



**ALTERNATIVE REPORT. JUNE 2022.**

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## ALTERNATIVE REPORT. June 2022

The state submitted its report<sup>1</sup> in October 2021, a combined 6th and 7th periodic reports.

We, members of Civil Society (CSOs), welcome the efforts made, in particular the promulgation of the Children's Act in the beginning of this year 2022.

We wanted to complete this report according to what we see and are experiencing.

### I. NEW DEVELOPMENTS/ FAITS NOUVEAUX

#### NEW LEGISLATIONS

1. We recognise and appreciate the legislations that have been promulgated, including the Children's Act promulgated on the 21st of January 2022.

2. *"The Protection from Domestic Violence Act 1997<sup>2</sup> was amended in May 2016 to provide for better protection to victims of domestic violence, including children", according to the State Report.*

We read and acknowledge the amendment of the PDVA that focuses more on the victim (whether child or spouse) than only on the spouse. We welcome section 2 (b) including children: *"willfully or knowingly placing or attempting to place, or threatening to place, the spouse or the other person in fear of physical injury to himself or to one of his children"*.

We read in the amended act of 2016 11A (4) that the duties and power of a police officer to whom an offence is reported shall *'report the matter to the Permanent Secretary, where the victim of the offence is in urgent need of counselling or any other form of psychological support'*.

There's an important need to include psychological treatment systematic and frequent to the victim and the children; treatment done by psychologists specialised in Domestic violence. It would also be important to train police officers on the question of mental health so they can assess the need of counselling and psychological support when needed.

- The Act stipulates *"3(4) In determining an application for a protection order, The Court shall have regards to the following (b)the welfare of any child affected, or likely to be affected, by the respondent's spouse's conduct (c)the accommodation needs of the aggrieved spouse, his children as well as those of the respondent spouse and his children.*

However, the reality on the field has proven to be different, as we noted that in a lot of situations, the victim has to stay with the author of violence and if the spouse goes to a local NGO to protect herself, the children often stay behind. This really has to be reviewed for better care and protection of victims, including children, witnesses and suffering from the situation, impacting on their development.

- It's crucial that this law is enforced and women victims and their children more protected. Testimony of a 15 year old female student, with high anxiety, April 2022: *'My dad is an alcoholic and has been violent to my mom for as long as I remember. Sometimes he is violent towards us (the children) too. Last year my mom couldn't handle it anymore, she thought she was going to die. She asked the police for help, but they did nothing. She had to go to a shelter with my three younger siblings. We were too old to go with her, so we had to stay, my brother and I, in the house, to help my father. He is violent to us as well, sometimes. I must get used to it, but I'm scared and so sad.'* Regarding the mother of the student,

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<sup>1</sup> [https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fMUS%2f6-7&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fMUS%2f6-7&Lang=en)

<sup>2</sup> <https://mauritiusassembly.govmu.org/Documents/Acts/2016/act1016.pdf>

she says she has no way of supporting her children. She used to get around Rs 2500 of government support, but since the father gets the Rs 9000 pension, the government support dropped to Rs500 per month in the beginning of 2022. Having 6 children at home, this means Rs 83 (.88 USD) per month per child.

- We recommend that each case is examined thoroughly to allow for the victims of domestic violence who are also parents to get proper help and support required, by reminding the Article 18.2 : 'For the purpose of guaranteeing and promoting the rights set forth in the present Convention, States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children.'

We recommend a **review of this law**, which is apparently ongoing.<sup>3</sup> Important that Section 2 of the PDVA includes 'verbal violence' and 'sextortion' as a form of domestic violence. These two terminologies should be included in clear terms and as is, to avoid misinterpretation. Research has clearly demonstrated that domestic violence causes significant stress for children and impacts on their brains, inhibiting neurogenesis, mentioned in Dr Gueguen's work, paediatrist, 2015.

-In a study conducted by the Young Queer Alliance in 2021, "A Place Called Home: The condition and challenges of LGBTQIA+ persons in family settings"<sup>4</sup>,

- of the 78.43% of respondents who came out to their family, only 7.50% found that coming out was somewhat easy or very easy;
- a majority of LGBTQIA+ persons came out to their family between the ages of 16 to 21, with the lowest age being 10 years;
- reasons put forward by LGBTQIA+ persons not to share their sexual orientation and/or gender identity with any or all members of their family were fear of not being accepted (87.02%), fear of losing their home (38.93%) and fear of being harmed (33.59%);
- 70.6% of respondents have experienced at least one form of rejection behaviour in their family for being perceived to be LGBTQIA+ or after disclosing their sexual orientation and gender identity; and
- only 7.84% of respondents reported approaching health institutions or doctors for help with fewer still turning to law enforcement (3.92%) or a government agency (1.96%) for help.

We recommend that the **appropriate assistance provided by the State Parties under Article 18.2 of the Convention has due considerations for parents of LGBTQ children** including under the Protection from Domestic Violence Act.

3. We read in section 4 of part 1 that the Mauritius Family Planning and Welfare Association was enacted and made provision for **sexual and reproductive health and rights**.

In 2020 and 2021, the director of MFPWA stated that no contraceptives were given to minors, only to adults (on private Radio, the 25th February 2020 and in a workshop in October 2021, quoting the penal code criminalising sexual intercourse with minors less than 16 years old ). We experience it.

According to WHO, each year, 3 million teenage girls between 15 and 19 years old have an abortion in risky circumstances (2018), and this is the 1st cause of death for these teenage girls (2020). Some media articles of February and October 2020 quote Statistics Mauritius and Health Statistics Report 2018<sup>5</sup> as

<sup>3</sup> <https://english.lematinal.media/domestic-violence-minister-koonjoo-shah-want-to-make-perpetrators-go-in-rehabilitation/>

<sup>4</sup> <https://youngqueeralliance.com/wp-content/uploads/2022/01/2021.10.25-A-place-called-home-for-LGBT-persons-in-families.pdf>

<sup>5</sup> <https://sundaytimesmauritius.com/grossesse-precoce-un-phenomene-qui-prend-lentement-de-lampleur-a-maurice/>  
[Mélanie Vigier de Latour-Bérenger sur la grossesse précoce : «Il faut oser parler davantage de sexualité aux jeunes» | Defimedia](#)

well as other data and we understand that, according to the article of October 2020, over seven years (from 2013 to 2019), on average:

- 28 babies were born from mothers, girls between 10-14 years and
- 1043 babies were born from mothers, girls between 15 to 19 years old

The article of February 2020, gives the data of Mauritius, from 2013 and 2018: 27 and 1054 babies were born from mothers aged between 10-14 years old and 15 to 19 years old, respectively, on average, every year.

It's important to have a law, however, it has to be enforced and reviewed.

It would be good to see those articles more active: 4 (b) *"family planning services by addressing the need for sexual and reproductive health and rights in the community through information"*, that lacks, according to what we experience and observe.

And to amend Section 5(1) (b) of the MFPWA Act<sup>6</sup> to read *"set up a network of youth friendly services with particular emphasis on addressing issues related to unwanted teenage pregnancy and sexual health and reproductive rights"*.

**It's crucial to review the access to contraception to the minors less than 16 years old to ensure their sexual and reproductive health.**

Workshops on adolescent mental health and Sexual and Reproductive Health and Rights were held in mid-June 2022 by the Ministry of Health and Wellness. Some stakeholders, NGOs, were invited to share their contribution and we really hope for a better consideration and concrete actions to improve the situation of sexual and reproductive as well as the mental health of the children of the republic of Mauritius.

4. We read, in the State's report, section 6, that *"in October 2019, the new regulations namely the **"Place of Safety for the Welfare and Protection of Children"** Regulations 2019 were made under the Child Protection Act 1994, to regulate norms and standards of the residential care institutions for children, victims of abuse, neglect and ill-treatment"*.

4.1. Many children, having been placed in a so-called "safe place", have shared that both the regulations and the training of the staff have to be strengthened to ensure safety, protection and welfare of all children. Protection of Children really has to be applied. Many children are sent to the Psychiatric Hospital, Brown Sequard, by staff of shelters to calm them or because they say "they are bad" and misbehave.

This law is interesting but the most important is to focus on the best interest of the child and the **training of the staff!**

4.2. The **number of caregivers**: The Second Report of the Public Accounts Committee (PAC), dated the 10th of March 2022<sup>7</sup>, stipulates that : *'Some RCIs did not have the required number of caregivers and other general staff to cater for the number of residents, the ratio of caregivers for the various categories of children placed were generally not observed, administrative records were incomplete, care plans were not seen prepared for residents who suffered trauma, 20 residents at four shelters were not attending school and also two minors placed in private shelters in 2012 and 2017 were yet to be declared at the*

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<sup>6</sup> <https://mauritiusassembly.govmu.org/Documents/Bills/intro/2018/bill1918.pdf>

<sup>7</sup> <https://mauritiusassembly.govmu.org/Documents/Committees/PAC/2nd%20Report%20Public%20Accounts%20Committee.pdf>

*Civil Status Office as of January 2020.* Especially where stay handicapped children but for every child placed, for better quality of care.

An example is reported by the media in May 2021<sup>8</sup> where an 8-year-old child, with autistic disorder and visual impairment was placed in hospital and tied to a bed, crying!

4.3. Regarding the placement or “**overstay**” of children in hospital, which is a real problem for the child who is placed there, very often he/she cannot or does not have contact with the non-abusive parent or member of the family, the PAC<sup>9</sup> stated: *‘Victims of child abuse are conveyed to hospital for medical examination and upon medical advice are admitted in hospital. Once the medical treatment is completed the child is discharged from the hospital and transferred to a shelter. However, according to the Director of Audit Report under review, 37 children had overstayed for a period of eight to 113 days. Your Committee was informed that due to lack of space at shelters, children remained in hospital for several days after they had recovered and ought to have been discharged from hospital on medical advice. Whilst in hospital these children of sound health are kept in the same room as children who are sick. They are not under the supervision of any officer from the Child Development Unit but are looked after by normal nurses.’*

Testimony of a psychologist on the field: In 2021, In the north of the island, a 12-year-old male student reported, during a psychological consult, serious abuse from his mother, a single parent. The child was being victim of physical, psychological and emotional violence for months. The case was reported to the school and the CDU (Child Development Unit) was informed right away. The same day, the child was taken to a nearby hospital, and stayed there for 5 weeks. During that period, the child did not attend school and according to him, he did not receive any psychological support while in the hospital. This goes against Article 28 of the CRC stating that education is compulsory for all children<sup>10</sup> and against Mauritian Education (Amendment) Act 2004, stating that going to school is compulsory up to the age of 16.<sup>11</sup> Some recent cases of babies placed by the CDU in hospitals, because the mothers are street workers, and no access is given to the mothers.

4.4. **Abandoned babies** are also affected by the problem of “overstay” which prevents them from receiving appropriate care during the critical first months of their lives. There are not enough nurses working in the hospitals, making it difficult to ensure the good emotional development of these babies. KDZM asks for the future law on adoption to be completed and enacted along with the creation of specialised shelters taking care of babies and their emotional needs. These shelters could be welcoming parents being in the final phase of their application for adoption so that parents can bond with their future child.

5. We recognize and appreciate the enactment of the 3 laws, section 7 of the State’s Report: **Children’s Act, Children’s Court Act and Child Sex Offenders Register Act**. A lot of progress has to be made so as the children’s courts meet up the standards which are not child friendly, as at date, and the staff not trained, according to members of the legal profession, very surprised, met in April and June 2022. No fast track, the files are not computerised. The initiative of this Court is very important. We wait for proper functioning. The RYC and the CYC have less inmates, according to an NGO, member of KDZM, working in detention places. Many who are sent to the CYC are being bailed out. The day they are going

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<sup>8</sup> <https://defimedia.info/voici-la-une-du-defi-plus-de-ce-samedi-22-mai-2021>

<sup>9</sup> Ibid.

<sup>10</sup> <https://www.unicef.org/child-rights-convention/convention-text>

<sup>11</sup> <https://attorneygeneral.govmu.org/Documents/Laws%20of%20Mauritius/A-Z%20Acts/E/Education%20Act,%20No.%2039%20of%201957.pdf>

to be judged is not defined and if it is after 18, they'll be sent to a prison for adults and that is a concern we have, the offences being committed when they were minors.

We insist on the training of all staff, officers, and members of the legal profession to be able to apply this law correctly and efficiently.

6. We **welcome the recently enacted laws**, Children's Act 2020, the Children's Court Act 2020 and the Child Sex Offender Register Act 2020 and we are strongly waiting for:

- **the Adoption Bill**, a law for which the KDZM has made recommendations in 2018, then in November and December 2021. This is urgent because of some cases of child trafficking in May 2022, in which mothers are accused of having sold their babies for adoption.<sup>12</sup>

- **the Gender Equality Bill** which has been drafted following technical support from the European Union. The Bill has not yet been circulated. However, we recommend that the bill has a non-discriminatory and inclusive language and spirit by allowing for a broad definition of gender which takes into consideration gender as including male, female and other genders. Young people and LGBTQ children are victims of violence, discrimination, and stigmatisation in Mauritius. KDZM, member of Kolektif Drwa Imin, sent recommendations to all Members of Parliament in March 2022 for that law.

- **Disability Bill**. A new Disability Bill has been drafted, with view to better integrating children and adults with disabilities in the mainstream and in creating a more inclusive society, enabling persons with disabilities to effectively participate and contribute to the development of the country. It's not finalised and has not been circulated to enable CSOs to comment. A draft has been proposed by an NGO<sup>13</sup>.

## **NEW MECHANISMS**

7. We acknowledge the operations of the **National Mechanism for Reporting and Follow-Up (NMRF)** set up in 2017. Members of KDZM, for instance, can be consulted and contribute to the implementation of this national mechanism and give their points to this body. So far, there have only been consultations between civil society and Government representatives and to this date no implementation of the national mechanism taking into consideration the recommendations made by Civil Society. The NMRF does not systematically ensure that different Ministries rope in civil society during their submissions. We wonder how many times the NMRF have reached out to its CSO members for each state's report the Government had to submit.

8. We welcome this new system of **Complaints Management System** through the Citizen Support Portal, which could be very helpful. 'The Citizen Support Portal, an initiative of the Prime Minister's Office, is an online service which allows citizens to directly transmit their requests, share their concerns and ideas with Ministries, departments, parastatals, and local authorities through Citizen's Advice Bureaus. They can also keep track of their requests through a ticketing system. According to many testimonies, it has to be improved and more effective, and has to include illiterate persons for them to get help too.

Facilitating access to digital is very important, we materialised it during the previous covid lockdowns in 2020 and 2021.

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<sup>12</sup><https://www.lexpress.mu/article/409028/enquetetrafic-humain-allegue-un-couple-soupconne-vendre-bebes-pour-rs-100-000>

<sup>13</sup> [https://drive.google.com/file/d/1rs-mha3R\\_9KaO\\_vyDF9cYaclWBqA4R4/view](https://drive.google.com/file/d/1rs-mha3R_9KaO_vyDF9cYaclWBqA4R4/view)

-However, we would like to emphasise that many households do not yet have access to the internet. The measure of the 2021 budget for high-speed internet access for SRM (Social Register of Mauritius) families is important and we ask that it be effective and continue. As proposed in the 'Proposal for the next national budget', dated the 25th of March 2022, by several NGOs, digital access is already provided for in section 44 of the Government Program 2020-2024<sup>14</sup>. In addition to the measure taken to facilitate high-speed internet mentioned in the 2021 budget, we propose that a national program be put in place to provide internet access to all vulnerable families with school-aged children, so that they have access to appropriate educational content. An NGO, member of KDZM, shares that 70% of the students of their beneficiaries did not have internet access in their house.

-In regards of the Complaints Management System specifically, many citizens (teenagers and adults), reported, in psychological sessions between 2020 et 2022, that they registered complaints online about issues with police officers and/or hospital services for minors and either never got an answer, or was redirected to another department months after the filed the complaint, feeling like they didn't receive the help needed. One of our members made a complaint and had no answer for 6 months despite it being an important issue for paediatric treatment for HIV.

### **COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN: legislations and new mechanisms**

9. We read the fact that, in section 14 of the State's Report, "*Mauritius is a party to the **Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography**<sup>15</sup> since 14 June 2011, that an Inter-Ministerial Committee chaired by the Attorney-General, has been set up in 2016 to ensure proper coordination on matters pertaining to trafficking in persons in Mauritius, that a Steering Committee and a Technical Committee on Trafficking in Persons have been set up at the Prime Minister's Office to enable better coordination and concerted response amongst relevant stakeholders to detect, track, and prevent offences related to trafficking in persons, that the cabinet reactivated the inter-ministerial committee and it last met in July 2021.*"

9.1. **Ratifying a protocol** is certainly very important. As articles stated in the laws. The content of the Protocols, Conventions and laws, have to be implemented and reinforced. Some children are still sold in the Republic of Mauritius. Mainly for prostitution and for adoption. Examples of child trafficking are related in media articles: prostitution, or babies for adoption.<sup>16</sup> This theme will be detailed below, in part E. Violence.

9.2. "*In April 2021, the Ministry of Gender Equality and Family Welfare has set up a **Technical Committee to study the phenomenon of child/revenge pornography***", as we read in section 16 of the State's Report; following reports of the circulation of indecent photos and videos against payment on social media, initiative that we welcome.

The Civil society welcomes the fact that some members are invited for their contribution and expertise in this field. However, all the members have not been invited to all the meetings, some meetings have been planned and participants informed 3 days before and could not organise their work to be present

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<sup>14</sup> <https://mauritiusassembly.govmu.org/Documents/Address%20by%20the%20President/govprog2020.pdf>

<sup>15</sup> <https://www.ohchr.org/en/instruments-mechanisms/instruments/optional-protocol-convention-rights-child-sale-children-child>

<sup>16</sup> <https://www.lexpress.mu/article/409028/enquetetrafic-humain-allegue-un-couple-soupconne-vendre-bebes-pour-rs-100-000>

and ensure continuity and quality of work; that should be important for a good follow-up and a real collaboration.

The Ministry of Gender Equality and Family Welfare, asked to the The University of Technology, Mauritius, to study the Phenomenon of Child/Revenge Pornography, commendable initiative offered by UTM. We were very surprised to see the datas of the police and no data from the Ministry of Gender during the presentation on the 13rd of April 2022, by UTM. Those data from the Ministry are really hard to obtain. These should be accessible by everyone and regularly updated, as mentioned further down in our report.

### Reply to the issue raised in paragraph 2 (b)

10. We read in the State’s Report, article 22 about the **innovative ideas to mitigate the effects of the pandemic**. We salute the fact that governmental bodies and civil society organisations set up ideas and projects to mitigate the effect of the pandemic on the population.

10.1. However, some actions took too much time for protection, from the Ministry of Gender Equality and Family Welfare, to protect children, as if there was no emergency, despite the fact that they were informed that situations of lockdowns can be very dangerous for vulnerable groups. Many members of CSOs called for protection of the children and the Ministry couldn’t answer. The numbers in case of emergencies were, and still are, in 2022 not well known by the population. KDZM, for example, published a poster with numbers to help in case of emergencies and violence against children and domestic violence. KDI<sup>17</sup>, a group of NGOs held a campaign on social media on violence, a media campaign conceived with experts on violence. Protection of **children is an emergency and requires rapid actions**. This has to be improved. It’s important to consider the multiple offers of working together that the CSOs offered, help and expertise offered for better care and protection of children of the republic of Mauritius. An example of an image that has been posted on social media, and sent to all media partners in 2020, with urgent numbers in Mauritius and Rodrigues, in Kreol, in the beginning of the lockdown and we CSOs ensured many media interventions to share information on violence, its impact and the numbers which could help. This was proposed to the Ministry of Gender and Family Welfare, as an example of initiative to have. Most important was the functioning of the hotlines and services not guaranteed in the beginning of the lockdown.



<sup>17</sup> <https://www.facebook.com/kolektifdrwaimin/>



**10.2. Promoting good mental health and detecting mental health disorders from an early age** is essential, moreover since 2020, the pandemic and lockdowns. Examples of actions made by the civil society: posters, messages on the radio, on social networks, emissions such as during the confinement in March 2020, a team of professionals had worked on videos on raising awareness of the Zippy's Friends Program<sup>18</sup>: international school program which aims to promote good mental health and psychosocial skills for children, e.g. identification and management of feelings, management of conflicts, improving communication, learning to make and keep friends etc. These videos have been shown on the National TV Channel for Grade 2 and 3 children and their parents. These videos in French and Kreol Morisien (Mauritian Creole) could be broadcast again. They are currently available for all children in Grades 1-3 with the possibility of streaming in all these classes. The videos are now, also available online for everyone<sup>19</sup>. This initiative was financially supported by the National Social Inclusion Foundation and the Ministry of Education, which is very positive. It would be precious that it becomes a national programme, the multiple evaluations conducted in the world showing benefit results of its implementation. Discussions are ongoing, in June 2022, with the Ministry of Education, and we hope that a budget will soon be allocated for it.

10.3. Members of NGOs, in the mental health sector, set up and offered **free counselling and psychological support online** in 2020, during the first lockdown. This service was proposed again during the second confinement in 2021, to the Ministry of Health and the PMO in March 2021 by one NGO in partnership with a private company. One adviser of the Ministry of Health, met with one of the members of an NGO of Psychologists and Counsellors, in March 2021, saying the Minister of Health agreed to look further into our recommendations. No follow-up from them was done.

The service was nevertheless provided. The National Social Inclusion Foundation supported financially a part of this project, but many counsellors and psychologists offered their time and expertise for a few months to cater for the mental health of the population.

More than 150 teleconsultations for more than 40 persons helped in 2020. In 2021, 287 sessions were held, more than 65 persons helped.

The free online counselling and psychological service has been made available to the public from December 2021 to May 2022; 150 people benefited from the service, with a total of 261 sessions. 82%, in an anonymous survey, say they have felt listened to and reported feeling relieved to have this kind of support.

This service, ensured by a member of KDZM, will be extended to December 2022 with the support of a private financial partner<sup>20</sup>. We believe that the State should encourage such initiative and provide the necessary financial support to sustain this kind of service in the long term.

