on main findings, conclusions and recommendations of the evaluation in Mauritius.

Organisation and Management

The evaluation will be guided by a Joint Steering Committee composed of representatives of the Government of Mauritius, Mauritian NGO's, selected resource persons as well as UNICEF. Eligibility will be determined by more or less direct involvement in the third Country Programme and / or in the transition process.

The Evaluation Office in UNICEF Headquarters and the Country Office in Mauritius will ensure evaluation management. The Monitoring and Evaluation Officer in ESARO will be closely associated in all stages of the evaluation process. Evaluation management will involve the following steps:

- a) Finalisation of the terms of reference (May 2001)
- b) A study of responses to social disparities (May / August 2001)
- c) Selection of the evaluation team ((May/August 2001)
- d) Briefing of team members (September 2001)
- e) Support during the desk review and interview phase (September / October 2001)
- f) Organisation of the inter-phase with the Joint Steering Committee (May / December 2001) to ensure full participation of major stakeholders
- g) Preparation and organisation of the workshop (end October 2001)
- h) Support to the finalisation of the evaluation report (November / December 2001)
- i) Dissemination of and follow-up to evaluation findings, conclusions and recommendations (2002-2003)

An independent team of international and national consultants will conduct the evaluation. It will be composed of an international team leader, a development economist, a specialist in early childhood development and a specialist in adolescent protection and participation. Good knowledge of evaluation standards and methodologies and previous experience in evaluation is required for all team members. None of the team members should have had close involvement with the third Country Programme or should be eligible to play a role in successive stages of the transition process.

The Area Office in Madagascar with responsibility for Mauritius and ESARO will be kept informed at all stages of the evaluation. The evaluation will take into account progress made by the Global Working Group on Transition and provide information to that group at regular intervals.

22 May 2001

APPENDIX 2

EXECUTIVE BOARD DECISION E/ICEF/1997/P/L.18 MODIFIED SYSTEM FOR ALLOCATION OF GENERAL RESOURCES FOR PROGRAMMES

Title : **Modified system for allocation of general resources for programmes**
Document Type : **Executive Board Decisions - Programme**
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Document Text:

The Executive Board

1. Commends the secretariat for its implementation of decision 1996/34 (E/ICEF/1996/12/Rev.1) on the allocation of general resources and the work undertaken in close consultation with the Executive Board in revising the current general resources allocation system;
2. Stresses its determination to give higher priority to the needs of children in low-income countries, in particular the least developed countries (LDCs) and those of sub-Saharan Africa, in line with General Assembly resolution 51/186 of 16 December 1996 on Progress at mid-decade on the implementation of General Assembly resolution 45/217 on the World Summit for Children, and with relevant decisions of the Executive Board and the UNICEF Mission Statement, and recalls particularly, in this context, paragraphs 10, 11 and 12 of resolution 51/186 on the need for a substantial increase in resources, while re-emphasizing the importance and urgent need to increase the general resources for UNICEF;
3. Reaffirms the principles of eligibility of all recipient countries on the basis of the fundamental characteristics of the operational activities of the United Nations development system, in line with relevant resolutions of the General Assembly;
4. Takes note of the modified system for the allocation of general resources available for programmes, as described in document E/ICEF/1997/P/L.17;
5. Endorses the modified system for allocation of general resources as outlined in the annex to the present decision and requests the Executive Director to implement it accordingly;
6. Stresses the need to monitor thoroughly the impact of the modified system on situations of children in countries near or above graduation levels;
7. Requests the Executive Director to report to the Executive Board on the implementation of the present decision, particularly on the use of the 7 per cent set aside for flexibility, on a regular basis in her annual report, as well as at any critical junction during the implementation;
8. Decides to review in 2003 and taking into account the outcome of the special session of the General Assembly in 2001 decided in paragraph 27 of above-mentioned resolution 51/186, the modified system for allocation of general resources in order to

improve its different components for its continuation, inter alia with the aim of increasing substantially the allocation of general resources to the LDCs and to sub-Saharan Africa, and requests the Executive Director to provide the Executive Board with a comprehensive report to this end.

Annex

ALLOCATION OF GENERAL RESOURCES WITH THE IMPLEMENTATION OF THE MODIFIED SYSTEM, BEGINNING IN 1999

I. GENERAL RESOURCES FOR PROGRAMMES

1. The general resources for programmes are defined as the direct input to achieve the objectives of a specific programme or project for development cooperation available within the "regular resources" (cf. harmonization of budgets) of UNICEF. The modified system for the allocation of general resources applies only to this portion of the "regular resources", thus not to those for the support budget or to supplementary funds ("other resources"). For example, in 1996, the general resources available for programmes amounted to \$317 million as compared to support budget resources of \$246 million or supplementary funds of \$545 million.

II. OBJECTIVES OF THE MODIFIED SYSTEM FOR ALLOCATION OF GENERAL RESOURCES

2. The modified system continues to be based on the three existing core criteria - under-five mortality rate (U5MR), gross national product (GNP) per capita and child population - and aims at:

- (a) Giving progressively higher priority to the children of low-income countries, in particular the LDCs and those of sub-Saharan Africa;
- (b) Ensuring the continued use of the moral authority of UNICEF to advocate for children's rights and needs as well as ensuring high-quality policy and advice;
- (c) Allocating general resources sufficient to strengthen the effective implementation of programmes in the respective countries;
- (d) Accommodating evolving needs and special circumstances of children through an appropriate degree of flexibility.

III. IMPLEMENTATION OF THE ALLOCATION OF GENERAL RESOURCES

A. Main features of the allocation

3. The main features of the allocations are as follows:

- (a) At least two thirds of general resources for programmes will be allocated on the basis of the three core criteria (U5MR; GNP per capita; child population);

(b) Each country with a UNICEF country programme shall receive an allocation on the basis of the three core criteria, using the existing formula and refined weighting system given in annex I of document E/ICEF/1997/P/L.17;

(c) Each country with a UNICEF country programme shall receive a minimum allocation of \$600,000 for core programming. This amount will be maintained when general resources levels increase or remain constant. If general resources levels decrease, the minimum allocation shall be reduced by the same proportion;

(d) The minimum allocation will be used exclusively for programme assistance, the support budget costs being covered by other resources beyond the minimum allocation;

(e) No LDC is to receive an allocation below its calculated level under the current system;

(f) Abrupt changes in country allocations shall be avoided by limiting them to a maximum of 10 per cent compared with the previous year's level;

(g) Countries having reached a combined threshold of GNP per capita above \$2,895 and a U5MR of less than 30 per 1,000 live births shall gradually be phased out of the allocation of general resources for programme assistance, in accordance with the provisions of paragraph 5 (b) below;

(h) Countries covered by the three multi-country programmes shall continue to receive a combined lump sum sufficient for viable and effective programme intervention;

(i) Special programmes shall continue to be funded from general resources as approved by the Executive Board;

(j) Seven per cent of the general resources for programmes will be set aside to respond flexibly to the great diversity in country situations as well as to evolving needs and special circumstances;

(k) The bulk of the net income from the sale of greeting cards and other products in developing countries shall continue to be allocated to the country of origin to finance Executive Board-approved unfunded supplementary-funded programmes;

(l) The estimated non-reimbursed year-end balance of the Emergency Programme Fund (EPF) will be allocated to individual countries on a case-by-case basis, charged against general resources set aside for this purpose.

B. Utilization of the 7 per cent set aside for flexibility

4. Allocations out of this portion of the general resources for programmes are to be decided upon by the Executive Director, aiming at:

(a) Encouraging excellence in performance;

(b) Responding to emerging opportunities to benefit children;

(c) Cushioning the impact of shortfalls in the estimated general resources available for programmes on country allocations;

(d) Reducing imbalances between general resources and supplementary funds for Executive Board-approved country programmes. In cases of competition between similar situations in different countries for the set-aside resources available, priority shall be given to the needs of low-income countries, particularly LDCs;

(e) Avoiding sudden changes in the level of general resource allocations to individual countries resulting from the implementation of the modified system.

C. Modalities for implementation of the modified system

5. The modalities for implementation are as follows:

(a) The gradual implementation of the modified system shall begin in 1999;

(b) The Executive Director shall monitor closely and evaluate the implementation and the impact of the modified system on the lives of children in all programme countries, particularly the situation of children in countries reaching the combined threshold of GNP per capita of \$2,895 and of U5MR of 30 per 1,000 live births. The Executive Director shall enter an open dialogue with countries near or above graduation level with the aim of examining possibilities for compensating general resources from UNICEF with resources from government (e.g., cost-sharing of continued UNICEF activities) or other sources (e.g., supplementary funding);

(c) The Executive Director shall report to the Executive Board on the implementation of the modified system, particularly on the use of the 7 per cent set aside for flexibility, on a regular basis in her annual report, as well as at any critical junction when she deems it appropriate to draw the Executive Board's early attention to difficulties encountered or envisaged during the implementation. In any case, each annual report shall contain a specific annex (e.g., charts comparing percentages of shares really disbursed per regions and country categories with share targets set) assessing the evolution of and the experience with the modified system during the past period of implementation;

(d) The modified system for the allocation of general resources shall be reviewed by the Executive Board in 2003 in order either to assess its accuracy or adjust it to unexpected needs emerging during the first years of its implementation, and in any case to improve it in view of its continuation. To this purpose, the Executive Director will provide a comprehensive report on the progress made and the experience with the implementation of the modified system and on proposals for improvements, inter alia, ways and means to allocate 60 per cent of general resources to the LDCs and 50 per cent to sub-Saharan Africa.

Annual session
6 June 1997

APPENDIX 3

The African Evaluation Guidelines 2000

The African Evaluation Guidelines 2000:

A checklist to assist evaluators in planning evaluations, negotiating clear contracts and reviewing progress.

The complete working list of the African Evaluation Guidelines is provided below in 4 sections.

Utility: The utility guidelines are intended to ensure that an evaluation will serve the information needs of intended users.

U1. (modified) Stakeholder Identification. Persons and organizations involved in or affected by the evaluation (with special attention to beneficiaries at community level) should be identified and included in the evaluation process, so that their needs can be addressed and the evaluation findings can be operational and owned by stakeholders, to the extent this is useful, feasible and allowed.

U2 Evaluator Credibility. The persons conducting the evaluation should be both trustworthy and competent to perform the evaluation, so that the evaluation findings achieve maximum credibility and acceptance.

U3 Information Scope and Selection. Information collected should be broadly selected to address pertinent questions about the program and be responsive to the needs and interests of clients and other specified stakeholders.

U4 (modified) Values Identification. The perspectives procedures, and rationale used to interpret the findings should be carefully described, so that the bases for value judgments are clear. The possibility of allowing multiple interpretations of findings should be transparently preserved, provided that these interpretations respond to stakeholders concerns and needs for utilization purposes.

U5 Report Clarity. Evaluation reports should clearly describe the program being evaluated, including its context, and the purposes, procedures, and findings of the evaluation, so that essential information is provided and easily understood.

U6 (modified) Report Timeliness and Dissemination. Significant interim findings and evaluation reports should be disseminated to intended users, so that they can be used in a reasonably timely fashion, to the extent that this is useful, feasible and allowed. Comments and feedback of intended users on interim findings should be taken into consideration prior to the production of the final report.

U7 Evaluation Impact. Evaluations should be planned, conducted, and reported in ways that encourage follow through by stakeholders, so that the likelihood that the evaluation will be used is increased.

Feasibility: The feasibility guidelines are intended to ensure that an evaluation will be realistic, prudent, diplomatic, and frugal.

F1 Practical Procedures. The evaluation procedures should be practical, to deep disruption to a minimum while needed information is obtained.

F2 (modified) Political Viability. The evaluation should be planned and conducted with anticipation of the different positions of various interest groups, so that their cooperation may be obtained, and so that possible attempts by any of these groups to curtail

evaluation operations or to bias or misapply the results can be averted to counteracted to the extent that this is feasible in the given institutional and national situation.

F3 (modified) Cost Effectiveness. The evaluation should be efficient and produce information of sufficient value, so that the resources expended can be justified. It should keep within its budget and account for its own expenditures.

Propriety - The propriety guidelines are intended to ensure that an evaluation will be conducted legally, ethically, and with due regard for the welfare of those involved in the evaluation, as well as those affected by its results.

P1 Service Orientation. Evaluation should be designed to assist organizations to address and effectively serve the needs of the full range of targeted participants.

P2 (modified) Formal Agreements. Obligations of the formal parties to an evaluation (what is to be done, how, by whom, when) should be agreed to through dialogue and in writing, to the extent that this is feasible and appropriate, so that these parties have a common understanding of all the conditions of the agreement and hence are in a position to formally renegotiate it if necessary. Specific attention should be paid to informal and implicit aspects of expectations of all parties to the contract.

P3 (modified) Rights of Human Subjects. Evaluation should be designed and conducted to respect and protect the rights and welfare of human subjects and the communities of which they are members.

P4 (modified) Human Interaction. Evaluators should respect human dignity and worth in their interactions with other persons associated with an evaluation, so that participants are not threatened or harmed or their cultural values compromised.

P5 Complete and Fair Assessment. The evaluation should be complete and fair in its examination and recording of strengths and weaknesses of the program being evaluated, so that strengths can be built upon and problem areas addressed.

P6 (modified) Disclosure of Findings. The formal parties to an evaluation should ensure that the full set of evaluation finding along with pertinent limitations are made accessible to the persons affected by the evaluation, and any others with expressed legal rights to receive the results as far as possible and without compromising the needs for confidentiality of national or governmental entities.

P7 Conflict of Interest. Conflict of interest should be dealt with openly and honestly, so that it does not compromise the evaluation processes and results.

P8 Fiscal Responsibility. The evaluator's allocation and expenditure of resources should reflect sound accountability procedures and otherwise be prudent and ethically responsible, so that expenditures are accounted for and appropriate.

Accuracy - The accuracy guidelines are intended to ensure that an evaluation will reveal and convey technically adequate information about the features that determine worth of merit of the program being evaluated.

A1 (modified) Program Documentation. The program being evaluated should be described clearly and accurately, so that the program is clearly identified, with attention paid to personal and verbal communications as well as written records.

A2 Context Analysis. The context in which the program exists should be examined in enough detail, so that its likely influences on the program can be identified and assessed.

A3 Described Purposes and Procedures. The purposes and procedures of the evaluation should be monitored and described in enough detail, so that they can be identified and assessed.

A4 (modified) Defensible Information Sources. The sources of information used in a program evaluation should be described in enough detail, so that the adequacy of the information can be assessed, without compromising any necessary anonymity or cultural sensitivities of respondents.

A5 (modified) Valid Information. The information gathering procedures should be chosen or developed and then implemented so that they will assure that the implementation arrived at is valid for the intended use. Information that is likely to be susceptible to biased reporting should be checked using a range of methods and from a variety of sources.

A6 Reliable Information. The information gathering procedures should be chosen or developed and then implemented so that they will assure that the information obtained is sufficiently reliable for the intended use.

A7 Systematic Information. The information collected, processed, and reported in an evaluation should be systematically reviewed and any errors found should be corrected.

A8 Analysis of Quantitative Information. Quantitative information in an evaluation should be appropriately and systematically analyzed so that evaluation questions are effectively answered.

A9 Analysis of Qualitative Information. Qualitative information in an evaluation should be appropriately and systematically analyzed so that evaluation questions are effectively answered.

A10 Justified Conclusions. The conclusions reached in an evaluation should be explicitly justified, so that stakeholders can assess them.

A11 Impartial Reporting. Reporting procedures should guard against distortion caused by personal feelings and biases of any party to the evaluation, so that evaluation reports fairly reflect the evaluation findings.

A12 Meta-evaluation. The evaluation itself should be formatively and summatively evaluated against these and other pertinent guidelines, so that its conduct is appropriately guided and, on completion, stakeholders can closely examine its strengths and weakness.

