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## INTRODUCTION

This is the first report from Mauritius about its progress towards the achievement of the Millennium Development Goals to monitor human development. This report shall thereafter be referred to as the Mauritius National Millennium Development Goals Report, in short Mauritius NMDGR.

On September 8, 2000, Mauritius like all the other 188 Member States of the United Nations, adopted the United Nations Millennium Declaration, which embodies 8 specific goals, and 18 targets to improve humanity in the new century.

The **eight** goals are as follows:

- ❖ Eradicate extreme poverty and hunger
- ❖ Achieve universal primary education
- ❖ Promote gender equality and empower women
- ❖ Reduce child mortality
- ❖ Improve maternal health
- ❖ Combat HIV/AIDS, malaria and other diseases
- ❖ Ensure environmental sustainability
- ❖ Develop a global partnership for development

A list of 48 indicators allow the determination of progress on the 18 targets.

The target year for achieving the goals has been set at 2015, with 1990 as baseline year.

The monitoring of progress towards the achievement of the set goals will be done both at the U.N level and at the country level.

The United Nations Secretary-General is to report annually on the progress towards a sub-set of the MDGs and to report more comprehensively every five years.

At the country level, National MDG Reports need to be prepared to ensure a systematic and identifiable follow up of progress towards the attainment of the targets. The reports will highlight the results and benchmarks achieved, the gaps in implementation and strategies for reducing them, as well as highlight cross-sectoral issues and crosscutting themes.

It is crucial that the monitoring of progress on the MDGs is not perceived as just an obligation towards the U.N, but as an opportunity to increase coherence, consistency and effectiveness in national policies and programmes for goals that are in any case of relevance to our own Mauritian reality.

## EXECUTIVE SUMMARY

Mauritius as all other countries concerned has a commitment to report regularly to the United Nations on progress achieved with respect to the set goals. This is the first Mauritius NMDGR.

It should be remembered that the purpose of the NMDGR is not only to report progress to the U.N, but more importantly:

- ❖ To act as an instrument for raising awareness, advocating, alliance building and renewal of political commitments at country level, and
- ❖ To enable building or strengthening of national capacity for monitoring progress on goals and targets.

This Mauritius NMDGR is therefore not meant to include an in depth analysis and recommendations for policy reforms, institutional change and resource allocation. It is rather a report on the 'As was' in 1990, 'As Is' in 2000, with pointers as to gaps and issues that have been noted from data available, policy and actions taken.

Data gathering from the official institutions concerned was the most important part of the preparation of this report. The Central Statistical Office which has a long tradition of regular gathering and compiling of reliable data was extremely supportive in providing all required information. Data and other relevant information were also collected from a number of ministries and agencies. Some of the ministries, notably the Ministry of Health, have a very good data compiling section.

It was noted that in certain Ministries, senior officials appear to lack awareness of or are confused about policies from their Ministries with respect to the MDG relevant goals. Equally notable is the fact that while some ministries provided a comprehensive set of policy statement documents, they were at pains to provide clear indications of actions taken and results obtained.

Mauritius ranks among countries of Medium Human Development level. The country has achieved constant progress in its Human Development Index from 0.655 in 1980 to 0.721 in 1990 and 0.765 in 1999. The maintenance of free health care and free primary and secondary education has been fundamental in the high level of human development in these fields.

*Far from being a reason for self congratulation and complacency, these achievements set challenges for the achievement of human development that are correlate with the country's level of development and ambition for reaching higher.*

Thus, the challenge for Mauritius today is to achieve successful completion of primary and secondary education by all. Mauritius has, through sustained policies and actions, almost already achieved or is near to achieving before 2015 three of the goals, namely Universal primary education, reduction of child mortality and improvement of maternal health through the reduction by three quarters of maternal mortality ratio. Efforts in these areas should be sustained, and attention directed to ensuring that all parts of the Republic, in particular Rodrigues, achieve similarly. The U5MR and IMR level in Rodrigues compares very unfavourably to the Island of Mauritius although there has been a trend towards improvement in the 1990 – 2000 decade.

Pockets of poverty and the feminisation of poverty challenge the country for more focussed and more clearly determined policies and action. The perceived creeping of poverty in the ranks of the elderly, the handicapped and the abandoned children should be researched right away and monitored. The concept of poverty needs to be more clearly defined with a view to achieve shared understanding and co-ordinated actions by stakeholders.

Once again, beyond being a country MDG progress report to the U.N, this Mauritius NMDGR will have real value only if it is considered as a basis for debate and advocacy focused on the human development goals with the objective of sharpening understanding and definition of the issues, as well as the tools for monitoring effectiveness of action.

## **Cross Cutting Issues**

Poor health status is one of the dimensions of poverty (World Development Report 2000).

Health outcomes are the result of determinants operating at different levels. Indeed *government actions*, in both the public and private sectors, have a major role in financing and regulation of health services. At the *health services* level, access to services and the availability of drugs, vaccines, and other key inputs are important determinants of health outcomes.

However, at the *household* level, health is “produced” through the consumption of food, through sanitary and sexual practices, through the use of curative and preventative health services, etc. At the *community* level, values and social norms influence the use and availability of services, and community involvement can have a large impact in the quality and accountability of health services. *Other sectors*, including education, water and sanitation, and transportation amongst others are frequently key sectors in contributing to achievements of health outcomes. None of these determinants are fixed: households, communities, health services, or government policies can be affected by effective communication, interventions, and empowerment.

Achieving progress with respect to poor health resulting from Non Communicable Diseases such as diabetes, hypertension and cardiac problems will only be possible if actions are engineered for involvement of all levels.

Similarly while government and the main NGO concerned have taken strong measures to combat HIV/AIDS, it must be recognised that the problem can by its very nature be a moving goal post.

Multilevel and cross sectoral approach should be a constant objective. Pockets of poverty and feminisation of poverty create vulnerability that can be fertile ground both for poor health and the spread of HIV/AIDS.

Poverty has been a clear concern of government during the past decades. Resources have been provided and a number of actions taken in the right direction such as the provision of secure decent housing and related amenities to a number of slum dwellers. However, lack of clarity as to what constitutes poverty in the Mauritian context has resulted in confusion during the past decade over the appropriate institutional set up required to translate policies into actions and inform policies. It is notable that while Rs 500 million were budgeted between 1995 and 2000 for actions in favour of ‘vulnerable’ groups, less than 20% of the amount was spent. The need for clarification remains urgent if well intended policies and action do not attend only to the visible, to the neglect of the less visible realities.

## **Follow Up Mechanism**

Some institutions are already well equipped and are already monitoring progress in their sector. It was however evident that none were aware of the commitment of Mauritius to the MDGs. It is imperative that all concerned should immediately be informed accordingly.

One of the institutions that require stronger capacity to understand and monitor the goal and targets concerned is the Trust Fund for Vulnerable Groups.

The Economic and Social Council, which has been set up could be the most appropriate umbrella for a holistic and interagency monitoring of the policies, actions and achievements with respect to the MDGs.

## THE SOCIO ECONOMIC BACKGROUND

The economic performance of Mauritius has been one of the most remarkable in sub-Saharan Africa. Real GDP growth has averaged 5.4 percent per year from 1990-2001, except for 1999 when a severe drought affected sugar exports, and real GDP growth fell to 2.7 percent. Inflation has declined from 10 percent in 1990 to reach 4.4 percent in 2000. However, with the increase of VAT in June 2001, and the subsequent rise in energy prices and utilities, inflation is on the upward trend again. By end of 2001, the inflation rate had reached 6.4 percent. Economic growth has been accompanied by an improvement in the overall level of social development in Mauritius, with a rise in the Human Development Index from 0.661 in 1980 to 0.765 in 2001. Mauritius ranked 63<sup>rd</sup> on the HDI in 2001, moving up 8 places from the previous year. Per Capita GNP increased from US\$3,637 to US\$3,800 from 1999 to 2000, and Mauritius is now classified as an upper-middle income country, implying a sharp fall in overseas development assistance. Life expectancy at birth has increased from 61 years in the 1960s to 71 in the 1990s, and the primary enrolment rate has reached 105 percent. In terms of growth performance, Mauritius compares with East Asian tigers and Botswana.

The economic success of Mauritius is founded on a combination of both internal and external favourable factors, which have transformed an agro-based industry into a export-oriented manufacturing economy with a strong tourism sector. During the past decades, a mixture of industrial drive policies, democratic governance, dialogue between social partners, together with the careful management of necessary macroeconomic adjustment, well controlled liberalisation of trade policies, a pro-business government favouring inward FDI using the ease of cultural affinities as well as the interest of South East Asia to use Mauritius as a base to enter other markets, and a dynamic entrepreneurial class that has re-invested profits from the sugar sector into tourism and textiles, have contributed to boost and diversify the Mauritian economy. The export orientation was further reinforced with the development of the Export Processing Zone and the Tourism sector. These internal conditions allowed Mauritius to take full advantage of preferential market access that has been available under the ACP-EU agreements both for its sugar and for its textiles and clothing products, amongst others, which enabled Mauritius to sell its sugar at guaranteed prices well above world market prices. As from the early nineties, Mauritius has further engaged the diversification of its economy through international trading activities by the setting up of the Freeport and the development of a financial services sector. The government is now actively pursuing a strategy for the development of ICT as a new growth sector. In pursuing this objective, the government is looking to India for assistance to develop the cyber-city.

Alongside the growing economic affluence of the country and of the people of Mauritius, an extensive range of social benefits have been in place and maintained, covering completely free primary and secondary schooling, universal non contributory pension to all citizens above 60 years of age, and social aids for widows and orphans, amongst others.

However, the Minister of Finance in ‘ The Present State of the Economy’ of November 2000, highlighted that, notwithstanding all the remarkable economic performance and sustained social care policies, “visible signs of deterioration have appeared in the last few years”. With the high per capita income of US\$3800, Mauritius is increasingly facing difficulties to attract development aid. The transition from a low wage labour intensive economy to high-tech capital intensive economy is proving to be difficult as it requires massive investments in appropriate training and education. This is further compounded by the increasing skills mismatch and labour market inflexibility and the shortage of high-calibre expertise in several economic sectors.

Liberal economic policies relying on the market do not sufficiently address the distribution aspect of income and wealth. Thus, there is evidence of growing social inequalities, and expanding pockets of poverty, with negative impact on the health and education status of the inhabitants of some localities. The Gini Coefficient - a measure of inequality - has deteriorated from 0.379 in 1991/92 to 0.387 in 1996/97 (latest HBS available). Past success in increasing life expectancy is now leading to an ageing population, with an increase in elderly-specific diseases. The pensioner support ratio, defined as the number of persons of working age for every old-age pensioner, is expected to drop drastically from 7.5 to 1 in July 1998 to 4.5 to 1 in 2018. Industrialisation and changing lifestyle have created new patterns of diseases, with a predominant growth of cardio-vascular diseases.

As Mauritius is characterised by the inherent environmental vulnerabilities of Small Island Developing States (SIDS), environmental degradation will become a serious impediment to economic growth if appropriate measures are not taken to reconcile the current pace of economic growth with sustainable management of the environment. In order to address environmental issues in a holistic manner, the Government has approved a National Environmental Action Plan II (NEAP II) and the national Communications to the UNFCCC in 2000, that set forth measures to create conditions for sustainable development.

Mauritius is now experiencing a rebound in economic activities following the severe drought that affected sugar production in 1998/99, and GDP growth for fiscal year 2000-2001 rebounded at 8.9%, largely attributed to a bumper harvest in the sugar sector. Government is responding to the challenge of sustaining economic success against the backdrop of the changing world economic environment through appropriate policy, legal and institutional reforms, while having to find the adequate response to sustaining the level of human development it has committed itself to, including the challenge of growing structural unemployment and improved productivity linked to wages. Major policy reforms with wide implications for the future development of Mauritius include the Education Sector Reform and the Sugar Sector Reform, which Government has undertaken without external assistance. On the socio-economic front, Government has revitalized the Trust Fund for the Social Integration of Vulnerable Groups, and prepared a National Poverty Alleviation Action Plan, with technical input from UN Agencies, and the National Strategic HIV/AIDS Action Plan, formulated with UN technical and financial support in 2001. In order to maintain its competitive edge, Mauritius needs to address the

rising cost of social obligations, structural unemployment, the ageing population issue, environmental pressure resulting from conflicting demand for land use, improve productivity and product quality, and investing massively in education and training.

## Status at a Glance

### Summary of progress towards the Millennium Development Goals

GOALS/TARGETS	WILL THE GOAL/TARGET BE MET?				STATE OF SUPPORTIVE ENVIRONMENT			
	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but improving	Weak
<b>EXTREME POVERTY</b> Halve the proportion of people living below the national poverty line by 2015		X					X	
<b>HIV/AIDS</b> Halt and reverse the spread of HIV/AIDS by 2015		X				X		
<b>HUNGER</b> Halve the proportion of underweight among under-five year olds by 2015	X					X		
<b>BASIC AMENITIES</b> Halve, by 2015, the proportion of people without access to safe drinking water	X				X			
<b>UNIVERSAL PRIMARY EDUCATION</b> Achieve universal primary education by 2015	X				X			
<b>GENDER EQUALITY</b>  Achieve equal access for boys and girls to primary and secondary schooling by 2005	X		X				X	
								[While equal access for boys and girls to primary and secondary schooling will probably be met, it is unlikely that gender equality with respect to all indicators will be achieved.]
<b>MATERNAL HEALTH</b> Reduce maternal mortality ratio by three-quarters by 2015	X					X		
<b>CHILD MORTALITY</b> Reduce under-five mortality by two-thirds by 2015	X				X			
<b>ENVIRONMENTAL SUSTAINABILITY</b> Reverse loss of environmental resources by 2015		X			X			
<b>DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT</b> Make available the benefits of new technologies, esp. ICTs	X				X			

## Justifications for “Status at a Glance”

### Poverty:

Will target be met: **Potentially**

1. There has been uncoordinated effort and ill-defined target groups that should focus on.
2. New forms of poverty are emerging e.g. elderly, women (Female-headed households), handicapped and abandoned children etc.