**10.4. Awareness on mental health:** NGOs of mental health professionals intervened since 2020, since the beginning of the pandemic, on this topic. AIHD, a private company limited by guarantee, member of KDZM, with the support of NSIF (National Social Inclusion Foundation<sup>21</sup>), and two private enterprises,

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<sup>18</sup> <https://aihd.mu/skills-for-life/>

<sup>19</sup> <https://aihd.mu/le-programme-les-amis-de-zippy-videos-parents/>

<sup>20</sup> <https://aihd.mu/>

<sup>21</sup> <https://www.nsif.mu/>: Founder the Government of Mauritius acting through the Ministry of Social Integration and Economic Empowerment. The main mandate of the National Social Inclusion Foundation is to undertake programmes and projects for the benefit of individuals and families registered under the Social Register of Mauritius (SRM) and of vulnerable groups in priority areas: socio-economic development, educational support and training, social housing, leisure and sports, supporting people with disabilities, environment and sustainable development, dealing with health problems, family protection including gender-based violence, peace and nation-building and road and security safety. The private companies have to give the NSIF between 50 and 75% of the 2% of their profits each financial year to enable them to operate. The rest (50% or 25%) can be allocated to their own CSR Foundation or given to an NGO.

worried about the vulnerability of the population's mental health, carried out an awareness campaign<sup>22</sup> mainly on social media and in the press, from December 2021 to March 2022, with the help of posters, press articles that reached 51,257 people. It was crucial to sensitize the general population of topics like self-awareness, emotional identification and management, asking for help etc. due to the significant increase in levels of depression, suicidal risks, aggressive behaviours etc in the population. Pursuing it at the national level in the long-term would be highly beneficial.

Some recommendations by members of KDZM were proposed to the Ministry of Health, in a workshop on mental health in June. We hope to see these recommendations implemented.

**10.5.** In the context of the forthcoming International Day of Families on the 15th of May 2022, the theme retained by the United Nations for this year's International Day of Families is 'Families and Urbanisation', and the one chosen by the Ministry of Gender Equality and Family Welfare is '*Avek enn fami ini, nou pou resi*' (As a united family, we will succeed). We saw billboards on buses, on social media. Many single parents feel judged with this message and images of binary couples. It's difficult for us, members of CSOs, to understand some priorities investing in these items.

In May 2022<sup>23</sup> Minister Koonjoo-Shah insists on solidarity, after the COVID-19 pandemic. Promotion on hotels and leisure parks are initiatives<sup>24</sup> of this Ministry, that is very far to be a priority when families are struggling to have food.

#### **Reply to the issue raised in paragraph 2 (c)**

11. We read, section 25 of the State's Report, that "*Several activities were conducted by the Ombudsperson for Children, the 'Brigade pour la Protection des Mineurs', the Commissioner of Prisons and a number of Non-Governmental Organisations intervened to protect the rights of children during confinement.*" We also read the work done by The Brigade Pour la Protection des Mineurs, Police Family Protection Unit and Crime Prevention Unit, to promote child protection and disseminate information on children's rights, mentioned in section 155. This Brigade pour la protection des Mineurs changed its name to Brigade de la Famille<sup>25</sup>, merge of Brigade pour la Protection des Mineurs et Family Protection Unit, in 2022, the former name still appears on the website<sup>26</sup>. We had the opportunity to be present during some sensitisation sessions where some officers intervene. It is really important to ensure the content of the sessions as it appears that often the use of threats and interdictions are used as means of communicating about certain themes e.g: importance of chastity in regards to sexual behaviours, not hanging out with friends after school mentioned in sessions on teenage pregnancies, etc. This can cause feelings of fear, guilt and confusion for adolescents instead of encouraging reflection, informed choices and decision making.

This approach has to be improved. On several occasions, members of CSOs proposed their time and expertise for training or rethink the content of the sessions, but we did not have any answer.

#### **Challenges and Opportunities:**

12. We agree when we read, in the article 26 of the State Report that: "*it is necessary to learn from unanticipated challenges faced by children and their families. **There is a need to identify and mitigate***

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<sup>22</sup> <https://aihd.mu/campagne-sante-mentale/>

<sup>23</sup> <https://mbradio.tv/article/vid%C3%A9o-journ%C3%A9e-mondiale-de-la-famille-la-ministre-koonjoo-shah-demande-aux-familles-d%E2%80%99etre>

<sup>24</sup> <https://defimedia.info/journee-internationale-des-familles-promo-dun-mois-lhotel-et-aux-parcs>

<sup>25</sup> <https://ionnews.mu/childrens-act-2020-fusion-de-la-brigade-des-mineurs-et-de-la-family-protection-unit/>

<sup>26</sup> [https://police.govmu.org/police/?page\\_id=6924](https://police.govmu.org/police/?page_id=6924)

***risk factors that make them more vulnerable to health risks and rights violations during a pandemic.*** Examples are homelessness, unsafe housing, food insecurity, mental health issues, and poverty, among others." It's very important to put it into practice and act accordingly.

In 2018, 120,000 families lived below the poverty line. According to an NGO, member of KDZM, working in the field of poverty for more than 50 years, in December 2020, based on Statistics Mauritius figures, 36,000 families lived below the poverty line. During lockdown in 2020, some NGOs joined forces to distribute food to 3,500 families, 1,500 of whom lived below the poverty line. These NGOs distributed 7243 packs of food with sanitary products (masks, disinfectants, etc.)

The State would have distributed 2000 packs through the National Social Inclusion Foundation (CNPS: central body receiving and allocating public funds to NGOs registered with the Foundation.) And 2000 packs through the Covid Fund set up, which we salute.

In Pointe aux Sables and Riambel (North and South of the island) 100 children, and their parents found themselves homeless, in the middle of winter, at the end of May 2020. At the beginning of June 2020, in full lockdown, their homes illegally occupying state land were destroyed in front of them, without the State having provided temporary accommodation to shelter them. International law recognizes the right for everyone to have an adequate standard of living and suitable accommodation. In accordance with the target 11 of the Sustainable Development Goals of the United Nations which aims to provide access to decent housing for all, as well as basic services adequate and safe, affordable, and slum upgrading, the Government Program 2020-2024<sup>27</sup> point 22. indicates that "*Government will accelerate housing programs for both low- and middle-income families, with special focus on the needy and vulnerable*". The International Convention on the Rights of the Child (1990) and the African Charter on the Rights and Welfare of the Child (1992) stipulate that it is the duty of the State to adopt the appropriate measures to help parents and other persons responsible for the child to ensure their right to housing. This, by offering material assistance and support programs. Doing so, the State does not respect article 27 of the Convention on the Rights of the Child.

NGOs and members of Civil Society, members of KDZM and SPP, intervened to offer psychological support for families who faced the trauma, with the financial support of a private foundation; also for activities, food, clothes and solutions for housing, partly financed by some enterprises.

13. We see, in the State Report, at 27. that "*Another challenge is to **adapt to the content and delivery of distance education and make it accessible to all children** including those who are economically vulnerable and those with disabilities and special educational needs.*"

Schools were closed for many weeks in 2020 (for some schools from march to end of august), in March 2021 (for some schools from march to august) and then, from November 2021 to February 2022, all schools were closed.

13.1. It has clearly been a huge challenge. Many children **dropped out** of school.

13.2. Many children could not follow online courses, as they **did not have the appropriate electronic device**, many families could not cater for all their children's needs (ie: choosing between their children who would be benefiting from internet access / device). Some families had to ask for help from their neighbours to access the internet or to allow their children to watch the National TV for online classes.

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<sup>27</sup> <https://mauritiusassembly.govmu.org/Documents/Address%20by%20the%20President/govprog2020.pdf>

13.3. Many children said the programmes on TV were too rapid, they understood a small part, they **couldn't follow**.

13.4. NGOs reported that 70% of the students of their beneficiaries **did not have facilities of internet access** in their homes in 2021. This had a significant impact on their education which ceased during the two lockdowns (2020 and 2021) and the closing of schools from November 2021 to February 2022. Provision has been made in the National Budget 2021 to cater for internet access facilities, but a lot of families don't benefit from this, according to the testimonies of many families. Many children from poor families have been, again, marginalised and excluded.

13.5. Despite the State providing for online academic classes, few activities were offered for the promotion of good **mental health** (ex: meditation classes, mindfulness for children etc) to help them cope with this very stressful time.

13.6. Another difficulty met during the pandemic, when schools were closed, many children could **not access the meals** provided by schools on a daily basis. This affected their ability to learn and work too.

13.7. Many children in the **special education need sector could not follow online classes** because of their handicap. Children on the autism spectrum disorder or having ADHD were not able to attend classes like normally developing kids. No adapted programs on MBC channels or on online platforms and it was the responsibility of the school to deliver appropriate learning tools for SEN children.

It's important that children with Special Education Needs work on a one-to-one approach with a qualified support teacher. During lockdown, parents were the only ones in charge of their children's education and some psychiatric disorders and disabilities were intensified during lockdown. This has been communicated to the state in the media, but nothing has been done to help families with special needs children. Parents had to do it all on their own and this had a detrimental impact on the parent/children relationship.

The Ministry of Education should have provided home visits and special allowance for disabled children so that they can get out of their houses (ie : at least one hour per day). An NGO member of KDZM has asked many times for this special allowance. Recommendations have also been made by members of the civil society.

14. Article 28 states that *"During confinement, children spent a lot of time on the internet for distance education and online learning, leisure purposes and communication with friends and relatives. This increased the **risk of them being exposed to inappropriate web content, sexually explicit material and online predators**"*, that's why it is urgent to see media campaigns on the use of screens, the risks for children; different forms of violence; a recall of the laws and conventions ratified; what to do in cases of aggression; and the importance of talking about sexuality, psychosexual development of children. There are major gaps on these topics. The NGOs need financial support for continuing their work on that kind of project. This will be detailed in section E.

15. The civil society organisations try to do their best to **maintain a safe environment** for all children. We have to work in a more collaborative way with the government. We wish to be included in the projects concerning children, where we often have expertise. In article 29 of the State's Report, it's said that the government and NGOs provided an avenue to unite the strategies, but we did not experience that. We ask for more inclusion, as very often proposed; and it's important to be supported financially for better work for the protection and well-being of the children of the Republic.

### Reply to the issue raised in paragraph 3

16. We read in section 30 of the State's Report about the 22 **relevant indicators of the SDGs**. No documents and reports on the last Sustainable Development Goals Mapping were found by the Civil Society.<sup>28</sup> We ask the government to make these kinds of findings accessible to the public so we can work together, more efficiently for the best interest of the children and the population. We call for effective actions to be taken to achieve these goals.

17. **Data collection.** The state report mentions what Statistics Mauritius does. There is a need to provide more efficient databases that are user-friendly and functional, in order to ensure the children's privacy and the coordination between concerned actors. For example, several cases of the CDU are still, in 2021, filled via paperwork and do not allow an effective follow-up of the cases. Moreover, this can impact the archiving and records could be damaged by water or other physical hazards. This is the same for the records of the children deprived from a family. Access to national statistics concerning children at risks or children victims of child abuse need to be updated regularly and available online as recommended in the articles 17 and 18 of the Concluding Observations of 2015. Asked by the NGOs several times.

There is a need to communicate more transparently and effectively to NGOs on the data collected and vice-versa. The data should cover all areas of the Convention and should be disaggregated by age, sex, geographic location, ethnic origin and socioeconomic background in order to facilitate analysis of the situation of all children against specific indicators, with emphasis on children who are particularly vulnerable, including children with disabilities, children in street situations and children subject to prostitution and trafficking. This could bring synergy to the sector and enhance collaboration to develop national strategic programs that address the points stated below.

We have information from Statistics Mauritius but it's hard to have updated, frequent and detailed information from the Ministry of Gender and Family Welfare. On the web site, we find the report of 2020<sup>29</sup>, but it's not detailed by age, type of suffered aggression, etc. that would allow better understanding and more precise actions for protection of children and adapted campaigns.

We ask, mail, without frequent answers. It's very rare that we have any feedback on our requests.

We often have to wait for the media articles, or parliamentary questions to have some answers.

## II. RIGHTS UNDER THE CONVENTION AND THE OPTIONAL PROTOCOLS/ DROITS GARANTIS PAR LA CONVENTION ET LES PROTOCOLES FACULTATIFS S'Y RAPPORTANT.

### A. GENERAL MEASURES OF IMPLEMENTATION/ MESURES D'APPLICATION GENERALES

#### Legal status of the Convention and legislation

18. We appreciate that the Children's Act is enacted, asked for many years. A lot of articles of the convention are there, but many articles of the Convention are not domesticated as law. It's important to harmonise domestic legislation and international conventions ratified. **It's important that all the articles of the Convention are enshrined in our laws.**

19. *"Prior to 2016, children under the age of 15, suffering from a disability of not less than 60% for a period of at least one year, were not eligible to **Basic Invalidity Pension**. This was considered*

<sup>28</sup> <https://sustainabledevelopment.un.org/memberstates/mauritius>

<sup>29</sup> <https://gender.govmu.org/Documents/2021/Annual%20Report%20on%20Performance%20%20FY%202019-2020%20.pdf>

*discriminatory and in view of addressing this problem, the age criterion was removed in 2016 through the Finance (Miscellaneous Provisions) Act 2016” stated in article 40. We are thankful for that. Yet the criteria of 60% for a period of at least one year should be reviewed as we have children and adults on the autism spectrum disorder and/or having mild intellectual impairment (handicap is not visible) and other associated disorders impacting their lives (e.g., autonomy, behaviours, social relations, decision-making, problem-solving abilities, etc.). These limitations discriminate against them having access to some facilities and jobs which is a barrier to social inclusion. Moreover, these impairments are lifelong neurological disorders and should not have to be reviewed every year as it is actually the case.*

In a similar vein we note for children living with Type 1 diabetes, whereby they would require 4 to 5 injections per day to retain to maintain their activities of daily living. The condition is also an invisible disability with complex needs which do not satisfy the 60% criteria; more often one parent will have to stop employment to do injection. On this basis as mentioned it is discriminatory and that reasonable adjustment should be introduced in these situations.

20. The State report mentions that, in section 41, a **“Special Education Needs Authority has also been set up in 2018. It has developed norms and standards for compliance by Special Education Needs Institutions to enable the delivery of quality education for the holistic development of the child as well as consolidating the foundations for young learners’ wellbeing as well as their future learning.”**

21. We read that, in section 43 of the State Report: **“In September 2019, the Child Protection (Place of Safety for the Welfare and Protection of Children) Regulations 2019<sup>30</sup> were made. Its purpose was to regulate the operation of institutions for the welfare and protection of children which may not operate unless the institution is designated as a place of safety by the Minister under the regulations. The regulations cater *inter alia* for the “welfare and protection”, in relation to a child, include – (a) the provision of personal care to the child; (b) the protection of the child from violence, abuse or a hostile environment; (c) the rehabilitation of the child through physical, psychological and social recovery”**

21.1. The Place of Safety for the Welfare and Protection of Children Regulations 2019 only apply to children shelters not the RYC where children reside. RYC depends on the Reform Institution Act. Before the Children’s Act 2020, children deprived of liberty, under the dubious charge of “child beyond control” were kept at the RYC.

The regime was very similar to that of a prison with lock and unlock time. Food was cooked at the main prison, education was provided for primary but only partially for secondary level, no sports were available. As children committed under this charge usually come from unstable families, they often clash either among peers or with the officers. Hence there are regular outbursts of violence, and the officers are not trained to cater with these situations. In fact, no investigation is made on the cause / causes leading to such anti-social behaviours. The Probation Office who is supposed to do a social enquiry, before advising the court in ways to correct such behavioural difficulties, is quite reluctant to visit the residential areas considered as too hot. Their reports tend to be very superficial through physical attributes of the home, level of education of parents as well as occupation. A regular phenomenon observed by NGOs is the “victim becoming perpetrator”. Unfortunately, these hidden traumas are not reported by the psychologists employed and so there is no strategy on how to eliminate or mitigate such deviations. Outliers are often sent to the psychiatric hospital for a few days to calm down This is

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<sup>30</sup>[https://gender.govmu.org/Documents/legislations%202020/Child%20Protection%20\(Place%20of%20Safety%20for%20the%20Welfare%20and%20Protection%20of%20Children\)%20Regulations%202019.pdf](https://gender.govmu.org/Documents/legislations%202020/Child%20Protection%20(Place%20of%20Safety%20for%20the%20Welfare%20and%20Protection%20of%20Children)%20Regulations%202019.pdf)

discriminatory towards **children in RYC** who do not 'benefit' from the same regulation. The institution may be different, but they are still children needing safety and their rights should also be respected.

21.2. With the new Children's Act, the form has changed but the substance is still the same. The designation is now "children with serious behavioural concern" and children above fourteen are sent to RYC and children under fourteen are sent to Probation Hostel. The approach is the same, i.e gathering children with deviant behaviours together for a period with a minimal accompaniment and hoping that things will improve by itself. The Probation Office has now an even more important role in handling the conflictual behaviour alone during the first twenty-one days the case has been reported. Lack of training and resources is even more blatant. Knowing that the court will act upon their recommendations which in turn will define the scope of the work to be done with the child, it is not farfetched to think that the approach might be towards a minimal engagement. It is important that the media continues to report the cases of absconding and violence in Probation Hostels.

21.3. Quality of care in RCI. It has been noted in various media articles, reports including the rapport Vellien<sup>31</sup> in 2015, 2020-2021 Annual Report<sup>32</sup> of the Ombudsperson for Children that these regulations are not being followed; welfare and protection of children not considered or respected. Some cases were also reported to the media<sup>33</sup> where children in some shelters are not given proper meals, beds and mattresses; they are neglected and deprived of their basic rights.

We have some testimonies of child physical or sexual abuse in shelters by the staff.

In June 2022<sup>34</sup>, a mentally handicapped teenager of 17 years old is pregnant in a shelter, raped by a maintenance officer working in this shelter.

**A proper regular training and specific guidelines have to be ensured, respected and well monitored,** including the importance of going to school for the children in RCI.

**21.3.1. Children and school:** In June 2022, a male student of 14 years old, in the North of the Island, placed in a shelter as when he was 6 years old, stated that between his 11 to 12 years old, he didn't attend school at all. He only did his exams. This goes against Article 28 of the CRC stating that education is compulsory for all children<sup>35</sup> and against Mauritian Education (Amendment) Act 2004, stating that going to school is compulsory up to the age of 16. The child also stated being physically and verbally abused by the adults in charge of the shelter during the first 3 years of his placement. Finally, he stated seeing a psychologist from the CDU only once, for a few minutes, to assess if he could be placed with his older sister, a month ago (May 2022).

#### **21.3.2. Psychologists in RCI:**

Since being placed with his 18 years old sister, the child did not have access to any psychological or counselling support or care officer to verify his well-being. The therapeutic support should be regular in

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<sup>31</sup> [https://ionnews.mu/wp-content/uploads/2016/04/FACT-FINDING-COMMITTEE-REPORT-on-shelters-for-children\\_2015.pdf](https://ionnews.mu/wp-content/uploads/2016/04/FACT-FINDING-COMMITTEE-REPORT-on-shelters-for-children_2015.pdf)

<sup>32</sup> <https://oco.govmu.org/Documents/Annual%20Reports/OC%20Annual%20Report%202020-2021%20%28FINAL%29.pdf>

<sup>33</sup>1/ <https://sundaytimesmauritius.com/quand-les-shelters-sont-source-de-dangers-pour-les-enfants-maltraites/>  
2/<https://www.r1.mu/actu/societe/presence-de-punaises-au-shelter-la-marguerite-le-national-childrens-council-se-decharge-de-toute-responsabilite-p909113>

3/<https://www.lexpress.mu/article/334196/shelter-colombe-comment-reconcilier-enfants-et-autorite>

4/<https://defimedia.info/shelter-la-colombe-lombudsperson-reclame-la-fermeture-temporaire>

<sup>34</sup>[https://defimedia.info/abus-sexuels-sur-une-ado-dans-un-shelter-gerard-daniel-leonce-inculpe?fbclid=IwAR0iNWYSDVeJhjRtPxfizmhicFkpzr7\\_VllqYVibAd5VZjt3bDL34TBRh7Q](https://defimedia.info/abus-sexuels-sur-une-ado-dans-un-shelter-gerard-daniel-leonce-inculpe?fbclid=IwAR0iNWYSDVeJhjRtPxfizmhicFkpzr7_VllqYVibAd5VZjt3bDL34TBRh7Q)

<sup>35</sup> <https://www.unicef.org/child-rights-convention/convention-text>

particular for children in RCI, in shelters and when they have left the shelters. It is important to receive this kind of support as they are facing different lifestyles and conditions of living.

We are very concerned by how the shelters are being managed and by the lack of follow-ups once the children are being placed in another setting.

A legal framework and regulations could be considered.

#### **21.4. As from 18.**

We are concerned with the fact that at 18, children don't have the right to stay in shelters. Many of them have no contact with their family outside and they don't know where to live. They have not been prepared and this step is hard for them. It would be crucial for the government to cater for that, ensuring that those young adults are helped and protected until they are financially independent. One NGO and two religious communities help some young women but support is necessary.

We are very concerned about the minors going out from the Rehabilitation Youth Centre because they can't go in a shelter and their parents or family members often reject them. Many of them sleep on the street and are begging to be able to eat... They are at risk and don't go to school. A lot of NGOs are very concerned and say that some authorities affirm that they can do nothing because of the lack of legal structure.

#### **Reply to the issue raised in paragraph 5 (a)**

22. We read the replay of the State in section 14: *"In May 2011, technical assistance of European Union was sought for the preparation of a **National Child Protection Strategy and Action Plan**. The services of an International Consultant were made available from 5 May 2014 to 26 June 2014. During the same period, she also visited Rodrigues for consultations"*. Some CSOs participated in a consultation in 2014. We read that the *"National Child Protection Strategy and Action Plan could not be finalised in view of the high-cost implications involved in its implementation and the absence of consensus on the priority actions to be implemented by stakeholders."* We regret the time and money invested in this project, when families don't have homes, don't have enough to eat...in the Republic of Mauritius. We read that, *"The Ministry of Gender Equality and Family Welfare is seeking services of a consultant to prepare a Ten-Year Strategic Plan for Children"* but many members of the CSOs are not aware of that.

#### **Reply to the issue raised in paragraph 5(c)**

23. It's important to have **members of CSOs in this Child Services Coordination Panel**, mentioned in section 53 of the State's Report and in the Children's Act. We hope this request will be considered and that persons, not from any government but as added expertise, can participate.

#### **Reply to the issue raised in paragraph 5**

##### **Mandate (d)**

**24. National Children's Council.** We are not aware, on the field, that much of this Council. We don't hear them, don't know what activities they do, if there are. We don't know their members, officers, etc.

##### **Ministry of Gender Equality and Family Welfare**

25. We read in section 55, that *"the Ministry of Gender Equality and Family Welfare is responsible for the formulation, **design and implementation of policies and programmes geared towards promoting gender equality**"*. In March 2022 two persons from the Gender Part of the Ministry of Gender said that



the Ministry considers gender as binary. We are afraid of this non inclusive way of perceiving human beings and the Kolektif Drwa Imin (KDI) made recommendations in March 2022 for the Gender Equality Bill, insisting on the feelings and suffering of persons, including minors, of the LGBTIQA+ community.

**26. National Human Rights Monitoring Committee:** all stakeholders are supposed to be contributing to the preparation of the documents, but we deplore the fact that very few NGOs receive invitations. This partnership has to be strengthened.