APPENDIX 4

PERSONS MET AND FIELD VISITS

GOVERNMENT OF MAURITIUS

Ministry of Economic Development, Financial Services and Corporate Affairs

- Mr. G. Wong So, Director
- Mr. P. Ujoodha, Principal Economist
- Mr. S. Govinda, Senior Economist

Ministry of Health & Quality of Life

- Dr. R. Ng Man Sun, National Aids Coordinator
- Mr. Doreemeah, Chief Nutritionist
- Mr. Gaoneadry, Principal Assistant Secretary
- Mr. J. Larhubarbe, Medical Statistician
- Dr. Deepchand, Principal Medical Officer
- Mr. Ramphul, Senior Health Economist

Ministry of Women's Rights, Child Development and Family Welfare

- Ms. Nathalie André, Head, Child Development Unit
- Mr. R.C. Appadoo, ECD Coordinator
- Dr. S. Kaleeah, Coordinator, Planning and Research Unit
- Mrs. Hurreesingh, Head, Women's Unit
- Mrs. Chingadhoo, Child Welfare Officer,
- Ms. Moothien, Police Officer, Child Protection Unit
- Mrs. Françoise Botte-Noyan, Secretary, National Children's Council

Ministry of Education and Scientific Research

- Dr. (Mrs.) Premila Gukhool, Director
- Mr. J. Viramalay, Formerly Assistant Director, Primary,
- Mr. J. Sooben, Principal Inspector
- Mr. H. Johnson, Former Assistant, Director, Primary
- Mr. Roshan Maudho, Associate Professor, Mauritius Institute of Education
- Mrs. Dhunookchand, Director, Prevocational

Ministry of Youth

- Mr. L. Ujoodha, Assistant Secretary
- Mrs. Hoolooman, Principal Youth Officer

Ministry for Rodrigues

- Mr. R. Kejiou, Higher Executive Officer

NON GOVERNMENTAL ORGANISATIONS

MACOSS

- Ms. Mariam Narainsamy, Deputy Chairperson

CEDEM

- Mrs. Rita Venkatasawmy, Director

Crèche Bethlehem

- Mrs. Sylvette Paris-Davy, Director

Federation of Preschool Play group

- Mrs. Pushpa Lallah, Director

OMEP Mauritius

- Mr. Somoo Valayden, President

RESEAU

- Mrs. Aline Leal, President

RODRIGUES ISLAND

- Mr. Jean Claude Pierre Louis, Island Secretary
- Mr. Johnson Roussety, Economist, Officer in Charge, Planning Cell
- Ms. Antoinette Prudence, Director, Centre Carrefour
- Sister Annie Rose, Ecoles Ménagères
- Dr. Hossen Abdul, Health Director, Queen Elizabeth Hospital
- Ms. Jeanine Yueng Ching Yueng, Head, Human Resource Centre
- Ms. Florence François, President Comité Droits de l'Enfant
- Mr. Guillaume Tolbize, Director, Le Chou Training Centre,
- Mr. Berthé Speville, Community Nurse, Queen Elizabeth Hospital
- Mrs. Vinolia Speville, Association des Ecoles Maternelles
- Mr. Karl Allas, President, Rodrigues Council of Social Service
- Mrs. Claudinette Fong Him, UNICEF Liaison Officer Rodrigues

UNITED NATIONS

- Mrs. Rose Gakuba, Resident Coordinator, UNDP
- Dr. P. Bissoonauthsing, WHO Liaison Officer
- Mr. V. Rajkoomar, Health Information/Promotion Officer, WHO Office
- Mr. A. Nundoochand, Administrative Officer, WHO Office
- Mrs. Françoise Bozelle, Programme/Finance/Administrative Assistant, UNFPA
- Ms. Nancy Veerayen, Intern at UNICEF Office - Study on Domestic Violence
- Ms. Saskia Valayden, UNICEF Consultant - Child to Child Approach

OTHER PERSONS

- Mr. Cyril Dalais, Former UNICEF Representative (now back in Mauritius)
- Mrs. Jennifer Fox, Journalist - Week End

FIELD VISITS**Mauritius Island**

- Shelter for Children and Women, Child Protection Unit, Floreal
- Shelter for Children, Albion
- RADO - Terre Rouge
- Grand Bois - Deprived area
- Theresa Ball - Literacy Center
- Petite Rivière - Deprived area

- Camp Firinga, Pointe aux Sables - Deprived area
- OMEP Centre - Curepipe
- Child Protection Unit, Floreal

Rodrigues Island

- Le Chou Training Centre
- Camp Pintade Community Centre - BEFA Centre
- Cascade Jean Louis Community Centre - BEFA Centre
- Ile Michel Community Centre - BEFA Centre
- Mont Lubin Pre-primary school
- Job skills Training Coordinating Committee, Citronelle
- Agents d'Education, Centre Carrefour
- Community Health Workers, Team Leaders, Queen Elizabeth Hospital, Crève Coeur
- Pedagogical Cell, BEFA Project, Education Unit, Camp du Roi
- Les Ecoles Menagères, Saint Gabriel
- Citronelle Community Centre

N.B.

The team also had an interaction meeting with the Joint Steering Committee and, on a later occasion, observed part of the Quarterly Review meeting on the current CP

APPENDIX 5
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DOCUMENTS CONSULTED

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APPENDIX 6
COUNTRY CONTEXT

COUNTRY CONTEXT¹

1. ECONOMIC CONTEXT AND ITS EFFECTS ON WOMEN AND CHILDREN

1.1 Macroeconomic Situation

Mauritius presents an interesting case study of sustained economic growth through rapid industrialisation and the attendant socio-economic consequences. The high rates of growth, averaging 6.2 percent during the period 1980-1995, have propelled the country into the ranks of “newly industrialised economies”. With population growing at less than 1 percent annually, GDP per capita nearly doubled over the same period, reaching USD 3,540 in 1995.

This “economic miracle” is primarily attributed to the expansion of the EPZ sector; but the good performance of the traditional sectors – sugar and tourism – and the emergence of a dynamic services sector (driven by offshore banking, free port, and financial services) has helped sustain the growth momentum. The rapid transformation of Mauritius from a mono-crop to an industrialised economy is characterised by radical structural changes. The primary sector accounted for 34 percent of employment and contributed 16.2 percent to GDP in 1970. These shares had fallen to 11 percent and 8.8 percent, respectively, by 1995. The expansion of the EPZ sector has drawn on female labour; most of these women would not have formally joined the labour market otherwise. The female activity rate, which was under 30 percent in the 1980s, has climbed to 36.1 percent by 1995, mainly due to new employment opportunities in the EPZ, the economy’s main employment generator. In 1995, women accounted for 70.6 percent of EPZ employment, compared to 31.8 percent of total employment. This suggests that women are concentrated in low-skill, low-paying jobs, and often work under strenuous conditions.

The remarkable increase in women’s participation in economic activity is not limited to the EPZ sector, however. With the concomitant rise in women’s educational levels, on the one hand, and the increase in the number and variety of jobs available in a booming economy, on the other, women have come to occupy important positions in many sectors. This trend constitutes a shift away from the traditional role of women as mother and housewife to a more economically active family agent. The conditions for greater empowerment of, and equal opportunities for, women have evolved favourably. The Gender-related Development Index (which measures gender disparities in life expectancy, educational attainment and income) of the Human Development Report 1995 ranked Mauritius 49th among the 130 countries examined and first in the sub-Saharan group.

1.2 Effects of socio-economic transformation on women and children

The rapid economic development of the country over the past decade and a half has brought about profound changes in societal structure. This is evidenced in the pronounced tendency towards

¹ The following situation analysis pertains to the situation in and around 1995, subject to the availability of data.

smaller, nuclear families. Industrialisation has also transformed the way of life of the average citizen. Mauritius has evolved into a “consumer society” driven by an industrial culture similar to that of most advanced countries. Affluence and materialism are on the rise. These phenomena, along with work-related stress and the greater economic independence of women, have contributed to a higher incidence of domestic violence and a significant rise in divorce rates. The mass entry of women into the labour force without corresponding increase in family and community support has raised concerns about the stability of the family unit and its effects on children. Women are juggling their professional commitments with their household and childcare responsibilities. Moreover, severe time constraints on working women leave them little time to devote to their children or to cook proper meals, and men are not helping out either. Food habits are deteriorating; easy access to fast food is only worsening the situation. The primary victims of these changes are children, who are emotionally affected, often neglected, and whose health is compromised.

The socio-economic transformation has been accompanied by an epidemiological transition from communicable to non-communicable diseases induced by radical changes in nutritional habits and more widespread sedentary lifestyles. Obesity, diabetes and cardiovascular diseases due to dietary excesses have become major health problems among adults. Ironically, malnutrition persists among a limited but worrisome number of women and children.

Increasing economic prosperity seldom benefits everybody equally. In Mauritius, the process has produced its usual toll of exclusion and social deprivation. A 1997 study of the poverty profile of Mauritius classified 22 percent of the households surveyed as poor, and 3.7 percent as ultra-poor. Not surprisingly, the figures for the Island of Rodrigues are more alarming. Poor households had little or no education; they were large, with many dependants and were typically female-headed. Vulnerable groups, such as the ill and the disabled, the chronically unemployed and single-parent families, tended to be especially poor. The study estimated the unemployment rate at 23 percent, well above the official national rate (5.9 percent). While some of the discrepancy may be due to over-reporting by those in casual employment, it fundamentally confirms the current tendency towards “jobless growth”, worrying signs of which were already apparent in 1995.

1.3 Situation of Children

The deteriorating situation of children in Mauritius is partly systemic but mainly the consequence of the deep socio-economic changes that have taken place in Mauritius. The adverse effects of industrialisation on children have only amplified the systemic effects.

The systemic problems presently facing children arise from the elitist primary education system, which exerts considerable pressure on children to succeed and taxes heavily those who fall behind. The system is exam-oriented, and the “rat race” to secure a place in one of the limited number of “star” secondary schools at the end of 6-year primary cycle leaves little time for children to indulge in play and leisure activities. The school curriculum is such that child development is stifled in the name of educational achievement.

In parallel with the primary school system, a system of private tuition has evolved and has now become an integral feature of the education culture (at all levels) in Mauritius. Children spend extra hours in private tuition and parents spend considerable amounts of money paying schoolteachers to do what they should normally be doing in the classroom. The system of private tuition helps perpetuate the status quo of the poor since the latter cannot afford to pay for private

tuition which has become synonymous with a decent education for their children. This state of affairs leaves one wondering whether education is truly free in Mauritius.

Competition and private tuition do not, however, guarantee success for all at the Certificate of Primary Education (end-of-cycle) exams. The failure rate at the 1995 exams was 35 percent, and statistics indicate that 25 percent of the cohort would fail the exam in their second attempt and forced out of the primary school cycle without a certificate.² While a number of the dropouts would be admitted to vocational training, it is estimated that 6 percent of primary school children leave the system virtually illiterate and about 20 percent functionally illiterate.

Analysis of CPE performance sheds considerable light into the latent causes of CPE failure. In 1993, 17 (out of 276) primary schools on the Island of Mauritius and 1 (out of 12) in Rodrigues posted pass rates below 30 percent.³ These low-achieving schools are mostly in socially deprived areas where the combination of low levels of parents' education and low income levels set off a vicious circle of low expectations and low achievement. Stress, conflict in the family and malnutrition also affect children's school performance.

The traditional pattern of home care and nurture has partially given way to commercial day care centres as an increasing number of women have joined the labour force. These centres are generally poorly equipped and the quality of service offered is in proportion to cost. The caregivers do not have proper training; most of them see their role primarily as baby-sitter, rather than an agent of early childhood development. Government's decision to subsidise pre-primary education has had mixed effects. While encouraging enrolment at that level, it has had negative effects on early childhood care as it encourages parents (especially those at the lower end of the income scale) to skip day-care centres altogether and wait for their children to reach 4 years of age before sending them to pre-primary schools. Most pre-primary schools exhibit the same problems of lack of teacher training and inadequate infrastructure and pedagogical materials.

Rapid industrialisation has transformed family and social life. There has been a dramatic increase in the number of cases of child abuse and neglect, child prostitution and domestic violence reported to the National Children's Council. <<add mf's annex?>>? Changes in youth lifestyles, combined with the absence of sexual education at schools and in the family, and the taboo surrounding sex, have resulted in increased premarital, unsafe sexual activity and teenage pregnancy. The major cause of maternal death in recent years (44 percent in 1992)⁴ has been related to complications following illegal abortions. Thus, to the extent that pregnant teenagers are most likely to have recourse to backyard abortion practices, they may be at acute risk of death. The sexual behaviour of adolescents exposes them to sexually transmitted diseases, especially HIV/AIDS, cases of which have almost doubled each year since 1987 when the first case was diagnosed. Smoking, alcohol consumption, drug abuse and child prostitution are also on the rise. Out-of-school children, children from socially deprived areas and victims of domestic violence are particularly vulnerable to these new phenomena.

Most communicable diseases have been eradicated in Mauritius, and the socio-economic transformation has altered the profile of health problems affecting children, both directly – because children are exposed to the changing lifestyle – and indirectly through its impact on maternal health. Despite the considerable gains achieved in child health and nutrition, Mauritius still lags far behind industrialised countries with respect to many indicators. The infant mortality

² Mauritius Examinations Syndicate, 1996.

³ *Programme for Project Schools*, Ministry of Education, 1994

⁴ *Health Statistics Annual 1992*, Ministry of Health, 1993

rate, which has stagnated around 19 per thousand live births over a fairly long period, does not befit the country's state of development.⁵ Also worrying is the persistence of moderate grades of child malnutrition, attributable largely to the "disinvestment" in children, manifested in declining trends in breast-feeding, poor weaning practices and poor dietary patterns among school children, all due to women's increased workload. Poor maternal health and nutrition during pregnancy, among other factors, also accounts for the increase in the number of cases of low birth weight (13 percent in 1995). Another cause for this problem is pregnancies among teens - 16 per cent of the Low BirthWeight births are of mothers below 19 years.

Adolescents are facing three major problems in the country.

- A Major problem is that there are high rates of school dropouts at the end of primary education: about 6000 adolescents drop out of school each year. They are either semi-literate or illiterate. Their rights to basic education have yet to be fulfilled.
- The poor knowledge about sexuality among adolescents and their recourse to unprotected sex are a matter of concern. The high prevalence of abortions (illegal in Mauritius) and the increasing number of teenage pregnancies are becoming alarming.
- Drastic changes in consumption patterns among adolescents have been noted (fast foods, alcohol consumption, etc.). The increase in non-communicable diseases such as diabetes, is one of the tendencies that are said to start early in life, often in adolescence.

1.4 Situation of women

Women have contributed significantly to the economic development of Mauritius. Industrialisation in turn has created new employment opportunities for women. This bi-directional process has drawn a large number of otherwise economically inactive women into the labour force, thus enhancing the conditions for women's empowerment and strengthening their economic independence. Concomitantly, however, industrialisation has had significant adverse effects on women's health and welfare while destabilising the traditional family structure. These effects have arisen from the fact that most of the new job opportunities for women have been concentrated in sectors (such as EPZ) with difficult and unattractive working conditions.

A survey⁶ of EPZ women in 1994 confirms that working mothers are subject to considerable stress managing their triple role as employee, housewife and mother in the absence of family or institutional support. The survey also notes an alarming deterioration in food habits among EPZ women as time constraints have led to greater reliance on fast food. The health effects of women's poor nutrition are particularly apparent during pregnancies with such symptoms as high levels of anaemia, hypertension, and diabetes, premature deliveries and low birth weight.

⁵ Note that the IMR fell to 15.9 percent in 2000. While this change is welcome, the absolute level of the IMR is still far from the industrialized-country benchmark.

⁶ *Impact of Industrialization on EPZ Women and their Families*, Preeta Heeralall and Jean Claude Lau Thi Keng, Centre de Documentation, de Recherches et de Formation Indianocéaniques (CEDREFI), March 1994.

(Mauritius has one of the highest prevalence of diabetes in the world). The effects of women's health and changing lifestyles on child health and welfare have been discussed above and need not be repeated here.

Despite women's greater participation in economic activity and despite the removal of most discriminatory laws, women's position in public and professional life remains subordinate to that of men. Women are seriously under-represented in the political sphere (only three female members of Parliament in 1994); most managerial and executive positions are still male-dominated.

1.5 Situation of children and women in Rodrigues

Rodrigues has not partaken in the economic prosperity witnessed in Mauritius. The island remains trapped in a vicious circle of economic stagnation and social deprivation, made worse by a rapidly ageing population. In fact, the Relative Development Index based on the 1990 Housing and Population Census ranked Rodrigues at *bottom* of the scale.⁷ This is a dramatic finding given that even the most socially deprived regions on the island of Mauritius fare better than Rodrigues.

A lack of employment opportunities in Rodrigues is encouraging a steady migration of young people to Mauritius. The unemployment problem hits particularly the female population. The 1990 Census reveals that only 29 percent of women of working age were formally employed; 61 percent were housewives, who often help in farm work. This situation is ironically a blessing in disguise: the island has been spared the adverse consequences of industrialisation on children's and women's health and welfare. Because most women are stay-home mothers, they are subject to less job-related stresses and have more time to devote to their children, which, among other things, makes it possible to breast-feed over extended periods.

These features are reflected in the positive health and nutrition indicators for Rodrigues, which, in many cases, lead the corresponding indicators for Mauritius. For instance, the incidence of low birth weight was 7.6 percent in 1996, compared to 14.1 percent in Mauritius while child malnutrition was less prevalent in Rodrigues (9.6 percent in 1995) than in Mauritius (16.6 percent)⁸. Table 1 presents a comparison of the nutritional status of children in Mauritius and Rodrigues. Rodrigues also has the highest rate of first-time attendance by pregnant women at an antenatal clinic.

This lead seems to be at odds with the observation that Rodrigues *lags behind* Mauritius in other indicators of child health, such as IMR and U5MR. It is not surprising, however, if one considers the significant strides made in the area of child health over a relatively short period of time (see Table 2). The achievements could be credited in large part to the commitment and effectiveness of the community health workers (CHWs) in Rodrigues.