State of supportive environment: **Weak but improving**

1. The various supportive institutions have not yet shown very concrete results.
2. Certain actions which have been taken augur well for the future

### HIV/AIDS

Will target be met: **Potentially**

1. National efforts to sensitise and inform the population is fair enough and talking about the disease is not considered as taboo any more
2. Government is monitoring the incidence of the disease regularly.
3. Lack of focus on specific vulnerable groups

Evaluation of State of supportive environment: **Fair**

1. Short-term plans have been devised so as to address the issue dynamically
2. Policy not enough supportive for vulnerable groups.
3. As a developmental issue it is Fair, as a health issue it is Strong (Mrs R. Gakuba)

### Hunger

Will Target be met: **Probably**

1. Data available have shown progress
2. Certain measures have been proposed to address malnutrition amongst children in deprived areas.

Evaluation of State of supportive environment: **Fair**

1. The Ministry of Women and Child Development and the Ministry of Health are quite active.
2. Lack of continuity in implementing programmes

### Basic amenities

Will Target be met: **Probably**

1. For the proportion of people with access to safe drinking water by 2015, data show rapid progress.

State of supportive environment: **Strong**

1. The supportive system for the access to safe drinking water as nearly achieved its target and by 2015 it would have achieved it completely.

## Universal Primary Education

Will target be met: **Probably**

1. Primary Education is free and compulsory for all children in Mauritius
2. Enrolment data show that girls and boys are treated on an equal basis

State of supportive environment: **Strong**

1. There is commitment to bring positive changes to the educational system in Mauritius
2. The Ministry of Education has taken steps towards improvement of educational frameworks in deprived areas

## Gender Equality

Will target be met: **Probably**

1. Primary Education is free and compulsory for all children in Mauritius
2. Enrolment data show that girls and boys are treated on an equal basis

State of supportive environment: **Weak but improving**

1. There is commitment to bring positive changes to the educational system in Mauritius.
2. The Ministry of Education and the Ministry of Women are active to bring about positive changes.

## Maternal Health

Will target be met: **Probably**

1. The goal to reduce by three-quarters, between 1990 to 2015, the Maternal Mortality Rate has already been achieved in the year 2000.
2. Health care services are increasing constantly in quantity as well as in quality.
3. Women of reproductive age care more for their health.

State of supportive environment: **Fair**

1. The issue of maternal health is not addressed specifically by health authorities, but is mostly considered by women institutions
2. Pregnant women have regular free check-ups in dispensaries and hospitals. Besides, skilled personnel do delivery.

## Child Mortality

Will target be met: **Probably**

1. Even if the trend towards a reduction in IMR is not sustained, low rates have been observed for some years. There are efforts which are being made to improve the quality of health care services provided by government.
2. Through mass media (increase in access to foreign TV channels, magazines, internet, radio channels) parents (especially the new generation) are learning how to improve their parenting skills.

Evaluation of State of supportive environment: **Strong**

1. The Ministry of Women, Family Welfare and Child Development is working a lot to reduce indirectly child mortality by addressing the issue of children's rights, attending international conferences and acting as a role-leader.

### **Environmental Sustainability:**

Will target be met: **Potentially**

1. From the data gathered, it is observed that the area of land covered by forest is constant for the past 10 years and measures have been taken to protect forestland in Mauritius.
2. With progress and industrialisation, there is increasing demand for energy use, thus, contributing to pollution.

State of supportive environment: **Strong**

1. The supportive system to reverse the loss of environmental resources in Mauritius is very active. Much appropriate legislation has been passed and numerous actions carried out.

### **Develop a Global Partnership for Development**

In co-operation with the private sector, make available the benefits of new technologies, especially information and communications.

Will target be met: **Probably**

1. From the data gathered, it is depicted that by 2015, new technologies, especially Information and Communications Technology (ICT) will be benefited by a great proportion of the population as steps are being taken to convert Mauritius into an IT hub.

State of supportive environment: **Strong**

1. The supportive system has implemented various measures to facilitate access to ICT.

## Goal 1: Eradicate extreme poverty and hunger

**Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day**

**Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger**

*Indicator 1  
Proportion of population below \$1 per day*

The Central Statistical Office (CSO) does not track or report on the proportion of people who earn less than \$ 1 per day. Instead, the CSO reports the incidence of lower-expenditure households. There is, however, no officially established poverty line in Mauritius and the data below is, therefore, only indicative.

**Table 1.1: Incidence of lower-expenditure households in the Republic of Mauritius**

Period	Low-expenditure households (%)
1991/92	11.6
1996/97	12.1

Source: Fax received from Mrs. Y. Cassimally, CSO, January 2002

“Low-expenditure households” have been defined as those with consumption expenditure below a given threshold level, set at the half median consumption expenditure of all private households.

Different threshold levels have been used for the island of Mauritius and Rodrigues.

For the island of Mauritius, the threshold is given as the half median consumption expenditure of all private households in the island of Mauritius.

For the island of Rodrigues, the threshold is given as the half median consumption expenditure of all private households in the island of Rodrigues.”<sup>1</sup>

The CSO did not provide data disaggregated for Island of Mauritius and Island of Rodrigues.

The median monthly household income for the 1996/97 survey period was Rs.7, 870, 50% higher compared to that of the previous survey.

*Indicator 2  
Poverty Gap ratio [incidence x depth of poverty]*

As no official poverty line has been established in Mauritius, this indicator cannot be calculated.

*Indicator 3  
Share of Poorest Quintile in National Consumption*

The data to calculate this indicator is currently not available.

<sup>1</sup> Fax received from Mrs. Y. Cassimally, CSO, January 2002

*Indicator 4  
Prevalence of Underweight children (under-five years of age)*

**Table 1.2: Category of Malnutrition – under five children for the Republic of Mauritius**

Category of Malnutrition	1985 in %	1995 in %	2000 target in %
Stunting (low height for age)	21.5	9.6	10
<b>Underweight (low weight for age)</b>	<b>23.9</b>	<b>16.6</b>	<b>7</b>
Wasting (low weight for height)	16.2	14.8	8

*Source:* Ministry of Women Rights, Child Development and Family Rights, 2001: 11  
Citing data from the Ministry of Health and Quality of Life

*Indicator 5  
Proportion of population below minimum level of dietary energy consumption*

This indicator is not compiled.

A letter was received from the Principal Nutritionist of the Ministry of Health and Quality of Life (dated 30.1.2002) stating:

“Prevalence of malnutrition in adult population has not been identified in our Nutrition Survey of 1995. However, there could be isolated cases due to social factors.

There are [sic] no reported cases of the percentage of the population with below minimum Dietary Energy Consumption.”

**Status of the goal for the period 1990 to 2000**

At the beginning of the 90s the proportion of low-expenditure households, was 11.6% of the total number of households, which rose slightly to 12.1% in the mid-90s. The Household Survey for 2001 is being finalised. Thus an evaluation of this goal status in 2000/2001 will have to wait for the survey’s completion.

The government does not consider malnutrition amongst adults a priority issue. As a result, no figure for the incidence of malnutrition in the overall population is available. The level of malnutrition amongst under five children as measured by the percent of underweight children decreased by 7.3% from 1985 and 1995. This downward trend was expected to continue so that the incidence of underweight children would be less than half that reported in 1995 (Table 1.2). However, there is no recent data to evaluate achievement as no nutrition survey has been carried out since 1995.

**Policies or strategies, which have brought about the changes between 1990 and 2000**

As Mauritius continues to grow in affluence, there is growing concern about impoverishment of *vulnerable groups*. There has, however, been no consistent definition of vulnerability, and, as a result, no clear and consistent identification of the target groups. Consequently, although a number of projects were implemented, their efficacy is yet to be demonstrated.

The government through several Ministries, namely in the Ministry of Finance, the Ministry of Economic Development and the Ministry of Urban and Rural Development and a number of non-Governmental organisations have taken some important initiatives, and a number of poverty alleviation programmes have been under implementation since the mid-1990s’.

- In 1995, a Marshall Plan for the Development of Deprived Regions was prepared. 60 projects were identified, which covered sewerage, supply of drinking water, upgrading of schools and infrastructural development (CCA:United Nations, 2000: 46).

- In the 1995/1996 Budget, a Trust Fund for Fight Against Exclusion was created. The Trust Fund assistance covered several areas of vulnerabilities including poverty and related problems such as malnutrition and others. It was converted into the Trust Fund for the Social Integration of Vulnerable Groups in March 1999.
- From 1995 to 2000, 242 projects have been carried out for Mauritius and 180 projects have been implemented in Rodrigues under the Trust Fund.<sup>2</sup>

Regarding malnutrition a series of measures have been proposed by the Ministry of Women, Family Welfare and Child Development to improve nutrition of children mainly but also of the population in general.

Repeated modification of appellation testifies to the confusion about the required institutional set up to translate the policies into reality. It also indicates the lack of clarification as to what the target groups are. This may be the result of want of proper definition of vulnerability. Consequently, their efficacy is yet to be clearly demonstrated.

#### **Policies or strategies as at 2000 to achieve the MDG**

In the budget for 2000-2001, the sum of Rs. 500 million from the Privatisation Fund has been earmarked for the Trust Fund for the Social Integration of Vulnerable Groups.

The last budget 2001-2002 provides for an Action Plan for Poverty Alleviation. This action plan has been prepared by the Trust Fund for Social Integration of Vulnerable Groups with other ministries and organisations in July 2001 and identifies a series of objectives to be reached (Trust Fund for the Social Integration of Vulnerable Groups, 2001: 5-14):

- shared Understanding of Poverty and Clear Policy for more balanced Social and Economic Development
- sound and Co-ordinated Management of Poverty Alleviation Programmes
- effectiveness of NGOs
- appropriate Education and Training
- provision of Adequate Infrastructure
- empowerment of Women, Children and Family
- effective Communication between Stakeholders
- enhanced Socio-Cultural Environment
- actions related to Health and Poverty
- participatory Governance and Political Support

This action plan also identifies a strategy to support food supplement programmes for school children most in need in deprived areas.

The budget also makes provision for two Micro-Credit Programmes:

- a programme financed by the International Fund for Agricultural Development (IFAD) targeting women entrepreneurs, the unemployed, fishermen, landless labourers and small planters.

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<sup>2</sup> Conversation with Mr. S. Hurbans, Trust Fund for the Social Integration of Vulnerable Groups, February 2002

- A programme under the supervision of the Trust Fund for Social Integration of Vulnerable Groups including “Community-based Projects” and loans of Rs. 100,000 for persons from deprived areas wishing to enrol for courses at tertiary level.

The government has also come up with a Micro-Credit Guarantee Fund of Rs. 15 million to overcome the problem of collateral. This fund will enable low-income households to obtain loans for projects (Ministry of Finance, 2001: 72,73).

### **Analysis of the objectives and targets of the plans and programs intended to be achieved**

The establishment of the Trust Fund for the Social Integration of Vulnerable Groups is a good initiative as this fund favours a bottom up or grass-root approach instead of a top-down one. People in a situation of deprivation are directly involved in finding solutions to their problems thus favouring a self-help approach/empowerment.

However, it is to be noted that the measures that have been taken have not brought concrete improvement to the problem of poverty in Mauritius. The level of poverty has not been reduced as shown in Table 1.1.

### **Evaluation of the adequacy of the existing social indicators to measure progress**

#### *Indicator 1: Proportion of population below \$1 per day*

A poverty line of US\$ 1 is not appropriate for Mauritius considering for example that Mauritius provides a non contributory old age pension of US\$ 1.75 per day to all citizens above 60 years of age, and a range of other social aids to various target groups such as widows and orphans, handicapped persons, etc. The government should consider determining a poverty line more consonant with the level of development, such as US\$ 2, as for Latin America and Caribbean countries.

The more appropriate measure of poverty can be the proportion of people whose household consumption expenditure is below half the median consumption expenditure that is already used by the CSO.

#### *Indicator 4 – Prevalence of Underweight children (under-five years of age)*

The indicator is appropriate for Mauritius. It was monitored every 10 years before but we recommend that it should be monitored more regularly by the ministry concerned.

### **Identification of the social indicators that are required but not available**

#### *Indicator 2: Poverty Gap ratio [incidence x depth of poverty]*

No official poverty line has been established in Mauritius. Different researches have used different poverty lines (DCDM, 2001a:10). The absence of an official poverty line can be a problem to address poverty in the best possible way.

It is suggested that an official poverty line should be established. The use of the method of the European Commission (UNDP 1997: 13), that is, a poverty line of half the median adjusted disposable personal income could be used for Mauritius.

#### *Indicator 3: Share of Poorest Quintile in National Consumption*

Given that the half median of consumption expenditure measure already exists, the calculation of the share of poorest quintile in national consumption should not be difficult to establish. This indicator can be made available yearly.

*Indicator 5: Proportion of population below minimum level of dietary energy consumption*

It is felt that in terms of malnutrition, the absence of indicators for the whole population is a limitation in the sense that there is a lack of factual evidence that there is no problem of malnutrition in the country. Officials are only making assumptions. It is felt that it would be appropriate to determine the level of malnutrition and capture data on an age group disaggregated basis.

Considering that the issue of malnutrition could be related to groups that are poverty stricken and that such groups are in many cases geographically concentrated, it is proposed that the indicator be disaggregated on a geographic basis.

## Goal 2: Achieve universal primary education

**Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling**

Mauritius has achieved universal primary education since the early 1990's as primary education is free and compulsory. However, the real issue for the country is to attain universal access to secondary education, as there is an important proportion of children who drop out of primary schooling. Dropouts are children who fail the Certificate of Primary Education (CPE) and consequently do not enter the secondary education stream.

