# MAURITIUS COUNTRY REPORT ON FOLLOW-UP ON THE WORLD SUMMIT FOR CHILDREN

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A. Introduction and Background

Ratification of the Convention on the Rights of the Child

1. Mauritius ratified the Convention on the Rights of the Child (CRC) in July 1990. In 1991, the Government gave specific responsibilities with regard to child welfare, to the then Minister of Women's Rights and Family Welfare. Several measures and actions have been taken since 1990 to fulfill the commitments related to the World Summit Declaration on the Survival, Protection and Development of Children, and a Plan of Action.

The National Programme of Action

2. In early 1992, the Government started the preparation of the National Programme of Action (NPA) for the protection, development and survival of children, through a participatory process. A Steering Committee comprising representatives of Ministries, the National Children’s Council (NCC), the National Women Council (NWC) as well as United Nations agencies was set up. A series of national consultative workshops with the participation of NGO’s and other institutions were organized to gather information and work towards a national consensus for action. An executive summary of the NPA was released after endorsement by Cabinet in November 1992. The full and final version of the NPA was released in June 1994. The document was widely distributed to sectoral ministries, local institutions and community groups. The Government developed, implemented and monitored specific programmes and projects based on the NPA objectives and strategies to achieve the goals defined at the World Summit for Children.

Mid Decade Review

3. At the request of the Secretary General of the United Nations, the Government of Mauritius undertook, in 1997, a mid-term review of the NPA to assess the progress achieved in relations to the goals which the country had set up for Mauritian children.

4. A four-member team comprising representatives from the then Ministry of Economic Planning, Information and Telecommunications, Ministry of Education, Science and Technology, Ministry of Health and Ministry of Women, Family Welfare and Children Development carried out the review with UNICEF support. The process started with an in-depth analysis of sectoral information obtained through reports, interviews and focus-group discussions.

Findings

5. The principal findings of the mid-decade review were:
There had been no major reduction in Infant Mortality Rate (from 19.9 in 1990 to 19.6 per 1000 births in 1995).

Under-Five Mortality Rate had increased slightly from 22.4 in 1990 to 22.6 per 1000 births in 1995.

No major reduction was observed in Maternal Mortality Rate (0.69 in 1990 to 0.61 per thousand births in 1995).

Low Birth Weight had risen (from 9.0 per cent to 13.9 per cent in 1995) due to poor nutrition of pregnant women.

The level of nutrition had improved generally as compared to 1985.

Primary education became compulsory in 1992 and gross enrolment had reached 100 per cent. However, there was a persistent high rate of school drop-outs specially at the end of primary cycle.

An increase in child abuse including infanticide and child prostitution was noted. At the same time, an appropriate institutional capacity for better child protection had been established.

There were no efficient mechanisms for a systematic and comprehensive compilation of data on all areas covered by the Convention on the Rights of the Child (CRC).

Priority given to some of the decade goals tended to decrease due to the emergence of new socio economic problems which arose as a result of rapid industrialization process. There was also limited local capacity to develop social policies.

Recommendations

6. The following recommendations in relation to the above findings were made;

(i) The coordination of sectoral functions and convergence of health services and intensive Information Education and Communication on ante natal and post-natal care with a view to reduce Infant Mortality Rate, Low Birth Weight and Maternal Mortality Rate.

(ii) Early diagnosis of surgically correctable anomalies.

(iii) Intensive dietary care of pregnant women through mass media and other relevant medium.

(iv) Provision of daycare centres near workplaces.

(v) A global study to revise the quality of the education system. In the light of Article 2 of the CRC, prevention of school drop out and child labour through appropriate mechanisms.

(vi) Development of comprehensive training programmes for professional groups including Police officers, specially trained to deal with child abuse and neglect.

(vii) A comprehensive reform of the Juvenile Offenders Act in the spirit of the Convention, in particular Articles 37, 39 and 40, and of the United Nations standards in this field, such as the “Beijing Rules” the “Riyadh Guidelines” and the United Nations Rules for the protection of juveniles deprived of their liberty.
(viii) Measures to ensure that national legislation conforms to the provisions of the Convention on the Rights of the Child.

(ix) The strengthening of coordination among the various governmental organisations involved in children’s rights with a view to developing a comprehensive policy on children and ensuring the implementation of the Convention.

(x) The establishment of an Ombudsperson for the rights of the child.

(xi) Budget allocations to be ensured for the implementation of economic, social and cultural rights in the interest of the child. Attention to be paid to the full implementation of Article 4 of the Convention and to ensure adequate distribution of resources.

(xii) A permanent information campaign on the Convention on the Rights of the Child for both children and adults and its incorporation in school curricula.

(xiii) The prevention of the rise in discriminatory attitudes or prejudice towards girl children and those from minority groups.


The Convention on the Rights of the Child Reporting

7. The initial report submitted in 1995 highlighted the positive measures taken by the country such as Government's commitment to withdraw its reservations to Article 22 of the Convention and the establishment of the National Children's Council in 1990 among others. In addition, a process for harmonizing national laws with the CRC was started. A Child Protection Act was enacted in 1994 to make better provision for the protection of children against ill-treatment, neglect, abandonment, destitution or any form of exposure to harm. The Report also took account of the difficulties encountered during the implementation of the Convention.

B. Process Established for the End-decade Review

The preparation of the review

8. The review process was started in July 2000 by the responsible parties. A Terms of Reference spelling out the purpose of the review, the issues to be addressed and the methodology to be adopted for the exercise was prepared in consultation with major stakeholders. A ten-member review team comprising representatives from ministries, non-governmental organisations, the National Children's Council and UNICEF were designated to oversee the review exercise. The Ministry of Women’s Rights, Child Development and Family Welfare appointed a writing team.

9. A research assistant was made available by UNICEF to assist with the collection and compilation of data. Given the availability of data on the key sectors under
review, the information required was extracted from existing statistical publications and study and evaluation reports. Data which were not available, were obtained from one to one interviews of key informants. The content of the country report was enriched and validated through a consultative workshop with the participation of a broad range of partners and subsequently by a review team. Government approval was sought prior to submission to UNICEF.

C. Actions at the National and International levels

10. There have been major developments in the field of research in the 1990s. Two national research institutions, namely the Mauritius Research Council and the SSR Medical Research Centre were set up. The University of Mauritius, the Office of the President, several ministries, some international development partners and civil society organisations have commissioned or conducted studies on topics pertaining to children. Some of the topics covered are poverty and exclusion, child prostitution, juvenile justice and provision of early childcare.

11. The natural disaster that usually affects Mauritius and its dependent islands from time to time is cyclone. In case of very strong winds, considerable damage is caused to agriculture, water distribution and electrical networks and telephone installations, but the service providers have well established emergency plans which enable them to restore the services within a relatively short time. There is a disaster committee at the Prime Minister's Office, regrouping top-civil servants, NGO leaders, the Police Force as well as essential service providers and representatives of the private sector. Residential accommodations which are not well conditioned to withstand cyclones and which belong specially to poorer people are often damaged. Refugee centres are open during periods of cyclonic conditions for people whose houses are damaged and an emergency relief assistance is also provided to them.