The picture is bleaker in respect of other indicators. Rodrigues has the highest rate of teenage pregnancy of all districts (75 per 1000 compared to an average of 45.2 per 1000 for the Island of Mauritius according to 1990 Census data). The estimated 40 percent absenteeism rate at the primary school level suggests that a number of children are staying at home and working to supplement their families' income. Outside the home, children often work under harsh conditions and are exposed to all forms of exploitation.

⁷ Economic Indicators No. 233, MEDRC/CSO, July 1996

⁸ UNICEF (1998)

Table 1: Comparison of the prevalence of malnutrition among children aged 0-5 and 5-10 in Mauritius and Rodrigues, 1985, 1988-89, 1995 (Percent)

Age group	Underweight		Wasted		Stunted	
	Mauritius	Rodrigues	Mauritius	Rodrigues	Mauritius	Rodrigues
0-5						
1985	23.9	12.0	16.2	4.9	21.5	17.5
1995		9.6		9.0		10.2
5-10						
1988-89	18.0	8.1	12.0	6.4	22.4	9.5

Sources: Survey on the Nutrition Status of Pre-School Children in Mauritius (1985), Survey on Diet, Health and Lifestyles of Youth, 1988, Nutrition Survey of Primary School Children on the Island of Rodrigues (1991), UNICEF Surveys (1995, 1995)

Table 2: Evolution of the child and maternal health situation in Mauritius and Rodrigues, 1970, 1980, 1990 and 1995

Year	Per 1000 live births					
	MMR		IMR		U5MR	
	Mauritius	Rodrigues	Mauritius	Rodrigues	Mauritius	Rodrigues
1970*	1.71	2.0	57.0	91.1	80.2	143.1
1980	1.08	0.8	32.3	42.7	40.6	75.5
1990	0.69	Nil	19.9	34.9	22.4	41.1
1995	0.61	Nil	19.6	22.1	22.6	24.8

Sources: Ministry of Health and Quality of Life: Health Statistics Annual 1999, Island of Mauritius, Digest of Vital and Health Statistics 1999, Island of Rodrigues

*Figures for Rodrigues are for the year 1972.

Rodrigues also faces an acute problem of alcoholism among children: according to a 1990 survey⁹, 48 percent of primary school children reported consuming alcohol regularly, and 68.5 percent on week-ends and special occasions. This problem is a potent factor explaining the poor performance of Rodriguan children at school. Other factors include poverty, family instability and distance, which result in acute rates of absenteeism among primary school children. The CPE failure rate in Rodrigues is on average¹⁰ about one and a half times that on the island of Mauritius. In 1995, this rate was 50 percent for Rodrigues and 36 percent for Mauritius. Adolescent (and adult) illiteracy is a persistent problem in Rodrigues. According to 1990 Census data, 29.3 percent of the population in the age group 12-19 were illiterate, as against 7.5 percent for the Island of Mauritius. The same source reveals that 25.5 percent of all Rodriguan women aged 10 and above had no schooling, although education is free.

⁹ Rodrigues Anti-Alcohol Committee, April 1990.

¹⁰ Average over 1991-1995.

1.6 Concerns and priorities

This section identifies the key priorities based on the issues discussed above.

Early childhood care and development

[The traditional pattern of home child-care and nurture has partially, even if slowly, given way to commercial day care centres, which seldom see their role as an early childhood development agent. Day care centres are in urgent need of a regulatory framework and an overhaul of the services offered.

Education

There is a pressing need to address the many shortcomings of the primary education system, in particular competition at the CPE level, high levels of functional illiteracy, wide disparity in CPE performance across schools. The government, in collaboration with NGOs, is trying to address the last problem through its program of "project schools", which seeks to tackle high absenteeism rates and improve the learning environment in low-achieving schools. However, little has been done to integrate effectively children with special educational needs into the mainstream education system.

Health

While most communicable diseases have either been eradicated or are under firm control, new problems have emerged in the wake of the rapid industrialisation of the country. These and other lingering problems need to be addressed urgently since they have quickly assumed alarming proportions. Perinatal mortality and nutrition are major issues among infants, but are born mainly out of women's health conditions during pregnancy. There is thus a need to sensitise women – through IEC campaigns – on the importance of proper nutrition during pregnancy, and of breast-feeding and correct weaning practices after birth, so as to reduce the incidence of low birth weight and malnutrition, respectively. Among older children, moderate and severe degrees of malnutrition are still a matter of concern. The increasing number of cases of child abuse is another major concern.

Behavioural Health

Smoking is in vogue and alcohol consumption on the rise among teenagers as a result of changes in youth lifestyles and demonstration effects. Moreover, the sexual behaviour of teenagers and young adults exposes them to STDs and AIDS. The risk is high because there is a dearth of information on these diseases – their causes, treatment, and preventive measures – among the youth. IEC has to be targeted to this vulnerable group.

2. Institutional/Policy framework for the protection and promotion of child rights

While the radical changes in social and family life in the wake of rapid economic development in Mauritius have probably had a marked impact on children as the most vulnerable social group, they have also generated demands for an improved and caring institutional framework for the protection and promotion of children's rights. In Mauritius, this has occurred in parallel with Government's effort to meet the obligations of the CRC. Consequently, the 1990s have seen a burst of legislative and administrative measures taken at the national level to create a policy environment conducive to the development and protection of children.

Presently, much of Government's energy is being channelled to reforming the education system. After a series of Master Plan (1991), Action Plan (1998) and White Paper on Education (1997), each of which was only marginally implemented, the new government that took office in September 2000 has devised a strategic plan¹¹ for the education sector that is coming into effect in 2002, backed by majority consensus. The plan will in essence eliminate the burdensome system of ranking at the CPE exams and inaugurate long-awaited changes in the primary cycle and its curriculum.

Investment in education has been a continuing priority for successive governments. Substantial budgetary allocations have been made for the primary sector for upgrading schools, curriculum research and development, recruiting of teaching staff and retraining of teachers. In 1995, Government took important measures to enhance and standardise educational facilities. In the pre-primary sector, in particular, a fixed yearly grant of Rs. 5,000 (USD 285) plus a per capita grant payable to all pre-primary units, whether private or public, was introduced. Subsequently, in the 1996-97 Budget Speech, Government declared its intention to extend free pre-primary schooling to all children. In the same Budget, some USD 1,670,000 were earmarked for this sector and provision was made for the setting up of 45 additional pre-primary units in existing primary schools.

Government is increasingly conscious of the need to pay greater attention to the early stages in the life of the child. The Child Development Unit set up at the Ministry of Women's Rights in 1995 has received a further boost by the adoption of a National Early Childhood Development Policy for the 0-3 years in 1998. Subsequently, a National Child Care Advisory Committee on ECD has been put in place as a permanent monitoring mechanism to ensure effective implementation of quality programs for the ECD sector. The Committee has approved minimum norms and standards governing the quality of services provided to children in home-based facilities and day-care centres.

Similar efforts are under way to prepare a reform plan for the health sector. The Ministry of Women's Rights, Child Development and Family Welfare (MWRCDFW) recently released the findings of a study on child prostitution in Mauritius commissioned by the preceding government. The present government has taken stock of the magnitude of the problem and has pledged to counteract it. Table 3 details problems of child [protection] rights violations..

National efforts to create an enabling environment for the protection and development of the child in the 1990s began with the setting up of the National Children's Council (NCC) in 1990, shortly after the country's adoption of the CRC. The main objectives of the NCC are to co-ordinate the activities of organisations working in the interest of children and to identify actions and projects that will promote children's welfare. [The Council operated a counselling service for victims of abuse, as well as their abusers; this role has been shifted to the Child Development Unit since] In 1992, the NCC set up a regional Child Abuse Unit in a major hospital to diagnose and treat children who are victims of neglect and abuse.

The Child Protection Act was enacted in 1994 in pursuance of the CRC goals to provide a formal framework for the protection of children against all forms of abuse, including ill-treatment, neglect, abandonment, destitution and exposure to harm. The Act empowers the MWRCDFW – and its implementing arm, the NCC – to inquire into allegations of child abuse, to refer to the court any case of child rights violation, and to apply for an emergency protection order or even for a committal order to put the child in safe custody.

¹¹ Ministry of Education and Science, *Ending the Rat Race*, (Date)

**Table 3: Problems of Children [Protection Rights Violations]
(1995-2000)
No. of Cases Registered at the Child Development Unit
by Nature of Problem and Year**

Nature of problem	1995	1996	1997	1998	1999	2000	1995-2000
Abandoned child	128	77	114	72	68	97	556
Battered by parents/other	367	205	290	406	377	268	1913
Battered by teachers	25	14	18	24	12	15	108
Child beyond control/ Behavioural problem	273	130	123	189	121	427	1263
Child labour	17	5	9	7	6	15	59
Child mendicity	25	10	12	6	12	21	86
Child not attending school	134	29	65	103	78	77	486
Child prostitution	-	-	20	22	12	11	65
Child with psychological problem	37	74	184	525	681	654	2155
Custody of child	201	156	229	315	413	256	1570
Incest	5	6	2	15	11	33	72
Neglected	254	132	176	297	440	247	1546
Sexual harassment	13	27	27	43	21	7	138
Teenage pregnancy	7	4	14	30	39	41	135
Undeclared child	-	-	46	33	51	69	199
Victim of sexual abuse/rape	62	52	106	102	90	102	514
Other	200	229	698	708	918	492	3245
TOTAL CASES REGISTERED	1748	1150	2133	2897	3350	2832	14110

N.B. Figures Not Available for Rodrigues.]
Source: Child Development Unit, MWRCDFEA.

The Act was reviewed in 1998 in light of the lessons learnt during the first three years of its implementation. Following recommendations made by the Committee on the Rights of the Child, Government has harmonised some 25 major laws with the CRC. The amendments have been brought together in the Protection of the Child (Miscellaneous) Act.

Another major piece of legislation has been the passing of the Domestic Violence Act in 1997. Although the primary focus of the Act is arguably women, children too are often victims of domestic violence. Accordingly, the Act takes due account of the direct and indirect effects of domestic violence on children. Specifically, children are mentioned in *at least* two of the eight clauses of the Act defining acts of domestic violence, namely:

- "Wilfully or knowingly placing or attempting to place the spouse in fear of physical injury to himself or to one of his children"; and
- "Any harm or threat to cause harm to the child of the spouse".

It thus appears that Mauritius has the proper legislative and institutional framework for the growth, development and protection of children. Nevertheless, important lacunae persist. Further action is highly desirable in several areas. First, a system of data collection with appropriate disaggregated indicators addressing all areas of the Convention and all groups of children in society is lacking. While there exist a number of statistical and other data sources from which a great deal of information could be obtained, there is a need to set up a centralised mechanism that would facilitate the integration of all available data into a comprehensive and meaningful data set to enable regular updating and monitoring of the situation.

In other areas, however, monitoring is simply impossible. In the nutrition sector, for example, while the National Nutrition Survey of 1995 provided the necessary baseline indicators, no follow up could be done because the National Nutrition Surveillance System planned to be launched on a pilot basis in 1998 did not materialise. Similarly, a survey on youth in Mauritius (1988) and a KAPB study on STD/AIDS (1992) in Rodrigues were carried out by the Ministry of Health in collaboration with other organisations, providing critical base-period information on adolescent behavioural health, among other things. However, since subsequent surveys of this kind were not undertaken, effective monitoring of the situation was not possible.

Second, and related to the first, changes in government have introduced an element of discontinuity in national policies in relation to children, in many cases in utter disregard to the long-term national goals spelled out in "Vision 2020". This is most evident in the education sector, where successive governments have rejected the reform plan of its predecessor, only to see its own plan rejected in turn, either by the people or by the newly elected government. Plans for health sector reform have suffered a similar fate. The original MPO speaks of two policies being simultaneously developed in the nutrition sector as of 1995: a National Nutrition Policy by the Ministry of Health, and a Food Policy by the Ministry of Agriculture. In 1996, a new government assumed office and these policies were relegated amid fresher priorities.

Finally, there is a lack of integration of activities and policies pertaining to children at the level of different ministries, notably Education, Health and MWRCDFW. For greater efficiency in resource use and better management and monitoring of projects, it would be advisable to collect and reorganise all relevant activities under the umbrella of the parent Ministry.

Table 4: A Statistical Profile of the Island of Mauritius, 1995-2000

	1995	1998	2000
Population	1,087,343	1,124,508	1,150,225
Population density per sq. Km.	583	603	617
Population growth rate (%)	1.06	1.02	1.17
Child population (under 18)		354,705	349,462
Percentage of total population (%)		31.5	30.4
Women's activity rate (15+) (%)	37.4	39.4	40.5
Percentage of women in labour force (%)	36	37	37
Women employed in EPZ sector	57,100	59,000	61,100*
Percentage of total female employment			
GDP per capita (US\$)*	3,540		
Annual average growth rate (%)‡	5.6	5.8	8.9
General fertility rate (‰)	65.24	58.40	59.96
Teenage general fertility rate (15-19 years) (‰)	38.9	35.3	37.7
Total fertility rate	2.13	1.96	2.00
Crude birth rate (CBR) (‰)	18.2	16.7	16.9
Crude death rate (CDR) (‰)	6.7	6.8	6.8
Perinatal mortality rate (PMR) (‰)	26.8	23.5	22.1
Infant mortality rate (IMR) (‰)	19.6	19.4	15.8
Child (1-4) mortality rate (CMR) (‰)	0.7	0.5	0.6
Under-5 mortality rate (U5MR) (‰)	22.6	21.3	17.9
Maternal mortality rate (MMR) (‰)	0.61	0.21	0.15
Access to primary health care (%)			100
Incidence of low birth weight (% of live births)	12.9	12.7	14.3
Prevalence of severe anaemia among pregnant women (%)			14.8
Children fully immunised (per 100 live births) against:			
Tuberculosis	86.0	86.6	87.2
Diphtheria, cough, tetanus, hepatitis	92.5	89.2	87.3
Poliomyelitis	93.0	89.6	87.4
Measles/mumps/rubella (MMR)	89.1	84.6	84.3
Pregnant women properly immunised against tetanus (% of live births)	81.5	76.9	75.3
Prevalence of HIV/AIDS (no. Of cases)	21	23	50
Percentage of babies ever breastfed (%)	89.0		
Percentage of 3-5 year old children underweight (%)	16.6		14.0
Life expectancy at birth (years)			
Male	66.4		67.4
Female	74.0		74.6
Access to basic education (%)			100
Pre-primary enrolment rate (%)	85		
Primary enrolment rate (%)	98		
CPE pass rates (%)	64.0	67.4	66.8
No. Of project schools (CPE pass rates < 30%)	5	6	7
No. Of primary schools	276	279	278
Languages most commonly spoken in Mauritius		Creole, Bhojpuri, French	
Media of instruction		English (as from standard III)	
Secondary enrolment rate (%)	61.8		
Adult literacy rate (%)	81.4		

*Figures for 1999.

‡ Figures are for the Republic of Mauritius

Sources: *Health Statistics Annual 2000: Island of Mauritius*, Ministry of Health and Quality of Life, Republic of Mauritius; *Annual Digest of Statistics 2000*, CSO; *World Development Indicators*, World Bank.

Table 5: A Statistical Profile of the Island of Rodrigues, 1995-2000

	1995	1998	2000
Population	34,775	35,221	35,663
Population density per sq. Km.	334	339	342.5
Population growth rate (%)	0.31	0.64	0.61
Child population (under 18)	16870		13499
Percentage of total population (%)	48.3		37.9
Women's activity rate (15+) (%)			
Percentage of women in labour force (%) [‡]	28.9	32.3	32.9
General fertility rate (‰)	82.3	71.1	81.43
Teenage general fertility rate (15-19 years) (‰)	50.8	42.3	60.9
Total fertility rate	2.64	2.26	2.58
Crude birth rate (CBR) (‰)	20.8	19.6	22.6
Crude death rate (CDR) (‰)	4.8	5.3	4.9
Perinatal mortality rate (PMR) (‰)	17.9	20.1	17.3
Infant mortality rate (IMR) (‰)	22.1	17.4	19.8
Child (1-4) mortality rate (CMR) (‰)			
Under-5 mortality rate (U5MR) (‰)	24.8	23.2	24.8
Maternal mortality rate (MMR) (‰)	-	-	1.2
Access to primary health care (%)			100
Incidence of low birth weight (% of live births)			9.5*
Prevalence of severe anaemia among pregnant women (%)	19.3		9.7
Children fully immunised (per 100 live births) against:			
Tuberculosis	104.0		96.7
Diphtheria, cough, tetanus, hepatitis	96.4		93.9
Poliomyelitis	98.6		94.4
Measles/mumps/rubella (MMR)	88.7		76.7
Pregnant women properly immunised against tetanus (% of live births)			88.0
Prevalence of HIV/AIDS (no. Of cases)			Nil
Percentage of babies ever breastfed (%)			
Percentage of 3-5 year old children underweight (%)	1.2	0.3	...
Life expectancy at birth (years)	(1991-95)		
Male	68.3		69.1
Female	74.1		75.8
Access to basic education (%)			100
Pre-primary enrolment rate (%)			40.9
Primary enrolment rate (%)			95.2
CPE pass rates (%)	49.9	58.5	54.1
No. Of project schools (CPE pass rates < 30%)			1
No. Of primary schools	12	13	13
Languages most commonly spoken in Mauritius			Creole
Media of instruction			English (as from standard III)
Secondary enrolment rate (%)			
Adult literacy rate (%)			56.6 (1990 Census)

[‡] Female employment as a percentage of total employment.

