**Ministry of Foreign Affairs, Regional Integration and International Trade**

**(Human Rights Division)**

**Material for the annual thematic study of the OHCHR pertaining to the Human Rights Council Resolution 49/12, on the rights of persons with disabilities on support systems to ensure community inclusion of persons with disabilities, including as a means of building forward better after the COVID-19 pandemic**

1. **(a) Does your country have laws, policies, plans, strategies or programmes at any level of government relating to individualized support for persons with disabilities? In particular initiatives related to:**
2. **Communication: Support to overcome barriers that limit the ability to communicate and be understood (e.g., sign language interpretation, tactile interpretation, assistive technology and software, easy-to-read and plain language, captioning, augmentative and alternative communication, among others);**

The Ministry of Health and Wellness provides free medical care and treatment to patients including Speech Therapy and Audiology service for the treatment of vocal and auditory problems. It also recommends equipment such as hearing aids, (crutches), wheelchairs, glasses, etc., which are provided by the Ministry of Social Integration, Social Security and National Solidarity to vulnerable groups of people free of cost.

The different laws and policies to support persons with disabilities are as follows:

1. Disability Act
2. Mental Health Care Act
3. Residential Care Homes Act
4. Financial Support to NGOs to establish programmes in those fields.
5. Basic Invalidity Pension under the National Pensions Act

Currently, on the Government Portal, there are some features that enable universal access capabilities and these include:

1. Capability to increase font sizes; and
2. Zoom capability inherent on browsers.
3. Consideration is being given to include specific features which would enable persons with disabilities to easily access any new digital service provided under IT related projects.

**The Building Control Act 2012** provides, inter alia, that every building should, amongst others, satisfy functional requirements such as accessibility, in order to ensure that persons with impaired mobility and communication, elderly persons and pregnant women are able to access and use the building and the facilities within the building comfortably.

**The Building Control (Accessibility and Gender Compliance in Buildings) Regulations** was promulgated in November 2017 to make provision for new buildings and buildings under major renovation to contain, inter alia, the following features:

* 1. talking features/Braille signage for automated teller machines (ATMs), lifts in museums and other places where appropriate;
  2. voice system in banks, lifts and other places where queues are required;
  3. signage system for directional and informational purposes for visual access and audio-sign;
  4. conference rooms and auditoriums; and
  5. tactile cues to indicate changes in directions and changes in level.

Furthermore, Mauritius has incorporated the provisions of the **Marrakesh Treaty** in the Copyright Act of 2014. Section 23 of the Copyright Act permits the reproduction, without the authorisation of the author or other owner of copyright, of published works in accessible format for the benefit of persons with visual impairment and those who are print disabled. Section 23 also allows for the distribution and availability of copies exclusively to those persons on certain conditions.

**The Data Protection Act** provides for the protection of the privacy rights of individuals including persons with disabilities in view of the developments in the techniques used to capture, transmit, and manipulate, record or store data relating to individuals. All persons, including persons with disabilities have a right of access to their personal data. Section 37 of the Act provides for a right of access to the effect that “every controller shall, on the written request of a data subject provide, at reasonable intervals, without excessive delay (…) free of charge, confirmation as to whether or not personal data relating to the data subject are being processed and forward to him a copy of the data.”

Over and above, the Mauritius Broadcasting Corporation, in collaboration with the Ministry of Social Integration, Social Security and National Solidarity provides an 8 to 10-minute news bulletin in Mauritian Sign Language.

1. **Decision-making: Support to make decisions and exercise legal capacity. This includes assistance to: (a) obtain and understand information, (b) evaluate the possible alternatives and consequences of a decision, (c) express and communicate a decision, and/or (d) implement a decision (e.g., support agreements, peer support, self-advocacy support, advance directives, crisis support, financial management assistance, among others);**

The State of Mauritius is committed to ensuring meaningful participation of persons with disabilities in decision making processes at all levels, including their right to vote and be elected on an equal basis with others, including those living in institutions.