### Reply to the issue raised in paragraph 6

#### 27. Allocation of resources:

27.1. It's fundamental that the activities are monitored and evaluated. This process of **Monitoring Evaluation Accountability and Learning** is essential for good monitoring of the activities and allocation of funds. It has to be properly done.

27.2. Many **budget proposals** by Civil Society Organisations have been sent to all members of parliament over the years. A few measures are considered in the National Budget. The child does not seem to be the government's priority. For us, civil society, the focus on a child-rights approach in the preparation of the State budget is not clear and evident.

For example, in the National Budget 2022/2023 presented on the 7th of June 2022, a few measures:

- We welcome the measure of the adoption bill and hope that our recommendations along with "Convention de la Haye" will be considered.
- better follow up for children with special education needs in specialised schools, with hot meals being served to all children in these schools
- more recreational areas
- more social housing facilities
- more support in the sport sector.

This budget does not take into important consideration children of the Republic, representing 25% of the population. No training provided for adults in charge of children. Nothing with regards to mental health whereas many youngsters are suffering from depression, suicidal thoughts. Some that we acknowledge and appreciate, but not enough, allocations for disabled children.

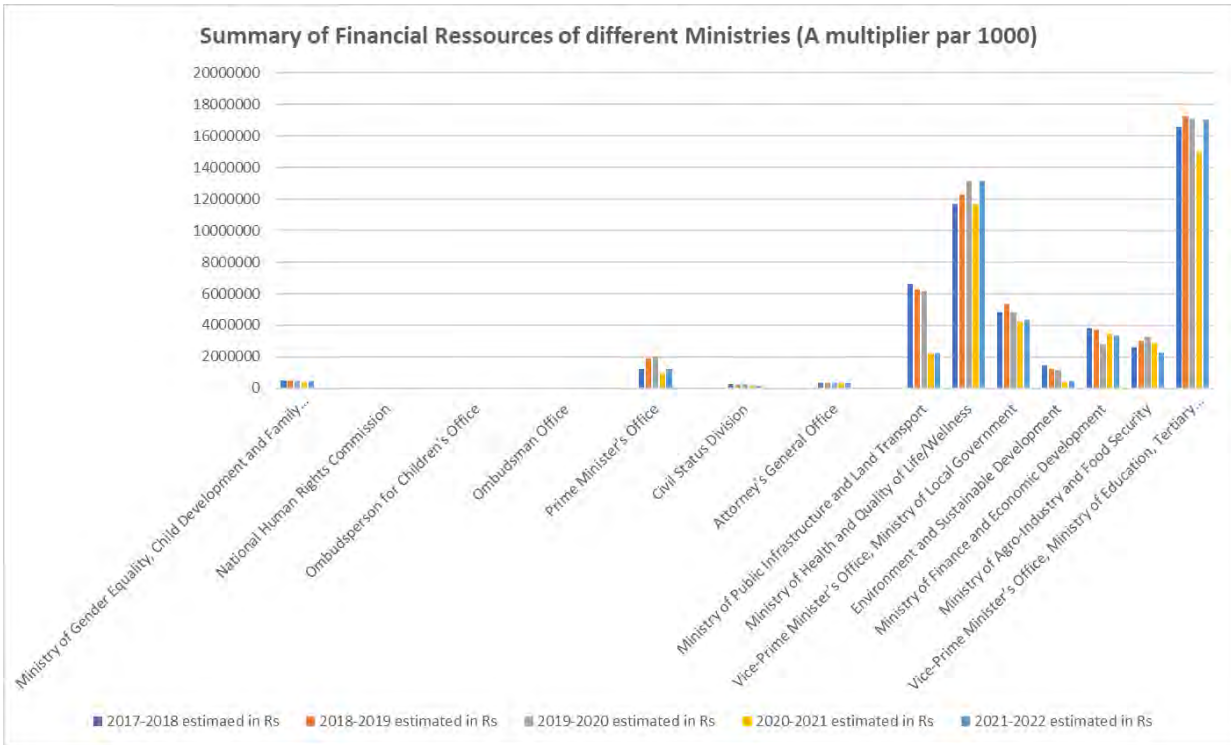
27.3 We read in section 61 of the state report that: "**Child development and family welfare being priority areas for the budget 2021/2022**" for the new laws concerning children, very important indeed. However, in a media article of December 2020<sup>36</sup>Xavier Luc Duval, Leader of Opposition mentions that 30 million of rupees have been returned to the government's treasury by the Ministry of Gender Equality and Family Welfare. It's difficult to read and understand that with all the things that must be made in this ministry, the amount of salary the officers and psychologists have, the number of children placed, the management of the shelters and the lack of training of the employees working with children...

This table below is an example of the amount of budget invested in the protection and welfare of children...<sup>37</sup>, showing that protection of the children does not seem to be a priority (See Annex page 66 for detailed data).

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<sup>36</sup> <https://defimedia.info/xavier-luc-duval-tire-boulets-rouges-sur-kalpana-koonjoo-shah>

<sup>37</sup> <https://mof.govmu.org/Pages/Past-National-Budgets.aspx>



27.4. **Allocation of resources on various items:** it is important that NGOs still benefit from this support to help children in distress, and benefit from the capitation grants, benefit from the access to duty free vehicles; from the acquisition of agricultural material, seeds and agricultural products. And that the State Aid, via the NSIF is extended for at least 3 years.

27.5. We ask that the **criteria for families registered in the Social Register are reviewed**. Since 2020, poverty is increasing, many people including children are begging on the streets. We ask that more families benefit from help

28. A media article of December 2021, mentions that **study on gender-based violence**<sup>38</sup>. In June 2022, we still haven't heard about that study, which is an interesting project, mentioned in section 62 of the State's Report. The Kolektif Drwa Imin, in which KDZM is a member, commissioned a study on gender perceptions and GBV and had the results in March 2022, results that have been shared with the Ministry of Gender Equality and Family Welfare.

**Reply to the issue raised in paragraph 7**

29. **Data collection.** Cf. section 17 of our report. We would like to know the detailed content of the different trainings, the trainers, the content of the campaigns, etc. It is very difficult to obtain information from the Ministry for a better understanding of child abuse, maltreatment, etc. A lot of emails sent from the civil society are not acknowledged and not answered.

<sup>38</sup><https://www.lemauricien.com/actualites/societe/egalite-des-genres-un-sondage-bientot-initie-sur-la-violence-sexiste/463117/>

We often have to wait to read articles or listen, in the media, to have updated data. And there is a lack of harmonisation between data from police, from the Ministry, etc. These statistics have to be accessible and frequently updated.

**30. Gender-Based Violence (GBV).** We commend the efforts of the State to set up an Observatory on GBV, section 65 in the State's Report. We believe that it is important that CSOs form part of the discussion and consultation in view of adopting a holistic approach to combat GBV. It is crucial to gather inputs from shelters catering for residential services for women survivors of GBV because all shelters have their respective data and resident's log. Moreover, while strengthening data collection on GBV is key, it is also important to have access to these data and they should not be restricted to CSOs. Therefore, it is of utmost importance to gather both quantitative and qualitative data on GBV as this informs the background of the programmes set up by CSOs including residential care homes. Access to data will allow CSOs to better formulate their programme and activities in line with the current GBV situation. Working in silos will therefore not be beneficial to advancing the cause regarding the elimination/ reduction of GBV.

It is also crucial to gather gender-disaggregated data (not only sex-disaggregated) to better combat GBV. It has often been analysed that despite having a gender ministry and gender mechanisms to address violence, for years the focus has been on Intimate Partner Violence (IPV) restricting the data to men and women only. As such, the Observatory on GBV is a commendable step but as CSOs look forward for more inclusion and diversity in their programmes and leaving no one behind, it is important to enlarge the scope and use the opportunity to focus on gender disaggregated data rather than sex-disaggregated data.

These actions have an impact on the children concerned and minors living in couples.

#### **Reply to the issue raised in paragraph 8**

##### **Independent monitoring**

**31. National Human Rights Commission:** As members of Civil Society, we don't often experience their interventions on the field or in the media. Especially for the children. In February 2022, an interesting article, based on reports analysis, was published and the flaws identified by this body have been raised on the police cells, mattresses, quality of food given to detainees, dirtiness and smellingness of washrooms, etc. many aspects showing the non-respect of human rights. We don't know what is done with the complaints they receive.

Independent monitoring is very important. More on children is expected.

**32. The Ombudsperson for Children Office (OCO).** The OCO often intervenes. This body is a precious ally of the Civil Society, with an important involvement of the employees to protect the rights of the children of the Republic of Mauritius.

#### **B. DEFINITION OF THE CHILD/ DEFINITION DE L'ENFANT**

##### **Reply to the issue raised in paragraph 9**

**33. Minimum age of marriage.** We welcome the fact that forbidding any child (finally considered for any person under 18 years old) from marriage, even with their parents' consent, is included in the Children's Act. The articles 145 to 148 of the civil code were repealed.

## **C. GENERAL PRINCIPLES / PRINCIPES GÉNÉRAUX**

### **Reply to the issue raised in paragraph 10 (a)**

#### **NON-DISCRIMINATION**

34.

34.1. The section 75 of the State's Report about the **psycho-social support** challenges us, civil society: In Mauritius, there is only one child psychiatrist at Brown Sequad Hospital, which is positive but insufficient. Many children are treated by adult psychiatrists. The presence of more child psychiatrists is required for appropriate and regular diagnosis and treatment. Sustaining the training of future child psychiatrists is required. We heard that two psychiatrists are going soon, to benefit from this specific training, but at day, we wait for that.

The budget 2022-2023 for the Ministry of Health and Wellness catered for 16 Clinical Psychologists and 10 Psychiatry Rehabilitation and Welfare Officers for a population of around 1.27 million inhabitants. And in the Ministry of Education in 2022, there would be no clinical psychologist who could intervene for students, children and adolescents who suffer from a mental health disorder and/or would be at risk/in danger (e.g. student who has attempted suicide). The school staff/ members have to refer these situations to the clinical psychologists of the Ministry of Health and wait for their availability.

There is approximately 1 accompaniment/ 'educational psychologist/educational social worker' for every 3,663 children in 1,299 schools and colleges (pre-primary, primary and secondary), in 2020, at the Ministry of Education. However, according, for example, to the School Safety Task Force Report of 2018<sup>39</sup>, the ratio recommended according to the National Association of School Psychologists in the United States is 1 psychology professional for a maximum 1000 students for effective support. And 1 counsellor for 250 students according to the American School Counselor Association.

There were 32 psychologists in the Ministry of Education, then since the 17th of June 2022, there are 50 educational psychologists, with a minimum of BSC (3 years degree) for 378 primary schools and 171 secondary schools in the public system.

We are concerned about the 'degree in psychology'<sup>40</sup> required for the post, as a practising psychologist should have a Master's degree (5 years) to be able to work and fulfil professional duties and responsibilities. Having a solid professional background is essential to be able to respond adequately and efficiently to the numerous demands in colleges.

In Rodrigues, there are: one psychiatrist, 3 educational psychologists, 1 psychologist in catholic colleges and one in the CDU.

In the last years there has been a significant increase in suicidal behaviours amongst the youth; and professional, regular and efficient psychological services are crucial in this particular context. According to Brown Sequad Hospital, psychiatric hospital, in June 2022, 23 % of admissions of adolescents in 2020 are suicidal tendencies and of 11%, depression, 18 % of substance abuse/ addiction.

According to AIHD, which provide counselling and psychological sessions in high schools, there is a rate of 10 % of teenagers dealing with depression and 7% of those presenting suicidal risk (from December 2021 to May 2022). These figures are worrying and the situations are underreported. To benefit from the counselling and psychological service, children need to have a consent form signed by their Responsible Parties who don't always sign it. Also, schools have been closed for many months since 2020

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<sup>39</sup> <https://www.governor.pa.gov/wp-content/uploads/2018/08/20180827-Gov-Office-School-Safety-Report-2018.pdf>

<sup>40</sup> [https://psc.govmu.org/psc/pscuploads/2021\\_00253\\_1.pdf](https://psc.govmu.org/psc/pscuploads/2021_00253_1.pdf)

due to the Covid-19 crisis. Finally, some children do not want to benefit from the service, often due to the fact that mental health is still a taboo and frowned upon. Even considering those factors, the waiting list is long (sometimes more than 20 children waiting to be seen by a professional) and one or two days a week of a professional presence in the school is not enough to support the demand.

Counselling and Psychological Service in AIHD school environment	1 <sup>st</sup> semester 2020	2 <sup>nd</sup> semester 2020	January to June 2021	July to November 2021
Number of teenage beneficiaries	279	565	330	271
Depressed state	8%	12%	18%	16%
Suicidal risks	5%	7%	4%	6%

Since 2017, the Allied Health Professionals Council Act (AHPC) has regulated several health professions, including mental health professionals under Cluster 4. The AHPC has the function, under Part II, of 5. (c): 'To advise the Minister on matters pertaining to this Act'. The Council having a registered professionals database, as well as the specificities of their practices, the State could appeal to the AHPC to recruit and/or call upon competent professionals corresponding to the specific needs needed.

At the Ministry of Gender Equality and Family Welfare, the 19 psychologists are not enough to manage the situations referred to them, do their best for the reports for the Emergency Protection Orders, but fleshing out their team would help. Having larger teams could therefore have a significant impact on prevention, early detection and management of mental disorders in young children.

**The quality of service has to be ensured and well delivered.**

The appointments given to the ministries are often very spaced out, of insufficient duration, which do not allow adequate and effective follow-up. Ex: a child is being seen in the east of the island, in a recent testimony. A psychological interview is held for 15 minutes, instead of about 1 hour; and with no confidentiality, the door being opened towards and in the waiting room; and once a month...

Therapeutic support is more effective if it is regular. It is therefore crucial to have more psychologists, therapists and counsellors, available to offer services to people suffering in the public sector (e.g. dispensaries, youth centres, hospitals, etc.). Their continuing professional education is very important, at least once a year. Continuous capacity building is mentioned in page 396 in the Budget of the Ministry of Health<sup>41</sup>. We hope to see it implemented.

The rates of the liberal professional psychologists are high (Between 23 USD and 33 USD per hour) making it difficult to access for most of the population.

In the National Budget 2022/2023, presented on the 7th of June 2022, there is no important measure for mental health or psycho-social support. In its Budget 2022-2023, as part of the Strategic Direction

<sup>41</sup> [https://budgetmof.govmu.org/documents/V\\_18\\_012022\\_23Health.pdf](https://budgetmof.govmu.org/documents/V_18_012022_23Health.pdf)

2022-2025 for the Ministry of Health<sup>42</sup>, Government proposes to expand screening services for mental health, strengthen personalised-patient services including for psychiatric services and optimise the use of ICT in sensitising the population on mental health. We wait for that.

The lack of psychologists and counsellors, and regular follow-ups available impacts on the quality of support offered to children victims of maltreatment, violence, etc. They really have to be trained for a better comprehension, support and protection: on domestic violence, trauma, victimology, etc.

34.2. Section 49 of the Children's Act 2020 recognizes the **age of criminal responsibility at 14** years old which is too early in terms of biological, social and educational development. In 2019 and 2020, 16 media interventions from the KDZM, to advocate to raise the minimum age to 16 years old. Recommendations were sent to all Members of the Parliament on this matter in 2019 and 2020. It has to be reconsidered.

34.3 **Some children do not fall under the Section 13** of the children's court act and this is dangerous for their right to non-discrimination and the respect of their best interests:

- Children accused of drug trafficking under the section 30 of Dangerous Drug Act are excluded from Section 13 of the Children's Court Act.
- Children accused together with an adult
- Children that do not fall under the description of "juvenile" at the moment of the court accusation.

The Office of the DPP has the discretionary power to charge or not to charge the juvenile depending on the amount of drugs seized.

34.4. In June 2019, a case involving **3 young people, from 15- to 20-year-old, who have been arrested** at 5 am, beaten and handcuffed by the police, has been reported by members of KDZM, to the Ministry of Gender Equality and Family Welfare, the Ombudsperson for Children, the Chairperson of the Independent Police Complaints Commission (IPCC), and the chairman of the Human Rights Commission. This situation is detailed in section 52 of this report.

34.5. **Children with a handicap**, to our knowledge, have not been consulted for the Children Bill in 2018, other children were. And they have not been that much included in the Children's Act 2020, except for the special measures and increased penalties when they are victims.

34.6. **Access to medical facilities** : every school should have a full time nurse to treat urgent injuries but also to give appropriate medicines to children in need of a special treatment. For example, children suffering from ADHD need to get their medicines at the same time every day otherwise they struggle to concentrate and adapt to the school environment.

Actually, many children living with a disability and impairment require Special Needs. However, whilst some impairments are visible, there are some invisible impairments, ' complex health needs' in the category of 'special needs' like children: living with Type 1 Diabetes, with epilepsy, asthma, etc. who attend mainstream educational institutions. There are nursing officers/ auxiliary officers in educational institutions in Mauritius and Rodrigues, we are requesting that the latter are especially considered and supported too, by a special medical team for schools. This enhances access to education and medical facilities as well.

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<sup>42</sup> [https://budgetmof.govmu.org/documents/V\\_18\\_012022\\_23Health.pdf](https://budgetmof.govmu.org/documents/V_18_012022_23Health.pdf)

34.7. **Homosexuals, Bisexuals, Transexuals and/or Non binary adolescents** need to be protected from violence and discrimination. They are often excluded from their families and need a specific shelter to ensure their protection.

**34.8. Street Children:** Even if education is free for primary and secondary students, we still have some who drop out from the system below the age of 16. It is crucial to have a quality education for all, as mentioned below, where no one should be left behind. Children in street situation very often did not have access to a proper sexual or health education, most of the programs are delivered at school's level.

35. We note the "*collaboration between The Office of the Ombudsperson for Children and the Ministry of Gender Equality and Family Welfare to **promote the rights of children including children with disabilities***", quoted in section 76, it would be important that experts, like the NGOs APEIM, GRF participate in these projects. We, especially the NGOS experts in disability, are not aware of any awareness and sensitisation campaign on disability and they have not been consulted on this matter. There is no hotline, but a line is available from 9 to 16 0'clock.

**36.** A series of measures are supposed to "*have been taken by the Ministry of Social Integration and Social Security and different stakeholders to prevent and address discrimination and to ensure access to social services for children in marginalized and disadvantaged situations*", section 77.

It would be important to have details about these actions and services.

For example, the National Education Counselling Service acts as a support service to promote the psychological and social well-being of pre-primary, primary and secondary school children and their families through a wide range of integrated services. However, knowing the lack of psychologists in the Ministries, the quality and regularity of these services can be questioned.

#### **Reply to the issue raised in paragraph 10 (b)**

37. The **Equal Opportunities Act** does not however cater for "gender" and Gender Non-Conforming and Trans persons, including children, are excluded from the applicability of the law. We recommend that the Equal Opportunities Act be amended to include the term "gender".

#### **Reply to the issue raised in paragraph 10 (d)**

**38. Information on sensitisation sessions from Equal Opportunity Commission.** We read in section 89 of the State's Report, that: "*Informative sessions are delivered in private and state secondary schools in collaboration with the Ministry of Education, Tertiary Education, Science and Technology*". Informative sessions on children's rights as set out in the United Nations Convention on the Rights of the Child and relevant national legislation such the Child Protection Act 2020, including pertinent issues as corporal punishment and cyber bullying, the issue of street children and substance abuse are certainly very important. They have to be regularly delivered, in all schools of the country, whether public or private. A lot of students or school staff are not aware of these sessions, sadly. Ensured by experts on these matters. Professionals on the field observe that these sessions are not delivered to all schools and they are mostly on a one-off basis. Many children, in schools, don't know that corporal punishments are illegal, for example. This hinders the ability of young people to report abusive behaviour experienced in school or at home. These sessions are important and we ask that they be delivered regularly, so the children are updated on their rights and the new legislation.

The kind of initiative mentioned in section 90 of the state report, organising in 2018, a workshop on the Human Rights and Children's Rights, by the National Human Rights Commission with students of Grade 12 and Grade 13 in collaboration with the Ministry of Education, Tertiary Education, Science and Technology, is important, it should be regular and maintained.

Most of the talks by the NHRC are done in Citizen Advice Bureaus in the morning when the active population is unable to attend. It is only this year that The NPMD has started talks on human rights with the police and prison officers including officers at CYC and RYC.

### **Reply to the issue raised in paragraph 11**

#### **BEST INTERESTS OF THE CHILD/ INTERET SUPERIEUR DE L'ENFANT**

39. In section 92 of the state's report, we read that "*there is always a consultative approach that is adopted with **all stakeholders** to ensure that they are on board*" in all policies, legislations, and programmes of government" we are really surprised reading that, as we rarely experience that.

At present, the involvement of civil society actors remains on a consultative basis only, and not systematically. For example, we were invited for the law on adoption, and we had to comment on a part only, without having access to the whole document.

There is an urgent need to mobilise resources for services targeting children and young people, in awareness campaigns, etc. In addition, a more significant implication of civil society is required in order to ensure the success of policies and programmes relating to children's rights. In order to do this, it is essential :

- to include children and their families,
- to collaborate with actors from NGOs, public and private sector,
- to adopt a cross-sectional approach and to build multi-disciplinary teams to address specific health and educational demands mentioned below,
- to monitor the results on the short and long term,
- to encourage a research and evidenced-based approach of the problems.

The government has already been able to develop similar programs to fight HIV AIDS, it is important to adopt a similar approach to fight against poverty (including the right to a shelter), child abuse, to promote health and education.

We firmly believe in the efficacy of working together.

40. We read that, in section 96, "*the **High-Powered Working Together Committee** ensures that policies, procedures and guidance are developed and disseminated to all relevant professionals. The main objective of this Committee is to look into avenues of collaboration amongst all stakeholders dealing with issues relating to the protection, development and child welfare.*" We read<sup>43</sup> that this committee met in May 2021 but many of us, CSOs, haven't heard about that.

### **Reply to the issue raised in paragraph 12**

#### **RESPECT FOR THE VIEWS OF THE CHILD/ RESPECT DE L'OPINION DE L'ENFANT**

41. **Views of the child.** Children are heard by the Ombudsperson for Children's Office. Their testimony is validated, and views are respected and taken into consideration.

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<sup>43</sup> <https://gender.govmu.org/Documents/2021/Annual%20Report%20FY%202020-2021.pdf>



We have some issues with the written complaints, as the ones made to the Human Rights Division of the National Human Rights Commission. Many people, including children, are not aware of this office and don't know how to write.

There are 9 % illiterate people in Mauritius, according to the World Bank organisation<sup>44</sup>, making the written complaint system discriminatory for a lot of people. It also has to be noted that these numbers have to be reviewed as knowing how to write one's name is considered being literate.

It's important to communicate on those services not enough known, including the Office of The Ombudsperson for Children. And very important that children are heard and believed.