* Refers to 1999 figures.

Sources: *Digest of Vital and Health Statistics 2000, Island of Rodrigues*: Ministry of Health and Quality of Life, Republic of Mauritius; *Digest of Statistics on Rodrigues 2000*. CSO.

APPENDIX 7

PROJECT OBJECTIVES, TARGETS AND STRATEGIES

PROJECT OBJECTIVES, TARGETS AND STRATEGIES
CP 1995-1998 [including continuation of projects such as MCH into revised CPC]
MATERNAL & CHILD HEALTH: ANTE- AND PERI-NATAL HEALTH

Objectives		Target Group		Strategies	
PLANNED	ACHIEVED	PLANNED	ACHIEVED	PLANNED	ACHIEVED
Contribute to provision of quality ANC/PNC to 80% of pregnant women & under 5 children	ANC/antepartum training fully done. Protocols for ANC developed	Cover 6 specific districts out of 10: Specifically 20 central/regional consultant gynaecologists and paediatricians as master trainers; 20 of each category at hospital level; 50 midwives and paediatric nurses; 100 community health Drs; 75 peripheral midwives/nurses; 200 CHWs	Covered all districts but number trained was same as planned.	Training and protocols Regions with high perinatal mortality levels will be given priority, as also availability of institutions and personnel After evaluation, the master trainers will plan training at lower levels; develop guidelines on preventive/curative care	No prioritisation as number was small. These Guidelines developed??
Reduce LBW to 7 % -	A study done; another planned on non-health factors but later cancelled. Sensitisation carried out - partial..	Campaign to reach all women in reproductive age group once monthly	Campaign done only twice in all.	??	Campaign felt too expensive to be done all-year round. Switched to communication strategy for health promotion
Supply of equipment for ANC	partial	basic medical equipment to improve early detection of pregnancy risk and neonatal care to be provided.	Some provided only.	Regions with high perinatal mortality levels will be given priority, as also availability of institutions and personnel	Some high-tech equipment requests not agreed upon in 98/99 as field visits had shown that equipment provided in earlier years were not useful for IMR reduction.
Community mobilisation for better use of ANC/PNC services	Yes - IEC Campaigns carried out through booklets & on TV and radio.	Mothers & pregnant women both through mass media & through booklet on topic	25,000 copies of booklet distributed to Mothers & pregnant women through AHCs; TV/radio programmes seen/heard	Impact analysis to be done.	Analysis showed positive impact. TV found to reach more persons than radio Staff of HCs involved in design of campaign

Community worker scheme was found to be infeasible in Mauritius Island MOH does not favour use of non-health personnel for health/nutrition education.

MATERNAL & CHILD HEALTH : WOMAN AND CHILD NUTRITION

Objectives		Target Group		Strategies	
PLANNED	ACHIEVED	PLANNED	ACHIEVED	PLANNED	ACHIEVED
Improve nutritional status of pregnant women and children through:	Infant feeding promoted ; MAPBIN supported to expand programme of BF promotion	All health staff	80% Done	Improve knowledge on breastfeeding among all health staff	Done among those trained
Training - provision of technical assistance for intensive training of trainers [6 Sr. Nutritionists, ten Sr. Regional nurses; then 100 community Drs. And 50 paediatric nurses] on diets of children, infants.	Rodrigues CHWs organised to ensure proper child feeding and use of ORS and trained in better childcare A breast-feeding study conducted but was later found to have too many inconsistencies	All CHWs	All 60 then in place trained	Impart knowledge to mothers through home visits	Done
Proper nutritional, hygiene and health practices; on IEC through PTAs Pre-school teachers trained in infant health/nutrition	Partial	All health staff	Not done	Improve knowledge of health staff on current practices	Not achieved
	The breast milk substitutes code proposed, but not yet cleared by govt ?? was this activity decided upon after PPOs were finalised?.	1,000 teachers	750 trained, , but could not complete target as NGO handling the activity had some internal problems	Use various methods working through an NGO	Workshops, talks & IEC used
IEC- strengthen role of families in caring for own health; Design an educational campaign, based on results of national nutrition survey involving PTAs, aimed at children	Multi-media campaigns on tv/radio, press/bus advertisements mounted. Booklet on breast feeding produced. Health promotion activities supported on various themes; needs assessment/ analysis carried out in target communities prior to IEC efforts	10,000 copies to families	Done	Distribute through health centres; carry out impact analysis	Done. Impact analysis was carried out - found that tv spots had better impact than radio, used
Targeted deworming campaign of pre-primary school pupils every 6 months for 2 yrs where highest infestation rates are found.	Planned for 1997 but not carried out due to changed priorities.	Pre-primay school children	-----	Provision of syrups to all children affected; pamphlets on prevention planned.	
Support the national nutrition surveillance system under m & e component of programme.	The 1995 survey report shared with various groups. A consultant was engaged in 1997, but the project was abandoned later in favour of a growth monitoring card/ system. Assistance provided for printing of health cards; 120 scales provided. Little progress in training and implementation.	All children under five	-----	a data system that is both quantitative & qualitative	Need agreed to, but action postponed to next CPC

Comments: MOH decided to monitor the nutritional status of children through the health card that will include the growth chart. However this has not yet been fully put into practice??

MATERNAL & CHILD HEALTH : QUALITY ASSURANCE

Objectives		Target Group		Strategies	
PLANNED	ACHIEVED	PLANNED	ACHIEVED	PLANNED	ACHIEVED
Improve capacity of RHT to fulfil its MCH functions at high levels of quality	Training completed on use of new techniques in ANC; protocols & management guidelines developed.				
Research & Analysis - Support to Health sector reform	Supported 2 surveys ??SPD??				
Training of various health personnel	CHWs trained		76		
Leadership training for local Health Committees	First postponed and then not pursued??				

BEHAVIOURAL HEALTH: RATIONAL UTILISATION OF MCH SERVICES

PLANNED	ACHIEVED	PLANNED	ACHIEVED	PLANNED	ACHIEVED
Problem Analysis	Activity cancelled??				
Development of IEC materials	Completed: young animators in Rodrigues widely use the produced booklets for sex education for their peers				
Training of potential users of health services	Done in Mauritius Island	1000 persons to be trained	1000 persons through 50 half-day seminars. Participants were young women, couples and pregnant women.	Training through seminars	Done

MATERNAL & CHILD HEALTH : AIDS??

Objectives		Target Group		Strategies	
PLANNED	ACHIEVED	PLANNED	ACHIEVED	PLANNED	ACHIEVED
Increase capacities to deal with HIV + cases	Voluntary testing of pregnant women to prevent maternal transmission of HIV undertaken Test kits provided Support to development of National AIDS Plan	100% pregnant women	95% tested in 2000		
Training in counselling and support to infected mothers	Training courses for CHWs & nursing officers		100 CHWs & nos each??	NGO staff to be trained also	Postponed as decision made to take up medical staff training ??first??

ECD OBJECTIVES, TARGETS AND STRATEGIES 1996-1998

PLANNED	ACHIEVED	PLANNED	ACHIEVED	PLANNED	ACHIEVED
To improve the quality of care for 70% of children aged 0-3 years by year 2000	Partially	65,000 children (0-3) to be reached through training their caregivers	18% in formal day care centres, 42% home-based care, 40% mothers reached, 150 caregivers, 24 trainers and 6 core trainers trained	Curriculum Development training	Curriculum guidelines prepared and pretested in 34 day care centres
To contribute to the development of comprehensive strategy for ECD, the formulation of regulatory framework and the setting up of supervision of day care facilities	ECD Policy published in 1998, implementation plan drafted, funds earmarked and implementation started. Regulations promulgated	Policy makers and resource persons	Done 8 resource persons recruited to enforce regulations. Child care accreditation bureau set up.	Discussions and training IEC	Booklets produced by MCA and distributed.
Contribute to the improved in-service training of pre-primary teachers annually at the 9 regional training centres.	Done	360 teachers	360 teachers trained	Training	Done
Contribute to the training (Certificate in Education) of 550 pre-primary teachers by the year 2000	325 pre-school teachers trained and awarded Certificate of Education (drop-outs in 2 nd batch)				No. of school increased by 100 at request of Ministry
Contribute to the in-service training of 70 supervisors of pre-schools	Done				Pedagogical materials provided to 1200 pre-schools
Improve the quality and relevancy of teaching at 20 pre-schools per year	Partly met – 200 sub-standard preschools provided with teaching materials, books, furniture and equipment			Research in child rearing practices	Research done in Rodrigues but not in island of Mauritius

ECD OBJECTIVES, TARGETS AND STRATEGIES 1998-2000

PLANNED	ACHIEVED	PLANNED	ACHIEVED	PLANNED	ACHIEVED
(Main) To improve the equity and quality aspects of early childhood interventions	Not verifiable	Same as for 1996-1998	Same as 1996-1998	7 strategies spelt out: Training of day care workers	Partially
(sub-project objectives) To ensure that 120 day care workers and 1000 pre-school teachers possess the essential knowledge and skills for promoting holistic child development	124 caregivers trained 1040 pre-school teachers following proficiency course			Training of pre-school teachers	
To increase the knowledge and skills of 5000 parents and other caregivers for better childcare and stimulation	1202 parents sensitised – 1900 parents reached thru' peer to peer programme			Parenting education interventions	Now structured and certificate B.Ed Course rescheduled for 2002
To ensure a stimulating environment for all children attending day care centres and pre-school	Supervision started. Needs to be reinforced and sustained			Accompagnement scolaire Rodrigues Development of curricula for Early years Consolidation of quality Improvement and accreditation system Home-based care arrangements	Effective Done Started Started but not pursued owing to limited resources

EDUCATION FOR DEVELOPMENT OBJECTIVES

PLANNED	ACHIEVED	PLANNED	ACHIEVED	PLANNED	ACHIEVED
To equip children and youth with the knowledge and skills that will empower them	Yes – refer changed classrooms, changed attitudes and teacher – pupil interactions	Pupils and out of school youth	Limited – needs to be more structured	Innovation, piloting, scaling	Innovation successful introduced and piloted but not extended as expected, except for Inclusive Pedagogy project
To promote these values and bring about change in their own lives and in their communities	Active learning for active citizenship	Regional dissemination	No		
To promote cooperative learning and teaching	More pupil participation – cooperative peer - learning support to weaker pupils – teachers trained and curriculum adapted				
Inclusive Pedagogy sub-project: to reinforce the capacity of teachers of Bureau de l'Education Catholique (BEC) to develop skills in cooperative learning	Done	46 BEC schools	Done	Involvement of parents	Done

BASIC EDUCATION – LOW PERFORMING SCHOOLS

PLANNED	ACHIEVED	PLANNED	ACHIEVED	PLANNED	ACHIEVED
To assist low performing schools in improving their quality of education and success rates in CPE examinations from 30% to 70%	Schools assisted increased from 17 in 1996 to 20 in 2000. Average CPE pass % 1996-2000, Highest 44.*% Lowest 18.6%	8000 children aged 5-12 in low performing schools and their families	Yes in terms of coverage but not in terms of qualitative target	Supplementary Education Scheme Pastoral care Improvement of school improvement Education Welfare Work	Yes. Teachers were given a supplementary allowance and they provided special assistance. Caritas and Carrefour – Tow NGOs provided effective support Done but maintenance required Not done. Education Welfare Workers not trained

SOCIAL POLICY DEVELOPMENT

Objectives		Target Group		Strategies	
PLANNED	ACHIEVED	PLANNED	ACHIEVED	PLANNED	ACHIEVED
Integrate and use disaggregated social statistics more fully in the national development planning processes, in support of policy development and advocacy	<p>A community-based initiative in Rodrigues for village profiles was supported and computerisation of these completed.</p> <p>Agalega situation analysis done.</p> <p>Workshop on social policy formulation & implementation held for govt. Officials.</p> <p>More data on children's issues available from several studies carried out.</p> <p>Little progress on analysis through studies on cost-effective & sustainable strategies in the transition of the economy.</p>	CSO and other government departments concerned with statistics and planning	Done	<p>Data to be used at local levels</p> <p>Main strategy is capacity building through well-targeted training of personnel involved in social policy formulation and analysis. Training is on techniques of mainstreaming the poor & vulnerable groups; child rights and gender issues in policy planning.</p>	The computerised database is with the administration, to be eventually used by govt. and NGOs
Contribute to monitoring & implementation of the Mauritian NPA	Mid-way review of NPA done. The exercise is renewing impetus to the attainment of NPA goals and helping in integration with other actions for women and child development.	Updating of the NPA after a mid-term review	DONE	Consultations with all stakeholders to be held to highlight needed areas to help in revising NPA for rest of the decade.	MWFWCD co-ordinated the review, with a consultant and reps of various ministries included in review team
Contribute to improving the management & financing of social services	Operational research - surveys on people's and professionals' perception of health services carried out and intensively used in National Health Sector Reform development.	Improving management and financing services.	Interventions were centred on the health sector only due to limited budget.	Improved basis for health sector reform	Results intensively used in National Health Sector Reform development

ADVOCACY

Objectives		Target Group		Strategies	
PLANNED	ACHIEVED	PLANNED	ACHIEVED	PLANNED	ACHIEVED
Foster public awareness, discussion and support for children's & women's needs & rights through: 1.- Media campaigns; 2 – workshops	A high percentage of population has some awareness of CRC ?? What about CEDAW?? Workshops on linkages between CRC & CEDAW held	CRC widely disseminated by govt. Agencies & ngos			Intensify efforts for a wider dissemination of CRC through information campaigns, publication of articles in press, focus on participation of children in the implementation of CRC. Need a platform for children to be heard. Expect the trainees themselves to be agents for these strategies.
Setting up groups of parliamentarians/lawyers for the cause of children	Letter issued to the groups. One parliamentarian attended workshop in New York on Children First				
Special events	Concert organised by President - a national success; an one-day session held with ngos for children to express themselves				
Programmes against child/woman abuse	Workshop held in march '96; MWCDFW has set up task force to follow up on its recommendations. Sensitisation campaign against domestic violence				
Support to govt. For harmonisation of national laws with CRC	A round table organised with various key groups Training of trainers for ngos on CRC for further dissemination; village leader also given brief training CRC messages promoted on children's copybooks; pedagogical kits on CRC for pre-primary and primary schools produced			Recommendations of round table to be incorporated in a Children's Act	Each trained NGO had to submit a plan of action for follow-up, at end of training
2 – operational research - time budget surveys of women	??not done??				

Comments: Among the key constraints affecting the social policy and advocacy projects that the MTR report identified, one might especially note: Lack of consensus among potential users on the type and range of required social indicators has hampered the social database project. Detailed data are systematically collected, but are not always available in a disaggregated form.

Some child protection laws are difficult to enforce due to inadequate institutional capacity.
 Publication of studies is subject to a lengthy procedural review and approval resulting in additional delays.

Projects in the Revised CPC [1999-2000]

CHILD RIGHTS PROMOTION AND REALISATION: Capacity Building of the NCC and ngos

Objectives		Target Group		Strategies	
PLANNED	ACHIEVED	PLANNED	ACHIEVED	PLANNED	ACHIEVED
Restructuring of the NCC	The recommendations of a report on role and status of NCC were approved by the Cabinet; the new mission statement of the organisation and other aspects were discussed in a workshop and the full support of the private sector enlisted. Draft bill prepared.			Need to reach consensus on the new organisation to move ahead and sustain commitment obtained so far.	This consensus has not yet been forthcoming
Reinforcement of capacity of the NCC to carry out research	Not achievable unless restructuring accomplished.				