Articles 492 to 510 of the Code Civil Mauricien, in relation to guardianship and the substituted decision making process for persons with disabilities, make provision for cases of tutelle i.e. guardianship for cases of minors, persons who have attained the age of majority but whose mental state does not allow them to administer their state of affairs in their everyday life, and, under Article 494, in the case of a person who has attained the age of majority but because of his physical disability is unable to express his will and has to be represented for the administration of his affairs.

To protect persons with disabilities from discrimination, there are other legal instruments to safeguard their interests. For instance, the Equal Opportunities Act (EOA) (2008) prohibits discrimination by victimisation and provides protection from discrimination. It prevents both direct and indirect discrimination on the ground of inter alia impairment, subject to certain limited exceptions.

1. **Mobility: Support for personal mobility and access to affordable and available quality mobility assistance (e.g., mobility aids, assistive technologies and products (prostheses, orthotics, wheelchairs), animal assistance, point-to-point and paratransit transport, among others);**

Free health care services are offered to all the citizens of Mauritius including persons with disabilities. There is no discrimination in facilities provided in rural and urban areas. All hospitals have an orthopaedic department to assist persons with disabilities with assistive devices including prosthesis free of charge. Elderly persons, persons with disabilities and pregnant women are given priority at public medical institutions which are disabled friendly.

Since the year 2018, 100% duty free facilities on adapted and normal cars are being granted to persons with disabilities and to parents having children with severe disabilities compared to 85% duty free which existed prior to the year 2014.

A series of other services are provided to persons with disabilities to facilitate their personal mobility. These include inter-alia:

* + 1. free travel bus-pass and metro e-card;
    2. refund of bus and taxi fares;
    3. wheelchairs;
    4. walking sticks, elbow crutch, hearing aids, spectacles, concessionary air-fare;
    5. other assistive devices; and
    6. dedicated parking facilities.

As from June 2021, a new policy has been devised at the level of the Ministry to provide cash grant for the purchase of assistive device.

The cash grant has recently been reviewed in Budget 2022/ 2023 as hereunder: (i) Wheelchairs and Hearing Aid: Up to a maximum of Rs 10, 000 (ii) Spectacles: Up to a maximum of Rs 5,000

Moreover, following the presentation of the National Budget 2022-2023, the Government has informed that hot meal and transport facilities in Special Education Needs (SEN) schools will be provided to all students irrespective of age.

The Orthopedic Appliances Workshop

The Orthopedic Appliances Workshop is a department under the Ministry of Health and Wellness. The main objective of the Orthopedic Appliances workshop is to assist disabled patients to overcome their disabilities by fitting them with appropriate orthopedic appliances. The services provided by the Orthopedic Appliances Workshop are free of charge and are accessible to the whole population. The Ministry supplies orthopedic appliances which are affordable, cost-effective and meet minimum quality and safety standards.

Patients are referred to the Orthopedic Workshop by medical practitioners from all regional hospitals including Rodrigues and Area health centers for Orthopedic Appliances. Consultation in regional Hospitals (SSRNH, J Nehru H, Flacq Hospital and Victoria Hospital) are done once a month by the Orthopedic Workshop team. Consultation is also done at Queen Elizabeth Hospital, Rodrigues twice yearly. Patients are also referred directly to Orthopedic Workshop from regional hospitals and Area Health Centers for Orthopedic Appliances.

The Workshop consists of five sections:

a. Prosthesis section: – manufacture and repair of prostheses. A prosthesis is an artificial device that replaces a missing body part e.g. below knee and above knee prosthesis.

b. Orthosis section: – manufacture and repair of orthoses. An orthosis is a device that is applied externally to a part of the body to correct deformity, improve function, or relieve symptoms of a disease by supporting or assisting the musculo-neuro skeletal system e.g. adapted chair, upper and lower limb splints, body jackets and corrective brace.

c. Leather section: – Manufacture and repair of orthopedic shoes, corrective insoles and finishing leather work on orthopedic appliances for foot deformities.

d. Metal section: - Manufacture of callipers for poliomyelitic patients and lower and upper limbs splints for limbs deformities.

e. Seamstress section - Manufacture of minor orthopedic appliances made of fabrics e.g. lumbo-sacral belt for low backache.