12. The international community continued to assist the development efforts of the country during the last decade. The level of foreign aid has decreased over the years but a larger portion of external assistance is now being allocated to the social sector. For instance, the European Union is supporting poverty alleviation projects, the World Health Organisation (WHO) is active with child health and nutrition promotion, United Nations Children’s Fund (UNICEF) is focusing on early childhood development and child protection and United Nations Family Planning Association (UNFPA) on adolescent health and development. International Fund for Agricultural Development (IFAD) is funding community development projects and micro credit schemes for women.
D.  **Specific actions for child survival, protection and development**

| 1.  | To disseminate and promote the earliest possible ratification of the Convention on the Rights of the Child and, thereafter, to promote its implementation and monitoring. |

**Legislation**

13. Following the signing of the Convention on the Rights of the Child in July 1990, a National Children’s Council was enacted in 1990 to set up a National Children’s Council, a Child Protection Act was enacted in 1994 to ensure protection of children from all abuse and exploitation. The Act was amended in 1998 to make it an obligation for person exercising any medical or paramedical profession or a member of the staff of a school to report suspected cases of child abuse and to include sexual harm in the definition of abuse.

14. In 1998, a Protection of the Child (Miscellaneous Provisions) Act was enacted to amend many laws in order to protect children from abuse and exploitation, in line with the articles of the Convention on the Rights of the Child. The Criminal Code (Amendment) Act and the Criminal Code (Supplementary) Amendment act were enacted providing for more severe penalties in cases of sexual abuse and exploitation of children, including trafficking and prostitution. New sections pertaining to sexual harassment, sexual abuse against boys, family abandonment, abuse and exploitation of handicapped children were introduced.

15. In 1997, the Protection from Domestic violence Act was enacted to protect spouses from domestic violence and at the same time ensure protection of children. The Act provides for Protection Orders, which restrains the abuser from further violence and orders him to be of good conduct. The order can last for a period not exceeding 24 months; Occupation Orders, which grants exclusive right to the victim to live in the residence which may belong to the victim or the abuser or both and Tenancy Orders which gives the victim the exclusive right to occupy rented house and if the house is rented by the abuser, he would have to pay the rent.

16. In September 2000, the Government has set up a task force to review all laws concerning children as well as their enforcement procedures. The task force includes NGO’s and other stakeholders. It aims at making the laws more effective and ensures that procedures are more child friendly.
Institutional machinery

17. A National Children’s Council (NCC) was set up in 1990 to ensure that both governmental and non-governmental organisations work together for the welfare of children. It is expected to coordinate the activities of the organisations working towards the welfare of children. A review of the Council was conducted in 1998 with the aim of making it more dynamic and responsive to the needs of children and to ensure the participation of children. A new Bill for the NCC is being prepared.

18. Since 1991, the National Adoption Council which deals with issues relating to adoption and follow-up of children adopted by foreigners has come under the responsibility the Ministry of Women’s Right, Child Development and Family Welfare.

19. A Child Development Unit (CDU) was set up in 1995 and has been decentralized in five different regions. The CDU has a mandate to enforce the Child Protection Act and to implement policies and programmes for the development of children. The CDU works closely with other agencies such as the Police Department. A 24 hour service is provided through hot lines to children at risk and free legal assistance and psychological counseling are offered to children. A Child Protection Unit has been set up on a pilot basis to provide multi disciplinary and integrated services in cases of child abuse. Area Child Protection Committees have been set up and a National Child Protection register is being prepared. A Child Watch network comprising social workers has been established on a pilot basis as an informal group to ensure surveillance and early detection of cases of children who are at risk.

20. In line with Article 31 of the Convention on the Rights of the Child the Government has set up 21 Children’s Clubs throughout the island. The clubs offer children the opportunity to participate fully in cultural, artistic, recreational and leisure activities. The clubs are being reviewed to ensure that children participate in decision-making. A national children’s organisation will be set up. A Creativity Centre for children has been constructed to enable children to engage in recreational activities during holidays and school terms.

21. In 1993, Government signed the Hague Convention on Civil Aspects of Child Abduction and in 2000 legislation was enacted to designate the Ministry of Women’s Rights, Child Development and Family Welfare as the Central Authority to deal with civil cases of child abduction.

Implementation

22. The NPA incorporates actions to be taken by Government departments, non-governmental organisations and other child-related institutions, based on the
framework provided by the Convention, the goals of the World Summit for Children and the country's development programme.

**Dissemination**

23. Since its creation, the National Children’s Council has been responsible for disseminating the Convention on the Rights of the Child through aggressive sensitization and IEC campaigns. Publications including posters and booklets on articles relating to the Convention have been disseminated regularly. All Ministries were provided with a copy for information and action as appropriate. Non-governmental organisations directly involved with the promotion of women’s and children’s rights also received copies of the Convention for sensitizing their members thereon. Students of primary and secondary schools throughout the island have benefited from the IEC programmes. In secondary schools, debates and projects on issues related to the Convention were organised. Grass root level people who would not have been able to read and understand the Convention were given explanations through talks and seminars.

24. Various legal amendments have been brought to give effect to the Convention but these laws are not sufficiently known to the public. The principles and provisions of the Convention are equally not clearly understood by many people. There is a need for dissemination of the Convention in the local languages. An international treaty such as the Convention on the Rights of the Child cannot be invoked *per se* before a Court of Law, but may be cited in Court in support of a given argument. A task force has been set up by Government to make recommendations on the implementation of the Convention and the enforcement of legislation relating to children’s rights.

| (b) | To combat childhood disease through low-cost remedies and by strengthening primary health care and basic health services, to prioritize the prevention and treatment of AIDS; to provide universal access to safe drinking water and sanitary excreta disposal; to control water-borne diseases. |

**Primary health care**

25. Mauritius has had free health services within the broad framework of the Welfare State which was introduced in the 1950s. The universality of access to primary health care has been achieved in Mauritius through a wide network of area and community health centres. Population ratio per doctor has improved from 1,235 in 1990 to 1,107 in 1999. However, public expenditure on health as a percentage of total public expenditure has decreased slightly from 8.7 in 1990 to 8.4 in 1999. The number of nurses and midwives has remained the same between the period 1990 and 1999 (2,768 in 1990 and 2,769 in 1999).
26. Table 1 shows the Infant Mortality Rate (IMR) and the Under-Five Mortality Rate (U5MR) from 1990 to 1999 and the target 2000 figures. IMR has ranged between 18 to 22 per 1000 live births during the period 1990-1999. An increase in the number of deaths caused by congenital anomalies has been registered. U5MR has decreased slightly from 22.4 to 21.3 per 1000 live births in 1990 and 1999 respectively. The main causes of under-five mortality are congenital anomalies, ill-defined intestinal infections, injury and poisoning.

Table 1: IMR and U5MR (per 1000 live births) from 1990, 1995, 1999 and target 2000

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<tbody>
<tr>
<td>IMR</td>
<td>19.9</td>
<td>18.4</td>
<td>18.0</td>
<td>22.2</td>
<td>19.2</td>
<td>12.0</td>
</tr>
<tr>
<td>U5MR</td>
<td>22.4</td>
<td>21.1</td>
<td>20.9</td>
<td>24.2</td>
<td>21.3</td>
<td>19.0</td>
</tr>
</tbody>
</table>

Source: Ministry of Health and Quality of Life. Health Statistics Annual 1999

27. Schools are visited and children screened by doctors and nurses at least once a year. New entrants are immunized against diphtheria, tetanus (D.T.) and poliomyelitis. School leavers are immunized against tetanus and tuberculosis and girls against rubella. Medication against worms is distributed to pre-school and primary school children once a year. Medical screening of children (Health Card) was launched in 1998 to identify children at risk or those who have chronic conditions and disabilities, for early referral and treatment.