CHILD RIGHTS PROMOTION AND REALISATION: REVIEW AND IMPROVEMENT OF EXISTING LAWS

Objectives		Target Group		Strategies	
PLANNED	ACHIEVED	PLANNED	ACHIEVED	PLANNED	ACHIEVED
The administration of juvenile justice	Recommendations of a report of a thorough assessment of various legislation, conditions of children detained by the law, and training needs of concerned personnel, awaits govt. Approval. Training organised for concerned staff TV spots broadcast on integration of disabled children. ??in 2000??			Further work on all aspects of the report?? Consensus has to be reached and ministry of social security needs to be involved in implementation.	
Enforcement of legislation for child protection	One Child protection unit set up and a pilot programme using multi-agency approach to investigations set up			Monitor multi-agency approach to ensure better protection of children	
Information and Communication campaign re needs of children especially CEDC	National campaigns were designed and the public is more aware of the need to protect children and of the rights of the child. A three-day seminar from 17 countries held with local follow up through NGO network			Reinforce national multi-media campaigns for the protection of children.	
Awareness campaign in favour of disabled children	Second phase of campaign designed; training of social workers & teachers not done			To be taken up in new CPC	
Norms and standards for foster care and children's shelter institutions	Situation reviewed and proposals being made for norms. Compendium [Lay version] of laws re. Children drafted Desk review on status of Rodriguan children			Activity needs to continue in 2001 Print and disseminate compendium; train personnel concerned. Share report with ministry and organise consultative workshop with stakeholder and prepare action plan.	Cancelled in 2000

**CHILD RIGHTS PROMOTION AND REALISATION:
REHABILITATION PROGRAMMES TO BENEFIT DISABLED CHILDREN AND THOSE VICTIMS OF ABUSE**

Objectives		Target Group		Strategies	
PLANNED	ACHIEVED	PLANNED	ACHIEVED	PLANNED	ACHIEVED

INTEGRATED HEALTH, NUTRITION AND EDUCATION

Objectives		Target Group		Strategies	
PLANNED	ACHIEVED	PLANNED	ACHIEVED	PLANNED	ACHIEVED
Surveys	Survey on childhood asthma carried out in 2000; results due in 2001			MOH/UNICEF to ensure that findings contribute to decision-making in next programme	
Prevention/treatment of common childhood diseases	A manual on prevention/treatment of CDD prepared	Parents		Mothers targeted at time of delivery. Distribute manuals to mothers at time of delivery; monitor the same.	Done

**PLANS AND ACHIEVEMENTS
BEHAVIOURAL HEALTH : REPRODUCTIVE HEALTH PROMOTION**

Objectives		Target Group		Strategies	
PLANNED	ACHIEVED	PLANNED	ACHIEVED	PLANNED	ACHIEVED
To inform on HIV/AIDS and influence attitudes and behaviours	Very low achievement rate although no indicators available assumptions can be made according to number of activities performed	217,000 adolescents/ teenagers (10-19 yrs.) 96,200 young adults (20-24 years of whom 48,000 young women (20-24 yrs.)	Targets unachieved, too ambitious for the small activity done	Empowerment through IEC materials	Done but results not obtained to extent desired.
To inform on STDs and reproductive health so as to encourage on more responsible behaviours.					

Comments: According to the project document, changes in behaviour were to be done through iec materials and through such communication channels as community leaders , youth clubs , youth leaders, mass media, teachers, ngos and health workers. According to the input/output, it has been done to a very low extent (please see annex).

ADOLESCENT LITERACY COMPONENT

Objectives		Target Group		Strategies	
PLANNED	ACHIEVED	PLANNED	ACHIEVED	PLANNED	ACHIEVED
To contribute to the reduction of illiteracy in adolescents from 7.5 to 3.7% in island of Mauritius and from 29.3 to 14% in the Island of Rodrigues	Objectives met marginally as the numbers reached are far too few while the school system continues to produce a significant number of adolescents lacking functional literacy.	60,000 children 13-18	728 in Rodrigues About 600 in Mauritius	Service delivery	Achieved according to resources available Capacity building in revision of curriculum. Capacity building of 40 NGOs in the island of Mauritius on management of out-of-school youth literacy programmes with support from UNESCO.

Adolescent Healthy Lifestyles component

Planned objectives

- To contribute to the promotion/reduction of prevalence of smoking/alcohol consumption and drug addiction among youth
- To contribute to the increase of the level of leisure, physical activity among youth

Planned targets

- ⇒ 217,000 adolescents/teenagers (10-19 years)
- ⇒ 96,200 young adults (20-14 years)

Planned strategies

- ⇒ Education, training, raising awareness through IEC materials using such channels as community leaders, mass media, teachers, NGOs and health workers

Planned activities

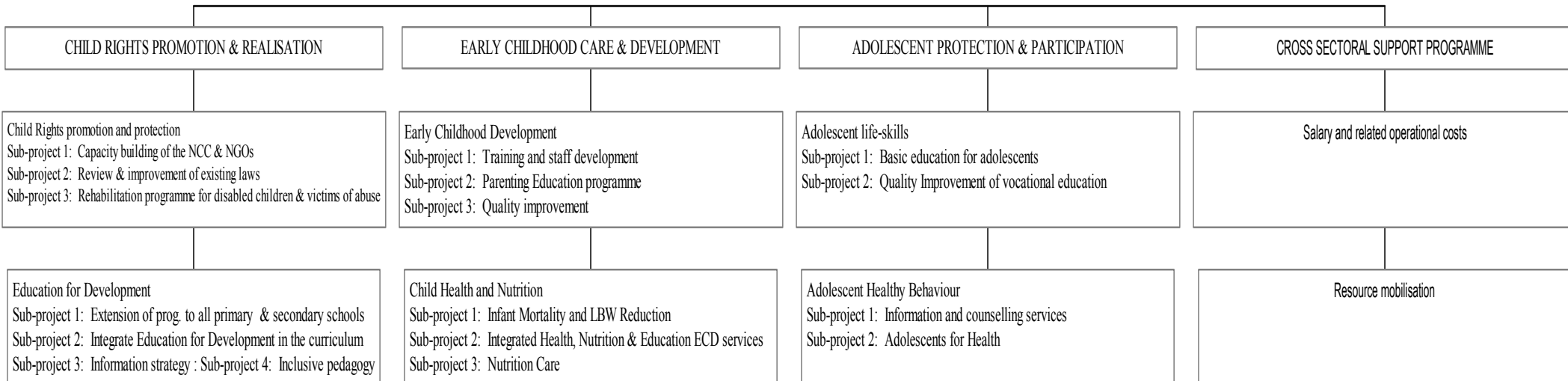
- ⇒ No activity was planned although the UNICEF information and communication officer tried to advocate on the IEC/Non communicable Disease Unit of the Ministry of Health. Doctors wanted only the medical approach and were very reluctant to adopt a bottom-up approach and more social approach to change behaviour. They were also against pre-testing of information, content and quality of language.
- That unit of the MOH having closed down , it was not possible for the evaluation to verify points in this area to have their views on why the planned activities were not carried out and seek the views of the government side on the matter.. Hence, only the views of the unicef programme officer have been obtained.

The revised Country Programme 1999-2000

- A mid-term review was held in June 1998
- The approach moved from basic needs to child rights
- Cross-sectoral linkage of the activities was to be strengthened

Identification in the updated Situation Analysis 1998 of at least one quarter of all adolescents are confronted with obstacles that can impair their physical and emotional health, destroy their ability and motivation to succeed, and damage their personal relationships. Adolescent life-skills Project

1999-2000 Country Programme



ADOLESCENT LIFE-SKILLS PROJECT

Objectives		Target Group		Strategies	
PLANNED	ACHIEVED	PLANNED	ACHIEVED	PLANNED	ACHIEVED
<p>To facilitate the social integration of disadvantaged children.</p> <p>To empower adolescents to adapt and seize the opportunity arising from changing realities.</p>	<p>In a lesser way in the island of Mauritius and better done in the island of Rodrigues</p>	<p>500 out of school adolescents in Rodrigues and extend scale in Mauritius.</p>	<p>504 out of school adolescents in Rodrigues and 600 in Mauritius covered.</p>	<ul style="list-style-type: none"> - Developing capacities - Introducing innovative pedagogy - Quality assurance - Empowering adolescents with social & vocational skills - Strengthening networking and partnership among service providers 	<p>Achieved</p> <p>Not enough attention paid to child to child approach</p>

ADOLESCENT HEALTHY BEHAVIOUR

Objectives		Target Group		Strategies	
PLANNED	ACHIEVED	PLANNED	ACHIEVED	PLANNED	ACHIEVED
<p>To improve the knowledge and skills of adolescents for healthy practices</p> <p>To increase access to information, non judgement listening and counselling for adolescents.</p> <p>To increase adolescents participation in the promotion of healthy living for themselves, their families and their communities.</p>	<p>Done to a certain extent</p>	<p>Out of school adolescents aged 12-15 years living in disadvantaged areas.</p>	<p>A small coverage but will have a snowball effect.</p>	<p>Creating greater awareness strengthening networks and partnerships.</p> <p>Improving information base. Involving children for health.</p> <p>Promotion peer to peer approach</p>	<p>Network set up</p> <p>Information base improved peer to peer approach encouraged.</p>

X2 Rational utilisation of MCH services; 1000 persons received training on the island of Mauritius where 50 half-day seminars were organised
Participants were young ladies, couples and pregnant women

APPENDIX 8

PROJECT IMPLEMENTATION

PROJECT IMPLEMENTATION

MATERNAL & CHLD HEALTH: ANTE- & PERI-NATAL HEALTH

ACTIVITIES		INPUTS		OUTPUTS		OUTCOMES	
PLAN	DONE	PLAN	DONE	PLAN	DONE	PLAN	DONE
Ante-/post natal care training at various levels in 6 priority	Covered all ten districts	Cash assistance for workshop costs and IEC materials?	Done	20 central/regional master trainers, 20 each at hospitals, 50 midwives, 100 CH Drs., 75 peripheral staff & 200 CHWs; development of ANC protocols	Same #s but spread in all ten districts	Improvement in ANC/PNC to 80% women & Under five children; improved skills	Partially achieved
Studies on LBW	Partial. First study on medical aspects done; only sensitisation on 2 nd [non-medical] done.	Cash assistance	Done for 1st study	Two studies	One done; another on non-health factors cancelled	Understand Medical & Non-medical reasons for LBW	Non-medical reasons not clear still.
IEC campaigns on LBW	Partial	Cash assistance For IEC materials	Limited	Messages to all women of reproductive age group once monthly	Done only twice in all	Lower incidence of LBW	Not achieved
Supply of equipment for ANC	Partial	Equipment	Some supplied.	Basic medical equipment for early detection of pregnancy & neonatal risk	Provided for first three years	Better early detection of at risk cases Leading to lower IMR	Visits showed little effect on IMR levels - hence discontinued.
Community mobilisation for better use of ANC/PNC services	Done	Cash assistance for workshop costs and IEC materials	Done	Information booklets	225,000 copies prepared & distributed through AHCs	Better use of services	Analysis showed positive impact on attendance rate and awareness of women on the ANC

COMMENTS:

LBW Studies: MOH was not convinced that the non-medical study was needed; also difficulty in finding suitable consultants.

MATERNAL & CHLD HEALTH: NUTRITION

ACTIVITIES		INPUTS		OUTPUTS		OUTCOMES	
PLAN	DONE	PLAN	DONE	PLAN	DONE	PLAN	DONE
Training	Not done	Technical assistance	—	Intensive TOT -6 Sr. Nutritionists, ten Sr. Regional nurses; then 100 community Drs. And 50 paediatric nurses] on diets of children, infants	—	—	—
Promotion of breast-feeding	Partially done	Cash assistance and technical advice (communication strategies) support to MAPBIN & MOH especially on Breast-feeding week.	Done	Train 1,000 pre-school teachers	Only 750 trained as intermediary NGO [Trust Fund for Community Health] had problems.	Workshops, talks & IEC	Done & used
Promote breast milk substitutes code	Partially done	Technical support as member of review committee	Done	Enact breast milk substitutes code	Drafted but not cleared by govt.	Regulations on promotion/marketing of substitutes	Not achieved
Study on breast-feeding.	Done	Fee for researchers	Done	Breast-feeding study conducted	Done but quality was poor - Study found to have too many inconsistencies	Improve knowledge on breast-feeding at all levels	Nil - study not used.
Promotion of child feeding	Done	Cash assistance for workshop	Done	Train 60 Rodriguan CHWs	Done	Inform people during home visits	Done

IEC campaigns	Carried out	Cash assistance	Given	Design an educational campaign, based on results of national nutrition survey , involving PTAs, aimed at children	Multi-media campaigns on tv/radio, press/bus advertisements mounted. Health promotion activities such as production of 10,000 breast-feeding posters/booklets on various themes; and distributed. Needs assessment/ analysis carried out in target communities prior to IEC efforts	Strengthened role of families in caring for own health;	Impact analysis was carried out - found that tv spots had better impact than radio, used .
Targeted deworming campaign	Planned for 1997 but not carried out due to change of priorities..	Deworming syrups	-----	campaign covering pre-primary school pupils every 6 months for 2 yrs where highest infestation rates are found. Provision of syrups to all children affected; pamphlets on prevention planned.	-----	Nutritional improvement of children due to lower worm infestations.	-----
Establishment of a national nutrition surveillance system.	Started but not completed	Cash and supply assistance; technical assistance	Assistance provided for printing of health cards; 120 scales provided. Consultant identified.	Dissemination of 1995 nutrition survey report; consultancy to develop a system	The 1995 survey report shared with various groups. A consultant was identified in 1997, but the project was abandoned later in favour of a growth monitoring card/ system. Little progress in training and implementation.	Establishment of a nutritional surveillance system	Need for a data system that is both quantitative & qualitative agreed to, but action postponed to next CPC

Comments: Cost of the consultant for the nutritional surveillance system was felt to be too high.

MOH decided to monitor the nutritional status of children through the health card that will include the growth chart. However this was not put into practice in the CPC.

MATERNAL & CHLD HEALTH: QUALITY ASSURANCE

ACTIVITIES		INPUTS		OUTPUTS		OUTCOMES	
PLAN	DONE	PLAN	DONE	PLAN	DONE	PLAN	DONE
Training on use of new techniques in ANC	Done	Cash assistance	Provided for meetings including a consultative workshop	Training courses and development of training materials	Training completed; protocols & management guidelines developed	Improved capacity of RHT to fulfil its MCH functions at high levels of quality	No formal measure, but IMR has gone down
Support to Health sector reform	Done [under the Social Policy Development project]	Cash assistance	Consultant fees, allowances for field workers??, workshop costs.	Research & Analysis	2 Operational research - surveys on people's and professionals' perception of health services carried out and intensively used in National Health Sector Reform development.	Reforms initiated	Report was not formally cleared; but some aspects have been implemented.
Training of various health personnel	Done	Cash assistance	Costs of workshop supported	Training of 76 CHWs	76 CHWs trained through workshops	implementation of preventive programmes	Prevention programmes implemented
Leadership training for local Health Committees in Mauritius Island.	First postponed and then not pursued due to problems of Trust Fund for CH.	---	---	---	---	---	---

MATERNAL & CHLD HEALTH: AIDS

ACTIVITIES		INPUTS		OUTPUTS		OUTCOMES	
PLAN	DONE	PLAN	DONE	PLAN	DONE	PLAN	DONE
Capacity building	Done	Kits; technical assistance for developing strategic plan; cash for workshop for staff	Done	Voluntary testing of all pregnant women to prevent maternal transmission of HIV undertaken Test kits provided Support to development of National AIDS Plan	95% tested in 2000 Done Done	Awareness & informed decisions for HIV + mothers to be.	Very few cases found - done for them
Training in counselling and support to infected mothers	Done	Cash assistance	Workshop costs provided	Training courses for CHWs, nursing officers, NGO staff	100 [CHWs & Nursing Officers] trained. Training of NGO staff postponed.	Support given to infected mothers	Only a very few cases surfaced. These were given support.

BEHAVIORAL HEALTH: RATIONAL UTILISATION OF MCH SERVICES

ACTIVITIES		INPUTS		OUTPUTS		OUTCOMES	
PLAN	DONE	PLAN	DONE	PLAN	DONE	PLAN	DONE
Problem Analysis	Activity cancelled as no interest among staff in social causes	-----	-----	-----	-----	-----	-----
Development of IEC materials	Completed:	Cash for fees & printing costs.	Graphic artists supported; printing costs met.	1,000 animators	1,000?? Young?? animators in Rodrigues [CHWs & Agents d'Education] given the materials	provide youth with sex education.	They widely use the produced booklets for sex education for their peers
Training of potential users	Done	Training needs	Done	1,000 young women, couples trained	Done in 50 half day seminars	Improved use of health services	No evaluation done

EARLY CHILDHOOD DEVELOPMENT

ACTIVITIES		INPUTS		OUTPUTS		OUTCOMES		COMMENTS
PLAN	DONE	PLAN	DONE	PLAN	DONE	PLAN	DONE	
Develop ECD policy	Yes	Consultancies + funding for workshops. One ECD project coordinator for one year	Yes- Costs taken over by Ministry of Women's Rights, Child Devt. and Family Welfare	A cadre of trained professionals for ECD sector	Training programs for preschool staff well structured and validated by Mauritius Institute of Education	Cross-sectoral integrated, holistic ECD policies and programmes	Not yet achieved	Improving quality of care for 70% of 65000 children within 5 years was an ambitious objective and not easily verifiable in concrete terms , particularly in the absence of a supervisory cadre and not much parental awareness of norms and standards. However the catalytic effect is evident in that key steps in the right direction were taken- policy, regulations, capacity-building and parental involvement. The concepts of ECD and quality need to be clarified, illustrated , fully grasped and adhered to before progress is visible. Baseline data and research indispensable for quality improvement. Parental demand required for quality assurance
Introduce and enforce regulations	Done – 8 ECD resource persons recruited to enforce regulations and licensing	Printing costs	Yes	Policy and legislative framework for ECD sector to be established. Parental competence, awareness of and demand for quality to be increased.	Policy and legislative framework for ECD sector put in place. Parental competence, awareness of and demand for quality not yet increased	Extension of facilities and services	Yes for pre-school sector (4-5)	
Curriculum development for day care centres, and related training	Done	Funding	Yes	Develop curriculum for day care centres train trainers and caregivers to implement above curricula	Curriculum for day care centres piloted in 34 day care centres	Quality improvement & stimulating ECD programmes for 0-5 years old	Not yet achieved	
Sensitisation of parents on children's needs and rights, as well as on norms and standards for quality day care services	Done	Design and printing costs	Yes	Sensitise parents on children's needs and right, and norms and standards for quality day care services	1202 parents sensitise, 1900 parents reached through peer to peer programme	Support parents in disadvantage areas.	Partly	
Produce IEC materials for parents sensitisation	Done	Funds for purchase of materials	Done	Production of leaflets for sensitisation	25000 leaflets produced by MCA	??	??	