All these orthopedic appliances are manufactured with specific materials, orthotics and prosthetics components mostly procured abroad. ​

Prostheses and orthoses - Prostheses and orthoses are externally applied devices and products used to assist people with physical impairments or functional limitations, to improve their functioning and increase their potential to live healthy, productive, independent, dignified lives.

A prosthesis is an externally applied device used to replace wholly or partly an absent or deficient limb segment (arm or leg). Common examples are artificial legs and arms.

An orthosis is an externally applied device used to support or modify the structural and functional characteristics of the neuromuscular and skeletal systems (such as arms, legs and the spine). Common examples are braces, splints and supports.

Prostheses and orthoses have various purposes, including to improve the mobility, dexterity or functioning of the user; alleviate pain; restore cosmesis; protect joints; prevent and correct deformities; and prevent secondary impairments. Most prostheses and orthoses are required for long-term use and others for limited periods.

Users of prosthetics and orthotics services are people in all walks of life who have physical impairments or functional limitations, due, for example, to:

* + 1. non-communicable diseases, such as diabetes, stroke, cancer and peripheral vascular disease;
    2. communicable diseases, such as tuberculosis, poliomyelitis and Buruli ulcers;
    3. injuries due to falls, road traffic and industrial accidents, natural disasters, war and conflicts;
    4. degenerative changes in the spine, hip, knee, foot, ankle or upper limbs;
    5. congenital anomalies or limb deficiencies; and
    6. cerebral palsy.

Most users have long-term chronic health conditions, such as limb amputation, limb paralysis, spinal cord injury or structural deformities, and therefore a lifelong need for health care, including prosthetics and orthotics. Others may require medium-term provision, such as in the management of adolescent scoliosis until bone maturity, or short-term provision, for example to support healing after a traumatic injury or fracture.

Many users require a continuum of care that evolves during their lifetime. Prostheses and orthoses must be repaired, adjusted, modified and replaced at intervals that depend on environmental factors, user activity and physiological changes. A 10-year-old child whose lower limb was amputated, for example, is likely to require 25–30 prostheses over the course of their life. Service users should have the right to be treated by the same clinician for a substantial part of their life (when possible), because of the complex psychosocial, physical and technical provider–user relationship.

The Ministry has already promoted response programmes at national level on TV programs, ‘Priorite Sante’ and ‘Morisien konn ou la sante’.

1. **Assistance with daily living activities: Support to assist persons with disabilities in a one-to-one human relationship to perform daily life activities like getting up, bathing, dressing, grooming, going out, cooking, cleaning, guiding, shopping, or doing laundry (e.g., full or part time professional personal assistance, third person support allowance, informal personal assistance, household cleaner, among others);**

NGOs remain a major provider of services to persons with disabilities in the local context. Moreover, carers who have successfully completed the formal Carers Course provide their service to persons with disabilities. Persons with disabilities who need the constant care and attendance of another person are entitled to a carer’s allowance. They also benefit from free domiciliary medical visits on a monthly basis.

1. **Housing and accommodation: Support in relation to housing and living arrangements in the community, including home modifications (e.g., housing information and assistance, home support, supported living services, financial support for housing, among others);**

Special loan schemes are provided by the Employee Welfare Fund at a very low interest rate for persons with disabilities. In line with the Convention on the Rights of Persons with Disabilities, the Government of Mauritius has sensitised employers individually and through the Federation of Employers to provide adapted infrastructure and reasonable accommodation to persons with disabilities in order to recognise their rights to work on an equal basis with others.

Moreover, allowance for Constant Personal Attendance is provided by Ministry of Social Integration, Social Security and National Solidarity to those with severe disabilities.