### *Indicator 6 Net enrolment ratio in Primary Education*

**Table 2.1: Primary Enrolment rate in 1992 and 2000**

Year	1992 <sup>(2)</sup>	2000 <sup>(3)</sup>
Total	98%	105% <sup>(1)</sup>

<sup>(1)</sup> Gross Enrolment Rate

Sources:

<sup>(2)</sup> Ministry of Women's Right, Child Development and Family Welfare & UNICEF, 1994: 34

<sup>(3)</sup> Ministry of Education and Scientific Research, 2000: 2

Note: The Gross Enrolment Ratio, which relates the total number of children attending primary schools to the population aged 6 to 11 years, works out to 105%.<sup>3</sup> As children in primary schools are less than 6 years old and some are more than 11 years old the rate is more than 100%.

### *Indicator 7 Proportion of pupils starting grade 1 who reach grade 5*

This indicator is not currently available.

### *Indicator 8 Literacy rate of 15-24 years old*

The literacy rate of 15-24 years old is not available. The data obtained is for the population aged 12 years and above.

**Table 2.2: Literacy rate (Population Aged 12 years and over), 1990 and 2000**

Year	1990	2000
Literacy rate (Population Aged 12 years and over)	80.8 <sup>(1)</sup>	81.4% <sup>(2)</sup>

<sup>(1)</sup> Source: *Literacy in a Changing Society*, Ministry of Education & UNICEF, 1993<sup>4</sup>

<sup>(2)</sup> Source: Ministry of Education and Scientific Research, 2000: 2

## Status of the goal for the period 1990 to 2000

Although primary education has been free since a long time in Mauritius, full enrolment was not completely achieved in 1990. As shown in Table 2.1 above, the enrolment rate was 98% in 1992. In 2000, official reports<sup>5</sup> claim that there is universal primary school education in Mauritius. Statistics show that the ratio of children attending primary schools to children aged between 6 to 11 years (the age group for primary schooling) is 105%.

Both by policy and legal provision, girls and boys are treated on an equal basis in terms of accessibility.

The rate of dropouts of the educational system after primary schooling was still high (about 38.6% in Mauritius and 68.2% in Rodrigues for 1990) (Ministry of Education, Arts and Culture, 1991:26). The rate of dropouts has been reduced to 33.2% in Mauritius and quite significantly to 44.4% for Rodrigues

<sup>3</sup> <http://ncb.intnet.mu/education/statist.htm> accessed on 13.2.2002

<sup>4</sup> Taken from Analysis, 1997: 15

<sup>5</sup> For example: *The Present State of the Economy*, Ministry of Finance, Nov 2000: 35

for the year 2000 (Ministry of Education and Scientific Research, 2000: 5&7). The matter however still remains one of high concern.

It is to be noted that the CPE is the final examination for completing primary schooling. Children succeeding at this exam are ranked and they are admitted in secondary schools based on their ranks, that is, the best candidates have access to the best secondary schools.

### **Policies or strategies, which have brought about the changes between 1990 and 2000**

The government has devised several measures to ensure universal primary education in Mauritius. However, the real debate in Mauritius is not about providing universal primary education but about ensuring that each and every child in Mauritius gets a decent secondary education.

- Primary education has been free since pre independence days, but was made compulsory with the promulgation of compulsory education from standard 1 to standard 6 (Act 10 of 1991). This has been a major step towards providing universal primary education in the country.
- The Ministry of Education has published several policy documents and action plans between 1991 and 1999, which highlight the need for a reform of primary education to ensure that at the end of the primary cycle every child can aspire to enter the secondary level.

The “Master Plan for the Year 2000” proposed measures to be taken regarding “Low-Achieving” Schools<sup>6</sup>. The measures regarding these schools included (Ministry of Education, Arts and Culture 1991:27):

- priority of inspection to these schools accompanied by training and discussions sessions with the staff.
- one additional hour of teaching per day (with a special allowance for teachers giving courses).
- maximum class-size of 30 pupils.
- educational Social Workers would visit families in cases where absenteeism is persistent.

The measures have been implemented and changes are now occurring.

### **Policies or strategies as at 2000 to achieve the MDG**

The Ministry of Education and Scientific Research produced a report in May 2001 entitled *Ending the Rat Race in Primary Education and Breaking the Admission Bottleneck at Secondary Level, The Way Forward*, which outlines the government’s policy to abolish the CPE ranking system and proposes the regionalisation of secondary schooling so as to provide more equal opportunity of access to secondary schooling. Currently, there is fierce competition at CPE level, which is very stressful for every stakeholder, that is, teachers, parents and especially for children. The abolition of the ranking system will relieve the stress. The regionalisation of the admission to secondary school will ensure that every child gets the same chance of access to secondary schools.

The policies presented in this document are:

- the abolition of the ranking system and its replacement by a grade system,
- maintenance of the CPE at the end of the 6 years of primary schooling,
- construction of 49 additional state secondary schools,
- regionalisation of admission at secondary level,
- transformation of the so-called “star state secondary schools” into Form VI colleges dedicated to prepare students for the Cambridge Higher School Certificate.

The policies advocated in this document are under implementation as from this year.

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<sup>6</sup> Schools obtaining poor results at the CPE

### **Analysis of the objectives and targets of the plans and programs intended to be achieved**

Although there is a commitment towards providing universal primary education to all Mauritian children, policy confusion has prevailed during a decade regarding the transition from primary level to secondary level.

For the first time, after eleven years, the reform measures are being implemented. It is still too early to assess their impact.

The on-going debate now is about the quality of primary education.

### **Evaluation of the adequacy of the existing social indicators to measure progress**

#### *Indicator 6: Net enrolment ratio in Primary Education*

Although primary education is compulsory in Mauritius, this indicator remains necessary to ensure that this policy is carried out.

### **Identification of the social indicators that are required but not available**

#### *Indicator 7: Proportion of pupils starting grade 1 who reach grade 5*

This indicator is not currently available. As primary education is a six year-cycle in Mauritius, a measure of proportion of children starting grade 1 who reach grade 6 and successfully complete primary schooling would be more appropriate.

#### *Indicator 8: Literacy rate of 15-24 years old*

It has been noticed that the data available about the literacy rate by age group is not calculated for the age a group of 15-24 years specifically. In line with the policy of government to maximize human resource development, compilation of this data would be quite useful to monitor the success rate of efforts in this field.

These indicators should be geographically disaggregated.

#### *New indicators to be added*

Achieving universal secondary education will be Mauritius's main challenge in the coming decade. As a result, the rate of enrolment in secondary school compared to enrolment rate at primary level needs to be added to the list of indicators.

A more appropriate indicator would be to measure the proportion of children starting grade 1 and who reach grade 6 and who successfully complete primary schooling for the Republic of Mauritius. This can be further disaggregated on a gender, disposable income of parents and area basis.

### **Identification of the new targets for the Republic of Mauritius**

- Ensure that children who do not successfully complete primary education are given special training to meet future economic needs of the country.
- Ensure that children who do not complete secondary schooling are given special training.

### **Cross cutting issues**

The cross cutting issue that requires further investigation relates to the enrolment and successful completion of primary schooling in vulnerable groups, in as much as it relates to the issue of poverty, vulnerable groups, namely in certain slum areas, and among single female headed households.

### Goal 3: Promote gender equality and empower women

**Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015**

Indicator 9  
Ratio of Girls to boys in primary, secondary and tertiary education

**Table 3.1: Ratio of Girls to Boys in Primary & Secondary Education, 1998 to 2000 for the Republic of Mauritius**

Year	Ratio Girls to boys - Primary	Ratio Girls to boys - Secondary
1998	0.976	N/A
1999	0.975	1.0579
2000	0.968	1.0571

*Source:* Calculated from data obtained from <http://ncb.intnet.mu/newncb/govtonline/index.htm> accessed on 14.2.2002

**Table 3.2: Enrolment rate by Gender at Primary, Secondary and Post-Secondary Level, 1990 and 1999 for Republic of Mauritius, Island of Mauritius and Island of Rodrigues**

Year	1990				1999			
	Island of Mauritius		Island of Rodrigues		Island of Mauritius		Island of Rodrigues	
Gender	Male	Female	Male	Female	Male	Female	Male	Female
Primary Level	103.4	103.2	100.5	101.5	104.3	105.8	106.6	108.8
Secondary Level	48.5	49.7	25.3	23.7	56	61.3	38.5	41.2
Post-Secondary Level – Republic of Mauritius								
Gender	Male		Female		Male		Female	
	2.9		1.5		6.6		6.2	

*Source:* DCDM, 2002: 60, 61, 62 citing the Women and Men in Figures, July 2000

*Indicator 10*  
*Ratio of literate females to males of 15-24 years old*

The data available is not specifically for this particular age group. However the literacy rate by age group and gender is available.

**Table 3.3: Literacy rate by gender & by age group 1990 and 2000 for Republic of Mauritius, Island of Mauritius and Island of Rodrigues**

Year	1990			2000		
	Male	Female	Both Sexes	Male	Female	Both Sexes
Republic of Mauritius	86%	76%	81%	89%	82%	85%
Island of Mauritius	91.7%	92.7%	-	N/A	N/A	-
Island of Rodrigues	66.7%	74.4%	-	N/A	N/A	-
Island of Mauritius						
15- 19	N/A	N/A	-	95.01%	96.75%	-
20- 24	N/A	N/A	-	93.62%	94.90%	-
Island of Rodrigues						
15- 19	N/A	N/A	-	81.87%	87.95	-
20- 24	N/A	N/A	-	75.87%	81.35%	-

Source: CSO, based on Population and Housing Censuses 1990 and 2000

*Indicator 11*  
*Share of female employment in non-agricultural sector*

**Table 3.4: Share of female employment in non-agricultural sector, 1995 – 2000 for the Republic of Mauritius**

Year	% of female employment in non-agricultural sector
1995	32.4
1996	32.5
1997	33.0
1998	33.5
1999	34.0
2000	34.3

Source: Fax received from CSO: January 2002

*Indicator 12*  
*Proportion of Seats held by women in National Parliament*

**Table 3.5: Percentage Representation of Women at the National Assembly for the Republic of Mauritius**

Year	% Representation of Women
1991	3.2
1995	9.7
2000	5.7

Source: CCA, United Nations, 2000: 86

### Status of the goal for the period 1990 to 2000

Table 3.1 demonstrates that Mauritius has almost **achieved the goal of gender equality at primary and secondary school level**. The ratio of girls to boys at primary level is still slightly in favour of boys while the same ratio at secondary level is in favour of girls.

Though data about the girls to boys ratio at tertiary level is not available, it is noticed that there was disparity at tertiary level in terms of enrolment in 1990. However, the enrolment rate at tertiary level was more or less equal in 2000.

At the literacy level, it is also seen that women have achieved higher literacy level than their male counterparts.

In 1995, 32.4% of women were engaged in non-agricultural activities. The proportion of employment in the non-agricultural sector was still in favour of men compared to women. The percentage has remained almost the same with only a 2% increase over 9 years.

In the SADC region, Mauritius remains one of the countries with the lowest level of women representation at the National Assembly, with only 3.2% of seats at the National Assembly in 1991. The 1995 elections brought some improvement raising the representation to 9.7%, but the 2000 elections gave only 5.7% of seats to women.

### Policies or strategies, which have brought about the changes between 1990 and 2000

The ministry responsible for women's rights has published various documents concerning the role and place of women in the Mauritian society. It has also brought forward many proposals for the empowerment of women.

The main policy document, "The White Paper on Women in Development", published in March 1995, outlined policies pertaining to gender equality and empowerment of women. The main actions, which were recommended in this policy document are summarized below:

A sensitisation campaign about gender issues was proposed. The campaign was to include training on gender analysis and planning. The adoption of a gender approach into the curricula in the education and training system was also proposed (MWRCDFW 1995: 14).

At the level of legislation, a series of propositions such as laws eliminating discrimination against women were made. Laws regarding sexual offences, and harassment were proposed (MWRCDFW 1995: 17).

The political empowerment of women was also discussed in the white paper. Propositions were made for debates regarding the quotas for women candidates at elections amongst other measures (MWRCDFW 1995: 20).

Economic empowerment strategies were also proposed. The removal of the barriers of access to paid work and labour force participation faced by women and the enlargement of the scope of job opportunities for women were among the main proposed actions (MWRCDFW 1995: 32). Other actions pertaining to the channelling of women into engineering and scientific field were also proposed.

Most actions proposed in the White Paper had not been implemented by 2000.

In August 1999, the National Women Entrepreneurs Council (NWEC) was set up to "foster the development and growth of women entrepreneurs; provide the right framework, a conducive business environment and a package of incentives; enhance enterprise competitiveness and promote economic independence of women" (National Women Entrepreneurs Council, fax received on 14.2.2002)

The 4 main services offered by the NWEC are:

- training programmes for women involved in textile, agriculture, handicraft and other products;

- marketing – advice on quality of products, organization of sales exhibition, sales in hotel;
- counselling – free service for enterprise creation; and
- site visits for information

600 individual women and 10 women’s associations are registered with the council to date.<sup>7</sup>

### **Policies or strategies as at 2000 to achieve the MDG**

A National Gender Action Plan, which was released in March 2000, outlines a series of measures for the empowerment of women:

The main strategic objectives, which are related to Goal 3 are listed below: (MFWCD 2000: 1,2,3,5,7 and 8)

1. “To establish mechanisms for mainstreaming gender into policies, programmes and projects so as to ensure greater equality between men and women in all sectors.”

Proposed actions pertaining to this objective are:

- ensure mainstreaming of gender into all government policies through effective establishment of a Gender Management System.
- implement gender training programmes in the public and private sector to improve skills for gender analysis and policy formulation.
- public and private organizations should be encouraged to develop a gender equity policy.

2. “To increase women’s participation in decision and policy making”

Proposed actions pertaining to this objective are:

- mobilisation of women as well as their male counterparts to promote women candidates for political and decision-making positions.
- legal reforms should be brought about to ensure that political parties reserve at least 30% of candidatures for women for elections.
- review the school curriculum to encourage leadership skills among female students.