HIV/AIDS

28. The first case of AIDS among the resident population was diagnosed in 1987. As at September 2000, the number of cases among residents had reached a cumulative number of 209 (61 full blown and 148 asymptomatic cases), 58 had already passed away. The number of cases among non-residents was 61, as at the same period. Table 2 shows the number of full blown AIDS cases and HIV asymptomatic cases among residents and non-residents by sex. The mode of transmission is mostly through heterosexual contact (70 per cent). Among women, housewives accounted for 56 per cent of the total reported cases of HIV/AIDS.

Table 2: Cumulative number of full blown AIDS and HIV asymptomatic cases as from 1987 to September 2000 among residents by sex

<table>
<thead>
<tr>
<th>Sex</th>
<th>Cumulative Total from 1987 to September 2000</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Residents</td>
<td>Non-residents</td>
</tr>
<tr>
<td>Male</td>
<td>137</td>
<td>50</td>
</tr>
<tr>
<td>Female</td>
<td>72</td>
<td>11</td>
</tr>
</tbody>
</table>
29. As from September 1999 all pregnant women attending antenatal clinics in Mauritius are counseled on HIV infection and HIV testing are carried out on consent. Among women found to be HIV positive, four had infected six babies either during pregnancy, delivery or breastfeeding. Both HIV positive adults and babies are treated free of charge.

30. The Mauritius National AIDS Control Programme (NACP) was initiated in 1987, just before the first case of AIDS was diagnosed. An AIDS Unit was set up under the aegis of the Ministry of Health in 1987 and most of its activities are financed by donor agencies. The Unit has networks with other ministries and NGOs and it organises educational programmes on HIV/AIDS for educators, high risk groups and the public at large.

31. Mauritius does not have a specific policy paper on AIDS and children, but the problem of AIDS has been addressed effectively up to now. However, cross-sectoral surveys for biological and behavioural surveillance are not conducted, resulting in a lack of appropriate indicators for the effectiveness of the prevention programme. There is also an absence of legal and ethical framework governing HIV/AIDS infection specially with regard to children.

Water and sanitation

32. Access to safe drinking water is nearly universal with 98 per cent of household facilities connected to the pipe water network. Table 3 shows an increase in housing units having access to piped potable water from 1990 to 2000. The country has implemented several water development projects in the 1990s both to cope with the four per cent increase in water consumption and to improve the quality of the water supplied. As a result of rapid industrialisation and with the increase in use of fertilizers and pesticides, both surface and ground water resources are facing a high risk of contamination. Other challenges to water quality are inadequate sewage disposal, wastewater from factories and hotels and infiltration from solid wastewater dumping sites.

<table>
<thead>
<tr>
<th>Domestic facilities</th>
<th>1990 (%)</th>
<th>1995 (%)</th>
<th>2000(%)</th>
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<tbody>
<tr>
<td>Piped water inside the house</td>
<td>56</td>
<td>64</td>
<td>83.7</td>
</tr>
<tr>
<td>Piped water on premises</td>
<td>34</td>
<td>32</td>
<td>14.5</td>
</tr>
<tr>
<td>Recourse to public fountains and other sources</td>
<td>10</td>
<td>4</td>
<td>1.8</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Central Statistical Office
33. Despite a major programme aiming at upgrading and rehabilitating the sewage infrastructure in many densely populated areas, almost 70 per cent of the population remain unconnected to sewerage networks and use largely soakage pits. In sensitive locations like coastal villages, inadequate filtration prior to the effluents reaching the lagoon leads to lagoon pollution and coral degradation.

34. Pollution problems arising from domestic sewerage network will be dealt with under the National Sewerage Master Plan.

**Waterborne diseases**

35. Waterborne diseases are under control in Mauritius. For instance the number of deaths due to diarrhoea is insignificant. During high-risk periods (eg. flooding and cyclones) the population is informed about precautionary measures through the media.

| c. To overcome malnutrition, including by ensuring household food security and by developing strategies that include employment and income generating opportunities; dissemination of knowledge; and support to increased food production and distribution. |

**Nutrition**

36. The two last nutrition surveys in 1985 and 1995 respectively, have indicated an improvement in the nutritional status of children. While stunting prevalence had reached the targeted year 2000 figures, underweight and wasting prevalence below the targeted figures as shown in table 4.

37. There has been considerable improvement with regard to anaemia among children 3-6 years old, which was at 5 per cent in 1995 compared to 51 per cent in 1985. However, a definite trend has been noted in the direction of fast food and pre-packed snacks available in schoolyards.

| Table 4: Category of Malnutrition, 1985, 1995 and 2000 target |
|-----------------------------------|----------|----------|----------|
| Category of malnutrition          | 1985     | 1995     | 2000 target |
| Underweight (low weight for age)  | 23.9     | 16.6     | 7         |
| Wasting (low weight for height)   | 16.2     | 14.8     | 8         |
| Stunting (low height for age)     | 21.5     | 9.6      | 10        |

*Source: Ministry of Health and Quality of Life*

**Breastfeeding**
38. The prevalence of breastfeeding has been fluctuating at around 90 per cent. There is still a lot of confusion about the meaning and practice of exclusive breastfeeding. Campaigns for the promotion of breastfeeding are broadcasted through the media. Information on good nutrition and child feeding practices is regularly transmitted to women during antenatal visits.

39. Nevertheless, poor practices at household level are common when it comes to the provision of complementary foods. Solid foods and water are introduced too early. Mother's knowledge of infant nutrition is still inadequate. As more women enter the labour market, there is a move towards fast foods. Healthy home cooking is declining.

Low Birth Weight

40. The rate of Low Birth Weight has increased from 9.0 per cent in 1990 to 13.1 per cent in 1999, far from the National Plan of Action goal of 5.0 per cent. The reasons behind this increase in low birth weight and the stagnation in the reduction of Infant Mortality Rate are most likely linked to socio-economic and psychological factors such as poverty, lack of access to information, inappropriate nutrition, unhealthy lifestyles, physical fatigue in the work place rather than to medical factors. Another determinant may be lack of appropriate facilities and equipment for the management of newborns with health problems.

Maternal health

41. In 1995, the Nutrition Survey revealed that 3.1 per cent of pregnant women had a haemoglobin level of less than 10g% reflecting an increase in the general nutritional level of women. IEC campaigns on better pregnancy management are regularly organized to influence the attitudes and behaviour of women of child bearing age with the view of lowering the prevalence of low birth weight rate.

Food production and security

42. Mauritius shifted from an agricultural to an industrial economy in the 1980s and has dramatically reduced its dependency on sugar exports. Today, the country is self-sufficient in fresh vegetables, poultry and eggs and fresh pork. Still a large part of the food requirements of the country such as flour, rice and edible oils, fish, meat and milk products are imported. However, the value of agricultural exports, sugar, tea and fruits, by far exceeds the value of the imported food.