Provision of materials for targeted daycare centres and preschool	Daycare centres and pre-school provided with supplementary materials	Funding	Partly	Provide materials for 10 targeted daycare and 20 pre-school centres	200 preschools provided with supplementary materials	??	Training of 1000 volunteers from women's organisations for home visits would have been a good investment	
Train preschool teachers, preschool	Done	Funding	Provided	Train 470 pre-school teachers, 70 pre-school supervisors, 200 day care givers, 5 supervisory staff	Done	??	??	
Carry out research into changing child rearing patterns	Done in Rodrigues not in Mauritius	??	??	??	??	??	??	
- ECD course for day care workers	Done							
- ECD proficiency course for pre-school teachers	Done							
- Bachelor in Education (ECD) course	Rescheduled for 2002							
- Parenting Education (Mauritius)	Done							
- Parenting Education (Rodrigues)	Done							
Accompagnement scolaire – Rodrigues	Done							

EDUCATION FOR DEVELOPMENT

ACTIVITIES		INPUTS		OUTPUTS		OUTCOMES		COMMENTS
PLAN	DONE	PLAN	DONE	PLAN	DONE	PLAN	DONE	
Launching of EDEV activities	Yes	Consultant support from HQ	Yes	Introduction of EDEV concepts, identification of partners	Through needs/ opportunities study carried out in Jan-Feb. 1995	Extension of EDEV to all schools and integration in curriculum	Not achieved	Constraints re. release of teachers, administrative decision to integrate and extend, lack of an advisory committee
Training of teachers and youth leaders	Teachers trained but not youth leaders	MWRCDFW and NGOs setting up of training programs and modules	No	Trained team leaders and teachers	Trained teachers			Positive unintended outcomes: Action research Development Group at MIE
Adaptation and production materials	Materials produced & distributed	Support to MCA and others	Yes	Production and distribution of materials	Done			Integration of EDEV in training curriculum of MIE
Setting up of a Knowledge Centre	Not done							However Secondary Vocational Schools not included
Inclusive Pedagogy: Training Team Building – Innovative Pedagogy	Done	Provision of 1 Consultant	Done	Enhanced orally, reading and writing skills	Partly			Project now self-sustaining

BASIC EDUCATION – LOW PERFORMING SCHOOLS

ACTIVITIES		INPUTS		OUTPUTS		OUTCOMES		COMMENTS
PLAN	DONE	PLAN	DONE	PLAN	DONE	PLAN	DONE	
Training of 4 trainers in pastoral care and pre-service for 20 Education Welfare Workers	Not done	Cash assistance teaching Aids	No	-	-	-	-	Changes in policy and priorities
Materials production 30 Teachers' Work books, 1500 Pupils' work books	Not done	Printing costs	No	-	-	-	-	See above
Improve water supply & sanitation in 5 project schools	Done	Renovation materials	Provided	Improved water supply and sanitation	Done	Better school environment and morale	Done	Concrete action and visible results
Research/Survey	No	-	-	-	-	-	-	
On-going research in Development of simple methodology in assessment of learning	No							

SOCIAL POLICY DEVELOPMENT

ACTIVITIES		INPUTS		OUTPUTS		OUTCOMES	
PLAN	DONE	PLAN	DONE	PLAN	DONE	PLAN	DONE
Integration and use of disaggregated social statistics more fully in the national development planning processes, in support of policy development and advocacy	Partially done	Cash for training and consultancy to consolidate data collection and dissemination systems	Available fund was used for training only	Community-based initiative village profiles using 76 CHWs & 76 village leaders	Done in Rodrigues and computerisation of these completed.	Use by local administration.	The computerised database is with the administration, to be eventually used by govt. and NGOs
				Agalega situation analysis? Workshops for govt. officials analysis through studies on cost-effective & sustainable strategies in the transition of the economy.	done. Workshop on social policy formulation & implementation held for govt. Officials [focus on techniques of mainstreaming the poor & vulnerable groups; child rights and gender issues in policy planning.] Little progress	Plan for children in island. Capacity building through well-targeted training of personnel involved in social policy formulation and analysis.	Not done so far. More data on children's issues available from several studies carried out.
Contribution to monitoring & implementation of the Mauritian NPA	WRCDFW co-ordinated a mid-way review with a consultant and rep. of various ministries included n review team.	Cash for reviewers and sundry expenses icw. the consultative and follow-up workshops	Done	Data related to NPA goals and review report used for updating NPA.	Done	Updating strategies and actions towards the attainment of the NPA goals	The exercise is renewing impetus to the attainment of NPA goals and helping in integration with other actions for women and child development.
improving the management & financing of social services	Done [same activity as in Health sector]	Training and research icw. Health Sector Reform	Intervention were centred on health sector only due to limited budget	Operational research - surveys	Done - reported above	Improved management and financing of services	Partially achieved Reported above

ADVOCACY

ACTIVITIES		INPUTS		OUTPUTS		OUTCOMES	
PLAN	DONE	PLAN	DONE	PLAN	DONE	PLAN	DONE
Sensitisation of public on CRC & CEDAW	Done	Communication strategy on CRC	Supported workshops	Foster public awareness, discussion and support for children's & women's needs & rights through: 1.- Media campaigns; 2 – workshops	Workshops on linkages between CRC & CEDAW held at all levels.. Participatory workshops held with children. Sensitisation of families carried out through booklets, face-to-face sessions, and workshops	Intensification of efforts for a wider dissemination of CRC through information campaigns, publication of articles in press, focus on participation of children in the implementation of CRC. Creation of a platform for children to be heard. Expect the trainees themselves to be agents for these strategies.	CRC widely disseminated by government agencies & NGOs 70% of the population is aware of CRC and CEDAW. Follow up actions recommended.
Sensitisation of politicians & other public personages on the cause of children	Done to some extent	Cash assistance and technical support	Partially	Setting up groups of parliamentarians/ lawyers for the cause of children	Letter issued to the groups. One parliamentarian attended workshop in New York on Children First. In turn, he briefed all parliamentarians on return.	Greater interest in and sensitivity to children's issues among policy makers and influential	Achieved to some extent.
Special events	A major one organised on UNICEF's 50 th anniversary	Cash and technical inputs	Done	Organise event on UNICEF's 50 th anniversary	Concert organised by President - a national success; an one-day session held with ngos for children to express themselves	Public awareness & fund-raising.	Raised USD 50,000 for polio eradication in Comoros

Programmes against child/woman abuse	Done	??	??	Workshops for govt. officials & NGOs. Sensitisation campaigns against domestic violence	Workshop held in march '96. Done through 52 women's centres, posters & brochures	Awareness creation among govt. and public	MWRCDFW has set up task force to follow up on its recommendations
Support to govt. For harmonisation of national laws with CRC	A round table organised with various key groups	Cash and technical inputs	Done	Recommendations of round table to be incorporated in a Children's Act	23 pieces of law updated and harmonised with the CRC	Child Protection Act revised	New act enacted in Parliament
Awareness on CRC	Training of trainers for ngos on CRC for further dissemination; village leader140 also given brief training	Cash and technical inputs	Provided to selected NGOs	Training of trainers organised	Each trained NGO had to submit a plan of action for follow-up, at end of training	Trained officers to disseminate the CRC	Done – more awareness on the CRC
??	CRC messages promoted on children's copybooks; pedagogical kits on CRC for pre-primary and primary schools produced	??	??	??	??		
2 - Operational research - time budget surveys of women	Not done – Government did not feel the need to implement	—	----	----	----		

Comments

Among the key constraints affecting the social policy and advocacy projects that the MTR report identified, one might especially note:

Lack of consensus among potential users on the type and range of required social indicators has hampered the social database project.

Detailed data are systematically collected, but are not always available in a disaggregated form.

Some child protection laws are difficult to enforce due to inadequate institutional capacity.

Publication of studies is subject to a lengthy procedural review and approval resulting in additional delays.

Projects in the Revised CPC [1999-2000]

CHILD RIGHTS PROMOTION AND REALISATION: Capacity Building of the NCC and ngos

ACTIVITIES		INPUTS		OUTPUTS		OUTCOMES	
PLAN	DONE	PLAN	DONE	PLAN	DONE	PLAN	DONE
Restructuring of the NCC	The recommendations of a report on role and status of NCC were approved by the Cabinet; the new mission statement of the organisation and other aspects were discussed in a workshop and the full support of the private sector enlisted. Draft bill prepared.	Cash and technical inputs	YES	Need to reach consensus on the new organisation to move ahead and sustain commitment obtained so far.	The inter-institutional proposal made did not obtain the approval of the MWRCDFW. Proposal for restructuration consensus has not yet been forthcoming	Restructure the NCC for it to take over elements of UNICEF Mandate after 2003	Plans done – but not accepted.
Reinforcement of capacity of the NCC to carry out research	Not achievable unless restructuring accomplished.	??	-----	-----	----	---	

The administration of juvenile justice	Recommendations of a report of a thorough assessment of various legislation, conditions of children detained by the law, and training needs of concerned personnel, awaits govt. Approval. Training organised for concerned staff TV spots broadcast on integration of disabled children. ??in 2000??	??	??	Further work on all aspects of the report?? Consensus has to be reached and ministry of social security needs to be involved in implementation.	Partly achieved – consensus took longer than expected	Improved legislation	To be done in 2001
Enforcement of legislation for child protection	One child protection unit set up and a pilot programme using multi-agency approach to investigations set up	??	??	Monitor multi-agency approach to ensure better protection of children	Enforcement of multi-disciplinary approach done.	??	Protocol for multi disciplinary approach approved by cabinet.

CHILD RIGHTS PROMOTION AND REALISATION:REVIEW AND IMPROVEMENT OF EXISTING LAW

ACTIVITIES	INPUTS	OUTPUTS				OUTCOMES	
		PLAN	DONE	PLAN	DONE	PLAN	DONE
Information and Communication campaign re needs of children especially CEDC	Campaigns and advocacy for children	??	??	Target public, school teachers and social workers	National campaigns were designed and the public is more aware of the need to protect children and of the rights of the child. A three-day seminar from 17 countries held with local follow up through NGO network	??	Reinforce national multi-media campaigns for the protection of children.
??	Compendium [Lay version] of laws re. Children drafted	??	??	Print and disseminate compendium; train personnel concerned.	??		
??	Desk review on status of Rodriguan children	??	??	Share report with ministry and organise consultative workshop with stakeholder and prepare action plan.	Cancelled in 2000	??	??

**CHILD RIGHTS PROMOTION AND REALISATION:
REHABILITATION PROGRAMMES TO BENEFIT DISABLED CHILDREN AND THOSE VICTIMS OF ABUSE**

ACTIVITIES		INPUTS		OUTPUTS		OUTCOMES	
PLAN	DONE	PLAN	DONE	PLAN	DONE	PLAN	DONE
Awareness campaign in favour of disabled children	Design multi media campaign	??	??	??	Second phase of campaign designed; training of social workers & teachers not done	??	Needs to be taken up in next CPC
Norms and standards for foster care and children's shelter institutions	Done	Technical support to Government to introduce and operationalise Foster Care in Mauritius	Provided	Recommendation and plan of action submitted to Government	Situation reviewed and proposals being made for norms.	??	Activity needs to continue in 2001

ECD Programme - Integrated Health, Nutrition And Education.

ACTIVITIES		INPUTS		OUTPUTS		OUTCOMES	
PLAN	DONE	PLAN	DONE	PLAN	DONE	PLAN	DONE
Surveys	Survey on childhood asthma	Cash assistance For any workshop costs and/or materials? Any consultants to be provided or paid for?	??	Study report	Survey done in 2000; results expected in 2001	Contribution to decision making in next CPC	None in CPC under review

Prevention & treatment of common childhood diseases	Partial	Cash assistance For any workshop costs and/or materials? Any consultants to be provided or paid for?	??	Manual on CDD for mothers	Prepared & given to 25,000 mothers at delivery	??	??
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BEHAVIOURAL HEALTH: REPRODUCTIVE HEALTH PROMOTION

Activities		Inputs		Outputs		Outcomes/Impact		Comments on Shortfalls & Changes
<i>Planned</i>	<i>Done</i>	<i>Planned</i>	<i>Done</i>	<i>Planned</i>	<i>Done</i>	<i>Planned</i>	<i>Done</i>	
Support to the National AIDS Control Programme	Done	Cash assistance for the production of IEC materials and holding of services	Cash assistance made	Seminars for women's associations and youth clubs and production of IEC materials	Training in AIDS prevention for women and youth was organised in community centres with the collaboration of AIDS Unit and SILWF. Mural frescos realised. (About 500 persons reached) .a set of 3 posters produced.	Knowledge provided about STDs and AIDS: their causes, prevention, symptoms and treatment.	Very few adolescents were provided with the knowledge.	Activities planned were done but did not reach enough adolescents
Development of IEC materials		Cash assistance for the production of IEC materials	Cash assistance made	Youth reproduction health booklets (Action Familiale) produced for Rodrigues	Booklet produced are being widely used by young animators to run sexual education for peers in Rodrigues	Adolescents educated on sexuality based on self-esteem and free from harmful gender stereotypes threats of peer and other pressures	In Rodrigues the leaders of children movements informed on reproductive health issues and were able to disseminate age and gender appropriate messages to their groups.	Ministry of Health is producing similar IEC materials with UNFPA assistance for Mauritius Island.
Out of school Health programme	Not done		Not done	Collaboration MOH/NGOs Training and IEC materials	Not done	Adolescents are provided with knowledge about the body's sexual and reproductive functions and also knowledge about the health implications of pregnancies that are too early, too closely spaced, too late or too many		According to Youth Profile Survey 1996 commissioned by the Ministry of Youth and Sports and funded by the UNFPA 41% of sexually active unmarried youths are reported not to use protective measures during intercourse.

Comments on the tables

- The CPC has done poorly for the Reproductive Health component as the number of adolescents have not been reached and very few IEC MATERIALS WERE PRODUCED However, it was a blessing in disguise as UNFPA has been doing the same activity in the same areas that UNICEF was planning to. Had UNICEF carried out the activity as planned, there would have been duplication and wasting of scarce resources.
- The coordinating committee Ministry of Health and NGOs has never been set up, which has caused the low implementation of the production of iec materials as well as the out of school project itself; and the objectives of the behavioural health programme not achieved in full.
- The IEC Unit of Ministry of Health has not participated fully in this activity which was to be done mainly through production and dissemination of IEC materials.
- An NGO carried out the activity in Rodrigues.

ADOLESCENT LITERACY COMPONENT

Activities		Inputs		Outputs		Outcomes		Comments on shortfalls & Changes
Planned	Done	Planned	Done	Planned	Done	Planned	Done	
Expansion of literacy activities for adolescents in island of Mauritius	Done	Provision of equipment, pedagogical materials and toys to 4 NGOs: CARITAS, Teen Hope, Centre Emaus (Chemin Grenier) & Halley Moverment	Done	Scale of literacy activities for out-of-school youth extended	The enrolment rate was same	Out of school adolescents offered a second chance for basic education	Done for a small number- about 1500 adolescents	The National Reading Centre for the Adolescent literacy component, a unit of the Ministry of Education and Science was to be the coordinating agency but never been set up. NGOs working in the literacy sector have been divided on issues such as the medium of instruction and the concept of adolescent literacy which hindered further development of the programme.
Basic Education for adolescent programme (Rodrigues)		Cash assistance and technical assistance for production and printing of learning materials. Technical support for training of facilitors	Done	Manual for animators produced. Facilitators trained out of school adolescents enrolled	"Guide pratique" for animators produced 120 facilitators trained, 728 out of school adolescents benefitted from the literacy, numeracy and lifeskills activities	Out of school adolescents become functionally literate	Done	
New Proposal 1998 Adolescent life skills programme	Done	Special support to innovative schemes Complementary equipment/materials Cash Assistance for Job Skills training	Provision of a wood turning latch to Ecole de Sculpture - Brule Rodrigues Done for SOS famille Beau Bassin Payment of instructors for job skills training at IVTB Le Chou Rodrigues	30 Students trained in skills 100 BEFA students trained in Job Skills	30 Students received training in new skills 95 students trained	Quality of education improved BEFA students are skilled	Done Done	

Adolescent literacy component

Comments on the tables: The objectives were too broad; Lacked the baseline data; Targets unachievable. Problem not aggressively addressed.