1. **Family and household support: Support to families and households with members with disabilities (e.g., informal support for persons with disabilities, including care-related work leave and capacity building for informal care and support, community-based network and community mobilization programmes, peer-support groups, localized intervention programmes, circle of support, early childhood support, respite care, among others); and**

In view of providing some relief to parents having children with disabilities, the Ministry of Social Integration, Social Security and National Solidarity has a free respite care programmes in place. Some 1,000 children with disabilities benefit from a two-nights’ stay at any one of its three recreation centres.

For those with Mental Disabilities, Community Psychiatric Nursing Care programme has been implemented to support the patient and family.

The Special Education Needs Authority (SENA) Act was passed in 2018 and a Special Education Needs Authority Board was set up in February 2019. This authority is responsible for:

1. monitoring and facilitating the implementation of special education needs policies of the Government;
2. advising the Minister on the formulation of policies and on the criteria for the registration of –
3. special education needs institutions;
4. the teaching and non-teaching staff, and any other resource person, of special education needs institutions;
5. providing guidelines for the design and development of curriculum for special education needs; and
6. the harmonization and promotion of programmes and policies for the education and holistic development of persons with special education needs in line with the Convention on the Rights of Persons with Disabilities

One of the main functions of the SENA is to make rules, issue guidelines and directives and set standards and conditions for the admission, transfer and discipline of Special Education Needs institutions.

All SEN Institutions run by NGOs, and registered with the Ministry/SENA (Special Education Needs Authority under the purview of the Ministry) receive funding from the Ministry as per the Grant-in-Aid Formula 2021. Further functions of the SENA are at **ANNEX I.**

1. **Disability-related extra costs: Financial support to pay services and goods, including personalized budgets and direct payments (e.g., cash transfers beyond income replacement, additional funds to cover support services, among others).**

There are numerous social protection schemes for persons with disabilities in Mauritius. In line with the National Pensions Act, all persons with disabilities who are under the age of 60 and who suffer from a disability of not less than 60% for a period of at least one year are entitled to a Basic Invalidity Pension amounting to the sum of Rs 10, 000 as from Budget 2022-2023.

Financial assistance provided by the Government under the Ministry of Health and Wellness for treatment abroad has been increased and the National Solidarity Fund, under the Ministry of Social Integration, Social Security and National Solidarity provides additional financial assistance to beneficiaries whose treatment cost exceeds the amount provided by the Ministry of Health and Wellness. The National Solidarity Fund refunds up to a maximum 50% of the amount. These schemes are also applicable to children with disabilities.

**1 (b) What are the government institutions, departments and ministries in charge of budgeting, financing and implementing the above?**

* Ministry of Finance, Economic Planning and Development.
* Ministry of Education, Tertiary Education, Science and Technology.
* Ministry of Health and Wellness.
* Ministry of Social Integration, Social Security and National Solidarity.
* Ministry of Labour, Human Resource Development and Training.
* Ministry of National Infrastructure and Community Development.
* Ministry of Gender Equality and Family Welfare.

The Ministry of Social Integration, Social Security and National Solidarity is working towards disability mainstreaming in all Ministries in Mauritius as disability being a cross cutting issues. Also, the setting of Disability Focal Points in each Ministry to act as mediator to build their capacity in integrating disability in the policies and programmes of their respective Ministries

1. **How is the social and solidarity economy (third sector, non-profit sector), particularly the disability sector, involved in budgeting, financing and implementing the above (1(a))?**

The National Social Inclusion Foundation (NSIF) provides funding for NGOs catering for persons with disabilities, including children and women. There are presently 53 NGOs which are benefitting funds from the NSIF to finance their activities, programmes and projects targeted to persons with disabilities. For the Financial Year 2021-2022, Rs 129, 737, 724 have been allocated to 53 NGOs.