It's very important to encourage adults, teachers, to listen to the views of the children and invite them to share their point of views and ideas. This still has to be reinforced.

**42. Student council:** Their voices are more often heard and respected, according to the feedback we have from some schools.

43. We read that: "The Ministry of Gender Equality and Family Welfare is envisaging to set up the Guardian Ad Litem Programme as per section 66 of the Children's Act 2020 which will ensure advocacy for the best interest of children throughout the judicial proceedings, and that: "Measures taken to promote and enhance the participation of children in the family, school and community "in section 105. It would be important to have concrete information about the measures taken.

#### **D. CIVIL RIGHTS AND FREEDOMS / LIBERTÉS ET DROITS CIVILS**

##### **Reply to the issue raised in paragraph 13**

##### **BIRTH REGISTRATION, NATIONALITY AND STATELESSNESS**

44.

44.1. In section 106 of the state's report, we read that provision is made for a **declaration of birth within 45 days**. However, there are still some cases where children are not declared until a very advanced age, 20 years old in the Public Account Committee Report of March 2022, for example.

If biological parents do not go forward with the declaration procedure for their child, or if they remain unknown, the State Law Office is responsible for the registration of the child.

This is unfortunately rarely done as it would benefit the child. For example, if a child is declared from unknown parents he/she/they could benefit from the possibility of being adopted.

As some of them are not declared, they do not have an identity and hence have limited rights.

KDZM asks for the State to communicate explicitly on the number, and age, of Mauritian children not declared at date.

Time has come to create a "*pupille de la Nation*/ ward of the State" so that foster children benefit, as a priority, from social security, housing assistance, and scholarship. As most of them are not supported by their biological families, children placed in alternative care found themselves in precarious situations when they become of legal age or even before.

According to the report from the Public Accounts Committee dated March 2022 : "*With regard to the two children who had not been declared, Your Committee was informed that one of the children has already been declared but the second one, who is now 20, has still not yet been declared due to unfavourable conclusions of the Ministere public. Your Committee finds it unacceptable that a child is*

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<sup>44</sup> <https://data.worldbank.org/indicator/SE.ADT.LITR.ZS?locations=MU>

*still undeclared several years after having been placed in an RCI (Residential care Institution). Without a birth certificate and a national identity card, it is very difficult for someone, aged 18 to exercise most of his/her basic rights such as getting admission in a university, getting a job, voting in an election, opening a bank account, buy property, amongst others.”*

44.2. The Finance (Miscellaneous Provisions) Act 2021<sup>45</sup> made provision to amend the Civil Status Act for the registration of the sex of a newborn as “undetermined” in section 11 A. (g). (1.B) due to congenital anomalies at the time of birth or stillbirth. The provision is a good step for the registration of Intersex children. However, information is not available as to whether **neonatal surgeries are performed on the child to change their sex**. We recommend that the Ministry of Health and Wellness provides disaggregated information on the number of neonatal surgeries performed on the genitalia of newborn with congenital anomalies and registered as “undetermined” and the reasons thereto as to the practice of neonatal surgeries.

#### **Reply to the issue raised in paragraph 14**

##### **RIGHT TO PRIVACY.**

45. We welcome section 27 of the Children’s Act: right to privacy for child victims/witnesses/offenders. This section needs to be enforced immediately, especially with the media.

##### **Victims of sexual abuse.**

We read, in section 110 of the State’s Report, that laws provide restriction on press reports on information on a child victim, in some media groups, it’s quite easy to recognize a child victim even if the images are blurred, we recognize the morphology, we can read information or seeing photographs of their close relatives, allowing to recognize them. We ask the Ministry of Gender Equality and Family Welfare to intervene in the situations where we can recognize the child victim; to call the press groups in order to avoid these kinds of details.

For example, in February 2021, teachers concerned by a child in their institution reported that this child, a teenager, victim of rape did not want to go to school because her age, village and history was in the media and people recognized her.

Children, in June 2022, were sexually assaulted in a Special Needs School. Some of their parents talked to the media groups which didn’t blur their faces or wrote their names; details of the sexual aggressions are written and reported to the press, therefore making it very easy for anyone to identify the victims<sup>4647</sup>. This really has to stop. Interventions have to be made so that the identity of the children victims is kept secret, all the way.

With regards to **HIV/AIDS**, civil society organisations stress the need for ensuring the privacy of children and the development of clear media guidelines for reporting on cases involving vulnerable children and young people. Media Trust in Mauritius could develop these guidelines with NGOs experts.

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[https://mof.govmu.org/news/Shared%20Documents/THE%20FINANCE%20\(MISCELLANEOUS%20PROVISIONS\)%20ACT%202021.pdf](https://mof.govmu.org/news/Shared%20Documents/THE%20FINANCE%20(MISCELLANEOUS%20PROVISIONS)%20ACT%202021.pdf)

<sup>46</sup> [https://www.youtube.com/watch?v=Eg1GCLsyPN0&ab\\_channel=People%27sPress](https://www.youtube.com/watch?v=Eg1GCLsyPN0&ab_channel=People%27sPress)

<sup>47</sup> <https://defimedia.info/allegations-dabus-sexuels-temoignages-bouleversants-des-enfants>

There is a strong need to implement clear guidelines on determination of the best interests of the child to be applied in all legislative, administrative and judicial proceedings especially regarding children of key affected populations who still face significant stigma and discrimination.

The state also needs to ensure that training is provided to all staff working in the judiciary so that all these policies are properly implemented.

It is of utmost importance that Child Development Unit receive training on the specificities that surround a person living with HIV such as to better cater for the needs of the child, specifically when it comes to the duty of confidentiality of the serological status of the child to avoid further abuse in shelters.

## **E. VIOLENCE AGAINST CHILDREN/ VIOLENCE À L'ÉGARD DES ENFANTS**

### **Reply to the issue raised in paragraph 15**

#### **CORPORAL PUNISHMENT**

46. We welcome the measure of the **interdiction of corporal punishment in all settings, in the Children's Act<sup>48</sup>**. Asked by the Committee for many years. This measure is important.

46.1. On the field, many children report corporal punishment in schools, by members of the staff (teachers, non-teaching staff or rector) or by their parents.

Some recent cases amongst many others:

- North of the island, a 13-year-old male student, February 2021: a psychologist received the student for a consultation. The child reported that he had received slaps and was beaten by a pipe by a teacher for being late in class. The child was angry but mostly scared and felt humiliated. He didn't want to come back to school anymore. Feeling pressure from the school and the teachers, he then retracted his complaint.

- East of the island, March 2022: a primary school teacher allegedly used corporal punishment in her class on multiple children who then felt scared to come back to school. So far, the teacher did not get any penalties but has simply been transferred and changed school. The children of the class saw a psychologist who noted at least two children with symptoms of PTSD.

- East of the Island, September 2021: two male students, aged 12 years old, reported to the school psychologist that one of the teachers used to punish them by hitting them with a ruler on their fingers.

- In Rodrigues, many testimonies confirm the use of violence in school settings.

- Some police officers, parents often use violence.

We salute this measure of interdiction in using violence. Preventive actions and information on the consequences, laws, etc. have to be ensured.

A recall of the law and information on consequences of this form of violence is essential.

46.2. We read in section 114 that “ *At the level of the schools (both primary and secondary) a copy of a **circular letter by the Ministry of Education, Tertiary Education, Science and Technology** is passed around on a regular basis to all educators as a reminder clearly condemning corporal punishment on children and warning on the legal consequences if the law is trespassed*”.

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<sup>48</sup> <https://mauritiusassembly.govmu.org/Documents/Acts/2020/act132020.pdf>

A circular letter passed around on a regular basis, is clearly not enough to end or diminish corporal punishments in schools despite it is forbidden since 1957<sup>49</sup>. Intervention and prevention have to be ensured in all school settings and in the community.

Sessions on different forms of violence and its consequences are ensured by NGOs and members of civil society in schools and in the communities. This project must be regularly ensured by experts; allowing to be conscious of the physical, psychological, social and sexual impact of any form of violence on children; sharing tools for alternatives and increasing empathy among the authors of violence. The civil society has repeatedly proposed a budget to the government for said sessions, with no answer so far. This kind of project has to be supported financially by the government to be sustainable. Their benefits are measured by NGOs, within KDZM, qualitative and quantitative data comforting us in this kind of approach.

46.3. We read in section 115 of the State's Report, that "*At the secondary school level, a **Student Behaviour Policy (2016) acts as a guide for schools to deal with the problem of indiscipline. Rectors are empowered to ensure that school rules and discipline are observed.***" However, as per the Annual report of the Ombudsperson for Children 2020-2021, in a gathering of testimonies from children, a 15 year old gay boy reported that he was trying to arouse his sexual attraction towards girls because he was being abused by others for being gay.<sup>50</sup> We recommend that the Student Behaviour includes safeguards for LGBTQ children.

Discipline has to be ensured without any form of violence. Sensitization on forms and consequences of violence, and its alternatives to avoid using it; and Positive Discipline should be provided in all school settings.

#### **Reply to the issue raised in paragraph 16 (a)**

##### **ABUSE AND NEGLECT.**

47. We read, in section 117 of the state's report, **the hotlines, awareness campaigns and the law on prevention of violence.** In the new National Budget 2022/2023, a new shelter for children victims is mentioned. The priority should however be in the quality of service offered by the State and the support of the parents, accompanying them, sharing with them information on violence, its consequences and alternatives to avoid using it. Nothing in the new budget has been considered for that, despite many recommendations, for many years now.

47.1. We salute the **promulgation of the Children's Act.**

47.2. We salute the **mention of bullying**, in section 8 of the Children's Act 2020, recognition and condemnation of bullying. However cyber bullying has not been included in the section. In Mauritius an average of 33 cases of bullying have been reported every year between 2015 and 2019. However, a lot of victims remain silenced, and many cases are reported in psychological sessions

47.3. We insist on the **improvement of services**: of the interventions and the hotline, 113/ CDU

- **to answer quickly and systematically.** Some examples:  
In March 2020, in the beginning of the lockdown, the two hotlines of the Ministry 113 for CDU/ children

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<sup>49</sup> <http://apec.mu/wp-content/uploads/2021/01/EDUCATION-ACT-1957.pdf>

<sup>50</sup> <https://oco.govmu.org/Documents/Annual%20Reports/OC%20Annual%20Report%202020-2021%20%28FINAL%29.pdf>

and 139/domestic violence didn't answer despite the important risks for the victims of violence. The Minister was informed by a member of KDZM and it took some time to work correctly, to allow the victims, if possible, to reach out for help.

In July 2021, in a Secondary School on the East of the Island, a 14-year-old male student reported to the school psychologist that he was being abused by his father and that there was domestic violence at home. As per school protocol, the rector tried to call the Hotline 139 and 113 multiple times during the day, without any answer. The school was able to reach the hotline the next day only.

- The CDU team has to act rapidly and with **efficiency**. In September 2020, a child, teenager, victim of psychological abuse from her mother was beaten by her father, a policeman, with a chair and arrived at school with many marks and was very afraid. The situation was reported to the CDU around 2 o'clock, to protect this child. The officer of the CDU called the mother just after the phone call reporting the danger telling her, it was too late to act, to come and fetch her child at school! This example is one of those which are unacceptable! A member of KDZM, called the CDU, then the Office of Ombudsperson for Children to intervene. The CDU team came to school after 18h for the child, after pressure by The Ombudsperson for Children Office.

-In October of 2020, a 11-year-old boy on the East Coast of the Island was being physically, verbally and emotionally abused by his father. He had marks on him and was scared for his life. This had been going on for months. The school reported the case to the Child Development Unit (CDU). No officer of the CDU came to the house nor the school to check on the child. The next day, the school's social worker accompanied the child and his parents to the CDU. A CDU Officer saw the mother for six (6) minutes, then the abused child for three (3) minutes. Then, a psychologist saw the mother for five (5) minutes and the child for eight (8) minutes. The father, perpetrator of the violence was not seen once by any officers. Both the mother and the child went back home without any assistance or check-ups from the CDU. We are very concerned about this time taken to encounter persons who are suffering or in difficulty.

-On the 24/02/2031 during an awareness training on violence, a parent reported having called the 139 to request the help of a psychologist because her 10-year-old son had aggressive behaviours. The mother understood from the psychologist that to solve the problem, the child needed to be removed from his family.

-On domestic violence, reported on 139, in 2021. Was asked to victims: "Why did you let your husband beat you?", "Why did you file a complaint and then withdraw it"? Training really has to be ensured on the issue of domestic violence, for officers who answer the phone and everyone working in the Protection Services.

-During 2020, 3 children aged 2, 4 and 7 were placed in an NGO shelter (their mother was interned for psychiatric problems). The NGO contacted the Ministry of gender equality and family welfare, which indicated that the children would be placed in hospitals (as the shelters are full). The NGO refused such placement in order to ensure their education (the elders were attending school and the younger daycare). In January 2021, the officer from the CDU took the children (in the shelters and at school) without giving any explanation. The children do not have the right to see the NGO staff that cared for them for one year. This has had a significant emotional, psychological impact on the children and their sense of safety and security. We are concerned about this situation's long-term impact on the children's psycho-socio-emotional and educational growth and well-being.

- Testimonies of children victims: **The institutions have to coordinate to avoid the victims giving their detailed testimony on numerous occasions.** The Brigade de la Famille, the Police force, the CDU, etc. In a case in June 2022, the children victims had to give their testimonies about a dozen times to various institutions. Cf. details in section 60.1. relating the training of the staff, too.
- Section 34 of the Children's Act ensures **Protection of Disclosure of reporter's identity.** This should be clearly communicated by the authorities to encourage reporting of cases. CDU, on 113, is still often insisting to have the name of the person who calls to report, despite it's supposed to be anonymous and despite having the number that is displayed.
- The staff who answer, follow the situations, have to be on **continuous training** to develop empathy and skills.
- We insist on regular **visits from the family**, the non-abusive parent, etc. when the children are placed in RCIs. A previous part of this report, part 4, already gave information on the situation in Residential Care Institutions. The regular visits mentioned in section 118 of the State's Report have to be enhanced. This, for the well-being of the children, to impact on a secured attachment essential in their development, as much as possible and to enable their rehabilitation. The officers have a hard but precious role in the development of the children at risk.

47.4. **Awareness campaigns** on different forms of violence and abuse, its consequences, services available for better protection, etc. have to be held by the Ministry of Gender Equality and Family Welfare. The content and way of delivering the messages of prevention/ awareness sessions of the Brigade de la Famille has to be reviewed. cf. below, answers to question 17.c/

We, most of us, are not aware of campaigns done. Except a quite recent one on GBV stating "stop suffering in silence", in kreol on the billboards.

According to information gathered from Educational Social Worker on awareness campaign in schools, they only pertain to: Cyberbullying which is conducted by Cyber Crime Unit of Mauritius Police Force and Bullying and sexual violence: "Le Bon Toucher" is conducted by Brigade pour la Protection de la Famille some years ago, as well as the Ombudsperson Office for Children.

Kolektif Drwa Imin (KDI)<sup>51, 52</sup> a collective of NGOs in which many signatories of this report are members, launched a national campaign in 2020, on different forms of violence, on the risks of the vulnerable groups, women, children and the LGBTIQ+; a recall of the different numbers in case of emergency. On radio and social media<sup>53</sup> as we were in lockdown without the right to go out, there were no billboards and published on social media, in 2020 and 2021, a guide with tips for victims of violence and authors of violence; in french and kreol.

The tips were published on posters, distributed on the field in 2021 and 2022 during sensitisation sessions done by KDI or members of KDZM.

It's important that these kind of initiatives are initiated by the government. They have to be enhanced, by the state and with financial support.

Awareness campaigns and specific training concerning the negative impact and consequences of corporal and other unacceptable forms of punishment, or violence on children are being delivered by

<sup>51</sup> <https://genderlinks.org.za/programme-web-menu/kolektif-drwa-imin/>

<sup>52</sup> <https://www.facebook.com/kolektifdrwaimin>

<sup>53</sup> <https://aihd.mu/campagnes-medias/>

some NGOs, members of KDZM. However due to lack of human and financial resources this cannot be done at a national level. E.g. Members of KDZM, an NGO and an individual member delivered training sessions for more than 100 parents to prevent all forms of violence in January and February 2020. At the beginning of the session more than 50% reported the normalisation of using physical violence. By the end of the session nearly 90% reported that physical violence is not an appropriate way to discipline children.

**47.5. Regular visits** from the family, the non-abusive parent, etc.

A previous part already gave information on the situation in **Residential Care Institutions**. The regular visits mentioned in section 118 of the State's Report have to be enhanced. This, for the well-being of the children, to impact on a secured attachment essential in their development, as much as possible and to enable their rehabilitation.

**Reply to the issue raised in paragraph 16 (b)**

**48. Domestic Violence.** We read, in section 122, that: *"In 2014, an Advisory Committee on the Reinforcement of Framework for the Protection from Domestic Violence was set up to inter alia, review the Protection from Domestic Violence Act of 1997 to make it more responsive to the protection and rehabilitation of victims, as well as the prosecution of perpetrators, and develop new policy orientations and the delineation of the effective roles of major stakeholders involved in combating domestic violence."* We also read that: *"In 2015, in order to address further the scourge of domestic violence, the Government set up a National Coalition against Domestic Violence Committee under the aegis of the Prime Minister's Office. The Committee consisted of representatives from the key Ministries, Departments, Non-Governmental Organisations and the private sectors."*

We also see, in section 124: *"The report of the National Coalition against Domestic Violence Committee was published in April 2016, recommending that there is a need to ensure coordination and reinforce protective services for victims of gender-based violence by adopting a holistic approach; and reinforce the intervention and prevention mechanisms to address gender-based violence in respect to both victims and perpetrators. Consequently, the Protection from Domestic Violence Act was amended anew in 2016."*, that *"The National Strategy Document and its accompanying Action Plan<sup>54</sup> present the new strategic direction of the state to eliminate Gender Based Violence (GBV) in Mauritius (launched in November 2020) and reflects stakeholder engagement to address this national issue."*

We welcome the National Strategy Document of 2020 presenting a new strategy direction to eliminate Gender Based Violence (GBV) in Mauritius. The strategies need to be improved on many points, for example: in this document, the definition of 'Gender' is limited to boy/girl and man/woman. It is important that all genders are recognised, including but not limited to non-binary persons, so the different programs put into place take them into consideration.

We recognise these measures and are waiting for concrete actions to ensure better care and protection of the victims of domestic violence, including children, as we observe and experience some shortcomings in the effectiveness of the service. cf. 47.3.

We see, in section 126 that: *"The key elements of the National Strategy revolve around having a shared understanding of the nature and extent of Gender Based Violence in Mauritius, the commitment of*

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<sup>54</sup> <https://www.lemauricien.com/actualites/societe/egalite-des-genres-un-sondage-bientot-initie-sur-la-violence-sexiste/463117/>

multiple stakeholders, strengthening of the existing legislative and policy framework, capacity building of stakeholders; and the setting up of a strong monitoring and evaluation mechanism. “. We really insist on the importance of working together, with CSOs and experts, regularly on this issue.

#### **Reply to the issue raised in paragraph 16 (c)**

49. We read, in section 129 of the State’s Report, that *“the law sets out a decision making process for the removal of children under court orders from any family environment that is considered to constitute a risk for the child’s development and wellbeing.”* It’s important but it should be the last appeal. According to Boris Cyrulnik, neuropsychiatrist, the 1st trauma for a child is to be victim of violence by the persons he/she loves; the second one is to be separated from his/her parents; the 3rd is to be placed in a institution without a good quality of care. The examples of treatment in some RCIs in Mauritius show how a placement can weaken the development of children in the republic, them, future adults, leaders of our Republic. We shared information on RCIs in section 4. of this report.

#### **50. Online safety.**

50.1. **CERT-MU:** We read the section 132 to 135 of the State’s Report, the *“The Computer Emergency Response Team of Mauritius responsible to drive the Child Online Safety Action Plan endorsed by the government in October 2009. The activity of organisation of the Safer Internet Day by Computer Emergency Response Team of Mauritius”* (CERT-MU) with the aim of promoting safe and more responsible use of online technology and mobile phones, especially amongst youngsters. Some 33,000 citizens, including children have been sensitised since 2009.

50.1.1. Once a year is not sufficient.

50.1.2. Campaigns<sup>55</sup> should be frequent, ensured in kreol too.

Data is interesting, like the 1.8 million tentative access on pedopornographic websites in Mauritius, blocked by ICTA<sup>56</sup>.

Explaining the topic; the consequences, what to do, etc. are essential too.

50.1.3. This kind of initiative is interesting and has to be enhanced, reinforced by quality programmes and training ensured in schools and communities.

50.1.4. We also read that: *“Awareness sessions on the areas of child online safety are carried out for students and ICT teachers in schools and in Community Centres throughout the year. Brochures, short videos, booklets and flyers on the issues of online safety are also distributed to the general public. Radio programmes are also being broadcast for creating mass awareness on internet safety for the whole population of Mauritius.”*

We read that, *“since 2009 till date, awareness campaigns are conducted by Computer Emergency Response Team of Mauritius in primary and secondary schools, women empowerment centres, community centres to sensitise children, parents and grandparents on the issues pertaining to online dangers like online predators, sextortion, sexting, identity theft etc.”* There has been no feedback on these sessions conducted in these various settings. hear about these actions despite being on the field. We read on their website, the security awareness campaign.

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<sup>55</sup> [https://ionnews.mu/en-10-ans-18-million-de-tentatives-daccès-a-des-sites-pedopornographiques/?fbclid=IwAR0a\\_iGYcnG-bh5eQ1TjF8\\_pzAuWMPXNnFggdIXq8FWtu5ZicQw5nbeFFEw](https://ionnews.mu/en-10-ans-18-million-de-tentatives-daccès-a-des-sites-pedopornographiques/?fbclid=IwAR0a_iGYcnG-bh5eQ1TjF8_pzAuWMPXNnFggdIXq8FWtu5ZicQw5nbeFFEw)

<sup>56</sup> information and communication technologies of Mauritius: <https://www.icta.mu/>



They should be enhanced.

Some of our members intervene in the media<sup>57</sup>, but more effective sensitisation has to be done.

50.1.5. We read guidelines of the CERT-MU<sup>58</sup>. This initiative is positive; however, it should be in kreol and french, laws should be included, impacts and telephone numbers too. Documents developed with CSOs and experts on the subject, having a field experience should be useful and appropriate in the context of the Republic.

50.1.6. Cybercrime Online Reporting System<sup>59</sup> is necessary, communicating on that is important too.

**50.2 Campaigns on online safety by the CDU:** We read that, according to section 136, *“In the year 2020, the Child Development Unit carried-out 25 awareness campaigns reaching: 262 males and 685 females, on child pornography, online child sexual abuse, child abuse, child sexual abuse amongst others.”* We asked the Ministry, information on the content of the campaigns, not having access to them, having no feedback from anyone we asked neither and received no answer.