3. “To identify, initiate and establish the legal reforms needed to eliminate discrimination based on sex”

Proposed actions pertaining to this objective are:

- the setting up of a task force to identify all legislative provisions that are still discriminatory and need to be amended.

4. “To enhance the economic empowerment of women so that they can reach their full potential both at home and at work in the private and public sectors”

Proposed actions pertaining to this objective are:

- give support to entrepreneurship development and credit facilities for women
- improvement of training structures especially those not traditionally considered as feminine

5. “To examine the extent and causes of poverty among women so as to introduce measures to the economic conditions of women”

Proposed actions pertaining to this objective are:

- collect gender-disaggregated data on poverty and assess the implications of poverty on women.
- conduct a study on feminisation of poverty especially among older women.

6. “To encourage women to join technical, science and vocational streams”

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<sup>7</sup> Phone Conversation with Ms. Meera Toofanny, Business Development Officer, NWEC – 14.2.2002

7. "To improve the school environment so as to make it more conducive to girls' overall development"
8. "To develop a strategy for Adult Education in order to increase literacy and career development in women"

It is to be noted that a UNDP study carried out by De Chazal Du Mee (DCDM) entitled "Patterns and Trends in the Feminisation of Poverty in Mauritius was published in September 2001. The study highlighted the fact that data concerning the phenomenon of feminisation of poverty was not fully available and should be researched further (DCDM 2001b, 95).

The Ministry of Labour and Industrial Relations has, with the assistance of International Labour Organisation, identified the legal reforms, which are required to eliminate discrimination at work. These concern mainly:

1. The revision of the Labour Act to include a clause to the effect that discrimination in employment is itself illegal, prohibited and sanctioned;
2. The above ministry has also proposed to include in the Labour Act a clause relating to sexual harassment at work.

#### **Analysis of the objectives and targets of the plans and programs intended to be achieved**

It is noted that the measures proposed in 1995 and those proposed in 2000 are not very different, which implies that most of the proposed actions have not been implemented during that period.

With respect to equality in education, it can be argued that the target has already been achieved for primary and secondary level. It is considered that it is likely to be achieved for tertiary level by 2015.

However, it has been noted both in the white paper of 1995 and the action plan of 2000, there is concern about the choice of subjects made by girls. As noted in the white paper (1995:45): "Inequalities of access to technical and scientific skills as well as the lower propensity of girls to take up these streams, where available, reflect the pervasiveness and influence of stereotypes regarding what are considered appropriate subject and career choices for girls to take up." According to these two reports, girls should be encouraged to take up technical and scientific subjects.

An important step has been taken for the economic empowerment of women with the setting up of the NWEA. However, concrete results have yet to be shown.

Women still have a long way to go to achieve full political empowerment. The fact that policies regarding political and economic empowerment are still considered as essential action in 2000 bears witness of this state of affairs.

#### **Evaluation of the adequacy of the existing social indicators to measure progress**

##### *Indicator 9 - Ratio of Girls to boys in primary, secondary and tertiary education*

This indicator is appropriate. However, the rate of success at the end of primary, secondary and tertiary level can also give a good indication of gender equality in education.

##### *Indicator 10 - Ratio of Literate Females to Males of 15-24 years olds*

This indicator is appropriate. It would be useful to have it monitored every 5 years to determine if there is any positive or negative changes.

##### *Indicator 11 – Share of female employment in non-agricultural sector*

It might be useful to have this indicator more sector disaggregated and by category of jobs.

##### *Indicator 12: Proportion of Seats held by women in National Parliament*

This indicator is appropriate for Mauritius but should be complemented by the same for local government level.

**Identification of the social indicators that are required but not available**

Gender Empowerment Index - The investigators propose that disaggregated data should be available concerning the employment of women by sector and by category of job.

The Ministry of Women's Rights, Child Development and Family Welfare suggests that there should be appropriate indicators relating to the protection of women/spouse from domestic violence, and incidence of children victim of any form of abuses be formulated.

**Identification of the new targets for the Republic of Mauritius**

- Ensure that in all sectors women earn equal pay as their male colleagues.

## Goal 4: Reduce child mortality

**Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate**

Indicator 13  
Under-five mortality rate

Indicator 14  
Infant Mortality Rate

**Table 4.1: Under-Five Mortality Rate (U5MR) and Infant Mortality Rate (IMR) for the years 1990 to 2000, Republic of Mauritius, Island of Mauritius and Island of Rodrigues.**

Year	Republic of Mauritius		Island of Mauritius		Island of Rodrigues	
	U5MR	IMR	U5MR	IMR	U5MR	IMR
1990	23.1	20.4	22.4	19.9	41.1	34.9
1991	21.4	18.6	20.9	18.1	35.5	32.9
1992	21.4	18.6	21.1	18.4	30.1	24.6
1993	22.1	19.6	22.1	19.6	24.2	21.1
1994	20.9	18.1	20.9	18.0	21.5	20.1
1995	22.7	19.7	22.6	19.6	24.8	22.1
1996	24.2	22.1	24.2	22.2	22.4	19.6
1997	22.3	20.3	22.5	20.3	19.1	19.1
1998	21.4	19.3	21.3	19.4	23.2	17.4
1999	21.7	19.5	21.3	19.2	29.9	27.3
2000	18.2	15.9	17.9	15.8	24.8	19.8

Source: Ministry of Health and Quality of Life, 2002

Indicator 15  
Proportion of one-year old children immunised against measles

**Table 4.2: Percentage of children immunised against MCV (Measles-Containing Vaccine per 1000 live births) for the years 1990 to 2000, for the Republic of Mauritius, Island of Mauritius and Island of Rodrigues**

Year	Republic of Mauritius	Island of Mauritius	Island of Rodrigues
	%	%	%
1990	76.1	75.6	91.0
1991	87.7	87.6	90.9
1992	84.0	83.8	91.7
1993	83.7	83.5	89.9
1994	85.4	85.4	86.8
1995	89.1	89.1	88.7
1996	61.2	61.0	70.5
1997	87.1	87.1	88.4
1998	84.9	84.6	92.9
1999	79.8	79.7	82.7
2000	84.0	84.0	76.7

Source: Ministry of Health and Quality of Life, 2002

### Status of the goal for the period 1990 to 2000

During the 1990 to 2000 decade, the Infant Mortality Rate (IMR) has been fluctuating between 18.1 and a peak of 22.2 in 1996. It fell lowest in 2000 to 15.9 for the Republic of Mauritius. Concerning the other islands dependant on Mauritius<sup>8</sup>, figures are available only for Rodrigues. There was a notable

<sup>8</sup> These dependencies are namely Rodrigues, Agalega and St Brandon. The population of Agalega at 2000 was 170. Only primary health care facilities are available on the island. People suffering from

decrease in the IMR from 34.9 in 1990 to 17.4 in 1998 in Rodrigues. However in 1999, the rate was 27.3 and it fell to 19.8 in 2000 for the Island of Rodrigues. The fluctuations in the IMR recorded show that infant mortality is still a matter of concern for health services and that ante natal and post-natal care should be reviewed and improved.

The Under-Five Mortality Rate (U5MR) for the year 2000 was 18.2 per 1,000 live births for the Republic of Mauritius. Over the period 1990 to 1999, the U5MR stayed above the 20.0 per 1,000 live births level. It reached a peak in 1996 (24.2 per 1,000 live births). The U5MR for Rodrigues, which was at 41.1 in 1990, fell to its lowest level in 1997. It increased sharply during the next two years to 29.9 in 1999.

The percentage of children immunised against measles from 1990 to 2000 stayed at an average of 84%, except for a single year (1996), where it was recorded only 61.2% for the Republic of Mauritius. This situation is explained by the introduction of new vaccine in 1996, namely MMR (Measles Mumps and Rubella), and also due to a break in the supply of the vaccine some 20% of one-year old children were not vaccinated. Higher percentages are observed for Rodrigues as the number of live births is much smaller than in the Island of Mauritius.

#### **Policies or strategies, which have brought about the changes before 1990 and 2000**

The target set by the National Programme of Action for the Survival, Development and Protection of Children (NPA) for the year 2000 to reduce the U5MR to 19.0 per 1000 live births was successfully achieved and reached down to 17.9 for the Island of Mauritius.

The target set by the NPA to reduce by at least one third the IMR by the year 2000 (12.0 per 1000 live births) from its 1991 rate has not been reached, achieving however 15.8 per 1000 live births (MWRCDFW 2001:8).

A review of health care services shows that the population ratio per doctor has improved from 1,244 in 1990 to 1,105 in 2000. The number of nurses and midwives has remained the same during the period 1990 and 1999 (2,768 in 1990 and 2,748 in 1999).

Schools are visited and children screened by doctors and nurse at least once a year. A Health Card established in 1998 for children helps to identify children at risk or those who have chronic conditions and disabilities, for early treatment and referral. (MWRCDFW 2001:8)

#### **Policies or strategies as at 2000 to achieve the MDG**

The main causes of infant mortality are slow foetal growth, hypoxia, asphyxia and other respiratory problems, and congenital factors (MWRCDFW 1994:17)<sup>9</sup>. These causes of child deaths are preventable. They are linked to factors such as maternal age and health, parenting skills, level of education and economic status of the parents.

Platform for action up to the year 2000 and beyond rests on the National Programme of Action for the Survival, Development and Protection of Children (NPA) 1994. The NPA recommends the coordination of sectoral functions and convergence of health services and intensive Information, Education and Communication (IEC) on ante natal and post-natal care, and intensive dietary care of pregnant women through mass media and other relevant medium, improve coverage of medical home visits, continuous and sustained immunisation of pregnant women and infants, investment in upgrading facilities for neo-natal care in hospitals, continuous in-service training for improving skills and communication of personnel in health services, and specific concentration on pregnant women and infants for regions with high IMR (MFWCD 1999:8)

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serious health problems are cared for in the island of Mauritius. Mortality figures and rates are inclusive of those of Mauritius. This applies for St Brandon as well.

<sup>9</sup> Original source: Ministry of Health, *Health Statistics Annual*, 1990

## **Evaluation of the adequacy the existing social indicators to measure progress**

*Indicator 13 - Under-five mortality rate*

*Indicator 14 - Infant Mortality Rate*

IMR and U5MR are demographic indicators, which have long been compiled by Health authorities in Mauritius and Rodrigues. These social indicators are adequate and are available annually. The Ministry of Health has its own statistical department and records all health figures island-wide.

## Goal 5: Improve maternal health

**Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.**

Indicator 16  
Maternal mortality ratio

**Table 5.1: Maternal Mortality Rate (MMR) for the years 1990 to 2000 for the Republic of Mauritius, Island of Mauritius and Island of Rodrigues**

	Republic of Mauritius	Island of Mauritius <sup>1</sup>	Island of Rodrigues <sup>2</sup>
Year	Rate (per 1,000 live births)	Rate (per 1,000 live births)	Rate (per 1,000 live births)
1990	0.66	0.69	-
1991	0.77	0.70	2.6
1992	0.44	0.41	1.4
1993	0.27	0.28	-
1994	0.69	0.71	-
1995	0.58	0.61	-
1996	0.29	0.30	-
1997	0.50	0.52	-
1998	0.21	0.21	-
1999	0.34	0.36	-
2000	0.20	0.15	1.2

- : No maternal mortality was recorded

<sup>1</sup> Source: Ministry of Health and Quality of Life<sup>10</sup>, 2002

<sup>2</sup> Source: Ministry of Health and Quality of Life, 2002

Indicator 17  
Proportion of births attended by skilled personnel

**Table 5.2: Proportion of births attended by qualified personnel for the years 1990 to 2000, Republic of Mauritius**

Year	%
1990	91.1
1991	94.4
1992	96.1
1993	96.2
1994	97.4
1995	98.1
1996	97.2
1997	97.4
1998	98.1
1999	99.3
2000	99.7

N/A: Not Available

<sup>1</sup> Source: Ministry of Health and Quality of Life<sup>10</sup>, 2002

### Status of the goal for the period 1990 to 2000

The Maternal Mortality Rate (MMR) declined steadily from 0.66 to 0.20 per 1,000 live births from 1990 to 2000 for the Republic of Mauritius. The decline represents 70%. Thus, the target to reduce the MMR by three-quarter from 1990 to 2015 has nearly been attained in 2000 for the Republic of Mauritius. However, during the first mid-decade, the MMR has fluctuated and even reached a peak in

<sup>1</sup> Data obtained through the Senior Health Economist



## Goal 5: Improve maternal health

**Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.**

Indicator 16  
Maternal mortality ratio

**Table 5.1: Maternal Mortality Rate (MMR) for the years 1990 to 2000**

	Mauritius <sup>1</sup>	Rodrigues <sup>2</sup>
Year	Rate (per 1,000 live births)	Rate (per 1,000 live births)
1990	0.69	-
1991	0.70	2.6
1992	0.41	1.4
1993	0.28	-
1994	0.71	-
1995	0.61	-
1996	0.30	-
1997	0.52	-
1998	0.21	-
1999	0.36	-
2000	0.15	1.2

- : No maternal were recorded

<sup>1</sup> Source: Ministry of Health and Quality of Life<sup>1</sup>, 2002

<sup>2</sup> Source: Ministry of Health and Quality of Life, 2002

Indicator 17  
Proportion of births attended by skilled personnel

**Table 5.2: Proportion of births attended by qualified personnel for the years 1990 to 2000, Island of Mauritius**

Year	%
1990	91.3
1991	94.5
1992	96.5
1993	96.3
1994	97.7
1995	98.3
1996	97.5
1997	97.8
1998	98.5
1999	99.3
2000	99.8

N/A: Not Available

<sup>1</sup> Source: Ministry of Health and Quality of Life<sup>10</sup>, 2002

### Status of the goal for the period 1990 to 2000

The Maternal Mortality Rate (MMR) declined steadily from 0.69 to 0.15 per 1,000 live births from 1990 to 2000. The decline represents 78%. Thus, the target to reduce the MMR by three-quarter from 1990 to 2015 has already been attained in 2000. However, during the first mid-decade, the MMR has fluctuated and even reached a peak in 1994 (0.71 per 1,000 live births). A general downward trend was observed during the second half-decade.