⇒ The Ministry of Education and Science never set up the National Reading Centre for the Adolescent Literacy Component so there was no coordination. The NGOs were working in isolation. No concerted action.

ADOLESCENT LIFE-SKILLS: QUALITY IMPROVEMENT OF VOCATIONAL TRAINING

Activities		Inputs		Outputs		Outcomes		Comments on Shortfalls & Changes
<i>Planned</i>	<i>Done</i>	<i>Planned</i>	<i>Done</i>	<i>Planned</i>	<i>Done</i>	<i>Planned</i>	<i>Done</i>	
Programme d'insertion sociale et professionnelle"	Done	Cash assistance for feasibility study, study tour and training Equipment and furniture	Done Support to 20 new set up BEFA centres in terms of furniture and equipment	Study report trainers trained Exchange made	Feasibility study report BEFA trainers went on study tour and trained during two weeks on "Determination du projet professionnel"	Develop capacity of vocational training institutions to enrol BEFA learners	Done	
Consolidation of vocational education institution Rodrigues	Done	Equipment Cash assistance for training	Done	Staff of vocational training institutions trained	Staff of vocational training institution trained on BEFA pedagogy Learning environment improved	Ensure that the assisting vocation training institutions have the capacity to admit 500 BEFA trainers in June 2001	Existing vocational training institutes are taking 150 BEFA trainers	
Curriculum review in SSS vocational	Done	Cash assistance for training and assessment of curriculum	Done	Curriculum reviewed Curriculum assessed and analysed. Workshop on proposals for enhancement held. A new edition of curriculum elaborated.	Existing curriculum assessed students needs assessment completed workshops on curriculum development and implementation for all heads of all SSS vocational held.	Quality of education improved	Done	
New learning materials for SSS vocational	Draft submitted	Cash assistance & equipment	Photocopier & plastifying machine for SSS vocational unit	New materials with an active new teaching approach proposed	Draft made	Availability of high quality learning materials in SSS vocational	Almost completed	

Activities		Inputs		Outputs		Outcomes		Comments on Shortfalls & Changes
<i>Planned</i>	<i>Done</i>	<i>Planned</i>	<i>Done</i>	<i>Planned</i>	<i>Done</i>	<i>Planned</i>	<i>Done</i>	
Extension of adolescents life-skill projects in Mauritius	Done	Equipment, furniture & pedagogical materials Seed money to centres Opportunity for staff training	Equipment, furniture & pedagogical materials supplied to Teen Hope programme (Dr. Idriss Goomany Centre) Provided	Programme extended to other localities Staff trained common didactic materials produced	Extended - 25 participants trained in 3 training workshops - programme contents and didactic materials renewed and used by 5 providers. - 11 providers of non-formal education for CPE failures regrouped in a "reseau" - 3 workshops for 30 staff of 11 centres organised - 1000 students catered for centre (BEFA) launched at Vallée Pitot	Capacities for delivering quality education to out of school adolescents strengthened	Capacities of providers strengthened	
Setting up of "Centre d'accompagnement pour adolescent"	Done	Cash support	Two groups from Souillac and Ste Croix received support		Centre opened at GRNW, Ste. Croix and Mare d'Albert	Capacities for delivering quality education to out of school adolescents strengthened	Capacities of providers strengthened	
Job skills Training (Rodrigues)	Done	Cash assistance for Technical support	Done with Technical support from AGEPAC Reunion	Programme elaborated Study Tour Trained BEFA trainers	Programme d'insertion sociale et professionnelle pour les adolescents non-scolarisés elaborated BEFA trainers trained in a two week workshop on Determination projet professionnelle and study tour	Capacities for delivering quality education to out of school adolescents strengthened	Capacities of providers strengthened	
Participation at overseas Seminars & conference	Cancelled							

ADOLESCENT LIFE-SKILLS: HEALTHY BEHAVIOUR: INFORMATION AND COUNSELING SERVICES

Activities		Inputs		Outputs		Outcomes		Comments on Shortfalls & Changes
<i>Planned</i>	<i>Done</i>	<i>Planned</i>	<i>Done</i>	<i>Planned</i>	<i>Done</i>	<i>Planned</i>	<i>Done</i>	
Information and counseling network for out of school adolescents	Network set up (RADO) see Annex 1	Cash Assistance for production on printing of IEC materials, refund of transport and refreshment to animateurs and stagiaires and allowance to implementors.	Done	Animateurs and stagiaires monthly trained. Appropriate materials produced.	Network created with 35 animateurs and 150 adolescent leaders trained monthly. IEC materials produced. Study on out of school adolescents knowledge and practices carried out. 5 pamphlets produced on different topics. Age and gender appropriate. IEC materials developed and distributed to adolescents within RADO.	Adolescents speak freely about their problem within their group and get advice from the adult animateur.	Done	
Inventory of school health interventions	Cancelled further to decision taken at 1999 mid-year review meeting to reallocate funds							
Promotion of healthy living	Cancelled further to decision taken at 1999 mid-year review meeting to reallocate funds							
Worm infestation control	Not done							

ADOLESCENT LIFE-SKILLS: HEALTHY BEHAVIOUR: INFORMATION AND COUNSELING SERVICES

Activities		Inputs		Outputs		Outcomes		Comments on Shortfalls & Changes
<i>Planned</i>	<i>Done</i>	<i>Planned</i>	<i>Done</i>	<i>Planned</i>	<i>Done</i>	<i>Planned</i>	<i>Done</i>	
Prevention of accidents among children	Transferred under child health and nutrition project 2000							
Assessment of media on adolescent behaviour	Not done due to difficulty in finding competent researchers in the field			Research carried out on how television and video influence adolescent	Not done			
Formation des parents mediateurs	Done	Cash assistance for training	Done	Parents trained Peer training	40 parents trained in a 3 one-week training Done	Individual counseling facilitated	Done	
Les parents mediateurs	Done	Cash assistance for training workshop	Done	Facilitators trained and Education sessions held.	20 facilitateurs trained in a week workshop. Education session held for parents at community level.	An operational structure with a programme set up.	Done	There is commitment and goodwill but management remains top-down. There is not much opportunity for change.
Production of videos on sex education	Started but not completed in 2001	Cash assistance for training workshop	Partly done - sex education is a very sensitive issue in mauritian society. So time was taken to test and pre-test the approach and contents.	10 videos (8-10 mins. Each) produced. User's guide prepared	Almost completed			Activity to be completed in 2001.

ADOLESCENT LIFE-SKILLS: HEALTHY BEHAVIOUR: ADOLESCENTS FOR HEALTH

Activities		Inputs		Outputs		Outcomes		Comments on Shortfalls & Changes
<i>Planned</i>	<i>Done</i>	<i>Planned</i>	<i>Done</i>	<i>Planned</i>	<i>Done</i>	<i>Planned</i>	<i>Done</i>	
Promotion of Child to Child Approach	Done and ongoing	Cash Assistance for technical support and organisation of workshops and seminars	Done	Responsible officers of NGOs and Government services trained. Core group set up. Guide book produced and disseminated	27 participants exposed to approach. Steering Committee set-up. Some participants are using approach in activity. Leaders & animateurs from scouts associations, girls guide and children's clubs trained on the children for health approach; group of 20 core trainers set up and trained. A staff of MOH followed a two-week course on children for health in London. A guide both in English and French for implementors of child to child approach produced by 8 core facilitators. Approach used by leaders of children clubs and educators of PASS 2000.	The benefits of child to child approach demonstrated.	Done	

Adolescent participation in decision making	Activity cancelled			Sensitisation workshop on child participation rights studies carried out on child participation in social leisure and civic activities. Schemes elaborated to further realisation of participation rights of the child.	Not done	To fill in information gaps and raise awareness	Not done	The time may not be ripe for study - In the project document, it was stated that there was confusion on participation rights in mauritian society. The activity was put in abeyance also because competent resource persons were not found for the sensitisation workshop. However, this activity is being treated as unfinished business as trainers are being trained on crc more particularly on child participation rights in 2001.
Prevention of mental health problems among adolescents	Little progress	Cash assistance to technical support	Partly	Study on mental health carried out Greater awareness on the problem and at equipping frontline health workers to deal with it.	Study started Not implemented	To pave the way for effective adolescent health programmes		THE NON-COMMUNICABLE DISEASES UNIT in MOH has been dissolved, and the study has been dormant since 2000. In 2001, this activity is being treated as unfinished business.

APPENDIX 9

AREA BASED PROGRAMME IN RODRIQUES

Area-Based Programme [ABP] in Rodrigues.

According to the situation analysis done before the CPC of 1990-1994, Rodrigues was lagging far behind Mauritius in all fields. The figures for the IMR, MMR, U5MR, children not vaccinated, worm infestation, CPE failures, children out of school, etc. were alarming. So the CPC in operation at that time decided to target Rodrigues as a deprived area, through an area-based programme.

UNICEF has supported Area-based Programmes [or ABP] in many countries over the past several decades. As used in UNICEF, the term connotes a programme based on the situation of vulnerable children and their families in a specific area. Its strategies and activities are ideally rooted in community participation at all stages of the activities. It attempts to use local resources as far as possible and become self-sustaining. Another important aspect ABP is that it is inter-sectoral in approach.

Many ABPs have been extremely successful, expanded or replicated by the government concerned or by the communities themselves. Some have not taken off. or could not be sustained. Others have continued in modified forms, with some key elements being retained and others being lost on the way.

The Rodrigues ABP consisted of several projects including ones on Education, Health, and Water and Sanitation. All the projects were carried out with the help of the community through the Rodrigues Council of Social Services, The Association des Ecoles Maternelles, the Roman Catholic Aided Schools and other NGOs. The Government services too played a very important role in each sector.

The work of the Community Health Workers appears to have had an important positive impact on the health of children and mothers, as indicated by the substantial improvements in MCH status over the period 1990-1994. The deworming campaign done every six months during the ABP was very helpful. Water tanks were placed in many villages and schools. Pit latrines were constructed. The Community Health workers educated the mothers on MCH issues. They were shown how to prepare ORS as many children were dying of diarrhoea. Mothers were sensitised to have their children vaccinated. This resulted in a 100% vaccination rate.

In the field of education, training was organised for pre-primary schoolteachers and primary schoolteachers. Pre-primary schools were built with help of parents. The 2nd CPC paid a fee to pre-primary teachers for those children who were too poor. Classrooms in primary schools were upgraded and toilets were built.

Springs were protected by villagers. There was also a rain-water harvesting project.

The key strategies that helped were capacity-building of the NGO, and the Community workers. Service delivery and supplies were provided as needed. Everybody worked hand in hand for the welfare of the children in Rodrigues although there is a lot still remaining to do.

Rodrigues did so well that it was decided it no longer qualified for an area-based programme.

APPENDIX 10

THE COMMUNITY HEALTH WORKER

The Community Health Worker

The Community Health Worker programme was started during the 1990-94 CPC as part of the ABP in Rodrigues.

In the beginning 40 CHWs were selected from among the local women in various parts of the island, and trained to work on health issues. The peak number of CHWs during the 3rd CPC was 76, but on an average it was around 60. The average coverage of a CHW was thus about 5,000 persons or roughly 1,000 families.

Most of the CHWs have not been to secondary school. The training of the CHWs covered basic health and hygiene issues such as immunisation, attention/care needed for pregnant women, sanitation, hygiene and motivation techniques.

The general contributions of the CHWs were: (a) immunisation coverage in the island; (b) coverage of all preventive health aspects in their interactions with families; (c) In addition, a village survey in 1997 that provided a profile of each village in Rodrigues. The data were later computerised in the 3rd CPC. It was planned to be used at both village and island level.

Their monetary compensation has been very low. During the first five years the CHWs received a small stipend when they came for training. Afterwards the Rodrigues Administration paid them a small monthly allowance of Rs. 400. The allowance was increased every three years and is now Rs 800. Yet often they worked full-time.

Most key informants in Rodrigues and in Mauritius attributed this type of commitment to the strong community spirit in Rodrigues. The village committees recognised them, taking them as part of their own programme. Further, it was the example of the CHW that prompted PTAs to demand for the Agent d' l'Education to help bridge the gap between the student and the school. The CPC made an audio-visual cassette on CHWs and distributed it to other African countries, but not in Mauritius, as there was no interest in it.

During the team's field visit to Rodrigues, two CHWs were interviewed. They had been working continuously for over ten years in this voluntary mission. They had brought some pregnant women to the hospital for ante-natal checkups, walking a long distance to reach it [Bus service on the island of Rodrigues is not frequent and does not reach all villages].

The knowledge of the two CHWs regarding basic health and hygiene aspects, especially relating to MCH, was sound and up-to-date. Neither had finished school. They were housewives and reported being quite busy with their own housework. Still, on days like that one, they had to devote the entire day to their CHW role. On other days, they made home visits in their beat [own village plus nearby ones], talked to and motivated pregnant and lactating women, and mothers of young children, kept a tab on at risk cases, and other such tasks. When asked how and why they still managed to work as CHWs, they simply said, but it has got to be done!

After the CPC period, UNFPA is providing training to the CHWs on STDs, Non-Communicable Diseases, etc. There is also a new task for the CHWs: to support the pre-school staff in working on the health of the young children. But special training on this has been hampered due to lack of funds. The island administration has planned an update of the village profiles and UNICEF support is being sought for this purpose. Once again the idea is to use the CHWs for the data collection for the proposed profiles.

The government now pays the compensation to the CHWs. But the sum is very small .The Agent d' l'Education, on the other hand, gets the stipend from the Trust Fund, which is more generous.

Comment

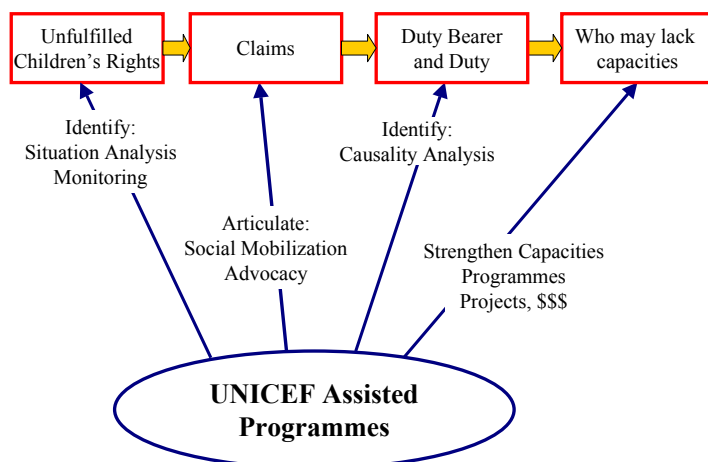
Key informants have stressed that the role of the CHW has been crucial in the remarkable advances that Rodrigues made in the past few years in IMR and U5MR reduction, sustenance of breast feeding, reduction in LBW , etc. The commendable commitment of the present set of CHWs should not however be any reason for the authorities to be complacent that they or newer CHWs will continue to provide such service despite a very low monetary compensation. Their almost full-time work may need a much higher level of compensation. An alternative would be to induct many more CHWs so that the work becomes truly part-time community work, for which a small honorarium would be suitable.

This example could be adapted on Mauritius Island with modifications needed in that milieu.

APPENDIX 11
MODELS FOR TRANSITION

**A Model for a Transition Process under a Human Rights Based Approach
by Detlef Palm, Senior Programme Officer, Programme Division, UNICEF New York**

Under a human rights based approach, the role of UNICEF in the Country Programme of Cooperation can be understood as follows:



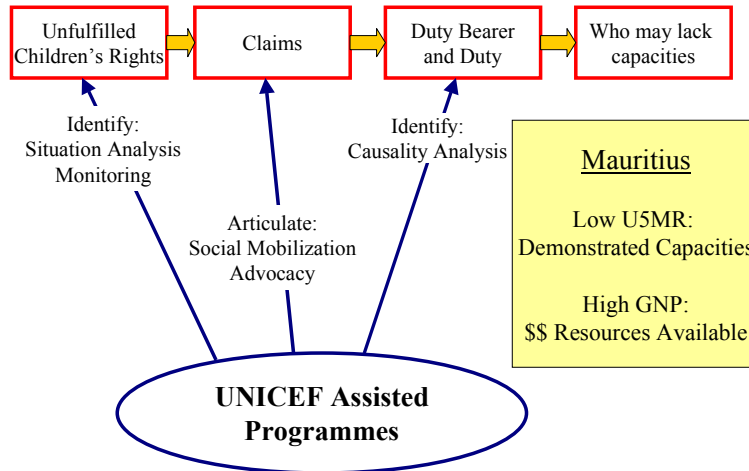
- ❑ Unfulfilled Human Rights, and Children’s and Women’s Rights, have their equivalent in a claim – the individual whose rights are violated or unfulfilled has a claim to make. This claim is made against another person, or institution, which has a duty to ensure that the right of the individual is met.
- ❑ This duty bearer may lack capacity to meet this obligation. The lacking capacity can be the absence of knowledge and skills, the lack of awareness of being responsible for doing something about the problem, the lack of authority or mandate, or the lack of resources.
- ❑ As a duty bearer lacks capacity, some other person or institution has then the obligation to assist, and becomes a duty bearer, too. For instance, parents are primarily responsible for providing adequate care and stimulation to their children, but may not have all the required knowledge or – in the case of working single mothers – the time to provide optimal care. It is then the responsibility of the community and some Government institution, to ensure that access to the necessary knowledge or skills is provided to the parents, or that day care facilities conform with acceptable health, safety and educational standards.