43. More effective agricultural practices have been developed and disseminated. There has been closer surveillance and eradication of major insects, pests and diseases. Provision of credit facilities/loans at concessionary rates by the Development Bank of Mauritius has helped planters to continue production of food crops and livestock. More land has been cleared for agriculture under the Prime Minister’s Derocking scheme which has facilitated field mechanisation.
44. In 1995, the Agricultural Research and Extension Unit (AREU) was set up under the aegis of the Food and Agricultural Research Council to promote research and provide advisory services to planters for non sugar crops and animal rearing.

45. Mauritius ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1985 and is a signatory of the 1995 Commonwealth Plan of Action on Gender and Development. It also signed the South African Development Community (SADC) Gender and Development Declaration in 1997, and the subsequent addendum in the follow up of the Prevention and Eradication of Violence Against Children in 1998. In addition, Mauritius has committed itself to the follow up of the Beijing Platform For Action in 1995. Gender issues have received continued attention, with positive achievements in terms of equality of access to education and employment. While women's participation in economic sectors and international trade has created new avenues for women, the combination of multiple roles and the exigencies of an industrial work environment place heavy burdens on them.

46. The National Gender Action Plan was formulated in 2000 after wide consultations with different stakeholders, as a follow up to the Fourth World Conference on Women. It defines a vision for greater gender equality based on the Gender and Development concept and is inspired by the CEDAW and other international documents which uphold the principle of gender equality. Its long-term objective is the attainment of greater equality and equity between men and women while preserving family welfare. The Plan also views the needs of women, in the context of the wider social and economic environment, while considering the multicultural context of Mauritian society.

47. Women and girls have equal access to all health services. Life expectancies for females and males have increased to 74.4 and 66.8 in 1999, from 73.4 and 65.6 in 1990 respectively. The Maternal Mortality Rate has decreased from 0.69 per 1000 live births in 1990 to 0.4 per 1000 live births in 1999.

48. The coverage of antenatal care in static clinics in 1999 was 80.4 per cent as compared to 82.8 per cent in 1994. The figures exclude antenatal treatment in
government hospitals. The percentage of deliveries performed at home by
traditional attendants has decreased from 2.3 in 1994 to 0.7 in 1999.

49. The number of deaths among women due to heart diseases and cerebro-vascular
diseases is increasing. There has also been an increase in the number of cases of
breast, cervical and uterine cancers over the past few years. Country–wide
detection tests are undertaken at regular intervals (pap smear and mammography).
The Government has launched a programme for screening of cervical cancer but it
does not reach a large percentage of women.

50. Further, problems of depression, alcoholism, and mental stress are becoming
more common among women and youth. Mauritius lacks mental health
professionals and specialized institutions to deal with these problems.

51. The large number of women who have entered the labour force have less access to
health education programmes and health promotion activities, usually undertaken
on a door-to-door basis.

Reproductive health

52. Population control and Family Planning have been quite successful in Mauritius.
Table 5 shows the number of new acceptors and current users of family planning
methods among women aged 15 to 49 years from 1990 to 1999. Official records
from family planning agencies indicate a shift away from more reliable to less
reliable methods such as rhythm and withdrawal methods. Post-natal
contraception is encouraged by follow-ups carried out by Community Health
Workers. Ante natal, post-natal and family planning services are available at all
health centers and contraceptives are distributed in the workplace by the family
planning staff.

<table>
<thead>
<tr>
<th>New acceptors</th>
<th>1990</th>
<th>1995</th>
<th>1999</th>
</tr>
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<tbody>
<tr>
<td>Current users</td>
<td>88,159</td>
<td>86,069</td>
<td>101,206</td>
</tr>
</tbody>
</table>


53. Teenage pregnancy is becoming a problem in Mauritius particularly in the island
of Rodrigues. Many pregnant women, through poverty and lack of information
have recourse to back street abortion or use self-induced methods thus putting
their lives in danger. The number of women admitted due to complications
following abortions in government and private clinics in 1996 was 2,719. 44 per
cent of the maternal mortality cases are linked to complications due to abortion.
54. There is no reproductive health education within the school curriculum, despite the increasing demand for such education. UNFPA is funding a project for reproductive health education for young people.

**Education and training**

55. Free primary and secondary education has contributed greatly in increasing the enrolment ratio for girls beyond primary level. The proportion of children of primary-school age enrolled in primary school in 1999 was 96.6 per cent for boys and 98.2 per cent for girls. Girls tend to perform better at examinations. The pass rates in Certificate of Primary Education examinations in 2000 was 62 per cent for boys and 72 per cent for girls. However, girls tend to do less well in the poorer resourced schools which indicates the dual impact of class and gender on educational performance.

56. There is a small percentage of women in technical occupations. Girls are not motivated to take up science and technical subjects. Only 6,033 girls were enrolled in technical and vocational education as compared to 17,429 boys in 1997. Technical and Vocational Education and Training Programmes have been modified to respond to gender-inclusive learning, both in content and delivery.

57. There is a high level of school dropouts among girls at the end of the primary cycle. Government is renewing the education system and proposes to construct new secondary schools and reduce competition in primary schools.

**Credit and extension services**

58. The Government has introduced a Micro Credit Scheme based on the Grameen model of Bangladesh to enable the poorest segments of the population to get access to credit facilities without any collateral and start income generating activities. With a view to increase family income, another micro-credit programme has been initiated by the Government, under the aegis of the International Fund for Agricultural Development (IFAD). The programme provides technical and business support services to micro-enterprises and credit to women. A Market Centre has been put at the disposal of women entrepreneurs to provide a market outlet.

59. A joint UNDP/UNIDO “Gender Mainstream and Women Entrepreneurship Development Programme” was set up in January 1997 to promote entrepreneurship among women. A directory of women entrepreneurs was published in 1998. A National Women Entrepreneurs Council was launched in March 2000. The UNDP/ILO “Fight Against Exclusion Through Participatory Community Development and Promotion of Income Generating Activities Project in Rodrigues” addresses the problem of feminisation of poverty through micro-credit lending.
60. Although female employment in agriculture is declining, a large number of women, especially in Rodrigues are still engaged in important agricultural production activities. Extension services and other related support systems need to become more gender sensitive in order to integrate gender planning into the agricultural and fishing sectors.

To ensure support for parents and other care-givers in nurturing and caring for children; to prevent separation of children for their families and, where such separation takes place, to ensure appropriate alternative family care of institutional placement.

Early child care

61. Government has started to address the issue of the care of children under the age of three years with assistance from World Bank and UNICEF. A study was commissioned on the provision of early childcare in 1996. The report was used as reference for the elaboration of the Early Childhood Development Policy paper. A proper legislative framework with established norms and standards has been enacted in year 2000 to regulate early childcare services including home-based facilities. Proper guidelines and regulations for a formal system of accreditation have been formulated. A centralised unit within the Ministry will be established to manage the licensing standardisation and supervision of all childcare services. Training in “Early childcare and parenting skills” is being carried out by governmental institutions and NGOs.

62. The number of registered daycare centres is currently around 150. Besides, the Government has set up several day care centres with the assistance of Export Processing Zone Labour Welfare Fund (EPZLWF). These centres are managed by NGOs. More childcare services are needed to meet the rapidly increasing demand and community involvement should be encouraged in rural areas.