The NSIF has a monitoring toolkit which properly monitors the output and outcomes of the NGOs that are at the receiving end. Performance Indicators (PI) such as the progress tracker, financial control, efficiency measure, compliance check, beneficiary verification and risk assessment are evaluated to ensure that the funding attains the aims and objectives which have been set.

1. **How are persons with disabilities and their representative organizations involved in the design and monitoring of the above (1(a))'?**

The National Council for the Rehabilitation of Disabled Persons Board which is mostly represented by persons with disabilities and their representative organisations meet every month to discuss about policies and action plans in favour of persons with disabilities.

In December 2017, a National Mechanism for Reporting and Follow-Up (NMRF) was set up under the then Ministry of Justice, Human Rights and Institutional Reforms as per the recommendations of the Office of the High Commissioner for Human Rights. The NMRF has become, inter-alia, the platform for consultations with Ministries, Departments, NGOs and civil society on a regular basis. The NMRF is presently chaired by the Honourable Minister of Foreign Affairs, Regional Integration and International Trade, who holds the portfolio for Human Rights. A dedicated Human Rights Division is responsible for all issues pertaining to NMRF and all Human Rights Conventions and Protocols, the State of Mauritius is party to.

1. **a) Does your country have legislation or policies, at any level of government, regulating and coordinating a care and support system that considers the areas mentioned in 1(a) above? Please provide references to the documentation.**

* National Pensions Act 1976.
* Residential Care Homes Act 2003.
* Special Education Needs Authority Act.
* Training and Employment of Disabled Persons Act.
* Lois Lagesse Trust Fund Act.
* National Council for the Rehabilitation of Disabled Persons Act.

**b) If yes, please describe how the care and support system is financed and what is the percentage of the eligible population covered.**

Funding for the above services are allocated to the Ministry from the Consolidated Fund from the Ministry of Finance, Economic Development and Planning. Furthermore, Public Healthcare system is funded through the Government through budget allocations.

1. **Does your country have a strategy to develop legislation, policies and programmes to enable the development of support systems as described in 1(a) above which includes targets, indicators and an accountability mechanism? Please provide references to the documentation.**

A series of legislations catering for the promotion and protection of the rights of persons with disabilities and for the elimination of discrimination against them has been drafted following consultation with NGOs and relevant stakeholders. The State of Mauritius recognises that NGOs remain a major provider of services to persons with disabilities in the local context. Persons with disabilities including women and girls with disabilities whose rights have been violated may have recourse to the following institutions:

Equal Opportunities Commission;

Office of the Ombudsman;

Office of the Ombudsperson for Children;

Ombudsperson for Sports

Ombudsperson for Financial Services;

National Human Rights Commission;

Public Bodies Appeal Tribunal;

Medical Appeal Tribunal; and

Civil Service Appeal Tribunal.

1. **Please provide data on persons with disabilities and families and households accessing care and support systems as described above in 1(a) and 2(a).**

The following beneficiaries are in receipt of the Carer’s allowance and a Basic Invalidity Pension:

**Carer’s Allowance - 28, 628**

**Basic Invalidity Pension - 33, 945**

The results for the last Housing and Population Census 2011 and the report on the disability characteristics can be accessed on the following link <https://statsmauritius.govmu.org/Documents/Census_and_Surveys/HPC/2011/HPC_tr_vOL4_dISABILITY_yR11.PDF>

Moreover, the Analytical Report on Disability may be accessed on <https://statsmauritius.govmu.org/Documents/Census_and_Surveys/HPC/2021/HPC_AR_Vol7_Disability_Report_Yr11.pdf>

1. **Please provide data on the impact of the COVID19 pandemic on persons with disabilities and families and households with members with disabilities (death rates disaggregated by disability status, death rates in institutions compared to those living in the community, impact on income as a consequence of disruption in support or increased support and care demands, disruption in support services, among other).**

No disruption in support has been reported during the COVID-19 pandemic as regards to provision of health care services. Financial support and other support were delivered normally.

However, there has been disruption in treatment because of patients refusing to attend hospitals during pandemic.

**30/08/2022**