REPUBLIC OF MAURITIUS

THE NATIONAL SEXUAL & REPRODUCTIVE HEALTH STRATEGY and PLAN OF ACTION 2009-2015

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MINISTRY OF HEALTH AND QUALITY OF LIFE

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Abbreviations and Acronyms

AF	Action Familiale
AHC	Area Health Centre
ANC	Antenatal Care
CHC	Community Health Centre
CPS	Contraceptive Prevalence Rate
ELWF	EPZ Labour Welfare Fund
EmOC	Emergency Obstetric Care
EVA	Education à la Vie et à L'amour
EVH	Ecole des Valeurs Humaines
FBO	Faith Based Organisation
IDU	Intravenous Drug Users
IMR	Infant Mortality Rate
IARC	International Agency for Research on Cancer
GBV	Gender Based Violence
HTC	HIV Testing and Counselling
HPV	Human Papilloma Virus
IEC/BCC	Information Education and Communication/ Behavioural Change Communication
LBW	Low Birth Weight
MAM	Mouvement d'Aide à la Maternité
MAW	Mauritius Alliance of Women
MBC	Mauritius Broadcasting Corporation
MAPBIN	Mauritius Action for the Promotion of Breastfeeding and Infant Nutrition
MCA	Mauritius College of the Air
MDG	Millennium Development Goal
MFPWA	Mauritius Family Planning & Welfare Association

MIH	Mauritius Institute of Health
MHO	Medical Health Officer
MMR	Maternal Mortality Rate
MNH	Maternal ad Newborn Health
MCSA	Ministry of Civil Service and Administrative Reforms
MOE	Ministry of Education, Culture and Human Resources
MOH	Ministry of Health and Quality of Life
MOW	Ministry of Women's Rights, Child Development and Family Welfare
MOL	Ministry of Labour, Industrial Relations and Employment
MOT	Ministry of Tourism, Leisure and External Communications
MRC	Mauritius Research Council
MSD	Male Sexual Dysfunction
MSS	Ministry of Social Security, National Solidarity, Senior Citizens Welfare and Reform Institution
MYS	Ministry of Youth and Sports
NAC	National Adoption Council
NGOs	Non Governmental Organisations
PEP	Post Exposure Prophylaxis
PILS	Prevention et Information pour la Lutte contre le Sida
PITC	Provider Initiative Testing and Counselling
PLWHIV	People Living With HIV
PMLA	Private Medical and Laboratories Associations
PMPA	Private Medical Practitioners Associations
PMTCT	Prevention from Mother to Child Transmission
PNC	Post Natal Care
RRA	Rodrigues Regional Assembly
RT	Reproductive Tract
SRH/FP	Sexual Reproductive Health/Family Planning
STI	Sexually Transmitted Infection
SLO	State Law Office
UOM	University of Mauritius
VCT	Voluntary Counselling and Testing
VIAA	Visual Inspection using Acetic Acid

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FOREWORD

The National Sexual & Reproductive Health Strategy and Plan of Action 2009-2015 is an important milestone in the Government's effort to strengthen its reproductive health programme.

The Plan of Action paves the way for the next seven years for actions with clearly defined outputs, objectives and targets in twelve key areas for intervention as enunciated in *'The 2007 National Sexual and Reproductive Health Policy'*.

The Sexual and Reproductive Health Services will be enhanced through the achievement of objectives such as the development of standards and guidelines for sexual and reproductive health services and the integration of STI/HIV/AIDS in sexual reproductive health services at all levels of health service delivery.

There is growing evidence that whilst sexual and reproductive health information and services are accessible and freely available, young people, women and men do not make optimum use of the services. Thus, the National Sexual & Reproductive Health Strategy and Plan of Action 2009-2015 aims at harmonizing activities and promoting synergy in the use of resources in order to reach all people, especially the underserved groups.

With the launching of the National Sexual & Reproductive Health Strategy and Plan of Action 2009-2015, a roadmap is being charted out to meet the challenges, as sexual and reproductive health is recognised as playing a crucial role in the social and economic development of the country.