Adoption

63. The Civil Status Act 37/1980 provides for legal adoption of children under different articles. Abandoned children and orphans may be adopted by Mauritian citizens or foreigners with the aim of providing for their care and welfare within a family setting. If, owing to compelling circumstances, a child has to leave his parents' home, he or she is taken care of by relatives in which case the latter are helped financially by the Government. If there is nobody to take care of the child, he is placed in an orphanage.

Removal of children from immediate environment
64. In the case of a child who is in danger within his immediate environment the Permanent Secretary of the Ministry of Women\'s Rights, Child Development and Family Welfare may request a court order under the Child Protection Act, for his removal from such environment to a place of safety. Officers of the Child Development Unit (CDU) ensure follow-up of all children whether they have been placed in institutions, or with relatives. A shelter has been set up by the Women and Children In Distress Trust Fund with a view to providing temporary refuge to women and children victims of abuse and family problems.

**Delinquency**

65. The number of young offenders placed on probation has decreased by 43 per cent since 1995. The Probation and After Care Service is a social casework agency within the Court setting with the aim at rehabilitating offenders through advice, guidance and moral support. A ‘Through Care’ Service has started operating since 1996 at the Rehabilitation Youth Centre for both delinquent boys and girls. As soon as an offender is admitted at the Rehabilitation Youth Centre, he or she is helped by a senior probation officer. The latter acts as a liaison between the inmate and his or her family.

| f. to ensure priority for early childhood development; universal access to basic education; reduction of adult illiteracy; vocational training and preparation for work; and increased acquisition of knowledge, skills and values through all available channels. |

**Pre-primary sector**

66. In the pre-school sector, the Gross Enrolment Rate increased from 78 per cent in 1993 to nearly 99 per cent in 1999. This was mainly due to the setting up of pre-school unit within primary schools and Government subsidy for school fee for children aged four years. Budget allocation for pre-school education has gone up from Rs 6m in 1995/96 to Rs 55m in 1997/98 respectively.

67. However, school fee for children under four years old is not subsidized by the Government, so the enrolment rate is lower for this age group. Another problem is that there are still many pre-primary schools that are housed in sub-standard buildings with inappropriate and insufficient furniture and inadequate educational tools. A number of teachers working in some schools especially those located in deprived areas are either untrained or poorly trained. There is a need for coordination between the Government and NGOs for training.

**Primary sector**
68. In the primary sector, universal access has been nearly attained. The pupil/teacher ratio has increased from 33 in 1990 to 36 in 1999. Net primary school enrolment rate in 1999 was 96.6 per cent for male and 98.2 per cent for female.

69. However, the different obstacles encountered at the primary level are:

- Lack of political and national consensus on major reforms to be effected.
- Policies adopted often with very low trickle down effect.
- Delicate language issue
- The rat-race competition for admission to a "Star School" has led to private tuition being institutionalized, resulting in a trauma for most pupils.
- Persistent absenteism is one of the problems of low achieving schools.
- A high level of failures and drop out rate is observed specially in deprived areas.
- All admissions to secondary schools are done strictly on the basis of performance in the four main subjects (English, French, Mathematics and Environmental Studies).

70. Special attention is being given to low performing schools through the provision of additional resources (financial and human) and financial help to needy students. A Zone d’Éducation Prioritaire (ZEP) has been set up with the aim to develop a comprehensive environment with the support of parents, school psychologists and teachers.

71. The period between school leaving age after failing Certificate of Primary Education examinations (12 years) and working age (15 years) thus remains a problem. Many children who drop out of school become vulnerable to exploitation and prostitution.

Vocational School

72. Vocational State Secondary Schools were set up with a view to cater for these children of low/slow learning ability and those who could not join the normal secondary stream. However, only 60 per cent of children have access to those schools.

Adult literacy

73. Significant improvements in the literacy rates have been noted for both men and women over the years. Adult literacy rate is around 82 per cent. There are few adult literacy programmes that are run by NGOs and these cater for a limited number of women. The National Women’s Council (NWC), a corporate body under the Ministry of Women, Family Welfare and Child Development run adult-literacy courses exclusively for women.

74. The Mauritius Institute of Education and the University of Mauritius provide distance education courses for the benefit of adults. However, the requirements of
the economy are changing so rapidly and there is a need to provide more facilities for in-service training.

g. to ensure special attention to children living under especially difficult circumstances; including by ending their exploitation through labour; and by combating drug, tobacco and alcohol abuse among young people.

**Child labour**

75. The employment of children is casual and is found primarily in the informal sector, with street traders and small businesses, in agriculture, in shops and in restaurants. The children perform unskilled work and are generally not employed in harmful occupations. Child labour (involving children aged between 12 and 14 years) as a percentage of the total labour force has decreased from 0.60 per cent in 1995 to 0.30 per cent as at mid 1999 due to measures taken by the Labour Inspection Unit of the Ministry of Labour and Industrial Relations. Mass education and sensitisation has been undertaken by the Education and Training Branch of the same ministry to increase awareness of the illegality of child labour and its pernicious effects on the child’s health and development.

76. The proposed compulsory eleven-year schooling system and the increasing opportunities for pre-vocational training, will play a crucial role in keeping children away from work.

**Children living in poverty**

77. Mauritius does not have an official poverty line. The findings of the 1996-1997 Household Survey revealed a rise in income levels. The Government is currently subsidising the price of essential basic foodstuff such as rice and flour. However, a number of families are still living in sub-standard dwellings. Children who grow up in such deprived environment are trapped in a vicious circle of low motivation, poor health and nutrition, high drop out rates at school, delinquency, unemployment or underemployment. The problem of social marginalisation has been receiving increased attention from donors, NGO’s and policy makers. A Trust Fund has been set up by Government to provide funding for integration of vulnerable groups. A National Plan to combat poverty is being elaborated by the Government.

**Child abuse**

78. There has been a rise in the number of cases child abuse reported of due to the increasing sensitivity of monitoring systems available around the island. Government started to address the problem by the setting up of Child Abuse Units in regional hospitals. Later, Child Development Units were set in different regions
where cases can be reported and counselling, legal advice as well as shelter provided to the victims. A Children and Women Protection Unit of the Mauritius Police Force was set up in 1996, to provide expedient response to request for assistance by children and women, victims of abuse and domestic violence. The Child Protection Unit carries out preventive actions such as delivery of lectures and talks at primary and secondary schools level and participation in the organisation of campaigns to raise awareness and reduce incidents of child abuse.

**Disability**

79. There is no reliable information on the number of children with disabilities. The 1990 Census reported 2396 disabled children aged between 0 to 14 years old. In 1992, it was estimated that 6000 were in need of special education. Professionals working in the sector consider the figure to be underestimated. There are mild disabilities which are not considered important enough to be reported. Disability in the Mauritian context still generates a great deal of stigma for the disabled.

80. NGOs have been actively engaged in this sector and provide therapy and rehabilitation for the disabled. There has been some sensitization made in favour of the disabled through IEC campaigns. Some of their needs have been met, for example, provision of ramps on pavements, public buildings and toilets. There are at present seven schools catering for specific disabilities. The Mauritius Institute of Education has launched a Certificate in Special Education and has started special classes for disabled children in a few primary schools. However, there is still a lack of trained personnel and financial means to cater for all. There is no residential accommodation for children with disabilities who have no family of are abandoned.

| h. to ensure special attention to children in armed conflict and to build a foundation for a peaceful world by promoting the values of peace, tolerance, understanding and dialogue. |

**Armed conflict**

81. The country has not known situations of armed conflict but has been faced with few riots. In a multicultural society like Mauritius, it is of utmost importance to create conditions where people of different origins, religions and cultures are able to live together in an atmosphere of mutual understanding, confidence and trust.