50.3. We read in section 137 of the State’s Report, that *“There is currently no single **framework or set of principles**, agreed and implemented across different sectors, governments and institutions for promoting children’s rights in digital age such frame could be adopted to guide policies and strategies to enable policy makers, service providers and the technology sector so that digital environment is guided by an understanding of a commitment to Children’s Rights.”* We agree with the importance of a framework but moreover, on efficient campaigns and sensitisation sessions with recalls of the law and conventions ratified for a better protection of all children. Those recommendations have been proposed in a workshop in April 2022, organised by the Ministry of Gender and Family Welfare, to complete the survey on pedopornography by UTM, mentioned in section 9 of this document.

#### **Reply to the issue raised in paragraph 16 (d)**

51. **Resources allocated to CDU:** The number of psychologists is insufficient for the number of cases reported each year and older cases to deal with or follow-up.

We insist on investing in the continuous training of the staff, by expert professionals in the different issues encountered. Investing in this structure is essential and a good allocation of the funds, according to priorities, is fundamental.

52. The section 139 of the state’s report says that: *“The **Independent Police Complaints Commission (IPCC)** provides advice on ways in which any police misconduct may be addressed and eliminated and also promote better relations between the public and the Police as well as perform other such functions as may be conferred to it by other enactments. However, the Independent Police Complaints Commission does not have any specific training in regards to addressing complaints of abuse and neglect from or on behalf of children.”*

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<sup>57</sup> <https://www.lemauricien.com/actualites/melanie-vigier-de-latour-berenger-psychosociologue-parler-de-sexualite-permet-de-proteger/412320/>

<sup>58</sup> <https://cert-mu.govmu.org/Documents/Security%20Guidelines/Guideline%20Cybersecurity%20Guideline%20for%20Youngsters2021.pdf>

<sup>59</sup> <https://cert-mu.govmu.org/Pages/Incident-Reporting.aspx>

We appreciate the existence of this service but some experiences we had, show that a fast track and training of officers have to be considered.

An example from June 2019: a child of 16 years old, abandoned by his mother, was asked to steal, request from a man who was “taking care” of him, giving him food... Police officers of the North of the Island came at 4 in the morning, they brought him in the woods and beat him, handcuffed him before bringing him to the police station. This action, disrespectful of the CRC, disrespectful of section 15 of the Police Standing Orders, p 363, was reported to the Office of Ombudsperson for Children. This situation was reported by two members of KDZM to the IPCC. 3 days after we received a mail with this: *“A person must call at the Independent Police Complaints Commission, 4th Floor, Emmanuel Anquetil Building, Port Louis to make his complaint. An investigation is then conducted by the Commission. The complainant may be assisted by a barrister at law. In the case of a minor, he should be accompanied by a responsible party. A person can also make a complaint at the nearest Police Station. The Police Officer shall forthwith forward the complaint to the Commissioner of Police who shall, within 2 days of receipt of the complaint, forward it to the Secretary of the Independent Police Complaints Commission and shall not investigate further into the complaint.”* This procedure first, has to be transmitted to the population, the phone number too. And it has to be reviewed and the access enabled, because it’s very difficult to report to a police station when policemen used violence. Difficult to trust the police force, despite the fact that the perpetrators of violence do not represent all police officers. In this case, 6 months afterwards, the member of KDZM was called to be heard. We don’t know what happened afterwards, whether the officers have been sanctioned. One of the children is now a street child, one has been accompanied by an NGO member of KDZM and works.

#### **Reply to the issue raised in paragraph 16 (e)**

##### **54. Integrated Support Services against violence**

We are interested to read section 140 of the State’s Report mentioning that: *“The Integrated Support Centre was launched on 08 March 2019. Hotline 139 (for domestic violence) and Hotline 113 (Child Abuse) are now being attended simultaneously through 4 parallel phone lines. With high-end technology, the Integrated Support Centre is connected to the 6 Family Support Bureaux through 12 phone lines and to the Domestic Violence Information System which is a repository for all data pertaining to cases to domestic violence. In addition, the main operator is located at Phoenix and it is also connected to the 6 Child Development Unit Outstations. Calls received can easily be connected to the nearest Service Provider for immediate intervention and assistance”*.

However, many examples experienced, mentioned in section 47.3 of this report, illustrate that the quality of these services must be strengthened.

We read that, in section 141, *“ from July 2018 to July 2021, 30,767 cases out of which 11, 625 child abuse cases were reported at the Integrated Support Centre”*.

The data we succeeded to have from the Ministry, or that are transmitted in the media articles, before they are published on the web site, are:

For CDU, call to the 113:

2018: 5565

2019: 6225

2020: 5451

2021: from January to November: 4379.

The total for these 4 (incomplete) years 2018 to 2021, is 21 620 cases reported to the ministry.

For the cases of Domestic Violence, calls to the hotline 139

2018:2358

2019: 2222

2020: 2425

January 2020 to april 2022: 5280, according to the minister in the Parliament in April 2022<sup>60</sup>. And 6791 reported cases by the police.

It would be important to have details on this information, as often asked, per sex, per month, details of abuse; to enable us, CSOs, to enhance our work for a better care, welfare and help to protection too. It is important that statistics of reporting and follow-up are gathered from the different institutions.

### **Reply to the issue raised in paragraph 17 (a)**

#### **SEXUAL EXPLOITATION AND ABUSE**

**55. Sexual exploitation and abuse.** We really welcome the provision, mentioned in section 142 of the state's report: *"Provision has been made in the Children's Act 2020 to amend the Criminal Code in section 249(3), by deleting the words "age of 12" and replacing them by the words "age of 16", so that any person who commits an indecent act upon a child under the age of 16, in lieu of 12, even with the consent of the child, shall commit an offence"*.

### **Reply to the issue raised in paragraph 17 (b) and (c)**

56. We read, in section 143, the **measures taken to strengthen the investigation and prosecution of cases of sexual exploitation and abuse** of children: *"cases are investigated on a fast-track basis by the police; cases are mandatorily forwarded to the Office of the Director of Public Prosecutions after completion of enquiry; information in these cases is vetted by the Office of the Director of Public Prosecutions; cases are conducted by State Law Officers before Courts; training is regularly provided at the level of the Police Training School by the Ombudsperson for Children and the Ministry of Gender Equality and Family Welfare on sexual-assaults-related-cases, arrangements are made to ensure that cases involving children are dealt with compassionate investigations, understanding, patience and non-judgmental attitude by police officers; and Specific places to ensure confidentiality, respect and dignity of the victims."*

These measures are interesting, but we often don't experience them.

Only a **few cases are reported** to the police and the CDU (depending on the Ministry of Gender Equality and Family Welfare), each year.

Underreporting is very important and common, in situations of violence against children.

#### **Child sexual abuse (CSA):**

From 2016 to 2020, on average, 396 cases of child sexual abuse are reported to the CDU each year in Mauritius. More than 87% are girls.

In the world, 1 in 5 women, according to WHO in 2014, 133 countries, 6.1 billion people and 1 in 14 men, according to the *Association Mémoire Traumatique et Victimologie*, with the support of UNICEF, March 2015.

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<sup>60</sup> <https://mauritiusassembly.govmu.org/Documents/Hansard/2022/hansard0422.pdf>. p.191

Research show that many children victims keep the silence because of: ignorance, the burden of keeping a secret, shame, guilt, denial, taboo, threats, fear of not being believed, fear of retaliation, wanting to protect the author of violence, feeling of being trapped, fear of 'breaking up the family, difficulty in hearing what a child says and difficulty taking the necessary steps to protect the child...  
Police and CDU don't have the same data.

### **Commercial and Sexual Exploitation of Children(CSEC):**

Some children are sold for prostitution or adoption.

Some media articles reveal them: A case of child trafficking was revealed in the media in May 2022, babies sold for adoption.<sup>61</sup>

20 cases of children in 2015, but it varies from 2 to 9 in the datas of the Ministry, to the CDU, from 2010 to 2018. It's very hard to obtain statistics from the Ministry despite many reminders by mail.

A media article<sup>62</sup> in 2020, mentions a statement from the police force mentioning 21 cases of child trafficking reported from 2014 to 2020.

A few media articles report some situations of CSEC.

In July 2021<sup>63</sup>, a mother sold her girl of 15 years old.

One in 2019<sup>64</sup>, where journalists, pretending to be clients, met minors prostituting themselves from 500 Rs (11 USD) for a moment to 6000 Rs (133.4 USD) for the whole night.

Parents, hostel managers, taxi drivers...earn money selling them.

Senior officers in the Police Force mentions, in this article of 2019, about 10 prostitution networks on the island, involving minors.

Multiple reasons for this sexual exploitation of children, according to research, including ECPAT<sup>65</sup>: humanitarian crises, conflicts, natural disasters exacerbate inequalities and vulnerabilities; reduced access to services, education; disadvantaged economic backgrounds; ethnic minority members; dependent on seasonal work; working children, tourism; children in street situations; child victims of neglect or abuse in the home; HIV/AIDS orphans; development of the sex industry/ technologies. The pandemic situation increased dropouts from school. Situations of poverty increase in Mauritius.

Several of these factors increasingly weaken children, especially from underprivileged backgrounds.

Online pedopornography concerns everyone. In Mauritius and Rodrigues, many cases, on the social media Telegram<sup>66 67</sup> were reported. Some materials (video, photos, etc.) are to be sold or used in cases of revenge porn.

It's positive that CSA and CSEC are condemned, according to the law in the Republic of Mauritius. It is very important to strengthen actions to combat this scourge.

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<sup>61</sup> <https://www.lexpress.mu/article/409028/enquetetraffic-humain-allegue-un-couple-soupconne-vendre-bebes-pour-rs-100-000>

<sup>62</sup> <https://www.lemauricien.com/actualites/human-trafficking-une-realite-bien-presente-et-reel-a-maurice/365628/>

<sup>63</sup> <https://www.lemauricien.com/le-mauricien/trafic-denfants-une-trentenaire-force-sa-fille-de-15-ans-a-la-prostitution/433842/>

<sup>64</sup> <https://defimedia.info/prostitution-de-mineures-quand-des-jeunes-filles-dament-le-pion-leurs-ainees>

<sup>65</sup> <https://ecpat.org/>

<sup>66</sup> [https://www.zinfos-moris.com/L-ile-Maurice-au-coeur-d-un-scandale-de-pornographie-sur-Telegram\\_a21638.htm](https://www.zinfos-moris.com/L-ile-Maurice-au-coeur-d-un-scandale-de-pornographie-sur-Telegram_a21638.htm)

<sup>67</sup> <https://www.lexpress.mu/article/394999/affaire-telegram-groupes-refont-surface>

## 56.1. Child sexual abuse services: improvements to make.

56.1.1. We question the “fast-track” mentioned and the quality of service ensured by the CDU.

56.1.2. As mentioned in point 47.3. The CDU is not always effective to respond and when they do, the measures taken to protect the child victim are not always protective.

We are asking, in all our recommendations in the National Budget, for the Children Bill since 2015, several times, to cater for the training of all officers in the Children Protection Institutions . Training that should be mandatory and regular, and facilitated by experts in the field of child protection.

We insist on all the recommendations in section 47.3.

56.1.3. There is a need to invest massively in **cross-training** of the staff:

- of all the ministries (gender, health and education) in contact with children,
- of NGOs working with children,
- of the police force,
- of the legal entity: lawyers, judges, etc.
- taxi drivers, airlines, hotel staff, etc. especially on CESC.

Quality training has to be given to enable them to understand the issues surrounding the problem of sexual violence: the weight of the silence; the difficulty to talk due to the trauma and the relationship with the authors, most of the time coming from the child’s circle of trust; etc.

The specific training ensured by experts will enable the officers to react correctly and promptly.

Examples: some members of KDZM called for help to authorities, la brigade des Mineurs, in 2015, because of children who were sold by their parents for prostitution, the answer given to them was: “*we’ll see what we can do. Check when you hear the children screaming again and call us.*”

In 2015<sup>68</sup>, during one of the campaigns in which the NGO, former member of KDZM, and a media group wanted to include the ministry of gender equality and family welfare, an officer of CDU said that we should have a teddy bear on billboards to talk about child sexual abuse because a child’s drawing including a sexual shape, could “give ideas” to paedophiles. Learning on every childhood and teenage issues urges for better understanding, care and protection. Daring to talk about sexuality will also allow children to better understand, know and protect themselves; and to be protected, parents and educators, population understanding what is sexual abuse, the consequences, etc.

Concerning the training, members of CSOs, have many times, proposed their expertise. Members of KDZM are ensuring trainings on this theme, in the communities, to professionals in psychology, with lawyers from the Office of The Director of Public Prosecutions<sup>69</sup> (DPP) are inviting experts to train the professionals.

In 2013 and 2014, the Ministry of Gender Equality was a partner, with an NGO, to invite international child sexual abuse experts, from France, Australia and Reunion Island.

Training by experts has to be enhanced.

Some NGOs take this initiative, but we need some more for better care and protection. And initiated by the Government.

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<sup>68</sup> <https://www.pedostop.org/fr/on-en-parle/nos-campagnes-de-sensibilisation/affichage>

<sup>69</sup> <https://dpp.govmu.org/Documents/Newsletter/Issue107.pdf>

## 56.2. Awareness and sensitisation campaigns:

56.2.1. Some “campaigns” are held every 30th of July, by the police force, in section 132 of the State’s Report, on the World day against trafficking in persons<sup>70</sup> and we, members of CSOs would like to contribute in the elaboration of those initiatives, with our expertise. These initiatives, with interventions on one day in July are sensitisation sessions. Interesting certainly but they must be increased.

56.2.2. Some campaigns on child sexual abuse have been ensured by an NGO, former member of KDZM, in 2014, NGO and a media group in 2015. In December 2020, a private initiative launched a campaign on social media: La vie Mizere<sup>71</sup> - Pas tous nou zanf an zot inosan Hindu House in collaboration with China Cultural Center (CCC), Mauritius Film Development Corporation (MFDC) and Wazaa FM present you Child Abuse Awareness Campaign 2020.

56.2.3. We see, in section 152, that: *“The Mauritius Family Planning and Welfare Association has carried out 1838 sensitisation campaigns on sexual abuse, exploitation and teenage pregnancy for the period of January 2019 to October 2019. Some 1, 850 adolescents (800 boys and 1050 girls) have benefited from these campaigns.”*

That, *“The Child Development Unit has carried out 99 campaigns on child abuse, from 2015 to 09 September 2021 thereby reaching 5503 persons. From 2018 to 09 September 2021, the Drop-in-Centre has undertaken 100 campaigns on Commercial Sexual Exploitation of Children, thereby reaching 5202 persons.”* We read that some interventions are done by the CDU in radio and television programmes, etc. We are not often witnesses of these interventions or initiatives. And when we ask information about that to various members of staff working, officers or psychologists, in the Ministry, no answer is given to us. It appears that such campaigns have not been held in any primary or secondary catholic schools (64 schools).

In section 165, we read that *“The issue of commercial sexual exploitation of children is also addressed by the Drop-in-Centre which is managed by the Mauritius Family Planning and Welfare Association.”* About awareness campaigns, we see nothing. Except a video of 13 minutes on breastfeeding in 2022, one on “responsible sexual behaviour”<sup>72</sup> in 2020 in which a girl is under substance abuse and has a sexual intercourse, for which she could absolutely not be consenting, even if we know that the part of the brain allowing full consent is mature around 24 years old, according to the scientific work of Dr Daniel Siegel. The content of this type of video has to be reconsidered and thought about with CSOs, especially the psychologists, experts in SHRH, etc. The aim is to talk about sexuality, affectivity and risks. Frighten minors doesn’t seem to be efficient and useful.

The campaigns are important to encourage reporting of CSA and CSEC in the Republic of Mauritius. We, members of CSOs are not aware of these initiatives on the field and heard nothing except those previously mentioned.

The network of commercial sexual exploitation is illegal and secret, but talking, communicating more and more about it will help reveal some of these traffics. The Ombudsperson For Children insisted on

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<sup>70</sup> <https://gis.govmu.org/News/SitePages/Comm%C3%A9moration-de-la-Journ%C3%A9e-mondiale-de-la-lutte-contre-la-traite-d%E2%80%99%C3%AAtres-humains.aspx>

<sup>71</sup> <https://www.facebook.com/watch/?v=3063286093772060>

<sup>72</sup> <https://www.facebook.com/104017618025221/videos/957718628081897>

the fact more awareness campaigns should be done, in a media article in 2019<sup>73</sup>. It would be important to share the content of the campaigns mentioned in annexes of the State's report.

Awareness on different forms of violence and sexual abuse; use of internet; consequences of violence, including revenge porn and child pornography; sexuality (values and risks); existing laws (mentioned partly in section 150 of the State's report) and structures of protection; have to be enhanced.

CSOs intervene in the media (cf. part 51.1 of this report), it's important to reinforce these kinds of actions.

The campaigns have to be initiated and/ or supported by the Government, multiplied and ensured in schools, at national level too, not only in shopping malls; and especially with the CSOs on the field; this to be aligned to articles of the Optional Protocol mentioning information (Art.9) and training (Art.8.4).

In April 2022, recommendations on Child/ Revenge Pornography have been sent to be included in the research led by UTM, for the Ministry of Gender Equality and Family welfare concerning communication campaigns, programmes on use of screens, different forms of violence, sexual education, etc.

56.2.4. In the **media**: Many media articles have been written by members of KDZM<sup>74</sup>, with the aim of raising awareness, providing information, and giving some practical tools on how to deal with child sexual abuse. However, such interventions alone are not enough, only in reaction to a situation of abuse is not enough. There are many ways of preventing sexual abuse that need to be implemented in the short and long term for it to have an impact.

56.2.5. **Programmes of personal safety in schools.** Section 156 states: *"The Police Family Protection Unit has a specific programme known as Protective Behaviour Programme where school children are sensitized on their personal safety and their right to talk on any unsafe situations to a trusted person until appropriate action is taken to help them restore their safety. A booklet entitled 'Le Toucher' is used to address issues of Child Sexual Abuse by helping children make the difference between good touch and bad touch, good secret and bad secret."*

According to the feedback we have in primary schools, this book is no longer used.

We are concerned about the content of the sessions, as many educators, teachers or members of some NGOs, don't feel at ease to talk about sexuality, to name the genitals.

Some officers of CDU qualified one member of KDZM, talking of sexual organs, of "bad mannered". We wonder how they can hear sexual abuse cases they are supposed to hear...if different names of genitals seem to disturb.

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<sup>73</sup> <https://defimedia.info/prostitution-de-mineures-quand-des-jeunes-filles-dament-le-pion-leurs-aieees>

<sup>74</sup> -<https://defimedia.info/societe-les-dessous-du-revenge-porn-mis-nu>  
-<https://www.lemauricien.com/actualites/melanie-vigier-de-latour-berenger-psychosociologue-parler-de-sexualite-permet-de-proteger/412320/>  
-<https://defimedia.info/revenge-porn-et-traffic-de-photos-pedopornographiques-deux-arrestations-dans-laffaire-telegram>  
-<https://www.lemauricien.com/actualites/societe/abus-sexuels-sur-les-enfants-melanie-vigier-de-latour-berenger-arretons-de-banaliser-ces-agressions-et-liberons-la-parole-autour-de-la-sexualite/361104/>  
- <https://www.ifemdr.fr/violences-sexuelles-sur-les-enfants-se-reconstruire/>

### 56.3. Care for victims and perpetrators of child sexual abuse.

Health professionals explain, through research, that amongst child perpetrators, 90 % have been victims of ill treatment and/or have suffered from a lack of love and/or secure attachment. Research indicates that it is a mental issue in only 10 % of the cases.

In 1 case out of 3 cases of child sexual abuse, the perpetrator is a child, according to Lemitre 2017 and Joulain 2019. This also means that a proper long-term follow-up and care need to be provided to minor victims in order to prevent risks of relapse.

56.4. **Duty of care of sexual perpetrators.** To prevent the risks of relapse, psychological support should be compulsory in our legal system, in regard to adults and minors authors.

57. In section 144, we read about the **protocol of Assistance to victims of Sexual Assault, by the Mauritius Police Force.** Protocol which: “provides for the procedures to be followed for the medical examination of the victims by the Police Medical Officers/Medical Health Officers, recording of statements in presence of a Family Welfare and Protection Officer and other support services for the purpose of ensuring a prompt and diligent enquiry.”

The protocol of the police has to be completed with due diligence by the CDU. In February 2021, a child of 15 years old was kept in hospital during 5 days without having been seen by a medical practitioner after a sexual assault. She stayed 5 days without taking a shower. The Ministry acted when the Minister was informed by a member of KDZM. Taking care of children victims should be a priority, there should be a fast track to test in the hours following hospitalisation for STIs, HIV or pregnancy, and they should be treated in such a way as to restore some their dignity

58. We read, that “As far as is practicable, motion is made in Court to **have the child victim heard through live video or live television link system** pursuant to Section 161B of the Courts Act 1945, in which case the child, who is a complainant in a sexual offence case, has no direct contact with the accused party.”, in section 148 of the State’s Report. In many situations, the video system could not be used because it was not functional. Ensuring the device is fully functional is crucial. In a case in May 2019, the videolink stopped working when a child victim was testifying of the sexual abuse he was victim from his father at the age of 3 years old back in 2013. It was hard for the child victim to testify in the first place and even harder not to be able to finish his testimony.

59. According to section 149, “Mauritius does not have a **mechanism for compensation**”, it should be considered.

Numerous actions need to be taken at various level to tackle the problem of child abuse in terms of intervention and prevention: training of professionals, regular awareness sessions, talks and campaigns, sexual education campaigns and talks in schools by persons who are specifically trained, with updated information and at ease to talk about the subject, etc.

### Reply to the issue raised in paragraph 17 (d)

#### 60. reporting mechanisms and facilitation:

We read in section 160 and 161, that “*Services of a team of professionals are available at six Child Protection Services across the island to support children victims of sexual exploitation and abuse*” and that “A free hotline/ Helpline service, number: 113 is operational on a 24/7 basis and which is free of charge to attend to children in distress/in need of support”.

Many recommendations have been raised above, in section 47.3.



60.1. We insist that **professional training of staff** in this particular context is crucial as there have been cases who have not been taken into consideration/not managed in the most adequate manner: rapidly and efficiently, with empathy and real consideration from all officers and psychologists working in Child Protection Services. In a case in June 2022, children who were sexually assaulted in a school had to provide details of the sexual assault after revealing to a school teacher and director, to officer of the “Brigade de la Famille”, members of the Police Force, an officer of the Ministry of Education, Ombudsperson for Children, etc. This means that they had to reveal at different times to many different bodies details of the sexual assault. This process needs to be reviewed, and to be avoided as putting a child victim in such a situation bears high risk of the victim reliving the traumatic experience. Any child victim should have to give his/her testimony once to the national protection services (on camera) and this can be used as proof for the other institutions involved.