<sup>1</sup> Data obtained through the Senior Health Economist

The proportion of births attended by qualified personnel which was 91.3% in 1990, reached 99.8% in 2000.

### **Policies or strategies, which have brought about the changes before 1990 and 2000**

Maternal and Child Health care services have improved tremendously. Past investments in health have been an important factor in reducing maternal mortality. During the early 1980s Government started to provide facilities for maternity care through an extended network of Community Health Centres.

This improvement can also be linked to the marked increase in the proportion of births attended by qualified personnel during the same period.

A Primary Health Care strategy has been adopted to achieve the goal of "Health for all by the year 2000".

The National objective is to achieve the lowest possible incidence (elimination point) of maternal mortality. The strategies and activities include:

- improved health and nutritional situation of mother,
- 100% coverage of antenatal and post-natal care,
- IEC (Information, Education and communication) on birth control to be improved, particularly among high risk groups,
- emphasis on birth control during post-natal care,
- improved access to Family Planning Services,
- and IEC on the negative effects of terminations under unhygienic conditions, to direct women towards effective methods of birth control. (MWRCDFW 1994: 89)

### **Policies or strategies as at 2000 to achieve the MDG**

Government has taken various measures to tackle maternal mortality. These include:

- country wide detection tests for cancers,
- IEC campaigns on better pregnancy management
- education programmes and health promotion activities to working women undertaken on a door to door basis

The National Gender Action Plan (March 2000) state broadly as a strategic action the establishment of appropriate pre-natal support, including financial or nutritional in order to improve the mother's health and monitor the health of the pregnant woman with the use of a health card. (MWRCDFW 2000: 9)

### **Analysis of the objectives and targets of the plans and programs intended to be achieved**

Even if the goal of reducing by three-quarters the maternal mortality rate, between 1990 and 2015 has already been achieved in the year 2000, the approach to tackle certain problems is limited.

Among these we note that:

- there is a lack of reproductive health education within the school curriculum, despite the increasing demand for such education (MWRCDFW 2001: 14).
- many pregnant women, through poverty and lack of information, still have recourse to back-street abortion or use self-induced methods.
- education programmes and health promotion activities do not reach a large percentage of women.

### **Evaluation of the adequacy of the existing social indicators to measure progress**

*Indicator 16 - Maternal mortality ratio*

*Indicator 17 - Proportion of births attended by skilled personnel*

Maternal mortality rates for Mauritius were readily available at the Ministry of Health, as well as figures pertaining to the proportion of births attended by qualified personnel. Figures were available on an annual basis. The monitoring of the goals and targets as set in the MDGs in the field of health for children and women would be prepared by the Ministry of Women's Rights, Child Development & Family Welfare. As concerns the Ministry of Health and Quality of Life it only collects and maintains statistical records of the demographic indicators.

**Goal 6: Combat HIV/AIDS, malaria and other diseases**

**Target 7: Have halted by 2015, and begun to reverse, the spread of HIV/AIDS**

**Target 8: Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases**

*Indicator 18*

*Number of HIV cases among pregnant women*

**Table 6.1: Number of HIV cases among pregnant women aged 15-24 for the years 1999 – 2001, Island of Mauritius**

Year	Aged between 15-24 years	Total all ages
1999	N/A	2
2000	4	7
2001	5	10

Source: Ministry of Health and Quality of Life AIDS Unit<sup>2</sup>, 2002

*Indicator 19*

*Contraceptive Prevalence Rate*

**Table 6.2: Contraceptive prevalence rate for Mauritius and Rodrigues, 1985 – 1999**

Year	%	
	Mauritius	Rodrigues
1985	80	54
1991	75	70
1999	50.8*	N/A

\* Estimate

Source: <http://ncb.intnet.mu/moh/eval/yrbook/family.htm> [date accessed:07.02.02]  
Ministry of Health and Quality of Life, 2002.

*Indicator 20*

*Number of children orphaned by HIV/AIDS*

This data concerning this indicator is not compiled in Mauritius.

*Indicator 21*

*Prevalence and death rates associated with malaria*

**Table 6.3: Number of cases of malaria reported for the period 1990 to 2000, Island of Mauritius**

	Year											
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	
Imported	54	48	51	49	66	45	63	63	52	73	62	
Indigenous	-	-	15	5	-	-	19	1	-	-	-	

-:nil

Source: Ministry of Health and Quality of Life<sup>3</sup>, 2002

*Indicator 22*

*Proportion of population in malaria risk areas using effective malaria prevention and treatment measures.*

This indicator is not applicable to Mauritius, which is listed by the WHO as a malaria free area.

<sup>2</sup> Data obtained through the National AIDS Coordinator

<sup>3</sup> Data obtained through the Senior Health Economist

*Indicator 23  
Prevalence and death rates associated with tuberculosis.*

**Table 6.4: Incidence rate of pulmonary tuberculosis per 100,000 mid year population, Island of Mauritius**

Year	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Rate	11.1	13.0	12.4	14.5	13.3	12.7	10.1	11.3	10.5	12.8	11.3

Source: Ministry of Health and Quality of Life<sup>4</sup>, 2002

*Indicator 24  
Proportion of TB cases detected and cured under DOTS (Directly Observed Treatment Short Course)*

**Table 6.5: TB cases detected and cured under DOTS**

Year	1990-1994	1995-2000
% TB cases detected and cured under DOTS	Above 95%	100 %

Source: Ministry of Health and Quality of Life<sup>4</sup> 2002

**Status of the goal for the period 1990 to 2000**

**HIV/AIDS**

The first AIDS case in Mauritius was reported in 1987. In 1990, 5 HIV positive cases were reported (MOH 2001: 7). A consultant with the WHO/AFRO carried out a situation and responses analysis of HIV/AIDS in Mauritius in June 2000 that revealed a regular and progressive increase in the number of detected cases of HIV/AIDS (MOH 2001:1) At the end of 2000, a total of 287 cases of HIV/AIDS had been reported in Mauritius since the first case in 1987. Out of these 221 were residents and 66 were non-residents. Among the residents, 145 were male and 76 were female. According to the government, 64 people already passed away by the end of 2000. (MWRCDFW 2001: 9)

There has been an increase in the number of known positive cases as more HIV tests were being done. In addition, the incidence of AIDS has increased during this period. It seems the epidemic is still at its growing stage and has not yet reached the peak as it has in some other countries (MOH 2001:8)

The prevalence of HIV appears to be low in Mauritius. For example, only 2 cases, or less than 0.01%, were found to be positive out of 12,888 pregnant women screened in 1999 (MOH 2001:1). On the other hand, a study carried out among female sex workers in 1997-98 (MOH 2001: 1) revealed a prevalence of 7.4% in this group. In conclusion, the HIV epidemic in Mauritius has the characteristics of a *concentrated* one, meaning that HIV infection continues to be concentrated in highly vulnerable groups and has been recorded at over 5 percent in at least one of those group.

**TUBERCULOSIS**

The incidence rate of pulmonary tuberculosis has remained fairly stable from 1990 to 2000, with an average rate of 12.1 per 100,000 (Table 5), 130 new cases occurred in 1992, none among young children, 1.5% among 10-14 year olds and 7% among 15-19 year olds. Two-third of the cases were males. (MWRCDFW 1994: 53)

The percentage of tuberculosis cases detected and cured under DOTS for the period 1990 to 1994 was above 95% and from 1995 – 2000 it was 100% (Table 6.5).

**MALARIA**

The number of imported malaria cases for the year 2000 is 62. During the period 1990 to 2000 the number of imported cases of malaria increased only slightly from 54 to 62. More than a dozen cases of indigenous malaria were reported in the years 1992-93 and 1996-97, whereas indigenous cases were reported for only four years in the last decade, and none between 1998 and 2000 (Table 6.3).

<sup>4</sup> Data obtained through the Consultant in Tuberculosis and Chest Diseases

## Policies or strategies, which have brought about the changes before 1990 and 2000

### AIDS

Socio-economic and cultural factors have contributed to the low rate of HIV infection. Government provides good free health care and education to the population. But, there is a lack of reproductive health education both at primary and secondary schooling. Moreover, growing flow of foreign labour may have an impact on the rate of HIV in the country.

During the late 1980s to 2000 a number of studies were carried out to know more about the prevalence, risk factors, knowledge and attitude towards the disease. From 1987 to 1990 the number of HIV tests carried out by the Ministry of Health has more than trebled, showing that the government was eager to tackle the issue rapidly. The number of HIV tests carried out gradually increased and 50,000 were performed by 2000 (MOH 2001:7).

Three KAPB (Knowledge, Attitude, Behaviour and Practice) studies have been conducted in 1989, 1992 and 1996 by the Ministry of Health to evaluate the level of knowledge of the disease among the population. The MFPA performed the *Study on HIV/AIDS Risk Behaviour Among Young Unmarried Workers of the Industrial Sector* in 1993. The Ministry of Youth compiled the *Youth Profile with focus on Youth Sexuality* in 1997. In 2001, the Ministry of Women made public its report on a study of sexual exploitation of children (MOH 2001:7).

These studies show there has been an expansion of risky factors such as earlier sexual contacts among youth, sexual abuse and exploitation of children, use of illicit drugs with sharing of needles and prostitution. Furthermore, these studies identified the movement of people to and from other countries as contributing factors towards the spread of the epidemic.

In collaboration with the AIDS Unit of the Ministry of Health and Quality of Life, the Ministry of Labour and Industrial Relations has conducted education and information sessions for workers.

### MALARIA

Mauritius has since decades eradicated malaria through sustained a set of measures, namely population sensitization through media, control of potential breeding grounds and strict testing of returning residents coming from malaria zones. During the period 1990-2001, Mauritius was free from indigenous malaria except for two localised outbreaks in 1992 and 1996. The government responded aggressively in both cases taking the following control measures as an ongoing process:

- encouraging the population to eliminate opportunities for mosquito breeding,
- performing house to house visits by surveillance officers in high risk regions,
- undertaking surveillance of all passengers originating or who have transited through malarial countries at the seaport and airport,
- encouraging diagnosis of suspected malaria cases by doctors and nurses in the private sector.

## Policies or strategies as at 2000 to achieve the MDG

Policies and strategies to combat HIV/AIDS are laid down in the *National HIV/AIDS Strategic Plan 2001-2005* of 2001.

The National AIDS Control Programme of Mauritius was established in 1987. A short-term plan was implemented from 1987-1989. Two Medium Term Plans (MTP) were developed to provide a framework for the programme (MTP I: 1989-1992, MTP II: 1993-1996). However, the MTP II was not implemented. Instead, consecutive annual plans have served as the basis for the programme since 1993 (MOH 2001:1).

The Ministry of Health and Quality of Life recommends that the National AIDS Committee, which gives guidance on policy formulation, should be revitalized, reformed and renewed. It will ensure implementation of the projects, programmes and activities of the National Strategic Plan and other

policies and will liaise with key actors at national, regional and international levels to ensure availability of sufficient resources to achieve the targets set (MOH 2001:1).

The overall goal of the National AIDS Control Programme 2001-2005 is:

*“To prevent new HIV infections and to continue caring and supporting people affected by HIV/AIDS in view to reduce morbidity and mortality associated with HIV infection and to minimise its psychological impact on individuals and the population at large.”*

The Strategic objectives are:

1. to generate an environment conducive to effective HIV/AIDS control,
2. to reduce STI/HIV new infection among groups with high risk behaviour,
3. to reduce vulnerability among youth and children,
4. to reduce vulnerability of business sector and workplace including tourism sector,
5. to reduce mother-to-child transmission of HIV (antiretroviral treatment of the mother and the newborn and provision of breast-milk substitutes are well established)
6. to improve utilisation of Sexually Transmitted Infections (STI) services,
7. to provide care & support to people infected and affected by HIV/AIDS,
8. to reduce nosocomial infection including HIV/AIDS,
9. to reduce poverty as vulnerability and risk factors of HIV/AIDS,
10. to strengthen surveillance and research,
11. to contribute to the regional cooperation among Indian Ocean countries,
12. to strengthen institutional set-up for management and co-ordination of the national response to HIV/AIDS and proper monitoring and evaluation- (MOH 2001: 13).

Moreover, the Ministry of Labour and Industrial Relations is presently looking into the fourth strategic objective of the National HIV/AIDS Strategic Plan 2001-2005, concerning the reduction of vulnerability of business sector and workplace including tourism. The implementation programme will include training of both Ministry's staff and workers in various relevant sectors including migrant workers.

Besides, the SADC Employment and Labour Sector has approved a “Code of conduct on HIV/AIDS and Employment” whose objectives are similar to the ILO Code of Practice. Both documents are being examined by the Advisory Council on Occupational Safety and Health for implementation.

#### **Analysis of the objectives and targets of the plans and programs intended to be achieved**

The real challenge concerns the management of HIV/AIDS. The situation and response analysis led to the development of the National Strategic Plan. The plan covers five years, from 2001-2005.

The current programme aims at the primary prevention of the HIV infection and the provision of care and support to those affected. The National Strategic Plan includes a strategic framework, which list out the specific objectives to be achieved, the targets set and a wide array of organisations, which will collaborate to meet these objectives. These include ministries, media agencies, NGOs, health, women, family planning, rehabilitation and youth centres, and local government, the UN Theme Group on HIV/AIDS, religious bodies, educational institutions and advisory councils.

A logical framework has also been developed by the Ministry of Health and Quality of Life to give an overview of the plan to control HIV/AIDS, to manage and evaluate the objectives set. The logical framework developed in the plan, consists of knowledge indicators which have been set to measure the achievement of each specific objective. These indicators measure knowledge, stigma and discrimination associated with HIV/AIDS as well as accessibility, care and support and adequacy of services offered by collaborating bodies.

## Evaluation of the adequacy of the existing social indicators to measure progress

Measuring progress through indicator 18 is limited as it shows a partial picture of the situation of the disease.