**Education for development**

82. An Education For Development programme has been implemented in all primary schools to consolidate national unity. It comprises participatory activities on the concept of interdependence, images and perception, change and the future, social
justice, conflict and conflict resolution.

83. Through activities on social justice, children learn about the many ways in which human rights can either be denied or promoted. They are made to understand how these rights can apply to one's own life. Children are also made aware of the different inequalities that exist in every society. Skills for resolving conflict peacefully are acquired through activities in relation to conflict and conflict resolution.

84. School textbooks for Standard III curriculum have been revised to incorporate the concept of peace, tolerance, understanding and dialogue.

i. to prevent the degradation of the environment by pursuing the World Summit goals; by inculcating respect for the natural environment, and by changing wasteful consumption patterns;

Environmental degradation

85. Industrialization has brought in its wake environmental degradation due to discharge of effluents into the watercourses, generation of solid wastes and emission of harmful gases. In addition, the rapid expansion of the tourist industry has led to heavy and haphazard coastal development, which is having adverse impacts on the marine environment.

86. The first National Environment Action Plan (NEAP1), developed in 1988, has significantly contributed to the progress achieved in environmental protection over the past decade. Legislation and institutional framework were established, for example the Environmental Protection Act (EAP) which was enacted in 1999, setting some standards regarding noise, water pollution and air pollution. A second NEAP has been formulated under the National Environment Strategies for the coming decade.

Actions taken

87. The Ministry of Environment whose mandate is to protect and preserve the environment, has already formulated National Environmental Standards in respect of drinking water quality, ambient air quality and air emission, noise level and sugar industry effluent limitations. The Government is providing assistance to economic operators so that effluents from their respective enterprises conform to the prevailing norms. Standards for treated wastewater for use in irrigation have already been promulgated.
88. The Government has purchased two sound level meters and two smoke capacity meters for monitoring noise intensity and smoke emission from vehicles respectively.

89. A well-structured “Police de l’environnement” has been set up in 2000 to ensure compliance with environmental laws.

90. Conscious of the nuisance and environmental pollution caused by open dumps, the Government of Mauritius has closed all such places except one landfill site for ultimate disposal. The former open dumps are being rehabilitated for recreational purposes.

**Awareness**

91. The Ministry of the Environment conducts awareness campaigns on environment protection and one of the main target groups is schoolchildren. Major environmental events such as Environment Day, Earth Day, Ozone Day and Clean Up The World campaigns are regularly celebrated, so as to sensitize the public on the need to protect and preserve the environment. Brochures, pamphlets and booklets on environment matters are regularly distributed to school children. The Government has set up nature corners in several schools so as to enhance the natural environment within the school compound.

92. The Mauritian economy has performed fairly well on the whole during the review period. Table 7 indicates the increasing Gross National Product at factor cost and at market prices in 1990, 1995 and 2000. The key contributing factors to the flourishing economy include, a stable macroeconomic environment, an active strategy to secure foreign investment and the sound development and management of key sectors like agriculture, tourism, textile and finance. This state of the economy has enabled the Government to spend more on social services. Mauritius has also successfully mobilized external resources that have supplemented domestically available resources for development purposes.

### Table 7: Gross National Product at factor cost and at market prices in 1990, 1995 and 2000.

<table>
<thead>
<tr>
<th></th>
<th>1990</th>
<th>1995</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>GNP at factor cost (Rs)</td>
<td>30,876</td>
<td>53,793</td>
<td>85,075</td>
</tr>
<tr>
<td>GNP at market prices (Rs)</td>
<td>36,775</td>
<td>61,268</td>
<td>98,988</td>
</tr>
</tbody>
</table>

*Source: Central Statistical Office*
93. In the face of globalization and liberalization of economic activities, the country has embarked on a strategy of regional co-operation and integration to expand its limited economic base. At present, Mauritius is a member of the Indian Ocean Commission (IOC), the Common Market for Eastern and the South Africa (COMESA), the South African Development Community (SADC) and the Indian Ocean Rim-Association of Regional Cooperation (IOR-ARC).

**Addressing poverty**

94. A multi-disciplinary study of the problems of exclusion was commissioned by the President of the Republic of Mauritius in 1997 to look into the causes and nature of exclusion in Mauritian society. Several areas in Mauritius are still considered as structurally deprived.

95. Funding for poverty alleviation and community development initiatives are available through the national budget both at national and local levels and partly through Overseas Development Assistances, (i.e European Development Fund (EDF), United Nations Development Programme (UNDP), United Nations Children’s Fund (UNICEF) and the United Nations Population Fund (UNFPA). For example, the Trust Fund for the Social Integration of Vulnerable Groups and “A Nou Dibout Ensam” (Let’s stand up together) are programmes that attempt at assisting the vulnerable segments of the population. They are conditional to community initiatives, beneficiary involvement, self-reliance and sustainability. Moreover, basic amenities in 53 deprived localities have been made available by the Government under a Marshall Plan with a view to improve living standards of those living in deprived areas. A National Action Plan to combat poverty and ensure social cohesion is presently being prepared at the Ministry of Finance.

**Unemployment**

96. The employment situation has shown a marked deterioration in recent years. The latest estimate of the Central Statistical Office indicates that unemployment was surging around 8 per cent at June 2000, the highest recorded since 1986. Table 6 shows unemployment rate and percentage unemployment by sex in 1990, 1998 and 2000. While the male unemployment rate has increased from 3.1 per cent in 1990 to 5.7 per cent in 2000, the rate for women jumped from 2.3 per cent in 1990 to 12.3 per cent in 2000. Women are among the first employees to lose their job in periods of recession. At the current level of the Euro, the financial situation of many EPZ companies may get worse with a risk of further substantial job losses.

<p>| Table 6: Unemployment rate and percentage unemployment by sex in 1990, 1998 and 2000 |
|----------------------------------|--------|--------|--------|
|                                  | 1990   | 1998   | 2000   |
| Unemployment rate                | 2.8    | 5.8    | 8.0    |
| Male                             | 3.1    | 3.8    | 5.7    |</p>
<table>
<thead>
<tr>
<th>Female</th>
<th>2.3</th>
<th>10.0</th>
<th>12.3</th>
</tr>
</thead>
</table>

Source: Central Statistical Office

97. In Rodrigues, a dependency of Mauritius, the pace of economic development has not been similar to that of Mauritius in the last few decades. It has not benefited from the industrial progress of Mauritius since the 1980s. The average household income and education are much lower and unemployment rate much higher in Rodrigues than in the island of Mauritius.

E. LESSONS LEARNED

98. Since the ratification of the Convention on the Rights of the Child in 1990, there has been an increased political commitment to achieve the goals endorsed in the Summit Declaration and Plan of Action. This commitment from political leaders has enabled the enactment of appropriate legislation for a better protection of children and the setting up of institutional frameworks such as the Child Development Unit and the National Children's Council, to meet children's rights and needs. However, the enforcement of the new laws is far from being satisfactory for several reasons. (a) new institutions are not operating at their optimum, due mainly to insufficient human resources; (b) judicial processes are not adopted to children’s needs and are long; (c) personnel of various ministries and departments are not sufficiently trained to deal with children issues.