60.2. These officers should also receive **regular and ongoing supervision with a professional** to help them improve case management on a daily basis, share their feelings and difficulties encountered in their work, have time to introspect and grow professionally. Working in this instance can be very challenging and demanding, and supervision is one way of ensuring good ethical practice and self-care.

60.3. As mentioned earlier in this document, the hotline is supposed to be operational on a 24/7 basis. It has often been reported that this is not the case. This **service needs to be operational and reactive** as children victims need to receive immediate support and instant assistance more if their physical and/or psychological state are at serious risk.

60.4. We see nothing special, or didn't notice anything, concerning risks on girls, who are more victimised. 57 % of the cases reported to the CDU are girls, according to Statistics Mauritius, gender statistics 2020.

More than 87 % of the cases of child sexual abuse reported, are girls. 87.2% of women and 32.8% of men reported having been sexually harassed at least once in their lives according to a survey from Timol & Timol<sup>75</sup>, 2020. This has to be taken into account. It is important to **inform, reflect and discuss about gender-based and sexual violence**.

60.5. **Campaigns**, previously mentioned in section 56.2.3. And increasing the number of awareness sessions is very important.

61. **Applications on smart phones**, like the “Family Welfare App’ to report cases of child abuse. The public use of the ‘panic button’ on the App to directly call on Hotline 113” stated at section 162, are interesting initiatives.

61.1 Children often are not aware of what violence is and its various forms and about the fact that they might be victims of violence. Even many adults do not consider slapping a child as a form of violence. This was clearly stated during some of the sensitisation sessions, we held, members of CSOs, to the community at large on a yearly basis.

There is an important lack of **knowledge about the different forms of violence, its consequences, alternatives**, etc. mentioned in this report in section 47.4. This is the first important step to be done:

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<sup>75</sup><https://drive.google.com/file/d/1u9vfVQaf726kaYRxx0RilcCsUZbjNuy6/view?fbclid=IwAR18oEeOmnVZsqPr1eC13G7xh43GgqVRWNDALh844TDBlsp61FBtKLUT2Q>

raising awareness about this topic as many members of CSOs do, in media articles, in national campaigns, cf. KDI's campaign, section 47.3.

So is the new application LESPWAR for cases of domestic violence on adults, that we welcome, despite the fact:

**61.2. its access is difficult for persons suffering from literacy difficulties**

**61.3. It is difficult to access for people living in poverty conditions.**

We noted some of the difficulties that people encountered whilst trying to install the application. The instructions were in English, which is not the spoken language of the majority of the population. The app must be installed on a smartphone, a phone which is very pricey. This setting up of this application allows the police to get the contact details of the person to be able to contact the person victim.

A major issue is that in a context of family violence, the perpetrator seizes the phone to prevent the victim from communicating with any external person and seek help.

However, the application LESPWAR works, the police come within 15 minutes and explain that when the app is installed, the person is then automatically registered as a victim of domestic violence.

61.4 When the author of violence is a close relative, he often **blocks access to a phone**, exercising more control and power, when the person victim is isolated.

**Reply to the issue raised in paragraph 17 (f)**

62. There's a **lack of data on sexual exploitation**, in the Ministry of Gender Equality and Family Welfare. Despite we read, in section 167 and 168 of the State's Report, that: "*Statistics Mauritius collects and disseminates statistics on sexual exploitation of children on its website.*" and that : "*The Crime Records Office and the Police Family Protection Unit collect data in respect of cases involving children in a systematic way including age, sex, geographic location and nature of offence. These data are forwarded to the Ministry of Gender Equality and Family Welfare on a monthly basis through the office of the Commissioner of Police.*"

It's unreported because of all the reasons we mentioned above in section 56. Some child sexual abuse victims and members of their families testified that some officers asked them whether they wanted to go further with the complaint... We insist on the importance of recalling the law in all cases of aggression against children.

**F. FAMILY ENVIRONMENT AND ALTERNATIVE CARE / MILIEU FAMILIAL ET PROTECTION DE REMPLACEMENT**

**Reply to the issue raised in paragraph 18 (a)**

**FAMILY ENVIRONMENT**

**63. Support for families.**

We read, in section 169, that "*The National Parental Empowerment Programme was launched in October 2010 and restyled in June 2016 as Atelier Partage Parents*". Some CSOs benefited from some workshops many years ago but we have no recent feedback on this initiative.

We have no returns of sessions ensured by the Ministry of Gender and Family welfare on violence. Of all the persons interviewed, no one knows about it.

According to the data given by the State Report, 573 parents were reached in 6 years (between 2015 and 2021), making it an average of 81 parents a year. These sessions being essential to support and empower parents, the CSO believe the numbers should be way higher. The State Report mentions that the sessions are conducted by officers of the Ministry of Gender Equality and Family Welfare, Ministry of Health & Wellness and the National Children's Council. Involvement of experts on the field and NGOs would be appreciated and could help significantly increase the numbers of sessions held around the island.

### **Reply to the issue raised in paragraph 18 (b)**

64. We read, in the state report, in the article 172, that measures are taken to help parents in their **parental abilities**. However, many women who gave birth since 2020 reported having received little information on breastfeeding, giving the bath to the baby.

No information was given to them about building a secure attachment, the quality of care given, the consequences of any forms of violence. Such information should be given to pregnant women and their husbands/companions; and as they go along parenting

The delivery of such sessions have been proposed by some members of CSO, psychologists to the various ministries at different times- with no response.

Moreover, knowing that research indicates that a common factor leading to forms of maltreatment, behaviours of pedocriminality, domestic violence and other forms of violence is explained by an insecure attachment with the main caregiver. Accompanying young parents in their journey by giving them information and required support could avoid many situations of children being victims of violence.

It is crucial to invest in parental skills and reinforcing their competencies, helping parents to to build a secure attachment with their children. A campaign In the context of the forthcoming International Day of Families on the 15th May 2022, the chosen theme by the Ministry of Gender Equality and Family Welfare is '*Avek enn fami ini, nou pou resi*' (As a united family, we will succeed) might be interesting but more profound and impactful actions are required to ensure that the objectives are met.

We saw billboards on buses, on social media portraying a 'normal' family.

Many single parents feel judged with this message and images of binary couples.

It is difficult for us, members of CSOs, to understand some of the priorities of the Ministry to invest financial means in these kinds of campaigns. In this very fragile economic and social context, it is difficult to understand the promotions in hotel and leisure park to promote Family Day. This campaign aimed for 'contributing to the wellbeing of mauritian families'.<sup>76</sup> We think that, for the wellbeing of Mauritian families, more efforts should be put towards providing food services and shelters, reinforcing parental skills, quality of care in shelters, etc. than towards offering promotion on hotel stays that most Mauritian families cannot financially afford. It's difficult for us to understand this priority even if leisure and recreational activities should be accessible to all.

65. **Parental leaves:** We read in section 173, that: "*The conditions of service for all employees in the public sector, irrespective of their positions within the hierarchy, are governed by the Pay Research Bureau Report, including sick leave, maternity leave and adoption leave.*"

65.1. Labour Law should include specific guidelines for the private sector such as leaves for parents who adopt a child. The Law should also include a specific leave for foster care families. In Mauritius, foster care families need to handle their work and the children they are taking care of at the same time.

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<sup>76</sup> <https://defimedia.info/journee-internationale-des-familles-promo-dun-mois-lhotel-et-aux-parcs>

It is important that parents, men or women, receive training to prepare for the arrival of the child and benefit from a leave from their work, in the private or public sector.

65.2. We note and appreciate the measures in the worker's rights act 2019 on maternity and paternity leave, mentioned in section 174 of the State's Report. However, we remain concerned that the provisions of the law are discriminatory as they do not provide the same number of leaves to either parent. We therefore strongly recommend that instead of maternity and paternity leaves, the concept of parental leaves be introduced, and which is uniform and non-discriminatory.

65.3. We salute the decision of a major commercial private bank for extending the maternity and paternity leave, a new policy whereby the legal paternity leave was increased from 5 to 10 days - including for unmarried fathers - for any birth as from 01 July 2021 provided by the law<sup>77</sup>, section 175 of the State's report.

However, this new policy is in no condition a national one and is only applicable to the employees of the said company.

### **Reply to the issue raised in paragraph 19 (a)**

#### **CHILDREN DEPRIVED OF A FAMILY ENVIRONMENT**

66. We read, in section 181: "***Child Rescue and Protection Services of the Child Development Unit ensure accessibility and proximity service delivery in respect of child protection. It provides immediate assistance, protection and follow up, as appropriate to children victims of violence, and abuse, especially sexual abuse. Services are provided in a one stop shop child friendly system through a team of professionals attending to the immediate needs of children victims of abuse.***" As mentioned in section 47.3., the Child Development unit does not always provide immediate assistance, protection and follow up. The officers attending to the immediate needs of the children victims of abuse are often not trained enough, or lack staff members. Information is not or very rarely given to the children concerning the situation, the shelter (or hospital because of the lack of place...) where they will be placed, Also, the 2021 budget provided pre-trial and post-trial psychological support for child victims of violence; but this is already supposed to be done by the CDU. Investing in officer training is a priority, particularly in view of the observations and recommendations of the Public Accounts Committee from March 2022.<sup>78</sup>

67. **Child Rehabilitation Services.** We read that: "*Since 2019 to August 2021, 433 children were reintegrated into their biological families*". We salute this, however the CSOs would like to know more about several points:

- Which preparation does the child and his biological family benefit from?
- Has the CDU done follow-ups with these families?
- What are the results of these reunifications?
- What specific aid is granted to the biological parents (financial, training, etc.) ?
- What is the rate of return to the alternative care/failure system?
- What is the rate of social integration in adulthood of former children placed in alternative care (employment, housing, secondary/tertiary education, minors/adults in conflict with the law...)?

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<sup>77</sup><https://www.lexpress.mu/article/402560/mcb-conge-maternite-passe-14-18-semaines-pour-employees#:~:text=Rappelons%20que%20depuis%20le%201er,de%20l'%C3%A9galit%C3%A9%20des%20genres.>

<sup>78</sup> [Second Report of the Public Accounts Committee \(govmu.org\)](#)

-How many reunifications have taken place at the age of 18? In this case, it is an “automatic reunification”, since the State does not provide for a half-way home, nor an alternative care structure for adults, nor specific social assistance.

For cases where family reunification is not possible at the age of 18 (deceased biological parents, invalids, detainees, etc.), the State does not provide anything as of today. These young people are on their own, often in precarious housing, homelessness, dealing with prostitution, drug trafficking or delinquency. It is essential that the public funds are invested, and correctly, in the alternative care system. It is primordial that the quality of follow-up and support be maintained beyond the age of majority. Nowadays, only a few NGOs with a few places, about ten, offer this support service to young people who have left the alternative care system.

#### **Reply to the issue raised in paragraph 19 (b)**

68. Foster care. We read, in section 184, that: *“The Child Protection (Foster Care) Regulations 2002 will be reviewed and take into consideration the financial implication involved in incurring the allowance for foster parents as per the requirements of children they are catering for. This will allow for children of all ages ranging from babies to teenagers and with a degree of condition such as physical, mental and emotional conditions, to be reinserted within a family setting”*

We read that, in section 186, *“from 2013 to August 2021, a total of 104 children were placed in foster care families”*. The matching exercises when placing children in foster care, which is of crucial importance to ensure that fostered children have a secure base are short and not sufficient. The child is not prepared for life in foster care (no home or school visit, the child does not know who is going to be welcoming him at his arrival). The training for the candidates to become a foster family is incomplete as it only provides half days training which is not enough to accompany the children throughout the traumas they previously faced (removal from biological family, difficulties in previous foster care environments..)

#### **Reply to the issue raised in paragraph 19 (c)**

69. In section 187 of the State Report: *“The Ministry of Gender Equality and Family Welfare has established a periodic review of placement mechanism with a view to ensuring the required capacity of accommodation of each institution catering for children victims of violence. More emphasis is placed on the **Family Rehabilitation/Back to Home Programme** to reduce overreliance on institutions. The purpose of the programme is to allow the children victims of violence who have been placed in Residential Care Institutions to return to their homes.”*

69.1. This programme is certainly very important. It would be important, in cases of violence at home, that the perpetrator of violence is the one removed from the home, if needed, so the children can stay safe in their known environment, with the non-abusive parent, depending on the protective and caring skills of the parent. It’s essential that the parent, author of violence benefits from compulsory psychological support, ensured by professionals specialists in violence issues, etc.

69.2. As the system works today, which is based on non-professional foster families, host family candidates are mostly couples or singles, who are ready to welcome children with the following profile: young children less than two years old, without serious health problems or abuse. Moreover, foster care families are not trained to welcome and participate in the rehabilitation of specific profiles of children or adolescents such as victims of incest. **Training of foster care families** has to be enhanced. To date, there’s a training on adaptation to the family concerned and with the psychologist, for a duration of 1-2 hours, according to testimonies we had. Child and adolescent’s development; forms and impact of

violence, psychosexual development, positive discipline, etc. are subjects that are really important for those families too.

69.3. We read in section 189 that there are **enforcement officers** for monitoring of children in RCIs. However some children met didn't experience that.

69.4. We see in section 190 that *"The Ministry of Gender Equality and Family Welfare is also responsible to follow up on children victims of violence placed in Residential Care Institutions and ensures their welfare. Enquiries are carried out in cases of abuse or ill-treatment reported in Residential Care Institutions and required actions are taken."*

Civil society would like to have access, at least on a bi-annual basis, to statistics and details on the cases reported and the measures taken with child victims and with the officers involved. We question the efficacy and frequency of that follow-up with all the cases revealed in the media.

We read in section 190 that **regular home visits** are offered, that psychological support is ensured for foster children and foster parents. We have some feedback of follow-up that should be ensured every two weeks or once a month, what is said during the "training".

We have other feedback. For example, as from 2020, a female student, aged 16, in the East of the island, has been placed in a foster care family. According to her, she had the visit of an officer the first month only, and never had access to any psychological or counselling support. As to the beginning of 2022, she never had home visits, school visits and follow ups by Officers. According to the student, Officers call her foster mother once every 5 to 6 months but never speak to the minor.

This testimony is one of too many cases where the follow ups are not done properly, leaving the children without proper support.

69.5. *"The Child Protection Services intervene in cases where abuse and violence have been detected in foster homes"*, section 192. It's essential. This confirms the importance of the training of foster care families.

An audit of the Foster Care Program would be useful to find out the reasons for placement failures, to know the details of cases of mistreatment within foster families, to better understand them, to analyse the consequences on the child of one or more failed placements. The purpose of this audit would be to find strategies to remedy these situations (strengthening of training, better preparation of the child and the foster family for placement, strengthening of the foster family approval procedure, etc.). This audit should of course give the floor to children "awaiting placement", "during the matching exercise period", "placed in a foster family", "returned" after a placement failure. Finally, it would also be important to give voice to adults who have benefited or undergone placement in foster care as children.

### **Reply to the issue raised in paragraph 19 (d) and (e)**

70. The Ministry of Gender Equality and Family Welfare is working on a draft **Adoption Bill** and consultations with stakeholders are being held. There are still several policy options that need to be finalised before the introduction of the Bill in the National Assembly. The adoption bill has been ongoing for many years, CSO have been invited for consultations since 2018 and made many recommendations. It is of critical importance, as suggested by KDZM (in their recommendations for the law of adoption), to keep a register both with the number of children eligible for adoption and adoptive parents. We recommend that a different register is kept for special needs children who should be prioritised (ie: disabled and/or children suffering from diseases). Training has to be provided by national authorities to inform, assess and prepare candidates willing to become adoptive parents. As much as possible, regulated rates should be implemented for lawyers and solicitors as an adoption procedure can vary

between 15k and 100k. Without regulated rates, the risk of seeing an increasing number of cases of child trafficking is important. This has to be implemented soon. Many cases of child trafficking, babies sold are ongoing in Mauritius.<sup>79</sup>

We are happy to read, in section 194, that the “Adoption Bill is yet to be finalised”, however this bill has to be improved for a better consideration of the best interest of the child, respecting the Hague Convention<sup>80</sup>. KDZM made many recommendations for this law, since 2018 and in November and December 2021.

## **71.Children of incarcerated parents.**

### **Reply to the issue raised in paragraph 20 (c)**

71.1. Section 201, “*For children who reside in alternative care, Prisons Welfare Officers with the support of the Child Development Unit facilitate **visits of children of incarcerated parents**. Some Non-Governmental Organisations have also been co-opted to help in maintaining the link between the children and their incarcerated parents.*” Visits must be frequent (at least once a week, or every two weeks) in order to promote, as much as possible, a quality attachment with the incarcerated parents. This is important for the rehabilitation of the detainee and also facilitates his/her re-integration as a parent. Ministries of Gender Equality and Family Welfare, of Health and Wellness, Social Security and National Solidarity, Education Tertiary Education Science and Technology, Youth Empowerment, Sports and Recreation should work together to better assist children going through such a painful period. Extreme care should be taken so that they are not stigmatised again. This will help to mitigate the negative impacts of parent incarceration upon innocent children. The Ministry of Gender Equality Welfare and Quality of Life and other ministries responsible for prisons have to cater for that.

71.2. The Mother-Child unit is found at Beau-Bassin’s jail and deliveries of **pregnant detainees** are possible only at Rose-Belle hospital which is 30 kms away, whereas Quatre Bornes and Port Louis hospitals are closer. The mothers’ and childs’ health should be prioritised. Detainees should have access to closer hospital facilities for deliveries and newborn care.

71.3. “**Detainees receive visits** from their children and their relatives once in a fortnight. *Additional visits may be granted if request is justified*” is read in section 203 of the State’s Report. Since COVID-19, children are not allowed on visit. This should be made possible with the use of protective masks while skype visits should be more often after school hours or during weekends. It’s urgent.

71.4. “*The Ministry of Social integration, Social Security and National Solidarity provides a monthly allowance to a child whose parent is incarcerated and financial assistance to a person who is temporarily or permanently incapable of supporting himself/herself and his dependents due to imprisonment of head of household. **Social aid** is payable to needy families where the head of the household is in jail, police custody or in hospital*”.

Although on paper, the government has set up measures to assist children of detainees, the access is laborious for families taking care of the children. Stigmatisation and bureaucracy discourage most of

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<sup>79</sup> <https://www.lexpress.mu/article/409028/enquetetraffic-humain-allegue-un-couple-soupconne-vendre-bebes-pour-rs-100-000>

<sup>80</sup> <https://assets.hcch.net/docs/8fefcb0a-9479-426e-9830-31827ed22c74.pdf>

those resorting to government help. Often the information is disseminated in many institutions that it is impossible to know exactly what are the requirements, conditions and entitlements. And the process is very long. A one-stop shop is recommended, in this situation, so that the officer has an overall view of the difficulties met by the children of detainees and is more effective in providing assistance. He/she would then establish communication with other institutions and facilitate the formalities avoiding unnecessary stress and misunderstandings.

## **G. CHILDREN WITH DISABILITIES/ ENFANTS HANDICAPES**

### **Reply to the issue raised in paragraph 21 (a)**

#### **72. Children with disabilities.**

72.1. We read that, in section 209 of the State's Report: "A new **Disability Bill** has been drafted, with view to better integrating children and adults with disabilities in the mainstream and in creating a more inclusive society. The Disability Bill is yet to be finalised. Its implications and bearings are under study." We are waiting for the Disability Bill, mentioned in section 6 of this report.

### **Reply to the issue raised in paragraph 21 (c)**

72.2. The National Human Rights Commission conducts informative sessions on a weekly basis through the Citizens Advice Bureaux throughout the country. During these sessions, the rights of the vulnerable groups are addressed with the aim of fostering respect for society's vulnerable groups, promoting broad-mindedness to their rights and encouraging positive viewpoints towards the vulnerable groups including children with disabilities.

The **National Preventive Mechanism Division of the National Human Rights Commission** (NPMD) has started human rights sensitization campaigns with the Police Force and Prison Officers every fortnight. The National Human Rights Commission should liaise with the Office of the Ombudsperson for the Children in order to ensure that children are also included in the sensitisation campaigns and talks. Similar to the video clips produced for sensitising on protection of human rights, the children rights and duties should also be catered for in the same way. The same applies for the rights of the disabled.

72.3. "The **Ombudsperson for Children carries out sensitisation campaigns** such as talks, seminars, workshops, conference and activities to promote the United Nation Convention on the Rights of the Child and issues related to children concerning child sexual abuse, drug trafficking, child marriage and discrimination against children with disabilities.", according to section 216. In the annual report (2020-2021). It is reported that 6500 children and 6000 adults benefited from sensitisation campaigns. It's mentioned in these sessions that handicapped children are rights holders and workshops are organised for specialised educators.

On the 10th February 2022, the Young Queer Alliance, a Non-Governmental Organisation working on LGBTQ issues informed the Ministry of Gender Equality and Family Welfare of the case of two girl children aged 15, self-identifying as lesbian, who are allegedly facing domestic abuse after their families learning of their sexual identity. The CDU was informed, then the Ombudsperson for Children took up the matter and investigated. No formal communication was made as to whether the children were free from harm and received the necessary support.<sup>81</sup> We ask the Ombudsperson for Children to initiate sensitisation activities towards parents which include support and protection of LGBTQ children.

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<sup>81</sup> <https://www.lexpress.mu/article/404755/droits-humains-lgbt-deux-mineurs-denoncent-leurs-parents-pour-violence>



### Reply to the issue raised in paragraph 21 (d)

72.4. We read in section 220 that : *“The Ministry of Gender Equality and Family Welfare works in collaboration with the Ministry of Health and Wellness to prevent institutionalisation of children with disabilities.”* The Ministry of Health since last year implemented home visits for children with disabilities. Three families reported that the general practitioners stay outside their homes and prescribe medications seeing consulting the children. It appears that they lack specialised training in the disability sector. In addition, some children need psychotropic drugs in regards to their disabilities prescribed by the general practitioner, but the hospital refused to provide them with their medication since it is usually prescribed for people suffering from drug addiction (4 cases reported out of 103). There is a serious **lack of training in regards to disabilities for the hospital staff.**

72.5. We read, in section 222. *“The Back-to-Home programme was set up by the Ministry of Gender Equality and Family Welfare in October 2018. The main objective of the Programme is to reintegrate children who are placed in Shelters/Residential Care Institutions into a family setting by empowering their parents or next-to-kin to better care for them”.* It is important to **ensure that the follow-up is done on regular basis**, including professional counselling services

72.6. We see, in section 226, that: *“In an attempt to support families where a parent or a child suffers from a disability of not less than 60% for a period of at least one year, **basic invalidity pension** and a carer’s allowance are provided. They may also benefit from the following: child allowance; free domiciliary medical visits; refunds of the bus fares to accompanying parents of students with disabilities attending Non-Governmental Organisations and mainstream schools; refunds of the taxi fares to students with severe disabilities attending mainstream schools and universities; and duty-free facilities to purchase adapted cars”.* However, in regards to the invalidity pension and Co carer’s allowance, the criterias are not always clear for the general public, not easily accessible, and it is not clear which Ministry is responsible for it. Many parents report not knowing that this pension exists, that they are eligible and could benefit from it.