The role of the UNICEF assisted programme is to:

- Help to identify unfulfilled rights, the specific groups of children and women whose rights are not met, and the magnitude, nature and causes of the problem. This is usually done through an ongoing process of Situation Analysis, and specific research activities.
- Help to articulate the claims, through awareness raising among the concerned population (social mobilization), or by drawing the attention of decision-makers to the problem (advocacy).
- Help to identify those who have an obligation to address the problem, and perhaps propose a course of action or solution to the problem (causality analysis, strategy development, participation in planning processes or reform programmes)

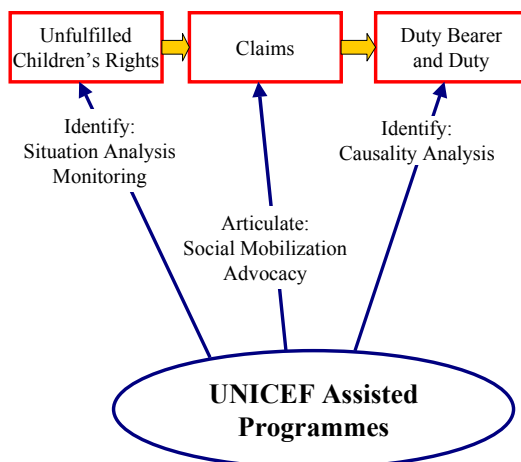
- Help to strengthen the capacity of duty bearers. Capacity building strategies are typically the main programme thrust of UNICEF cooperation, with the funding of specific projects or programmes. In cases of severe resource constraints, UNICEF may provide funding for essential activities (for instance the acquisition of vaccines).

The UNICEF Executive Board uses two criteria to determine whether countries are assumed to have the capacities to carry out the needed activities on their own:



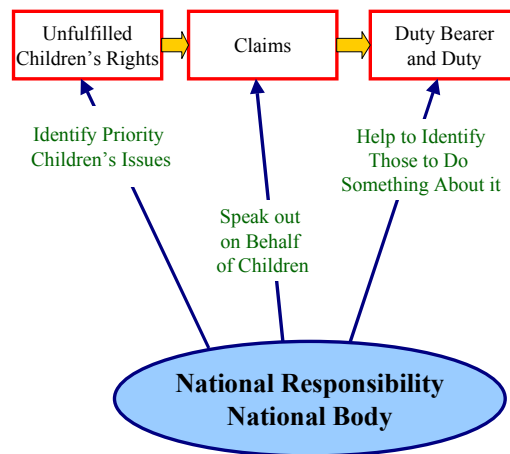
- 13By having achieved an Under-5-Mortality Rate of 30/1000 or less, Mauritius has demonstrated its organizational and technical capacities to ensure the fulfillment of a range of children's and women's rights.
- By having reached or exceeded a GNP/capita of 2,895 USD, it is assumed that sufficient resources are available to finance essential activities or services (including those to build additional capacities, or purchase special expertise, which might be required to address emerging problems), and that external funding from UNICEF is no longer required.

During the transition phase, UNICEF support will therefore be refocused to assist in the ongoing



analysis of children and women's rights, to continue advocating for their fulfillment, and identifying sustainable solutions. Implementation of programmes (including their financing) becomes the full responsibility of Government and other partners. During the transition phase, Government and UNICEF will furthermore identify mechanisms and institutions, which will ensure that research, advocacy, social mobilization and planning functions will continue after the cessation of direct UNICEF support.

Following the transition phase, national mechanism and institution(s) will continue to work for the fulfillment of all children's and women's rights:



Whether or not a new national monitoring body is being created, or the responsibility is being assigned to an existing body, it should be understood that the fulfillment of children's and women's rights is everyone's business. The primary responsibility of the monitoring body is to ensure that all actors in communities, private sector and Government are being kept responsive to priority issues of children and women, and accountable for addressing them.

APPENDIX 12

**MINUTES O F THE WORKSHOP
05-06 DECEMBER 2001**

Minutes
Evaluation of Country Programme Mauritius 1996-2000
Participatory Workshop
05-06 December 2001

1. General

The process of Evaluation of the Country Programme of Cooperation (CPC) 1996-2000 in Mauritius comprised a participatory workshop, which took place at the University of Mauritius Reduit on 05-06 December 2001. It was organised jointly by the Ministry of Economic Development, Financial Services and Corporate Affairs and the UNICEF Country Office in Mauritius. Participants included representatives from various other Ministries, from civil society and the private sector, from UNICEF and other UN agencies, as well as the evaluation team (cf. list of participants in Appendix I). The workshop benefited from support of the UNICEF Area Representative based in Antananarivo as well as of senior staff members of the Evaluation Office and of Programme Division in UNICEF Headquarters in New York¹².

The purpose of the workshop was to discuss preliminary findings, conclusions and recommendations of the evaluation team and to explore options and implications of “transition” and “post-transition”, i.e. the need to gradually modify UNICEF presence in Mauritius to comply with policies of the Executive Board of UNICEF¹³. As may be inferred from the agenda (Appendix II), the workshop was a participatory event with the following highlights:

- The first day of the workshop was dedicated to the evaluation per se. It comprised a presentation of findings, conclusions and recommendations by the evaluation team, reactions from some of those who were closely involved in design and implementation of the CPC (who acted as discussants in the workshop) and debates in plenary sessions.
- The second day was more forward-looking. Working groups discussed recommendations as to what needs to be done under the current transition phase and under post-transition to consolidate achievements and address outstanding issues. The outcomes of these discussions were eventually synthesised and resulted in concrete proposals as to next steps.

It was agreed that the evaluation team would take into account comments and suggestions of the workshop and that the outcomes of the event would be included in the report.

2. Preliminary findings, conclusions and questions of the evaluation team

The evaluation team, which comprised an international team leader and three national consultants, presented the following main findings and conclusions:

¹² An invitation had also been extended to the Regional Office of UNICEF for Eastern and Southern Africa, which was, however, unable to send a representative at this time.

¹³ In 1997, the UNICEF Executive Board decided to gradually phase out Regular Resource allocations for countries having reached a combined threshold of US\$ 2,895 GNP per capita and U5MR of less than 30 per 1,000 live births. Since Mauritius complies with these criteria, the traditional type of cooperation with allocation of Regular Resources will come to an end and modalities of a modified UNICEF presence in Mauritius are under consideration.

- *Role and relevance of the CPC.* Both the original and the revised design of the CPC 1996-2000 (MPOs of 1995 and 1998 respectively) were in line with national and UNICEF policies. The revised design reflected the evolution from a needs-based to a rights-based programming approach and also took into account changes in government priorities and strategies. The revised CPC did not maintain adequate attention to WSC/NPA Goals¹⁴. Protection issues were only partially addressed. Issues related to disparities were not elaborated on in the first Master Plan of Operations (MPO) and not at all taken up in the revised MPO. The Mid-Term Review and revised MPO focused on Early Childhood Care and Development (ECCD) and adolescents. Both MPOs were not clear on what is a final point for accountability (Convention on the Rights of the Child and WSC/NPA Goals vs. CPC objectives) and CPC objectives were not SMART (specific, measurable, attainable, realistic, time-bound).
- *Effectiveness of components of the CPC.* *Outputs* were reasonably reached, but some project and programme objectives proved to be too ambitious (e.g. too high quantitative targets for training programmes) and / or suffered from delays and modifications on the way due to reconsideration of priorities. There was also at times some dissatisfaction with the quality of outputs. Several projects resulted in attributable *outcomes* in the areas of ECCD, protection and HIV/AIDS. Those who participated in training experienced a strengthening of their technical capacities. There are, however, also several examples of studies and surveys not being used and of recommendations not being followed (e.g. as to approaches for community empowerment and improvements in the quality of basic services). The CPC made a contribution to the promotion of child rights in the country and thus did have a certain *impact*. It should, however, be mentioned that NPA goals were but partially achieved, that there are still persisting disparities and cases of social exclusion and that there is insufficient community empowerment and participation.
- *Sustainability and replication.* Some components of CPC supported programmes were not extended or replicated due to the absence of adequate policy decisions or budget allocations. The lack of qualified human resources also accounted for this state of affairs. In a more general sense, budgetary resources did not always back up political commitments on child rights.
- *Preparation for the transition.* The Decision of the Board of 1997 was taken into account in the preparatory work for the transitional CPC 2001-2003, which was initiated in 1998. This resulted in a relatively abrupt and accelerated transition process, which could not benefit from much experience elsewhere and / or guidance from UNICEF. On the other hand, Mauritius can become a good model in this regard.
- *Challenges.* Mauritius reached its NPA Goals for IMR and U5MR¹⁵ but partially and there are indications that malnutrition is still a problem. Although there is almost universal access to basic education (for boys and girls), the CPE¹⁶ pass rate is still below target. There are still major outstanding issues for child protection, which partly result from the effects of growth and transformation (e.g. less stable families, increased workload for women, persisting disparities and social exclusion, teenage pregnancies, HIV/AIDS risk). There is hence a need to renew the commitments to the fullest possible fulfilment of children's rights.

¹⁴ World Summit for Children (WSC) and National Plan of Action (NPA).

¹⁵ Infant Mortality Rate (IMR) and U5MR (Under Five Mortality Rate).

¹⁶ Certificate of Primary Education (CPE).

The evaluation team concluded its presentation with some *key questions* to participants, which guided the discussions during the workshop:

- *Lessons learned (day 1)*: Which are the lessons learned from the evaluation concerning role and relevance of the third CPC in view of the transition? How can we ensure that the results of the third CPC be sustained and / or replicated?
- *Recommendations for transition and post-transition (day 2)*: In the light of the conclusions of the evaluation, what needs to be done under the current transition phase and under post-transition to ensure that achievements are consolidated and outstanding issues addressed?

3. Discussion of findings and conclusions – lessons learned (day 1)

Discussants and participants basically accepted main findings and conclusions of the evaluation team. They emphasised that the CPC had responded to long felt needs and achieved good results with small funds. Some innovative activities depended on UNICEF funding, as they had not been budgeted by the Government of Mauritius (e.g. in child protection). It particularly opened access to expertise and networking and made a significant contribution to national capacity building and helped to build a critical mass of local resource persons. UNICEF also acted as a catalyst with a focused child-centred and cross-sectoral approach, a function that needed to be ensured on a continuous basis.

Participants stressed that some government services needed to be strengthened, e.g. the Ministry of Women's Rights, Child Development and Family Welfare. Participants also found civil society not to be sufficiently organised and recognised. The participation of the private sector was not yet fully ensured. Last but not least, there was a strong and unanimous wish among participants that UNICEF should remain present and fulfil a role beyond the present transition phase.

Among the *lessons learned* from the evaluation was increasing awareness of how many broad commitments and responsibilities were involved in fulfilling children rights. Economic and social proxy indicators (GNP/capita and U5MR) suggest that capacities exist or can be procured. The need to fulfil children's rights involves that issues related to unfulfilled rights be *identified* (situation analysis), *articulated* (social mobilisation and advocacy) and eventually *addressed* (identification of those to act). These are functions that are usually taken up in a UNICEF supported CPC. Should a traditional CPC no longer exist, these functions will have to be assumed by a national body (or bodies), possibly with on-going UNICEF support in a modified form¹⁷.

4. Discussion of recommendations for transition and post-transition (day 2)

The present transition CPC (2001-2003) should continue its support to activities presently identified and in particular those with regards to unfinished business and outstanding issues. UNICEF's facilitating role needs to be adapted within country priorities and UNICEF's policies and plans.

The fulfilment of obligations arising from the CRC will require commitments from the government, civil society and the private sector. There is a need to learn from experience (e.g. with the National Children Council). A first step could be a diagnosis of strengths and weaknesses of existing bodies. Participants strongly emphasised the need for a credible national

¹⁷ The representative of Programme Division in UNICEF Headquarters, who works in the Programme Guidance and Quality Assurance Section, facilitated the articulation of the lessons learned.

body (or national bodies) to support the fulfilment of children's rights, the functions of which could evolve around above-mentioned challenges (situation analysis, advocacy and identification of those to act), but could also concern policy formulation and coordination. Major issues to be resolved would be the legal status of such a body, its funding base (public and private) and procedures for auditing. Highest level decision-making would be required for its creation. UNICEF should act as an adviser and link-up to the international context. The possibility of a second three-year transition programme should be explored.

5. Next steps

The workshop recommended as immediate next steps: finalisation of the evaluation report (with support from a reference group), a desk-study on post-transition arrangements and possibly the organisation of a national workshop with high-level participation.

Appendices:
List of participants

Agenda

Minutes 19 December 2001

**CP EVALUATION WORKSHOP
5-6 NOVEMBER 2001**

LIST OF PARTICIPANTS

1. GOVERNMENT PARTNERS

Ministry of Economic Development, Financial Services and Corporate Affairs

1. Mr P. Ujoodha, Principal Economist
2. Mr S. Govinda, Senior Economist
3. Ms. G. Coonjan, Economist

Ministry of Women's Rights, Child Development and Family Welfare

4. Ms Nathalie André, Head, Child Development Unit
5. Mr C. Appadoo, ECD Coordinator
6. Mrs. Françoise Botte-Noyan

Ministry of Health & Quality of Life

7. Dr. M. Munbodh, Principal Medical Officer
8. Mr. Ramaya

Ministry of Education & Scientific Research

9. Mr R. Maudho, Programme Director
10. Mr I. Jheengut, Mauritius College of the Air

Ministry of Youth & Sports

11. Mrs R. Hoolooman, Principal Youth Officer

Ministry of Local Government & Rodrigues Administration (Rodrigues Division)

12. Mrs Claudinette Fong Him, Liaison Officer for UNICEF-Assisted Projects

Ministry of Social Security and National Solidarity

13. Mrs K. D. Ramboccus-Puchooa

2. NGOs

CEDEM

14. Mrs Rita Venkatasawmy, Director

APEIM

15. Mrs Irene Alessandri, Director

OMEP

16. Mr Somoo Valayden, President

Action Familiale

17. Mr Marcel Marie, Director

Réseau

18. Mrs Aline Leal, President

3. UN AGENCIES/INTERNATIONAL ORGANIZATIONS

UNDP

19. Mrs Therese Yang, Operations Manager

UNFPA

20. Mrs Françoise Bozelle, Programme/Finance Assistant

21. Mr. Bernard Coquelin, Representative UNFPA

UNICEF Port Louis Country Office

22. Mr Stanislaw Czaplicki

23. Mrs Mariam Gopaul

24. Mr F.S. Ho Tu Nam

25. Mrs Y. Constantin

26. Mr Cyril Dalais

UNICEF Antananarivo Area Office

27. Dr Sergio Soro

UNICEF New York HQ

28. Mr Lucien Back

29. Mr Detlef Palm

4. PRIVATE SECTOR

Joint Economic Council

30. Mr E. Bell, Member

5. BENEFICIARIES

31. Wendy Essoo

32. Francine Rerrumall

6. EVALUATION TEAM

33. Ms Padmini

34. Ms M. Moti

35. Mrs Mary François

36. Mr V. Ancharaz

*EVALUATION OF 1996-2000 GOM/UNICEF COUNTRY PROGRAMME OF CO-
OPERATION
PARTICIPATORY WORKSHOP
5-6 DECEMBER 2001
ROOM # 2.14 UNIVERSITY OF MAURITIUS, REDUIT*

AGENDA

Wednesday, 05 December 2001

Chair

09:00 Opening ceremony *Dr.P. Munbodh*

09:30 *Tea break*

10:00 Evaluation findings, conclusions and recommendations
(power point presentation) by Evaluation Team supported by
representative of Evaluation office - UNICEF New York

11:00 Questions/Comments

12.00 *Lunch*

13:00 Discussion on role and relevance of Country Programme *Mr. Lucien Back*
Discussant: *Mr. Roshan Maudho*

14:30 *Tea break*

14:45 Realisation of Country Programme objectives
Effectiveness, impact of programmes and projects and sustainability
/replicability
Discussant: *Ms. Nathalie André*

16:00 End of the day one

16:15 *Reception hosted by UNICEF Representative*
Venue: Cafeteria, University of Mauritius

Thursday, 06 December 2001

09:00 Introduction by Detlef Palm, UNICEF New York *Mr. R. Maudho*

- Working group I: Lessons learned and challenges
for the transition process
Moderator: R. Maudho
- Working group II: Lessons learned and challenges the post-transition phase
for government, civil society, private sector and UNICEF
Moderator: R. Appadoo

10:30 *Tea break*

10:45 Working groups reporting to plenary

12:00 Conclusions and recommendations
Summing up

Mr. P. Ujoodha

13.00 Closing ceremony