99. Despite its wide dissemination, the CRC is still not well known by the public, and not at all by the semi-literate parents. The majority of the population does not understand the principles enshrined in the Convention and are ignorant of their obligations. The media, that is, television, radio and newspapers do not give adequate priority to child rights issues. Those who have received information on the CRC do not necessarily change their attitudes and behaviours towards children.

100. There is no mechanism to ensure that efforts of various organizations are coordinated and that there is a coherent approach to the issue of children’s rights. There is no children’s policy to serve as a guiding and reference tool for policy makers.

101. Data collection and compilation has not evolved sufficiently to allow accurate measurement of the level of achievement towards set goals and the impact of programmes on children. The data available are not always sufficiently analyzed and disaggregated to inform decision-making and to target the most needy. There is inadequate research on critical areas concerning children.

102. A child's right perspective has yet to be adopted in the formulation of policies and development and implementation of programmes for children. The broad
alliance among government agencies, civil society organizations, communities and parents, crucial to the realization of child rights is still at the formative stage. The move from sectoral to an integrated approach in planning, training, implementation and monitoring is still timid. Communication among government institutions and between public sector and other stakeholders is not very effective, thus creating misunderstanding and mistrust.

Certain issues have aroused serious controversies in view of the multicultural nature of Mauritian society thus they remain unaddressed. This situation is detrimental to the promotion of children’s rights. There is inadequate research and training opportunities on children’s rights. Financial resources allocated for child protection and the National Children’s Council have been maintained at an extremely low level for many years.

F. FUTURE ACTIONS

- Government, in consultation with other stakeholders, should set up a new structure to coordinate national efforts to make to Convention widely known and formulate a national strategic plan for its implementation.

- The new structure should identify the additional human resources required in the different sectors to effectively implement and monitor the strategic plan and propose solutions to fill any gap between the actual and the desired situation.

- Government agencies and non-governmental organisations should focus more on educating parents and communities and providing them support, where necessary, to enable them to fulfill their obligations towards the realization of children's rights.

- The new structure in collaboration with the Central Statistical Office should develop a system and a set of indicators to monitor the implementation of the strategic plan for children.

- All service providers should take into account the rights and special needs of children with disability and take affirmative actions to meet them.

- All institutions and organisations should renew their administrative regulations to facilitate children’s participation in decisions and activities affecting their lives.

- In the field of education, actions should be oriented at reviewing the whole educational system so as to make it more child-centred and less competitive, at building more vocational schools, at providing extra-curricular activities to children, at reviewing teacher training (early childhood, pre-primary and primary) and including child rights in their training components.
- Government should strengthen and provide adequate services to children victims of abuse and children in need. There is a need for more child psychologists and more support to parents living in poverty. A secure foster care system needs to be adopted for children who come in the care of the state. Moreover, support is needed to help parents in fulfilling their role as parents. Budgetary allocations should be raised to a reasonable level to enable services to be professionalised and improved.
### G. APPENDIX

<table>
<thead>
<tr>
<th>GOALS</th>
<th>INDICATORS</th>
<th>1990</th>
<th>2000</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>WSC Goal 1: Between 1990 and the year 2000, reduction of infant and under-five mortality rate by one-third of to 50 and 70 per 1000 live births respectively, whichever is less.</td>
<td>Under-five mortality rate (per 1000 live births)</td>
<td>22.4</td>
<td>21.3</td>
<td>Population and Vital Statistics, 1945-1999</td>
</tr>
<tr>
<td></td>
<td>Infant Mortality rate (per 1000 live births)</td>
<td>19.9</td>
<td>19.5</td>
<td>Population and Vital Statistics, 1945-1999</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>19.2*</td>
<td>*Economic and Social Indicators, 2000; p.2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>16.5* (forecast - 2000)</td>
<td></td>
</tr>
<tr>
<td>NPA Goal :</td>
<td>Maternal mortality ratio (per 100,000 live births)</td>
<td>15</td>
<td>7</td>
<td>Ministry of Health and Quality of Life. (2000); Family Planning and Demographic Year Book 1999. Vol. 25.</td>
</tr>
<tr>
<td>Reduction of Under five mortality to 19 per 1000 births.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduction of infant mortality to 12 per 1000 births</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To achieve the lowest possible incidence (elimination point) of maternal mortality.</td>
<td>Wasting prevalence</td>
<td>16.2% (1985)</td>
<td>9.6% (1995)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*10.1% (1995)</td>
<td></td>
</tr>
<tr>
<td>GOALS</td>
<td>INDICATORS</td>
<td>1990</td>
<td>2000</td>
<td>SOURCE</td>
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</tr>
<tr>
<td><strong>WSC Goal 4: Universal access to safe drinking water</strong></td>
<td>Use of improved drinking water sources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>NPA Goal</em></td>
<td>100 per cent coverage of households’ access to water supply</td>
<td><strong>-Piped water inside the house</strong></td>
<td>56%</td>
<td>83.7%</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>-Piped water outside on premises</strong></td>
<td>34%</td>
<td>14.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>-From fountains, wells and rivers</strong></td>
<td><em>10.5%</em></td>
<td>1.8%</td>
</tr>
<tr>
<td><strong>WSC Goal 5: Universal access to sanitary means of excreta disposal</strong></td>
<td>Use of improved sanitary means of excreta disposal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>NPA Goal</em></td>
<td>100 per cent coverage of adequate sanitation facilities.</td>
<td><strong>Flush toilet</strong></td>
<td>62.8%</td>
<td>88.8%</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Pit latrine</strong></td>
<td>36.5%</td>
<td>11.0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Other</strong></td>
<td>-</td>
<td><em>2.0%</em></td>
</tr>
<tr>
<td><strong>WSC Goal 6: Universal access to basic education and achievement of primary education by at least 80% of primary school-age children through formal schooling or non-formal education of comparable learning standard, with emphasis on reducing the current disparities between boys and girls.</strong></td>
<td>Children reaching grade 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Net primary school attendance rate</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td><strong>WSC Goal 7: Reduction of the adult illiteracy rate (the appropriate age group to be determined in each country) to at least half its 1990 level, with emphasis on female literacy.</strong></td>
<td>Literacy rate Male/Female</td>
<td>85.4/76.0</td>
<td>-</td>
<td>MWFWCD (2000). Women and Men in figures; p.22</td>
</tr>
<tr>
<td><em>NPA Goal</em></td>
<td>Reduction of adult illiteracy by half to seven per cent.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WSC Goal 8: Provide improved protection of children in especially difficult circumstances and tackle the root causes leading to such situations.</strong></td>
<td>Total child disability rate (% both sexes)</td>
<td>0.8</td>
<td></td>
<td>Central Statistical Office (2000)</td>
</tr>
<tr>
<td><em>NPA Goal</em></td>
<td>Elimination of all conditions that cause exploitation of children and cause them harm and distress.</td>
<td>Total child disability rate (% both sexes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>&lt;20 years old (Male/Female</strong></td>
<td>6.2/5.2</td>
<td>6.0/4.6 (1998)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Integration of disabled children in society.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WSC Goal 9: Special attention to the health and nutrition of the female child and to pregnant and lactating women.</strong></td>
<td>Under five mortality rate female/male</td>
<td></td>
<td>24.30/18.21 (1997)</td>
<td>Central Statistical Office, 2000</td>
</tr>
<tr>
<td><em>NPA Goal</em></td>
<td>Optimum health for all</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
persons through proper nutrition and health care. per 1000 live births

- **Percentage male/female**: 7.4/7.4
- **Underweight prevalence - female/male**: -
- **Antenatal care**: -
- **HIV prevalence (15-49 years) Male/Female (all ages)**: 1 male (1987), 115/58 (cumulative figure) (non-residents included) (1999)
- **Sex ratio of Male:female cases**: - 2:1

**WSC Goal 10:** Access by all couples to information and services to prevent pregnancies that are too closely spaced, too late or too many.