Over 18 years old, some terms change and certain aspects do not fall under the Ministry of Social Security but under the Solidarity Fund. There has been an increase in the budget 2020/2021 of Rs 1500 but many families were not aware of the procedures to be done to benefit from this- and not all families to this date have benefitted from this increase (In a NGO only 50%, to date). Better communication is required.

### Reply to the issue raised in paragraph 21 (e)

#### 73. Education/ disability.

73.1. We read, in section 227, that: *“In line with the Education and Human Resources Strategy plan for the period 2008 – 2020, the Ministry has implemented policy guidelines on **inclusive education focusing on integration or inclusion of learners with special educational needs and disabilities into the regular school system at all levels.**”* In reality, this is not the case as there are too many students in a class and no one to one care is available. The Ministry sometimes allocates one support teacher to the class but this teacher is not trained in special educational needs. His.her main responsibility is often taking the child to the bathroom and ensuring that the child does not disturb the class. It is usually the parent’s burden to ensure the costs of a special education needs teacher. Many children suffering from learning disorders who succeed during their primary school in a SEN institution are then enrolled in secondary schools where there is no follow-up. Teachers are not aware of the child’s learning difficulties and often associate it with behavioural problems. These children are not allocated extra time when it comes to

their examination. According to Statistics Mauritius, 317 children have been diagnosed with a learning disorder in SEN schools in 2019 and 704 in 2020-2021. Since the educational-system does not offer any qualitative support to those children, their empowerment and future is weakened.

73.2. A Special Education Needs Authority Act was enacted on 21 November 2018. This Act represents a milestone, since it concerns, amongst others, the setting up of a body to provide for the relevant regulatory framework for learners with special education needs. It's a very positive initiative. **SENA has a lot of improvements to ensure it is operating correctly.**

73.2.1. We observe and experience that it's not very efficient nor effective. According to the norms and standards (2021), a child has to have a medical certificate and a report from a **multidisciplinary team** from the SENA to enter a specialised school. This multidisciplinary team does not seem to exist, according to many CSOs; and parents do not know what to do and where to go. The NGO APEIM receives requests and, according to their colleagues, the SENA asks for APEIM to perform multidisciplinary assessments and make referrals according to recommendations as it's always been done. It is crucial to ensure that all health professionals working in Special Needs Schools have a clear certificate of Character and are registered with the Allied Health Professional Council (registration has been put on hold for two years due to the Covid but currently back in process). There is an alleged case of an orthophonist, in June 2022, accused by many children, for having sexually abused them<sup>82</sup>. There needs to be a clear set of guidelines and rules for any health professional who has access to minors that needs to be followed to maximise the security and protection of these vulnerable children

73.2.2. Specialist Support Services. Learners should receive regular and adequate professional support, follow-ups and therapy by medical and paramedical staff in SEN institutions. Such support should be recommended in the **Individual Education Plan**.

73.2.3. Institutions do not have a **medical and paramedical team in place** and this service should be offered by the SENA. There is also a lack of professional human resources available to do the proper follow-up of the children (for example : not enough speech and language therapists)

#### **Reply to the issue raised in paragraph 21 (f)**

74. We appreciate that, as mentioned in the section 232 of the state report, the Ministry of Social Integration, Social Security and National Solidarity provides rehabilitation services to all children suffering from **muscular dystrophy** and those attending Special Educational Needs Schools. However, most of the rehabilitation services are offered by NGOs and private companies in Mauritius. We ask for more funds and professionals in this field to help out the population.

75. **Screening.** We read, in section 244, about the health screening programmes about the "*mental health or behavioural disorder*". The initiative is positive but has to be reinforced.

75.1. It's essential to consider the screening of cases of mental health issues and psychiatric disorders. Some specific screenings have to be accessible in Mauritius, such as screenings for FAS (Foetal Alcohol Syndrome), especially in the absence of a practising paediatric neurologist. It's essential to consider recruiting a **paediatric neurologist**.

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<sup>82</sup><https://www.5plus.mu/actualite/un-orthophoniste-denonce-pour-attouchements-par-les-eleves-dune-institution-specialisee>

Reunion Island being renowned for its two FAS screening centres, civil society recommends the establishment of such a centre in Mauritius. While waiting for the centres to be implemented in Mauritius, we recommend the reimbursement of screening and follow-ups of Mauritian FAS children in Reunion Island. In the absence of studies, it is assumed that FAS affects a similar number of children in Mauritius and Reunion, i.e. 4 to 8 children per 1000 live births. Which is alarming. The official recognition of FAS in the nomenclature of the board of the Mauritian Ministry of Social Security is a first step. But we wonder how the minors concerned will benefit in particular from the financial allowance granted by this board, in the absence of a screening centre.

75.2. The Ministry of Education must also take into account this high prevalence to consider how to direct these minors towards **screening and a form of specialised education adapted to their needs**. Regarding the strong correlation between this handicap and the probability of being in conflict with the law, in adolescence and then in adulthood, access to screening and recognition of this handicap and its consequences is crucial for the application of a “just” court sentence, in particular by recommending alternatives to imprisonment for minors affected by FAS (community work, etc.).

76. Concerning the **Community Based rehabilitation Programmes**, mentioned in section 233 of the State’s Report. According to the NGO Apeim home visit services only 10% of their beneficiaries have benefited from those programmes. As reported from one of their educators it is often on a political basis.

## **H. BASIC HEALTH AND WELFARE/ SANTÉ DE BASE ET BIEN-ÊTRE**

### **Reply to the issue raised in paragraph 22 (a)**

#### **HEALTH AND HEALTH SERVICES**

77. We read that, in section 234: *“On 24 February 2021, a Maternal Child Health Handbook was launched by the Ministry of Health and Wellness. This important tool allows for systematic recording of personal health data for the mother during pregnancy and for the child since birth up to five years old.”*

77.1. We appreciate the initiative of the **Maternal Child Health Handbook** as it is of the utmost importance that mothers are supported and helped during this specific time.

Some information has been given in the maternal Child health Handbook, written in English, until 2021. Very little or no information is orally transmitted for illiterate persons or for those who don’t understand english. It has to be reviewed.

They have to be:

- in kreol
- with correct information, in the leaflet published in February 2021, in which: Some information on contraception is incorrect, breastfeeding considered as contraception when: *“You are exclusively breastfeeding, you are not having menses, your baby is less than 6 months old”*, some women have babies, because of this method which is not efficient, with 10 months of difference.
- including some eventual disorders: ex: autism spectrum disorder(ASD), or any other developmental disorders. It is important that parents learn about ASD and be able to detect the various signs as early as possible(between 0 to 3 years old), so as to get an official diagnosis and start the therapies that are necessary for the child’s progression. According to the minister Callichurn, ministry of Commerce and

consumer protection, in April 2022, in every 160 births<sup>83</sup>One child is diagnosed with ASD. This prevalence is similar to what states the WHO.

-information about creating secure attachment: looking at children, bearing them, talking to them, explaining what is happening, not letting them cry, etc. A secure attachment with the parents or any other special carer, can prevent from becoming author of sexual, physical, psychological violence.

77.2. The World Health Organization (WHO) released its first-ever global guidelines on March 2022<sup>84</sup> to support women and newborns during the postnatal period, which is the first six weeks after birth. This is a crucial period for the survival of the newborn and the mother and for the healthy development of the new-born and the overall mental and physical recovery and well-being of the mother. One of the many guidelines is the screening of postpartum depression and anxiety, with referral and support services, if needed. This could be done with more qualified professionals in the field.

Information given in hospitals could come from these guidelines, as what many new mothers in 2021 and 2022, hear and retain as information, is the way of breastfeed their child and give bath to their newborn babies.

We regret that there is no proper **counselling done on mental health pre and post-partum**, at date. It has to be considered.

77.3. In section 237, it's written that: *"A study which was carried out in 2018 by the Ministry of Health and Wellness, revealed that 60% of mothers were assisted to start **breastfeeding**. 77% of mothers received information on breastfeeding, mostly in postnatal wards out of which 96% were informed on the benefits of exclusive breastfeeding and 89% were advised on the benefits of colostrum. Furthermore, the study revealed that 94% of all mothers were aware that breast milk protects babies against diseases. A "National Breastfeeding Promotion and Protection Committee" as recommended in the National Framework to improve Maternal Newborn Child Health (2019) was thus set up."*

This is important but it's very important to support mothers who don't want to breastfeed and feel more at ease to give bottles to their baby.

### **Reply to the issue raised in paragraph 22 (b)**

**78. Hepatitis B and C** in the centres of the 5 regional hospitals.

Some 211 patients are under treatment, while 327 people have completed their treatment and 188 have been cured (July 2021)<sup>85</sup>

In section 242 of the state's report, we read the awareness activities held by the Ministry of Health and Wellness. A television spot, which would be aired on national television as part of the outreach programme to raise awareness on viral hepatitis, was launched on the 28th of July 2021, world hepatitis day. This could be enhanced. Information about availability of treatment in hospitals for Hepatitis C should be upscale.

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<sup>83</sup><https://defimedia.info/ouverture-dun-day-care-centre-pour-les-autistes-triolet-sur-chaque-160-naissances-il-y-un-enfant-autiste-maurice>

<sup>84</sup><https://www.who.int/fr/news/item/30-03-2022-who-urges-quality-care-for-women-and-newborns-in-critical-first-weeks-after-childbirth>

<sup>85</sup><https://www.google.com/url?q=https://govmu.org/EN/Pages/NewsDetails.aspx?n%3DHealth-Minister-announces-hepatitis-C-virus-micro-elimination-approach-for-dialysis-patients.aspx&sa=D&source=docs&ust=1655219690932043&usg=AOvVaw0xd37Ukm-mkdzOAv2rMKW3>

### **Reply to the issue raised in paragraph 22 c: Mental Health services**

79. *“Psychiatric treatment in Mauritius is mostly based in five regional hospitals for mild-to-moderate conditions and one major mental health centre that can accommodate up to 700 admissions for severe cases. Several Community Health Centres are equipped to provide psychiatric follow up”* stated in section 243.

79.1. There is only one **pedopsychiatrist** in Mauritius. Two psychiatrists will, apparently, go and benefit from this training, according to a psychiatrist of the Ministry of Health, in June 2022. And there are 2 psychologists and 3 psychiatrists in each of the 5 regional hospitals.

This is positive but insufficient. Many children are treated by adult psychiatrists. The presence of more child psychiatrists is required for appropriate and regular diagnosis and treatment. Sustaining the training of future child psychiatrists is really required.

Currently the only child psychiatrist based at Brown Séquard Hospital, also provides consultations one day a week in regional public hospitals. And although the child psychiatric consultation can then be done at the nearest hospital, some paediatric psychiatric drugs are only available at the Brown Séquard hospital, as is the case, for example, with Ritalin used in the treatment of "Attention Deficit Hyperactivity Disorder" (ADHD). Governed by the Dangerous drug act, the distribution of certain drugs in Mauritius is very controlled, including in the private sector. Dispensation depends on a prescription renewable every 10 days and private clinics are subject to renewable annual quotas, which leads to stock shortages (for lack of rapid enough renewal of the authorization to obtain supplies between the Ministry of Health and the clinic's procurement department), which causes interruptions in the treatments that are harmful to the child. The number of child psychiatrists and the number of distribution points for certain psychiatric treatments is a barrier to children's access to care. In addition, the question of the availability of screenings and examinations for psychiatric disorders arises.

79.2. **Psychologists** in the Republic: Cf. section 34 of this alternative report.

There are only 16 psychologists in the Ministry of Health for 1,265,711 inhabitants in 2022. And in the Ministry of Education till this date, there is no clinical psychologist who could intervene for students, children and adolescents who suffer from a mental health disorder and/or would be at risk/in danger (e.g. student who has attempted suicide).

50 educational psychologists work for the Ministry of Education. It's one educational psychologist for a cluster of 20 schools. This increase of professionals is important and welcome, and still has to be enhanced, as therapeutic support is often more effective if it is regular. It is therefore crucial that there are more psychologists, therapists and counsellors, accessible to people suffering in the public sector (e.g. dispensaries, community centres, youth centres, hospitals, etc.). The rates of these liberal professionals are high (Between 23 USD and 33 USD per hour) making access it difficult for the majority of the population. The appointments given to the ministries are often very spaced out, of insufficient duration, which do not allow adequate and effective follow-up.

79.3. We read in section 244 of the state's report, that: *“In 2016, **health screening programmes** reported that 55 (0·3%) of 15 879 children aged 3–5 years in pre-primary facilities and 38 (0·1%) of 42 455 children aged 5–12 years in primary schools had either a mental health or behavioural disorder. Although the children who were included in the programmes were provided with appropriate follow-up treatment at hospitals, children who attend public schools do not have access to child psychologists to help with any other form of psychological disorder. A referral mechanism is in place where educational psychologists refer children with mental health issues to the nearby hospital. ”*

As mentioned in the previous points, there is a lack of trained professionals to provide appropriate screening and follow-ups in public schools. In early 2018, an educational psychologist of the Ministry of Education told an NGO psychologist that they were not trained to administer a basic WISC-IV (Wechsler

Intelligence Scale for Children). They had to ask the few psychiatrists who themselves were not trained to analyse the test. The same educational psychologist said that they do not have time to do follow-ups with children, meaning they went to schools once every 3 to 4 months for 1 or 2 hours. This is far from enough to provide appropriate and effective care and/or screening.

It's really important to have, in the Republic, more qualified professionals in psychology and reinforce the number of child psychiatrists. This will facilitate the screening, mentioned above. In Mauritius, and in Rodrigues where work one psychiatrist, 3 educational psychologists, 1 psychologist in catholic colleges and one in the CDU.

79.4. Section 244 states that, in 2017, *“there has been a **shift in mental health care** from long-term institutional care to community-based care through the implementation of community psychiatric care. The provision of community-based mental health care enables people including children to access treatment in primary care settings while reducing stigma and discrimination linked with mental disorders. In a bid to increase mental health care delivery, psychiatrists are posted in each of the five regional hospitals. People with severe mental disorders are still treated at the main mental health centre”*.

Actions have to be ensured to facilitate this shift. Consulting a psychologist or psychiatrist is still perceived by many, as a real problem and taboo which can cause shame and embarrassment.

80. We insist on the sensitisation **campaigns on mental health**, stated in section 248, to *“reduce stigmatisation and discrimination, promoting human rights and preventing suicide, setting up a fully functional Mental Healthcare Service in all Regional hospitals, establishment of a crisis intervention service and an active surveillance system for monitoring mental health and suicide.”* These are essential. We have had not any feedback on the implementation of this crisis intervention team in colleges, and there is no established protocole as to how to intervene when there is a case of attempted/completed suicide, for example. The school staff also needs to be trained on how to deal with such sensitive and complex cases to avoid other cases of attempted/completed suicide in the school community, and to this date we are not aware of such training taking place in public colleges. These are made in catholic colleges.

81. We insist on the importance of Continuous **Medical and Professional Education and Training for all members of staff of hospitals:** doctors, nurses, psychologists, etc. On issues of suicide, violence, sexual abuse, etc.

#### **82. Better forecast.**

On the 16th of June 2022, there is no Ritalin (for ADHD) and Risdone (manias, as sedatives, bi-polar disorders, schizophrenia) in the country as it is out of stock. So the patients had to change their medical treatment and adapt to new molecules, not knowing how they would react and adapt. Better forecasting has to be done by the Ministry of Health for such situations not to occur and to enable stable long-term care for patients.

83. **“The Mental Health Care Act** was amended in 2021 to ensure more effective services to psychiatric patients through section 43 (a) providing for specific offences, to act as a strong deterrent with regard to ill-treatment of psychiatric patients. Provision is also made for a Managerial Committee to enhance service delivery, for better security of patients, but also, a more humanitarian care and services to patients and their families.”, in section 249.

We recognise the amendment of the Mental Care Act in 2021, however it should be more inclusive of different sectors. An association of psychologists, counsellors and therapists, SPP, asked, in March 2021,

that psychologists should be included in this law, that a multidisciplinary team should work for better support and care.

84. *“Several measures have been taken by the Ministry of Gender Equality and Family Welfare to provide psychological support to victims of violence and abuse including persons with disabilities so as to enable them overcome emotional and psychological trauma related to abuse or violence. Support is also provided at their residence in case they are unable to attend the outstation”,* stated in section 252. As described earlier in this document, the quality of these services should really be improved

85. *“The Ministry of Gender Equality and Family Welfare has enlisted the services of a Psychiatric Nurse since January 2019, especially to assist the residents with specific mental health issues placed in Residential Care Institutions. The nurse attends to cases in Residential Care Institutions and monitors residents, especially those suffering from psychiatric problems”,* in section 253. It’s hard to get information from that service.

### **Reply to the issue raised in paragraph 23 (a)**

#### **ADOLESCENT HEALTH**

86. **Safe abortions.** *“Section 235 of the Criminal Code has been amended to allow for therapeutic abortion as well as abortion in cases where pregnancy is the result of rape or incest.”*

We welcome that, in 2012, the criminal code has been amended to allow more situations to authorize and legalize abortions, in section 254 of the State Report.

86.1. However, some doctors or police officers don’t know the law, amended in 2012. A few years ago, a girl was pregnant, raped by her father and officers didn’t allow her to abort. One NGO has to contact special advisers to intervene to apply the law in this case.

86.2. This has to be reviewed to allow **safe abortions to every girl and woman in the Republic**, after a medical and psychological assessment. It is one of the measure preventing early pregnancies, preventing all the risks that the girl take being pregnant, having a baby, perpetuating social and gender inequalities, etc.

According to data from Health Statistics Report and statistics Mauritius, mentioned in some media articles in 2020 <sup>86</sup> and we understand that:

According to this article published in October 2020, over seven years (from 2013 to 2019):

28 girls between 10-14 years and 1043 girls between 15 to 19 years old, on average, have given birth

In Mauritius, from 2013 and 2018 according to the article published in February 2020:

27 and 1054 babies were born from mothers aged between 10-14 years old and 15 to 19 years old, respectively, every year (Source : Health Statistics Report 2018 and Statistics Mauritius)

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<sup>86</sup> <https://sundaytimesmauritius.com/grossesse-precoc-un-phenomene-qui-prend-lentement-de-lamplieur-a-maurice/>  
[Mélanie Vigier de Latour-Bérenger sur la grossesse précoce : «Il faut oser parler davantage de sexualité aux jeunes» | Defimedia](#)

In Rodrigues, in media articles<sup>87</sup> we read that:

57 early pregnancies have been detected from January to July 2021 according to the Défi Media published 17th 2021, amongst them, girls of 12 and 13 years of age 156 cases in 2020.

And the cases of still births, or illegal abortions that are not safe, putting at risks the girls are not in these figures. Contraception is still very hard to get in hospitals for minors. It's important to consider safe and legal abortions for a bigger protection of girls of the Republic of Mauritius.

In section 260, it states that: *“There has been a significant increase in the number of reported cases of teenage pregnancy at the Ministry of Gender Equality and Family Welfare, notably during the past years from 135 in 2014, to 251 in 2020 and 77 cases till September 2021, 463 cases of teenage pregnancy have been recorded.”*

86.3. **Sessions on sexuality** (values, risks, safe sex) ensured by professionals, with updated and correct information, and persons who feel at ease to talk on this subject, are also a huge need. In 2018, we had testimonies of students who were supposed to have benefited from sexual education in school. The teachers gave them a booklet asking them to go and talk about this subject with their parents.

86.4. In section 258: *“The Ministry of Health and Wellness carries out **awareness campaigns on unwanted pregnancies and teenage pregnancies** at the antenatal and postnatal clinics of Government Health Service Points. There are also ad hoc sensitisation campaigns that are carried out in secondary schools. Awareness sessions are also conducted in Rehabilitation Youth Centres, Correctional Youth Centres and Youth Centres.”* This is a positive initiative if it's done, however it's not the feedback we have, many persons working in these structures are not aware of that.

We also read “Various measures are continuously being taken by the Drop-In Centre and the Mauritius Family Planning and Welfare Association to combat issues of early sexual activities among teenagers resulting in teenage pregnancy”, in section 259. The content of this kind of campaign really must be reviewed, with the expertise of CSOs. We already mentioned in section 56.2.3. The purpose and quality of this campaign is highly questionable.

86.5. We read, in the article 256 of the State Report, that *“**provision of contraception such as condoms, contraceptive pills, intra-uterine device, are made available**”*. However, according to the director of Mauritius Family Planning and Welfare Association in 2020, on the radio, no contraception is given to minors. And they are difficult to access because of the prices in pharmacies. This really has to be

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<sup>87</sup> **Rodrigues :**

57 cas de grossesses précoces de Janvier à juillet 2021, selon le [Défi du 17 août 2021](#), dont des filles de 12 et 13 ans.

[https://www.wazaa.mu/fr/a-rodriques-57-cas-de-grossesse-precoce-enregistres-de-janvier-a-juillet-2021?fbclid=IwAR0XVwUau7ZQ\\_hfWDFmFz72nTPOx3yu4eD25G3iCIAb427MzT4xAtdxZTvl](https://www.wazaa.mu/fr/a-rodriques-57-cas-de-grossesse-precoce-enregistres-de-janvier-a-juillet-2021?fbclid=IwAR0XVwUau7ZQ_hfWDFmFz72nTPOx3yu4eD25G3iCIAb427MzT4xAtdxZTvl)

For figures in 2021: <https://defimedia.info/grossesse-precoce-rodriques-57-cas-de-janvier-juillet-2021-une-situation-alarmante-affirme-franchette-gaspard-pierre-louis>



reconsidered for more protection and safety for girls. And moreover, when we know the number of girls in the republic of Mauritius, having babies nowadays, mentioned above.

Despite this, we read that: *“Male, female condoms and gels are available and accessible to all at the Family Planning Clinics. This service is being provided during the sensitisation and awareness sessions on HIV and AIDS held by the health care personnel of the AIDS Unit. The sexually active youth and young people who are considered to be a vulnerable group can freely access condoms, to prevent incident of teenage pregnancy.”*, in section 621, there is a gap with what we experience. There’s a lack of harmonisation between the service provision and service accessibility as for healthcare workers, since sex below the age of 16 is not allowed, contraceptive methods and methods to prevent STIs and HIV infection are not provided to those aged below 16 years despite early sexual debuts in children. We recommend that contraceptive methods, including condom and lube-compatible condoms be made available to children below the age of 16 accompanied by appropriate counselling and IEC materials.