The indicator to measure the incidence of malaria is adequate and is cared for appropriately by the Ministry of Health.

Tuberculosis is a notifiable disease according to the Public Health Act, consequently all death due to tuberculosis is recorded by both the Public and Private Sector.<sup>5</sup>

The use of Contraceptive Prevalence Rate is considered as an inappropriate indicator with respect to the HIV/AIDS issue. Use of contraception in Mauritius relates to a number of methods of which the pill is the most prevalent, hence bears no relation to protected sex through the use of condoms. We recommend that the indicator "Percent of persons using a condom at last higher risk sex" be used as a measure for the purpose of Goal 6.

The real cause for concern for Mauritius is the incidence of non-communicable diseases as a greater cause of death rather than malaria or tuberculosis.

A survey carried out by the Ministry of Health and WHO, showed that the country had the highest rate of diabetes in the world. Hypertension is also more common in Mauritius than in most other developing countries. (MEPD 1997: 1.5)

Diabetes and hypertension are the two diseases affecting the highest number of Mauritians. In 1993, there were 70,000 cases of diabetes and 62,000 cases of hypertension, with 25,000 among each group having both diseases. Thus either or both diseases affect 1 out of 10 Mauritians, with males more at risk than females. (MWRCDFW 1994: 56)

The preliminary report of the 1998 survey (MOH 1998: 3) shows that from 1987 to 1998 there was a notable rise in the prevalence of diabetes and certain other non-communicable diseases. Diabetes prevalence has increased by 15% since 1992 and 36% since 1987, and diagnosed cases of hypertension have increased by 20% since 1987.

## Identification of the new targets for the Republic of Mauritius

- Have halted by 2015, and begun to reverse, the incidence of non-communicable diseases like diabetes, hypertension, high cholesterol, cancer, etc.

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<sup>5</sup> Mortality rate from the disease is very low and encompasses other related diseases like AIDS. In the latter case it is this disease which is recorded as the cause of death.

## Goal 7: Ensure environmental sustainability

**Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources**

**Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water**

**Target 11: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers**

*Indicator 25  
Proportion of land area covered by forest*

**Table 7.1: Proportion of land area covered by forest, Republic of Mauritius**

Year	1990	1995	2000 <sup>1</sup>
% Of land area covered by forest	30.4	30.6	30.4

<sup>1</sup> provisional

Source(s): Central Statistical Office, 2002  
Minister of Environment, January 2002<sup>6</sup>

*Indicator 26:  
Land area protected to maintain biological diversity*

**Table 7.2: Land area protected to maintain biological diversity (hectares), Republic of Mauritius**

	1997
Protected land area to maintain biodiversity	13,000

Source: World Resources Institute, UN Environmental Programme, UNDP, and World Bank 1998.<sup>2</sup>

**Table 7.3: Protected areas in Mauritius**

Protected areas	Estimated area (Hectares)
Black River Gorges National Park	6600
Nature Reserves (mostly islets)	800
Private research reserve	13
Mountain reserves	3800
Eight state research reserves (Conservation Management Areas)	38
River Reserves	2740

Source: Environmental Resources Management, July 1999<sup>2</sup>

<sup>6</sup> Fax received from Mr. Ananda Rajoo, Ministry of Environment.

*Indicator 27*  
GDP per unit of energy use (as proxy for energy efficiency)

**Table 7.4: GDP per unit of energy use, Republic of Mauritius**

Year	1998	1999	2000
GDP per unit of energy use (US\$ mn/ktoe)	3.57	3.74	3.62
GDP at market price (US\$ mn)	4,139.66	4,303.11	4,539.39

Source: Central Statistical Office, 2002

*Indicator 28*  
Carbon dioxide emissions (per capita)

**Table 7.5: Carbon dioxide emissions ( Tonnes per capita), Republic of Mauritius**

Year	1990	1995	2000
CO2 emissions	0.9	1.5	2.2

Source(s): Central Statistical Office, 2002  
Minister of Environment, January 2002

*Indicator 29:*  
Proportion of population with sustainable access to an improved water source

**Table 7.6: Proportion of population with piped water**

	1990	2000
Proportion of population with piped water (%)	90	98

Source: 1990 and 2000 Housing and Population Censuses, received from CSO

**Table 7.7: Sources of water for domestic use, Island of Rodrigues, 2001**

Source of Water	% Use as at 2000	% Use as at 2005*
1. Surface	25	10
2. Underground	75	30
3. Sea water	0	60

\* Projection for the year 2005

Source: [Luxconsult Mauritius Ltd: 2000]. Data obtained from officials of the CWA

*Indicator 30:*  
Proportion of people with access to improved sanitation

**Table 7.8: Proportion of population with flush toilets, Republic of Mauritius**

	1990	2000
Proportion of population with flush toilet (%)	62	89

Source: 1990 and 2000 Housing and Population Censuses, from CSO 2002

Indicator 31:

Proportion of people with access to secure tenure [Urban/rural disaggregation of several of the above indicators may be relevant for monitoring improvement in the lives of slum dwellers]

**Table 7.9: Percentage distribution of housing units by tenure, Republic of Mauritius**

Tenure	Housing Census			
	1990		2000	
	Number	%	Number	%
Owner	179,700	76.0	257,700	86.5
Tenant	35,100	14.8	27,800	9.3
Sub-tenant <sup>(1)</sup>	900	0.4	-	-
Free	20,700	8.7	12,300	4.1
Other <sup>(1)</sup>	200	0.1	-	-
All households	236,600	100.0	297,800	100.0

<sup>(1)</sup> Figures for "Sub-tenant" and "Other" are negligible for 2000 census

Source: Housing Characteristics 2000\_files\cso\_files\hous2000.htm. Date accessed: January 31, 2002.

Note: "Other" comprises interviewees during the household survey that could not state whether they belonged to the categories Owner, tenant, sub-tenant and free. The category "Other" also includes some squatters, which in the context of Mauritius, mean people who have illegally occupied state lands or private lands.

**Table 7.10: HHH04 Private households <sup>(1)</sup> by geographical location, tenure & type of building in which housing unit is located for the year 2000.**

	Total households	Crudely sub-divided dwelling	Improved housing unit
Island of Mauritius	100%	5.14%	0.10%
- Urban	45.27%	6.09%	0.11%
- Rural	54.73%	4.36%	0.09%
Island of Rodrigues, wholly rural	100%	0.7%	0.03%
Island of Agalega, wholly rural	100%	0%	0%

Excluding 30 homeless households for the Island of Mauritius

Source: CSO, 2000.

**Status of the goal for the period 1990 to 2000**

**ENVIRONMENT:**

In Mauritius, efforts are being made to conserve the remaining proportion of land forest. There was no reduction in the 30.4% of land area covered by forest between 1990 and 2000. According to official figures obtained, in 1997, 13,000 hectares of land were protected to maintain biological diversity i.e. the fauna and the flora.

In 1988, the GDP per unit of energy was US\$ 3.57 mn/ktoe. The measure of US\$ mn/ktoe is a measure of energy efficiency. From the official figures stated, it is observed that the percentage increase in real GDP from 1998 to 2000 amounting to 9.66% increased at nearly 7 times the rate of percentage increase in energy efficiency of 1.40% for the same period. This means that the use of energy is increasing at a faster rate than the rate of energy efficiency. Therefore, with a continued growth of the economy, the energy use will increase, leading to an increase in the emission of greenhouse gases, unless nuclear energy and solar energy are used as substitutes to greenhouse gases (Table 7.4).

In 1990, the carbon dioxide emissions per capita amounted to 0.9 tonnes. There is a marked increase of 59% in the emissions of carbon dioxide for the year 2000, where the per capita of carbon dioxide

emissions was 2.2 tonnes (Table 7.5). Mauritius will have to take important steps to curb down the emission of greenhouse gases.

#### **WATER AND SANITATION:**

Ninety-percent of the population had piped water (Table 7.6) and 62% had flush toilets in 1990 (Table 7.8). The proportion of people with improved sanitation increased further in 2000, where 98.5% of the population, as reported in the Housing and Population Census 2000, had access to individual piped water within their premises and 87% of the people had flush toilet system.

The balance, as identified by CWA, comprises those squatting on state lands. They are serviced by CWA water tanker services. They also have access to piped water through public fountains. CWA provides individual house connections to all those formulating a request and as such all the population of Mauritius has access to piped potable water subject to their applying for it in line with Government policy to improve the quality of life of the people.

#### **HOUSING:**

Mauritius has a very high percentage of households who are owner-occupiers. In 1990, 76% of households were owner-occupiers. This figure sharply increased by 10.5% to reach 86.5% in 2000 (Table 7-9).

During the housing census 2000, 30 homeless households or 1.33% of total were identified for the Island of Mauritius.

The Central Statistics Office (CSO) compiles figures concerning type of building which are classified as "Crudely sub-divided dwelling" and "Improvised housing unit". The Crudely sub-divided dwellings are described as being inhabited by several families, where the rooms are multifunctional and not geometrically planned.

Improvised housing units are precarious dwellings built with any materials that come under hand. They are not permanent buildings and are made temporarily. They are at times inhabited by squatters, who in the Mauritian context illegally occupy state and private lands.

In Mauritius, there were 5.14% of Crudely sub-divided dwellings and 0.10% of improvised housing units for the year 2000 (Table 7-10).

For Rodrigues, only 0.7% of the population had crudely sub-divided dwellings and 0.03% had improvised housing units (Table 7-10).

In Agalega, the percentages of people living in crudely sub-divided dwellings and improvised housing units were zero (Table 7-10).

#### **WATER:**

All households on the Island of Rodrigues are supplied with potable water. This is done by:

- accessing households to a piped network from within,
- water tankers distributing water to remote regions,
- accessing groups of households to a public fountain.

Storage of water to ensure year round supply remains a critical concern. As at 2001, only 50% of the demand for water is being met. Government target is to ensure satisfaction of 75% of demand by 2005, and 100% by 2015.

An Action Plan for the rationalization, rehabilitation, upgrading and extension of the water transmission/distribution network of Rodrigues has been finalised in December 2000. In light with the Action Plan, medium and long-term projects have been identified, some of which are due to start in 2002.

## **Policies or strategies, which have brought about the changes between 1990 and 2000**

### **ENVIRONMENT:**

In 1991, Mauritius enacted the Environment Protection Act (EPA) 1991. This legislation deals with the management and protection of the environment and aims towards achieving sustainable development and protecting the environment. Under this act, the powers to protect all aspects of the environment were placed under the responsibility of the new ministry responsible for environment, whereas prior to 1991, responsibility for the protection of the environment was spread across several different Ministries. With this Act, these Ministries “retained responsibility for enforcing environmental law in respect of the particular medium or pollutant for which they had traditionally been responsible.”

The EPA stresses on the coordination of environmental issues through an administrative framework. The roles and functions of the various public departments and organisations are clearly stated. It also stipulates the position of the Ministry of Environment, which is responsible for ensuring coordination, and effective implementation of environmental policies and laws.

On several occasions, the EPA 1991 has been amended and is presently being reviewed to meet the new environmental challenges.

Important decisions were taken on the following questions:

- the implementation of the Second Environmental Investment Programme (EIP2). The EIP2 is composed of the action plan, investment programme and the legal framework for the years 2000 to 2010. It has 70 projects in the pipeline among which is the “Composting Project”, which deals with green waste and how to convert it into organic fertilizers.
- the introduction of the new Environment Protection Bill. The bill emphasises proper coordination among ministries involved in the process of protecting the environment and that deal with environmental issues.
- the introduction of unleaded petrol as from August 2002,
- the training and equipping of enforcement agencies for more effective action,
- the decreeing of the year 2002 “Annee de la responsabilisation nationale pour l’environnement”.

Mauritius has signed the following conventions & protocols:

- United Nations Framework Convention on Climate Change
- Vienna Convention for the protection of the Ozone Layer
- Montreal Protocol on substances that deplete the ozone Layer
- Basel Convention on the Control of Transboundary Movements of Hazardous Wastes
- Convention on Biological Diversity
- Ramsar Convention (Wetlands Conservation)
- United Nations Convention on the law of the Sea (UNCLOS)
- Convention on the prevention of Pollution from Ships of 1973, as modified by the protocol of 1978 (Marpol)
- International Convention to combat Drought and Desertification
- Stockholm Convention on Persistent Organic Pollutants
- Convention on International Trade in Endangered Species of wild fauna and flora (CITES), 1973
- African Convention on Conservation of nature and natural resources, 1968, and
- Convention on the prohibition of international trade in waste in Africa (Bamako), 1991.

The first National Environmental Action Plan (NEAP I) prepared in 1988, was developed in response to the realisation that economic growth in Mauritius could not be sustained without paying attention to the effects it has on the environment. NEAP I reviews, diagnoses environmental problems and makes recommendations for future action (Ministry of Economic Development, Productivity & Regional Development 2000: 110).

The NEAP I led to 32 environmental projects and the setting up of an institutional framework for environmental management. Among the 32 projects, the Black River National Park and the Solid Waste Management Plan at Mare Chicose, which is a sanitary landfill that has been constructed as part

of the implementation of the Solid Waste Management Plan are examples of the projects that were implemented.

In 1998, a NEAP II was formulated under the National Environmental Strategies for the coming decade. It was an improvement over the NEAP I due to various lacunas existing in it and it could no longer meet with the new exigencies of our times. The NEAP II has made provision for recycling of wastes, the introduction of an incinerator and turning green waste into organic fertilizers. (Ministry of Economic Development, Productivity & Regional Development 2000: 110)

The government has taken some bold measures for environmental protection:

- the ban on the removal of sand from the lagoon,
- the closure of open dumps,
- the introduction of unleaded petrol as from August 2002, and
- the approval of the National Solid Waste Management Plan.

Besides, the formulation (in the 90's) and approval in 1994 of a National Physical Development Plan (NPDP) by the Ministry of Housing and Lands which has provided a spatial framework for the location of different sectors of the economy, together with communication linkages, within a long term perspective. The NPDP has played a major role in the protection of the environment.