**NPA Goal**
- Effective protection against unwanted pregnancy for all sexually active women.
- Specific educational programme should be promoted to prevent teenage pregnancies, especially among the out of school groups living in areas of high risk.

| (a) Contraceptive prevalence. | 80% (1985) | 75% (1991) |
| (b) Fertility rate for women 15 to 19 | 39.6% (1983) | 35.3 (1998) |
| (c) Total fertility rate | 2.32 (1998) | 1.97 (1998) |

**WSC Goal 11:** Access by all pregnant women to pre-natal care, trained attendants during childbirth and referral facilities for high-risk pregnancies and obstetric emergencies

**NPA Goal**
- Antenatal care
- Childbirth care
- Obstetric care

| Antenatal care | 82.8% (1994) | 80.4% (1999) |

**WSC Goal 12:** Reduction of the low birth weight (less than 2.5kg) rate to less than 10%

**NPA Goal**
- Low Birth Weight prevalence rate of 5% by 2000.


MWFWCD (2000). Women and Men in figures; p.9

UNICEF (1998); P. 28.
<table>
<thead>
<tr>
<th>WSC Goal 13: Reduction of iron deficiency anaemia in women by one third of the 1990 levels.</th>
<th>NPA Goal</th>
<th>Anaemia</th>
<th>3.1% / 6.2%</th>
<th>UNICEF (1998) p.28</th>
</tr>
</thead>
<tbody>
<tr>
<td>WSC Goal 14: Virtual elimination of iodine deficiency disorders</td>
<td>NPA Goal</td>
<td>Iodized salt Consumption Low urinary iodine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WSC Goal 15: Virtual elimination of vitamin A deficiency and its consequences, including blindness</td>
<td>NPA Goal</td>
<td>Children receiving Vitamin A supplements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WSC Goal 16: Empowerment of all women to breastfeed their children exclusively for four to six months and to continue breast-feeding, with complementary food, well into the second year.</td>
<td>NPA Goal</td>
<td>Exclusive breastfeeding rate Timely complementary feeding rate Continued breast-feeding rate Number of baby-friendly facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WSC Goal 17: Growth promotion and its regular monitoring to be institutionalized in all countries by the end of the 1990s.</td>
<td>NPA Goal</td>
<td>A growth chart for children under 5 years has been introduced since 1980 and for children of 5-12 years in 1998.</td>
<td></td>
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<tr>
<td>WSC Goal 18: Dissemination of knowledge and supporting services to increase food production to ensure household food security.</td>
<td>NPA Goal</td>
<td>Description of the overall situation with respect to food security and how it has changed over time.</td>
<td></td>
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<tr>
<td>WSC Goal 19: Global eradication of poliomyelitis by the year 2000</td>
<td>NPA Goal</td>
<td>Polio cases The last case was registered in 1967.</td>
<td></td>
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<tr>
<td>WSC Goal 20: Elimination of neonatal tetanus by 1995</td>
<td>Neonatal tetanus cases The last case was registered in 1984.</td>
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<tr>
<td>WSC Goal 21: Reduction by 95% in measles deaths and reduction by 90% of measles cases compared to pre-immunization levels by 1995, as a major step to the global eradication of measles in the longer run.</td>
<td>Under-five deaths from measles. Measles cases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nil</td>
<td>Nil</td>
<td></td>
<td></td>
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<tr>
<td>Nil</td>
<td>Nil</td>
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<tr>
<td>WSC Goal 22: Maintenance of a high level of immunization coverage (at least 90% of children under one year of age by the year 2000) against diphtheria, pertussis, tetanus, measles, poliomyelitis, tuberculosis and against tetanus for women of child-bearing age.</td>
<td>NPA Goal</td>
<td>DPT immunization coverage Measles immunization coverage</td>
<td></td>
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<tr>
<td>-------------</td>
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<td></td>
</tr>
<tr>
<td>Polio</td>
<td>85.8%</td>
<td>89.7%</td>
<td>Household Census 1998.</td>
<td></td>
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<tr>
<td>Tuberculosis</td>
<td>86.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neonatal tetanus</td>
<td>89.5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**WSC Goal 23:** Reduction by 50% in the deaths due to diarrhoea in children under the age of five years and 25% reduction in the diarrhoea incidence rate.

**NPA Goal**
- Under five deaths from diarrhoea
- Diarrhoea cases
- ORT use.
- Home management of diarrhoea

**WSC Goal 24:** Reduction by one-third in the deaths due to acute respiratory infections in children under five years.

**NPA Goal**
- Under five deaths from acute respiratory infections
- Care seeking for acute respiratory infections

**WSC Goal 25:** Elimination of guinea-worm (dracunculiasis) by the year 2000.

**Not applicable in Mauritius**
- Dracunculiasis cases

**WSC Goal 26:** Expansion of early childhood development activities, including appropriate low-cost family and community-based interventions.

**NPA Goal**
- Pre-school development
- Underweight prevalence

**WSC Goal 27:** Increased acquisition by individuals and families of the knowledge, skills and values required for better living, made available through all educational channels, including the mass media, other forms of modern and traditional communication and social action, with effectiveness measure in terms of behavioural change.

### Additional indicators for monitoring children’s rights:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Percentage (Year)</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth registration</td>
<td></td>
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<tr>
<td>Children’s living arrangements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orphans in household (0-14 years; both parents)</td>
<td>0.2% (1999)</td>
<td>Central Statistical Office</td>
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<tr>
<td>--------------------------------</td>
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</tr>
</tbody>
</table>

### Additional indicators for monitoring the Integrated Management of Child Illness (IMCI) and malaria

- Home management of illness
- Care seeking knowledge
- Bednets
- Malaria treatment

### Indicator for monitoring HIV/AIDS

- Knowledge of preventing HIV/AIDS (3 ways)
- Knowledge of misconceptions of HIV/AIDS
- Knowledge of mother to child transmission of HIV
- Attitude to people with HIV/AIDS
- Women know where to be tested for HIV
- Women who have been tested for HIV
- Attitude toward condom use
- Adolescent sexual behaviour

Despite high knowledge on the disease, myths and misconceptions continue to prevail, essentially on the mode of transmission.

Socio-cultural taboos continue to inhibit the population to openly speak on sexual behaviour and to seek treatment for sexuality.

Almost 90% of pregnant women are tested, with their consent. Between 1987 and 1999, more than 340,000 HIV tests have been performed.

There is still resistance against condom use at the Religious level.

A study on the Youth Profile carried out in 1997 revealed that sexual activity among youth start early before marriage. The first sexual intercourse for boys ranges between 12 and 24 and for girls between 15 and 24 years.