### **Reply to the issue raised in paragraph 23 (b)**

**87. HIV transmission.** We read that *the country is aiming towards elimination of HIV transmission from mother to child*, in section 262 of the State’s Report.

87.1. This goal is not achieved while there exist means of reducing the transmission to 1%. Unfortunately, stigmatisation and discrimination have a detrimental effect on early prevention. Patients do not go to the hospital early enough for their medical follow-up and the risk of contamination is thus increased to 30%.

Every year, approximately a hundred women living with HIV give birth. For the past ten years, on average one to ten babies were born, every year, suffering from HIV. See details below.

<b>Detection year</b>	<b>Number of babies with HIV</b>
2010	9
2011	3
2012	1
2013	3
2014	7
2015	8
2016	8
2017	10
2018	6
2019	6
2020	8

87.2. A few sex workers don't go to hospitals to benefit from their treatment because of the threats they receive from CDU officers to take their baby away. Ensuring a humane and respectful approach is fundamental, and it encourages human beings to be cautious on their health.

87.3. Regarding the follow up of **children suffering from HIV**, improvements can be done.

87.3.1. In 2019, antiretroviral drugs were out of **stock** and in 2022 the stock is still insufficient. Children cannot benefit from treatment for more than one month even though their medical follow-up is done every three months (in the best-case scenario). Some parents struggle to travel thus making it difficult to ensure the good delivery of the treatment. It is recommended that CD4 and viral load tests are performed twice a year by specialists. The expiry date of the stock of medicine being the 31st may arrived in public pharmacies on the 1st June. This means that many minor patients could not obtain their morning dosage as many families were not able to fetch the medications on that date. It is important to note that the ARV are not available in private pharmacies to this date.

87.3.2. Unfortunately, there is a **lack of resources in laboratories** and as a consequence, testing occurs only once a year.

87.3.3. **Blood tests** are not carried properly, without any paediatric materials, hence making them unusable. The blood tests are not done with paediatric equipment, the coagulated blood in the collect tubes is not exploitable and cannot be used in the laboratory. The minor patients therefore need to subject themselves once more to doing blood tests, without any guarantee of the results. There is also the risk of the broken needle, when an adult syringe is inserted in the hand of a minor patient and bent to 90 degrees to extract blood. It is urgent for the Ministry of Health to equip themselves with Butterfly Needles (paediatric kit) for minor patients living with HIV, within the NDCCI and for all the paediatric services of the country including Rodrigues.

87.3.4. **Multidisciplinary team:** paediatrician, child psychiatrist, cardiologist consultants intervening directly at the DCCI ( Day Care Centre for Immuni Suppressed) level would be beneficial. DCCI facilities are not child friendly and do not offer a secure environment (toilets are not locked).

88. *"Consistent aid correct condom use as primary and secondary prevention is being promoted among the Mauritian population in addition to targeted preventive measures, namely: HIV testing and counselling, universal access to antiretroviral treatment (prevention of mother-to-child transmission. post exposure prophylaxis, pre-exposure prophylaxis), harm reduction measures, distribution of information, education and communication materials for adoption of safe behaviours"* mentioned in section 262.

Even if harm reduction services are available, this needs to be upscaled as there has been a decrease in the number of syringes made available for users and Paraphenalia is still not available. As we know Hep C transmission occurs with all injecting materials used by people who inject drugs. Some also have some challenges concerning the methadone dispensation which is still in the police stations and without flexibility (From 6:00 to 8:00).

We also would like to point out that no harm reduction services are provided to young people below 18. Concerning the pre-exposure Prophylaxis, more campaigns should be conducted to informed the population of the availability of this prevention tool.

**Reply to the issue raised in paragraph 23 (c)**  
**Raising awareness about HIV/AIDS**

89. We read in section 268 that “*Prévention Information et Lutte contre le Sida (PILS), an organisation working in the HIV response in Mauritius provides a support structure for people living with HIV in Mauritius, through an intense and dynamic advocacy, which, over time, has gained national and international recognition. The organisation carries out sensitisation campaign in the community for minors under 18 yrs old. For the period 2020 and 2021, they have organised 15 campaigns respectively with children through their network including non-governmental organisations, colleges, religious organisations, and with trainees on placement in hotels. Around 316 minors were reached.*”

PILS still has **limited access to secondary schools**. The latest statistics show that new infections for youth between 15 - 24 was 60 in 2020 and 28 from January to June 2021. This clearly shows the need to step up our efforts in terms of prevention, to include youth in discussions and strategies for the national response.

**Reply to the issue raised in paragraph 23 (d)**

**90. Substance abuse**

In the past years it has been observed that there has been a rejuvenation of illegal drug and alcohol use in schools and in the community, as we experience and observe in different communities.

90.1. We recommend a holistic and mainstream national early childhood prevention policy.

90.2. Access to harm reduction services for under 18 with a fast track in place

90.3. Close monitoring of those accessing the program with the adequate psycho-social support should also be provided.

90.4. There also needs to be a targeted prevention program for most at-risk families, in parallel with providing adequate support and follow up to minors and their families.

Substance abuse and addiction is a health issue, not a criminal issue.

90.5. The programme Get Connected is relevant but it seems to this date that the teachers have been trained but the programme has not yet been implemented in schools.

90.6. There have been coordination difficulties with the Ministry of Education who is in charge of drug prevention within the National Drugs Secretary which makes the implementation of the programme challenging within public schools.

90.7. Within the community, the programme yepad (Young empowerment prevention against drug) is still ongoing in 14 regions to date, with the collaboration of the civil society and NGOs.

90.8. To this date there is no prevention programme for the young children years at national level in schools. One ONG, member of KDZM, delivers community prevention programmes in numerous regions.

90.9. We read in section 269 (d), that: “*in line with the United Nations Convention on the Rights of the Child, the **National Children’s Council regularly sensitises** children, adolescents, adults on articles of the Convention on the Rights of the Child with particular emphasis on Article 33 – Protection from drug abuse amongst others.*” We have no information about the NCC ensuring prevention sessions.

90.10. We read, in section 269 e) that “*For 2019, the Council has planned a vast campaign to combat drug and substance abuse in colleges to empower the youth. This campaign is ongoing and is being **implemented with the help of the Anti-Drug Smuggling Unit of the Police Force.***” It is important to avoid police officers from ADSU (anti drugs smuggling unit) holding prevention sessions, according to the international global drug policy observatory.

90.11. **Training of the staff in the Centre Nenuphar, for minors and youth**, has to be enhanced.

90.12. *“The High-level Drugs and HIV Council was set up in December 2018 under the chairpersonship of the Prime Minister to provide a strong, efficient and effective national response to drugs and HIV as well as to oversee the implementation of the recommendations of the Commission of Enquiry on the Drug Trafficking Report 2018, the National Drug Control Master Plan 2019-2023 as well as the National Action Plan for HIV/AIDS 2017-2021,”* section 276. Launched in January 2019, 4 meetings have been held and a subcommittee has been set up **the multi- sectoral committee on HIV and AIDS** where the last meeting was held in January 2022. These 2 platforms give the opportunity to think about the response against HIV and drugs in a more holistic approach and the civil society welcomes the initiative of the government to work closely with organisations working in this field.

90.13. *“The National Drug Secretariat has in collaboration with the Mauritius Broadcasting Corporation launched a **national media campaign** against drug abuse. Some of the recommendations made by the Commission of Enquiry on Drugs have already been implemented and some are in the pipeline.”* Alcohol and cigarettes have to be treated as addictions.

It is important that CSOs experts in substance abuse and addiction are involved in the conceptualization of these campaigns

90.14. We read, in section 278 that: *“A **Protocol has been set up in school to act as a guideline for management on how to handle a case whereby a student is caught in possession of a suspected illicit substance. This Protocol also advocates close monitoring and follow up at the level of the school including pastoral care and support from Educational Psychologists. Psychological back up services and counselling are provided by the Educational Psychologists. Educational Social Workers establish the School/Home links and facilitate the rehabilitation of the needy student”**.*

This Protocol has been mentioned in the Children’s Act but not yet implemented, according to an officer in Responsibility of the Ministry of Education.

#### **Reply to the issue raised in paragraph 24 (a)**

##### **Impact of climate change on the rights of the child**

91. In section 282, it is mentioned that *“The Centre is in the process of implementing a National Multi Hazard Emergency Alert System for the Republic of Mauritius. The National Multi Hazard Emergency Alert System provides a reliable high performance system with the necessary infrastructure to disseminate warnings and alerts to a maximum number of people and stakeholders within a reasonable time frame by broadcasting such warnings and alerts through a number of channels, including telecom networks, television, radio, social media and display signs. The system has been designed to deliver alert message via various formats including audio/visual/text so that all people and children in general are not left behind when it comes to disaster/emergency alerts.”*

91.1. This measure is implemented in some private schools, which is positive.

91.2. Some children in private schools are taught about climate change and the risks, however many children are still not aware. It is important to include that in all the school programmes

#### **Reply to the issue raised in paragraph 25**

##### **Standard of living**

92. We read, in section 186 of the State’s Report that: *“The Social Integration and Economic Empowerment Act 2016 enables the setting up of empowerment programmes to combat poverty, providing pecuniary and non-pecuniary support to families eligible under the Social Register Mauritius to*

*move out of poverty and to facilitate their integration in mainstream society*". After the Covid-19, the increase of poverty, we ask to review these criterias to enable more families to **benefit from financial support**.

93. Enabling families to have social housing is essential. **Support for formalities** must be ensured by a team of qualified social workers.

## **I. EDUCATION, LEISURE AND CULTURAL ACTIVITIES / EDUCATION, LOISIRS ET ACTIVITÉS CULTURELLES**

### **Education, including vocational training and guidance**

#### **Reply to the issue raised in paragraph 26 (b)**

94. We read, in section 302, that: *"Furthermore, the Ministry of Education, Tertiary Education, Science and Technology has put in place the **student tracking mechanism** to ensure that children between five to sixteen years old attend school and that Educational Social Workers have among their duties, the responsibility to identify children of school going age who are not attending school and conduct parent education programmes for necessary guidance."*

There are only 22 Educational social workers (ESW) at the MoE and 4 SESW in total. They intervene in all primary, secondary, pre-primary as well as in primary school of PSEA.

Referring to the Educational Zone Card, the ratio of Educational Social Worker per school is way too large, which does not allow proper implementation of the above-mentioned measures. These ESW can only focus on urgent cases.

The ESW spend a lot of time tracking children not attending school and are unable to properly attend to their other important duties that address socio-emotional issues and have actual and measurable impact on children. Proper counselling and follow-up is very hard in this context.

Recommendation for an ideal ratio would be 1:1 or 1: 25 (1 SSW or ESW per school) (NSAW,2012)<sup>88</sup>.

If all schools have a social worker on a daily basis, they would have been able to create better approaches to respond to psycho-social issues. Education social workers would be responsible to set up case conferences with multidisciplinary teams and have proper follow up on each case.

95. In section 303, we read that: *"All cases of **reported or suspected drop-out of students** below compulsory education age, irrespective of the cause whether related to language or not, are subject to enquiry by the Educational Social Worker with a view to re-integration within the education system. "It's important that the Ministry of Education makes public the reasons for student drop-out and the identified risk factors. A Regular consultation should take place with NGOs, educationalists and educational social workers engaged in formal and informal education in this context. We need some specific information for better understanding, care and way of addressing the issue.*

96. The **quality of education and contents** have to be ensured so as to keep the motivation of the children. School can be free, however the system does not fit all children. This is really important to prevent children from stopping school. And ensure a better follow-up

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<sup>88</sup>[https://www.socialworkers.org/News/News-Releases/ID/1633/NASW-Highlights-the-Growing-Need-for-School-Social-Workers-to-Prevent-School-Violence#:~:text=School%20social%20work%20services%20should,suggested%20\(NASW%2C%202012\).](https://www.socialworkers.org/News/News-Releases/ID/1633/NASW-Highlights-the-Growing-Need-for-School-Social-Workers-to-Prevent-School-Violence#:~:text=School%20social%20work%20services%20should,suggested%20(NASW%2C%202012).)

97. It's important to have a regular update about the **data of the Ministry of Education**, to have a good knowledge of the number of children who stopped, and know the problems and needs to address it efficiently.

#### **Reply to the issue raised in paragraph 26 (c)**

98. *"In Mauritius, all schools are equipped with **proper sanitary facilities** such as wash basins, toilets as well as covered bins for disposal of sanitary pads", as mentioned in section 306. However, according to educators from primary government schools, even though these measures have been implemented, proper sanitary measures and hygiene in schools are still lacking in primary government schools.*

99. Section 307 states that: *"In the budget of 2017/2018 gendering of tax law was applied through the removal of Value Added Tax from **sanitary pads and tampons**. In the budget 2021/2022, provision has also been made for sanitary napkins to be provided free of charge to children in grade 6 to grade 13 from families registered in the Mauritius Social Register."* We ask for that for all girl students who need it. Many families are poor and it's difficult for them to access it.

100. *"Furthermore, **sexuality education** is covered both in primary and secondary curriculum frameworks. Mauritius has adopted the United Nation Educational, Scientific and Cultural Organisation driven concept of sex education as a life skill. In that capacity, it is meant to facilitate the emergence of a balanced individual with healthy attitudes and values for sound and responsible citizenship", is read in section 308.*

It has been reported that sexual education courses are not covered in Fortified Learning Programmes Schools. In some secondary schools, some teachers who have been trained, have difficulties facilitating the session with their students, and hand out the booklets asking students to discuss the subject with their parents. It is important to ensure that training teachers in this field requires ongoing training, supervision and ensuring proper implementation of programs in schools to ensure its effectiveness. The number of teenage pregnancies in the Republic is worrying. Ensuring correctly these sessions on sexual education is very important.

### **J. SPECIAL PROTECTION MEASURES/ MESURE DE PROTECTION SPECIALES**

#### **Reply to the issue raised in paragraph 28 (c) . (d)**

### **ECONOMIC EXPLOITATION, INCLUDING CHILD LABOUR, AND CHILDREN IN STREET SITUATIONS**

101. We read that, in section 324, that: *"The Ministry of Gender Equality and Family Welfare commissioned the University of Mauritius for the development of a Comprehensive Strategy on Street Children in July 2016. The objectives of the Strategy were, inter alia, to assess the nature and magnitude of the problem of street children in Mauritius, examine their situation and make recommendations in the form of an Action Plan. The collaboration of the National Empowerment Foundation was also sought to provide assistance to the children deemed to be living in street situations"*

Safire<sup>89</sup> is an NGO which has a crucial role in helping street children, and children who dropped-out from school. The project Laferm<sup>90</sup> is important in empowering these children.

The Government needs to invest in:

- the project Nou Laferm

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<sup>89</sup> <https://safire-ngo.org/welcome/home>

<sup>90</sup> <https://avipro.mu/le-projet-safire-une-belle-aventure-humaine>

- the quality of education to ensure that children stay at school
- provide easy access to the number of school drop out every year (numbers are known by the the Ministry of Education but are not easily accessible
- providing substantial support to these families, mentioned in section 64 above, this will help them for the quality of care given to their children, reducing the risks of vulnerability.
- improve the quality of life of these families by providing financial support , and more families should be on the Social register. Cf. section H of this report. Standard of living.

#### **Reply to the issue raised in paragraph 28 (f)**

102. In section 329 of the State's Report, we read that: *"In Mauritius, cases of child abuse are reported to the Police and on a hotline 113 to the Child Development Unit. Multi-disciplinary teams which consist of social workers, child care workers, and psychologists are **available on a 24 hours basis** to give assistance in cases of child abuse. With the introduction of the new Children's Act 2020, further provisions have been made to cater for the best interest of the child. Further, all penalties have been increased in the Act for better protection of children."*

We don't experience that availability. We mentioned it above in sections of this report on the services provided by the CDU, 47.3.

#### **Reply to the issue raised in paragraph 29 (a), ( c)**

##### **103. Sale, trafficking and abduction of children.**

103.1. We mentioned this issue in sections 56 and 70 of this report.

103.2. Information has been given in various sections in this alternative report on child trafficking, the efficacy of assistance given, the absence of collaboration from some ministries with the CSOs, the absence of fast-track, absence of training of many officers in Child Protection Services.

#### **Reply to the issue raised in paragraph 29 (d)**

104. We read in section 336 of the state report that *"The law ensures that an officer in public hospital /private clinic **records the name and contact details of the mother**. Following the discharge, the mother is issued with a notification of birth with details of mother, father and the child. This document is compulsory for the registration of the birth at the Civil Status Division. Therefore, the issue of child trafficking is curtailed at source."*

However, recording the name of the parent does not mean that the child would be registered. We recommend that coordination and sharing of information be made between clinics/public hospitals and the Civil Status Office to ensure that all newborn children are registered on time.

#### **Administration of child justice**

#### **Reply to the issue raised in paragraph 30 (e)**

105. **Not every case is dealt in first by the Probation Office** as stipulated in the law. There are alleged cases where the police arrest the child and put a provisional charge. Unfamiliar with the court procedures, minors might not request for legal aid and end up at the CYC.

## CONCLUSION

We take into consideration the efforts ensured by the State in regards to children, their rights, security, protection and well-being. However, we, the Civil Society, is deeply concerned by the significant gaps between the report given by the State and the on-site observations in various settings in regards to the non-respect of children's rights.

We appreciate the Presence of the UN Rapporteur in June on Sale and Sexual Exploitation of Children. We ask for more visits from UN specialists, it provides opportunities to highlight some of those gaps.

We insist on the responsibility of the State to implement measures that will ensure the well-being of all the children in this Republic.

We insist on the importance of regular monitoring and evaluation of all programmes, services, projects etc. as a safeguarding measure in ensuring that the best optimal care is provided to all children.

Many recommendations, proposals of collaboration, have been made by the CSOs at numerous times and for many years now. These are regularly proposed to the governmental institutions in charge of the children, with the aim of building strong, fruitful and effective collaboration with the State and the Civil Society, as we believe that together we can provide a safe, secure and protective environment for all children- and optimise their well-being.

Setting up collaborative pathways more specifically with the Ministry of Gender and Family Welfare is essential if we want to continue working towards making the Republic of Mauritius a safe place for all our children.

Joining our expertise is precious.

## SIGNATORIES:

**1.KDZM**, Kolektif Drwa Zanfan Morisien, existing since 2012, comprised of:

### 8 NGOs:

- Action for Integral Human Development (AIHD): emotional well-being of children, managing projects for children since 2009.
- Adolescents Non-Formal Education Network (ANFEN), since 2008.
- Autisme Maurice: autistic children, since 2009.
- Caritas: working for poverty alleviation, since 1965
- Drip: Développement Rassemblement Information et Prévention
- Kinouété: Reinsertion of detainees, since 2001.
- Terrain for Interactive Pedagogy through Arts: TIPA, since 2008.
- T1 Diams. Type 1 Diabetes Mellitus Support: people living with Type 1 diabetes, since 2005.

### Individual members:

- Danny Philippe: social worker
- Marie-Laure Ziss-Phokeer, journalist and activist
- Martine Lassémillante: co-founder of T1 Diams
- Mélanie Vigier de Latour-Bérenger, psychosociologist.

2. Some members of CSOs want to be anonymous.

Other NGOs signatories:

**3. Association de Parents d'Enfants Inadaptés de Maurice (APEIM):** association founded in 1970. Its aim is to cater for the needs of children and adults with an intellectual disability. Medical and paramedical team who carries out evaluations of children and adults, provide systematic feedback to parents and



refer all new cases to the services at APEIM and to other institutions. Among their services they have an early intervention program for children from 0 to 7, workshops providing rehabilitation for adults and a home visit service for persons with a severe handicap.

**4. CUT:** Collectif Urgence Toxida, since 2007.

**5. PILS:** association founded in 1996. Its aim is to offer support to people living with HIV and key populations in Mauritius, through marked actions. Since 2013, PILS has officially become a member of the Coalition PLUS, a union of Francophone community associations grouped together in the fight against HIV/AIDS.

**6. Global rainbow Foundation (GRF):** charitable trust founded in 2011, working in the social sector towards the rehabilitation and empowerment of Persons with Disabilities, through a series of activities and services. GRF has been a part of the Mauritian Community fighting for the rights of persons with disabilities since the beginning and has contributed to the support of more than 4000 persons with different types of disabilities.

**7. Gender Links:** lobbying towards Gender Equality, since 2008.

**8. Société des Professionnels en Psychologie (SPP):** association of Professionals in psychology, Registered in 2003, in Mauritius.

**9. Young Queer Alliance (YQA):** Organisation for advancing equal human rights of LGBTQI people in Mauritius.

**10. PILS** is an association founded in 1996. Its aim is to offer support to people living with HIV and key populations in Mauritius, through marked actions. Since 2013, PILS has officially become a member of the Coalition PLUS, a union of Francophone community associations grouped together in the fight against HIV/AIDS.

**11. SAFIRE:** Service d'Accompagnement, de Formation, d'Insertion et de Rehabilitation de l'Enfant, is an organisation, registered in 2006, working with street connected children in Mauritius. The Street Children project was under the aegis of the Ministry of Social Security from 2001 to 2005. The main goal is to contribute to the protection, rehabilitation and reintegration of children in street situations and / or at risk and to promote their rights.

## **ANNEX:**

**1. Ressources of Ministries between 2017 and 2022 (x1000 Rs):**

	2017-2018 estimated in Rs	2018-2019 estimated in Rs	2019-2020 estimated in Rs	2020-2021 estimated in Rs	2021-2022 estimated in Rs
Ministry of Gender Equality, Child Development and Family Welfare	473000	495400	471000	403000	450000
National Human Rights Commission	27300	24800	29000	25300	27400
Ombudsperson for Children's Office	13200	14200	14400	24000	25000
Ombudsman Office	13400	14600	15200	14500	15300
Prime Minister's Office	1211500	1877000	1997000	924500	1225000
Civil Status Division	272600	221500	264000	153200	184500
Attorney's General Office	334800	326000	340000	310000	317000
Ministry of Public Infrastructure and Land Transport	6602000	6251000	6153000	2225000	2197000
Ministry of Health and Quality of Life/Wellness	11672000	12260000	13100000	11700000	13100000
Vice-Prime Minister's Office, Ministry of Local Government	4852000	5308000	4805000	4202000	4318000
Environment and Sustainable Development	1436000	1220000	1163000	372400	441500
Ministry of Finance and Economic Development	3839000	3701000	2800000	3468000	3340000
Ministry of Agro-Industry and Food Security	2592000	3005000	3285000	2880000	2290000
Vice-Prime Minister's Office, Ministry of Education, Tertiary Education, Science and Technology	16600000	17237000	17100000	15025000	17000000