#### **HOUSING:**

As far as development is concerned, during the 90's, the strengthening of development control was carried out throughout the various local authority areas with formulation processing and approval of Outline Schemes for both rural and urban areas.

#### **Policies or strategies as at 2000 to achieve the MDG**

#### **ENVIRONMENT:**

The Second National Environmental Strategies (NES2) lays down Mauritius's strategy- for the decade 2000-2010 for the protection and the preservation of the environment. It contains a number of recommendations and carries forward and extends the achievements of the First National Environmental Strategies (NES1) initiated in 1988. The NES1 was developed to deal with the effects of economic growth on the environment. It reviewed environmental problems and made recommendations for future action plans to solve the identified problems. A policy, legislative and institutional framework for environmental management was established.

NES2 aims at:

- controlling the level of pollution in the country, namely, air pollution, noise pollution, water pollution,
- promoting the use of clean technology by the business community, i.e. control of effluents from several industrial activities such as the textile industry and dye houses, stone crushing and block making plants, metal and galvanizing, and food processing.
- sensitising and educating the public in general to be more environmentally conscious by preserving the resources of the country.

The forthcoming Road Traffic (Control of Vehicular Emissions) Regulations are now being completed and will shortly come into force. The Ministry of Environment along with the other major stakeholders, including the consumer associations, will ensure a sustained public awareness campaign as from 2002 to explain the benefits of introducing unleaded petrol in the country.

The government decided to phase out the extraction of coral sand as from October 2001 to protect the fragile marine ecosystem.

For the protection of lagoons, the Integrated Coastal Zone Management (ICZM) Plan will ensure that they are protected by sensible restraint in hotel development, by regulated use of fishing boats and

pleasure boats, by phasing out the use of coral sand for construction, and improvements in the sewerage system.

Inland, the natural ecology of the wild places will be protected as well as the endemic species of vegetation and wildlife (Ministry of economic Development, Productivity & Regional Development 2000: 5).

Government is paying equal attention to the prevention of contamination of existing underground water supplies. At present, both surface water and groundwater supplies face increasing problems of pollution from industrial, agricultural and domestic sources.

Finally, Mauritius will play its part in reducing greenhouse gas emissions, by increasing the use of bagasse in power generation, developing other renewable energy sources and a range of measures designed to encourage greater economy in the energy use, including the introduction of more realistic charges for electricity consumption (Ministry of economic Development, Productivity & Regional Development 2000: 6).

#### **WATER:**

The strategic initiatives to protect and develop water that have been taken are:

- setting up the right institutional framework for the management of water resources,
- implementing the long-term master plan for developing water resources with emphasis on building small dams,
- exploring the technological possibilities of increasing exploitation of ground water reserves through deeper boreholes and recharging,
- undertaking an extensive programme for rehabilitation of distribution networks and a strong campaign for conservation of domestic water,
- settling the question of water rights and undertake a complete audit of water use,
- developing the technology for efficient treatment of wastewater for use in irrigation (Ministry of Economic Development & Regional Co-operation 1997: 2.19).

Projects for expanding reservoir capacity and reducing losses from leakages are presently being implemented. All water sources are being protected from contamination by more effective controls on industrial effluents, use of agricultural chemicals and dumping of solid waste and by investment in a major upgrading of the sewerage system.

#### **SANITATION:**

More than 80% of the population is still not connected to the sewerage networks and it is recognized that soakage pits located near lagoons and in other sensitive areas can give rise to pollution of lagoons or nearby surface or groundwater.

The Mauritius Sewerage Master plan provides a comprehensive national assessment of sewerage needs, sets standards for future provision, outlines plans for increased connections to the network and provision of more treatment plants. It comprises a phased programme of implementation, starting with the establishment of the Waste Water Authority, setting of standards and arrangements for monitoring and analysis, and proceeding to the progressive installation of new pipe systems and treatment plants in different parts of the country (Ministry of Economic Development, Productivity & Regional Development 2000: 69).

#### **HOUSING:**

The government has realised that there is a pressing need to provide housing to the very low-income groups and the homeless and thus address the problem of squatters who are illegally occupying state lands. The government has come forward with two initiatives:

- (i) the construction of houses on a large scale for the very low-income group and the homeless, and

- (ii) the provision of fully serviced sites to very low-income households who prefer to build their own houses. Grants are being provided for the purchase of building materials or for the casting of slab (Ministry of Finance 2001: 74-77).

## **RODRIGUES**

While the overall plan of action includes Rodrigues, some specific measures focus on the reduction of overgrazing, and lagoon sedimentation.

A short term action plan has been developed to improve the water supply system in Rodrigues. It focuses on the consolidation and maintenance of existing networks and the installation of a desalination plant.

The Medium Term Action Plan, on the other hand, consists of the construction of a dam and of a reservoir, the installation of underground pipes and the analysis of data collected.

The Long Term Action Plan is the continuation of the Medium Term Action Plan by constructing more dams and by constructing trunk mains and pumping stations.

The quality of the water supplied, in Rodrigues, as at the end of the year 2000 was not under the norms of the WHO. It is planned to raise the acceptable level of water quality to 75% by the year 2005 and to fully respect the international norms by 2015.

Plans to desalinate seawater for human consumption have already been developed and will be implemented by the year 2004 (Luxconsult Mauritius Ltd, 2000).

### **Analysis of the objectives and targets of the plans and programs intended to be achieved**

Government has defined strong policies and a clear action plan. Many of the planned actions are already under implementation. Weaknesses, however, appear in the implementation of punitive measures for non-observance of legal provisions by the general public and industries.

With the action and programmes that are being implemented to safeguard water from contamination, it is most likely that Mauritius will succeed in providing safe water to the whole population of both Mauritius and Rodrigues by 2015 (CWA: 2002)<sup>7</sup>.

### **Evaluation of the adequacy of the existing social indicators to measure progress**

#### *Indicator 25 - Proportion of land area covered by forest*

It is an appropriate indicator to develop as it gives a clear indication of the rate of deforestation in Mauritius.

#### *Indicator 26 - Land area protected to maintain biological diversity*

This indicator should be measured every 5 years, whereas it was done only in 1997. There is also a need to report on the number of indigenous plants and species that are being lost.

#### *Indicator 27 - GDP per unit of energy use.*

It is an appropriate indicator as it gives an indication on energy efficiency.

#### *Indicator 28 - Carbon dioxide emissions (per capita)*

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<sup>7</sup> This projection has been established by the Central Water Authority (CWA), which acts as a consultant for the Rodrigues Water Unit.

This is a good indicator that enables policy makers to take preventive measures in case of an abnormal rise in the emission of carbon dioxide. However, this indicator should be monitored. |

*Indicators 30, 31*

These indicators give a good picture of the quality of life and basic amenities of individuals in Mauritius. They are important indicators for Mauritius as in certain areas people live in deprivation. | Thus they should be reported regularly in order to facilitate the implementation of fast actions to improve lives.

## Goal 8: Develop a Global Partnership for Development

**Target 12: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system**

**Target 13: Address the Special Needs of the Least Developed Countries**

Not applicable for Mauritius

**Target 14: Address the Special Needs of landlocked countries and small island developing states**

In the current ruled based system, the small island developing states (SIDS) are not shielded from effects of economic shocks.

Mauritius has been a leading advocate in a number of international organisations, such as the WTO or in the ACP-EU meetings, canvassing for the needs to address the special vulnerability of small island states.

Indeed, the income volatility of SIDS has the high risk of jeopardizing their long term economic development. Their relatively high income per capita does not depict the true realities of their economic vulnerabilities.

Moreover, they are often subject to being unfairly graduated out from trade preferences schemes and concessional loan programmes. The SIDS, which rely heavily on trade preferences, find their market access being eroded due to duty-free and quota-free access granted to Least Developed Countries (LDCs) and some other developing countries. Unlike the LDCs, the SIDS have lesser flexibility and policy spaces to pursue their trade and industrial development programme. Many SIDS are not sure in clear terms whether the WTO will allow them to pursue their EPZ programme beyond 2010. Furthermore, the high international transport costs will remain as the major inhibiting factor to the trade of SIDS.

**Target 15: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term.**

Mauritius has a sustainable level of external debt, with a debt service ratio of 9.0% in 1995/1996 down to 7.7% in 1999/2000.

**Target 16: In co-operation with developing countries, develop and implement strategies for decent and productive work for youth.**

**Target 17: In co-operation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.**

**Target 18: In co-operation with the private sector, make available the benefits of new technologies, especially information and communication.**

Indicator 45  
Unemployment rate of 15-24 year olds

**Table 8.1: Rate of unemployed between 15-24 years**

	1990	2000
Unemployment rate (15-24 years old) *	14%	27%

\* Note that the figures include over reporting of unemployed

Source: 1990 and 2000 Housing and Population Censuses, Central Statistical Office 2002

*Indicator 46*  
*Proportion of population with access to affordable essential drugs*  
*on a sustainable basis*

This indicator is not surveyed by the CSO.

However, the Ministry of Health and the CSO assume that 100% of the population have access to affordable essential drugs on a sustainable basis being given that there is free health care in Mauritius.

*Indicator 47*  
*Telephone lines per 1000 people*

**Table 8.2: Network Development**

	1992	1996	2001
Exchange Capacity	103,000	196,000	305,000
Teledensity: Fixed lines per 1000 Persons	70	150	250

Source: Mauritius Telecom 21.01.02

*Indicator 48*  
*Personal computers per 1000 people*

**Table 8-3: Number of estimated PCs**

	Total in 2000	Per 1000 inhabitants
Mauritius	120,000	100.5

Source: National Computer Board 2002

**Status of the goal for the period 1990 and 2000**

**UNEMPLOYMENT:**

Unemployment is still a matter of concern for Mauritius. As at 1990, the rate of unemployment prevailing among the youth for the age group 15 to 24 was 14%. During the past decade, this indicator has increased by 13% as in the year 2000, the unemployment rate among 15-24 year olds was 27%. Special measures are being taken to find a solution to the increasing unemployment rate (Table 8.1).

**TELEPHONE LINES:**

During the last decade, there has been a tremendous effort to improve telephone services in Mauritius. Official figures show that in 1992, fixed lines per 1000 inhabitants or teledensity was 70 and in 2001, this figure increased to 250, i.e. an increase of 72% for the past nine years (Table 8.2).

**PERSONAL COMPUTERS:**

The ownership of personal computers is witnessing a wave of change. For 2000, the number of estimated personal computers per 1000 inhabitants was 100.5 in Mauritius (Table 8.3).

The National Computer Board (NCB), in its latest survey report "The IT Household Survey 2000", assessed the scope and usage of information technology in Mauritian households.

According to this survey, home computer ownership and home internet connection have increased substantially since 1998 to the current level of 21% and 12% respectively. Furthermore, home computer ownership increased by 84% from 1998 to 2000. The proportion between rural and urban household to own a computer was as follows:

- Urban: 24%,
- Rural: 18%.

## **Policies or strategies, which have brought about the changes between 1990 and 2000.**

### **UNEMPLOYMENT:**

The Industrial Vocational Training Board was set up in 1988 to give training courses to unemployed youngsters to increase their job prospects.

### **INFORMATION AND COMMUNICATIONS TECHNOLOGY:**

Policies to increase telephone lines exist since the 1980s. These policies were implemented through sustained investment for the improvement in the telephone network.

Increasing telephone density and meeting the high demand are real challenges for Mauritius, which is aspiring to become fully the regional hub for business, financial and distribution services. The aim is to eliminate the backlog and satisfy the total demand, which is expected to reach 440,000 during the period 1999 to 2005.

With the advent of cellular phones in Mauritius, there has been great competition in the telephone network. Indeed, the increase in the use of portable phones has somewhat eased the problem. The mobile phone service will be improved and be an on-demand service (Ministry of Economic Development, Productivity & Regional Development 2000:78,79)

The government recognised the urgency to prepare the nation adequately to achieve competitive advantage through the effective use of telecommunications and computing. A National IT Strategy Plan (NITSP) was developed in 1997, recommending the strategy to realise the IT vision of the country. During 1998, a large number of IT projects were implemented to promote IT awareness at national level, reaching out to the target groups – children, students, youth and the general public (National Computer Board 1999:2).

The following projects were proposed:

- the Mauritius National Identity Card (MNIC) aiming at providing every citizen with a secure identity card based on smart card technology (Note: This project was not implemented due to a change in government in Sept 2000),
- the Government Information Infrastructure (GII) project to provide government services round the clock through the optimal use of IT for communicating and collaborating between government bodies and with the public,
- the Gian Nath Computer Scheme to spread the IT culture and increase IT literacy level (National Computer Board 2000:18).

The Green Paper on Telecommunications “Strategies and Policies for Info-Communications Sector 1997-2007” presented the broad policy issues that had to be considered for the formulation of the required strategies for the development of the telecommunications sector over the coming decade. The Government wants to ensure the widest participation in the formulation of any policy bearing in mind the nation’s interest and the will to push Mauritius forward as an info-communications hub in the region (Ministry of Telecommunications and Information Technology 1997:5).

Following the green paper, a white paper on the telecommunications sector dated December 1997 was prepared. It provided for:

- a revised legislative mandate in order that Mauritius can fulfil its commitments under the World Trade Organisation Agreement under which Mauritius is committed to liberalise the telecommunications sector by 2004,
- the expansion and upgrading of the national telecommunications infrastructures,
- devising an approach to the new business environment in order to take advantage of the potential economic benefits of open international competition, in terms of investment and entrepreneurial dynamism,
- achieving better access to private capital for needed expansion and development,
- considering the impact of the privatisation of Mauritius Telecom on its employees,
- providing the whole community (both in Mauritius, Rodrigues and the Outer Islands) with access to an affordable universal service,

- creating an environment propitious for Mauritius to become the information, financial and services hub in the region (Ministry of Telecommunications and Information Technology 1997:5,8,10, 14).

Since the introduction of Internet in Mauritius, the Internet access prices have come down considerably although it is considered as not competitive enough. This has encouraged the spread of the Internet culture in Mauritius.

### **Policies or strategies as at 2000 to achieve the MDG**

#### **UNEMPLOYMENT:**

The government is giving high priority to training. Consultations with the main stakeholders in the training system revealed particular concern for the need for:

- programmes to tackle the growing number of employed persons;
- the provision of opportunities for primary school dropouts;
- increased training capacity in the hotel and tourism sector;
- programmes aimed at increasing national and organisational competitiveness and productivity;
- more effective linkages between education and training;
- improved data on labour markets;
- a national human resource development (HRD) strategy;
- a shared understanding of the new economic reality;
- catering to the needs of multinational companies willing to invest in Mauritius;
- training in the small and medium-sized enterprises;
- reviewing the Industrial Vocational Training Board (IVTB) operation and autonomy issues relating to the IVTB training centres;
- better coordination of the total training activity (ILO 2001: ii).

#### **ESSENTIAL DRUGS:**

Concerning the provision of access to essential drugs, HIV patients are already benefiting from free anti-retroviral medicines in Mauritius.

#### **INFORMATION AND COMMUNICATIONS TECHNOLOGY:**

The government's strategy is that with the privatisation of any public organisation, the proceeds of the sale will be channelled for the investment in economic and social restructuring, for example, in skills and Information Technology (IT) development and in better road links and safety (Ministry of Economic Development, Productivity & Regional Development 2000:26, 27).

The main policies and measures for the Telecommunications sector is the expansion to nearly double the number of telephone lines between 1998 and 2005, and improvements in efficiency and lowering of international charges to help Mauritius expand its export of computer services and further develop its offshore banking and financial services (Ministry of Economic Development, Productivity & Regional Development 2000:34).

### **Analysis of the objectives and targets of the plans and programs intended to be achieved**

#### **UNEMPLOYMENT:**

To curb the rate of unemployment, the Ministry of Training, Skills Development & Productivity launched the "Basic Course in IT", a training programme which aims at providing unemployed Higher School Certificate holders with basic IT skills so as to enhance their job prospects. It will also support the Cyber Island Project, as it will generate a pool of young Mauritians trained in IT.

As at 3<sup>rd</sup> August 2001, 1403 trainees signed contracts with the IVTB and relevant training institutions (Ministry of Training, Skills Development and Productivity 2001: 1).

The Ministry of Training, Skills Development & Productivity has launched an Action Plan, which contains the main findings and recommendations of the National Integrated Training Strategy Task Force to achieve "Lifelong Learning for Employability and International Competitiveness". The aim is to take radical steps to cope with rising unemployment and the erosion of competitiveness and productivity in the global economy (Ministry of Training, Skills Development and Productivity, 2001). In order to make available improved and up-to-date labour market information, a Labour Market Information System Project was started in 1999. The system will enable:

- jobseekers to have more reliable information on jobs available from a job bank,
- employers to readily identify their human resource needs from the jobseekers' bank,
- school leavers to have maximum information on the world of work and thus be better informed to make choices on further studies and careers, and
- decision makers to formulate appropriate employment and training policies.

#### **ESSENTIAL DRUGS:**

The high prices of drugs in Mauritius affect both the individual consumer and the state, as the latter is a supplier of medicines in a free health care system. The government feels that there is insufficient competition in the sale market of drugs. Thus, the government is planning to authorize the State Trading Corporation (STC) to import certain drugs in order to bring down the high prices that are being currently charged. These drugs were, until now, imported by private wholesale drug stores. Another step that is being proposed to reduce the cost of medicines is to pass legislation to legalise the sale of generic medicines.

#### **INFORMATION AND COMMUNICATIONS TECHNOLOGY:**

To build the new economy, the Government will develop Mauritius into a Cyber Island and knowledge hub by formulating a new policy framework for the year 2001 to 2002 aiming at:

- spreading the use of Information Communication Technology (ICT) throughout the country and developing an ICT culture at all levels,
- developing world-class infrastructure and providing the necessary connectivity to the international network,
- promoting the application of knowledge to add value to what Mauritius produces,
- implanting in Mauritius a vibrant ICT industry and knowledge-based activities in their own right (Ministry of Finance 2001:13).

For the development of ICT in Mauritius, three task forces have been set up to:

- look into the establishment of a cyber City,
- implementation of e-Education,
- reporting on e-Government projects (Ministry of Finance 2001:28).

The Government will also fine-tune the legal framework to meet the requirements and exigencies of the emerging Net Economy by introducing a new legislation relating to:

- the regulatory functions of the Mauritius Telecommunications Authority,
- data privacy and protection,
- electronic consumer protection,
- computer misuse and cyber crimes (Ministry of Finance 2001:31).

The objective of the government and parastatal institutions is to spread computer awareness, literacy and proficiency at all occupational levels and the public at large through various media, namely:

- the use of TV to broadcast IT programmes,
- the use of IT coaches,
- the use of women centres, youth centres and religious bodies for information campaigns, and
- the development of portals (Ministry of Education & Scientific Research and Chairman, Task Force on E-education and E-Training 2001: 22, 23).

## **Evaluation of the adequacy of the existing social indicators to measure progress**

### *Indicator 45 - Unemployment rate of 15-24 year olds*

It is an appropriate indicator as it gives a picture about the employment rate and helps in the formulation and implementation of policies to combat unemployment in Mauritius. But, the indicators should be given on a more frequent basis instead of every ten years.

### *Indicator 47 - Telephone lines per 1000 people, and*

### *Indicator 48 - Personal computers per 1000 people*

These indicators denote at what speed Mauritius is developing its Information and Communications Technology (ICT) sector as well as the facilities and infrastructure that it is providing to make Mauritius an IT hub in the region.

## **Identification of the social indicators that are required but not available**

### *Indicator 46 - Proportion of population with access to affordable essential drugs on a sustainable basis*

This indicator is not surveyed by the CSO.

However, an official from the Ministry of Health and the CSO have indicated that 100% of the population have access to affordable essential drugs on a sustainable basis for the following reason that health care is free in Mauritius.

## Capacity for monitoring and reporting MDG-progress

Goal	Quantity & Regularity of Survey Information			Quality of Survey Information			Statistical Analysis			Statistics in Policy-Making			Reporting and Dissemination of Information		
	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
Poverty and Hunger			Blue			Green			Orange		Purple			Grey	
Universal Primary Education			Blue		Green				Orange		Purple			Grey	
Gender Equality		Blue		Green					Orange		Purple		Grey		
Child Mortality	Blue			Green					Orange		Purple		Grey		
Maternal Health	Blue			Green					Orange		Purple		Grey		
Water and Sanitation		Blue		Green				Orange			Purple		Grey		
HIV/AIDS			Blue	Green				Orange		Purple			Grey		
Malaria Control		Blue			Green			Orange			Purple		Grey		Grey
Environmental Sustainability		Blue		Green				Orange			Purple		Grey		
Other country-specific goals and targets															

It is to be noted that this table pertains only to indicators for each millennium development goal.

See Annex 1 for details about calculations

## Calculations for Capacity for monitoring and reporting MDG progress

According to the table, for each of the five ratings of capacity we are to evaluate whether Mauritius's capacity is Strong, Fair or Weak. Objective numerical measures, were developed which are expressed in percent, for each of the five capacity ratings. For each of the five capacity measures, if the percent is  $\leq 33\%$  it is considered *weak*, if  $>33\%$  and  $\leq 67\%$  it is considered *fair*. If  $> 67\%$  it is considered *strong*.

A weighting process was designed, as some of the specific measures used may be more important than others in calculating a rating. The weights are also percentages and would add up to 100% for all the indicators for each measure.

It is to be noted that these calculations pertain only to indicators for each millennium development goal.

The following measures and weights for each of the five ratings were proposed:

Rating	Measures	Weight
Quantity and Regularity of Information	Percent of indicators requested for which data is available for any year	10%
	Percent of indicators requested for which data is available for all years (1990-2000)	50%
	Percent of indicators requested for which data is available for two or more years	40%
Quality of Survey Information	Percent of indicators requiring no analysis or calculations from raw data	30%
	Percent of indicators where the raw data for the indicator does not conflict with other data, or where similar data from more than one source is essentially identical	50%
	Subjective assessment of data received for the indicators. [Rate the data for the indicators for each goal on a scale of 0.0 to 100 where zero is the worst and 100 is the best.]	10%
Statistical Analysis	Percent of indicators presented with statistical analysis, and not just as raw data	100%
Statistics in Policy Making	Percent of indicators used or referred to in the policy documents reviewed	50%
	Percent of policy documents reviewed basing conclusions on statistical analysis	50%
Reporting and Disseminating Information	Percent of indicators requested that are available from any source	10%
	Percent of indicators available that are found in published documents	60%
	Percent of indicators available, not in published documents, but in internal reports that are easily available on request	30%

## EXAMPLE OF CALCULATIONS

### Poverty and Hunger

Rating	Measures	Raw Result	Weight	Weighted Result	Rating
Quantity and Regularity of Information	Percent of indicators requested for which data is available for any year	20	10%	2	
	Percent of indicators requested for which data is available for all years (1990-2000)	0	50%	0	
	Percent of indicators requested for which data is available for two or more years	40	40%	16	
<b>TOTAL</b>				<b>18</b>	<b>Weak</b>
Quality of Survey Information	Percent of indicators requiring no analysis or calculations from raw data	40	30%	12	
	Percent of indicators where the raw data for the indicator does not conflict with other data, or where similar data from more than one source is essentially identical	20	50%	10	
	Subjective assessment of data received for the indicators. [Rate the data for the indicators for each goal on a scale of 0.0 to 100 where zero is the worst and 100 is the best.]	50	10%	10	
<b>TOTAL</b>				<b>32</b>	<b>Weak</b>
Statistical Analysis	Percent of indicators presented with statistical analysis, and not just as raw data	20	100%	20	
<b>TOTAL</b>				<b>20</b>	<b>Weak</b>
Statistics in Policy Making	Percent of indicators used or referred to in the policy documents reviewed	40	50%	20	
	Percent of policy documents reviewed basing conclusions on statistical analysis	50	50%	25	
<b>TOTAL</b>				<b>45</b>	<b>Fair</b>

Rating	Measures	Raw Result	Weight	Weighted Result	Rating
Reporting and Disseminating Information	Percent of indicators requested that are available from any source	40	10%	4	
	Percent of indicators available that are found in published documents	40	60%	24	
	Percent of indicators available, not in published documents, but in internal reports that are easily available on request	40	30%	12	
<b>TOTAL</b>				<b>40</b>	<b>Fair</b>

### Maternal Health

Rating	Measures	Raw Result	Weight	Weighted Result	Rating
Quantity and Regularity of Information	Percent of indicators requested for which data is available for any year	100	10%	10	
	Percent of indicators requested for which data is available for all years (1990-2000)	50	50%	25	
	Percent of indicators requested for which data is available for two or more years	100	40%	40	
<b>TOTAL</b>				<b>75</b>	<b>Strong</b>
Quality of Survey Information	Percent of indicators requiring no analysis or calculations from raw data	100	30%	30	
	Percent of indicators where the raw data for the indicator does not conflict with other data, or where similar data from more than one source is essentially identical	100	50%	50	
	Subjective assessment of data received for the indicators. [Rate the data for the indicators for each goal on a scale of 0.0 to 100 where zero is the worst and 100 is the best.]	75	10%	15	

Rating	Measures	Raw Result	Weight	Weighted Result	Rating
<b>TOTAL</b>				<b>95</b>	<b>Strong</b>
Statistical Analysis	Percent of indicators presented with statistical analysis, and not just as raw data	0	100%	0	
<b>TOTAL</b>				<b>0</b>	<b>Weak</b>
Statistics in Policy Making	Percent of indicators used or referred to in the policy documents reviewed	50	50%	50	
	Percent of policy documents reviewed basing conclusions on statistical analysis	50	50%	50	
<b>TOTAL</b>				<b>100</b>	<b>Strong</b>
Reporting and Disseminating Information	Percent of indicators requested that are available from any source	100	10%	10	
	Percent of indicators available that are found in published documents	100	60%	60	
	Percent of indicators available, not in published documents, but in internal reports that are easily available on request	0	30%	0	
<b>TOTAL</b>				<b>70</b>	<b>Strong</b>

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## List of Acronyms

AIDS	Acquired Immunodeficiency Syndrom
CPE	Certificate Of Primary Education
CSL	Call Services Limited
CSO	Central Statistical Office
CWA	Central Water Authority
DCDM	De Chazal Du Mée
DOTS	Directly Observed Treatment Short Course
EIP	Environmental Investment Programme
EPA	Environment Protection Act
GII	Government Information Infrastructure
HIV	Human Immunodeficiency Virus
ICT	Information and Communications Technology
ICZM	Integrated Coastal Zone Management
IEC	Information Education and Communication
IFAD	International Fund for Agricultural Development
IMR	Infant Mortality Rate
IT	Information Technology
IVTB	Industrial Vocational Training Board
KABP	Knowledge, Attitude, Behaviour and Practice
MEPD	Ministry of Economic Planning and Development
MFPA	Mauritius Family Planning Association
MMR	Maternal Mortality Rate
MNIC	Mauritius National Identity Card
MOH	Ministry of Health and Quality of Life
MWFWCD	Ministry of Women, Family Welfare & Child Development
MWRCDFW	Ministry of Women's Rights, Child Development & Family Welfare
NCB	National Computer Board
NCD	Non Communicable Diseases
NES	National Environment Strategies
NGO	Non Governmental Organisation
NITSP	National IT Strategy Plan
NWEC	National Women Entrepreneurs Council
SADC	Southern African Development Community
STC	State Trading Corporation
STI	Sexually Transmitted Infections
TB	Tuberculosis
U5MR	Under Five Mortality Rate
UN	United Nations
UNCLOS	United Nations Convention on the Law of the Sea
UNDP	United Nations Development Programme
WHO	World Health Organisation

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