Section 1

Introduction

1.1 Background

In the 1950's and early 1960's, there was considerable concern about the population growth in Mauritius. It was estimated that the population would have grown from about 700,000 in 1962 to about 2.7 million in 2000. A series of socio-economic measures including a strong family planning programme were then taken and these yielded positive results. Today, Mauritius has a population of about 1.2 million with a population growth rate of below 1 percent. The family planning programme has now shifted its focus from achieving demographic targets to improving the sexual and reproductive health of the population. There has been a sharp fertility decline from about six children per woman in the 1960s to about two at present. Reproductive health services in Mauritius have always been free of user cost to all citizens irrespective of their economic situation. Women have access to a wide range of reproductive health services such as provision of contraceptives, antenatal care and postnatal care.

According to a survey carried out in 2002, the contraceptive prevalence rate among currently married women aged 15-49 years was 75.9 percent for all methods. Despite a relatively high contraceptive prevalence rate in Mauritius, it has been noted that withdrawal is the most popular method used (27.1 percent), followed by pill (15.8 percent) and condom (9.1 percent). Use of modern methods has declined-accounting for 40.7 percent in 2002.

In addition, although different Ministries and NGOs were implementing different components of sexual and reproductive health interventions, there was no comprehensive policy to guide them.

Hence, the formulation of a comprehensive sexual and reproductive health policy was felt necessary to revitalize the sexual and reproductive health programme to assist in improving reproductive health indicators which are considered to be alarming, for example high rates of unwanted pregnancies, abortion, increase in the use of less reliable family planning methods, and increasing STIs and HIV prevalence. The policy focuses on the provision of effective guidance and good

quality delivery of Sexual and Reproductive Health (SRH) services so that more effort would be made to ensure the continued success of the country to improve the health and social status of the Mauritian population.

The adoption and launching of the National Sexual and Reproductive Health Policy in 2007 demonstrated a renewed interest of the Government in providing optimum sexual and reproductive health services to its population.

One of the steps for the operationalization of the SRH policy is the development of a National Sexual and Reproductive Health Strategy and Plan of Action.

1.2 Methodology

The SRH Strategy and Plan of Action was developed by reviewing the approved SRH Policy and other relevant documents, holding discussions with all relevant stakeholders to determine the priority issues that should be addressed. This was compiled by the Regional Adviser for Reproductive Health and Training and Management of the UNFPA/Country Support Team from Harare and shared with stakeholders during a one-day working session where they were called upon to review and to provide their inputs with a view to having a fully comprehensive document.

Following this working session, the draft document was circulated to relevant stakeholders to provide inputs for objectives, indicators and means of verification and to quantify the activities by year. Another one-day working session was held where the cost estimates of the activities in the Plan of Action were worked out.

A validation working session was then held to present the draft document for its final endorsement by the stakeholders and for eventual presentation to the Government.

Section

2

The Sexual and Reproductive Health Strategy

2 .1 Defining SRH in the Mauritian Context

Mauritius is a signatory to the 1994 Cairo International Conference on Population and Development Plan of Action (ICPD PoA) in which countries committed themselves to the provision of the highest possible level of reproductive health services for all their citizens. The components of the Sexual and Reproductive Health (SRH) that have been adopted are as follows:

- Family planning, including infertility information and services.
- Safe Motherhood: prenatal care including prevention from mother to child transmission (PMTCT), safe delivery, emergency obstetric care, perinatal and neonatal care, postnatal care and breastfeeding.
- Prevention and management of complications of abortion.
- Infant and Child Health.
- Promotion of healthy sexual maturation as from pre-adolescence, responsible and safe sex throughout the lifetime and gender equality.
- Prevention and management of reproductive tract infections, especially sexually transmitted infections (STIs) including HIV/AIDS.
- Prevention and management of sexual dysfunction
- Gender and Sexual and Reproductive Health including elimination of domestic and sexual violence against children, women and men.
- Management of the reproductive tract cancers (cancers of cervix, uterus and prostate) and cancer of breast.
- Geriatrics and reproductive health problems associated with menopause and andropause.

2.1.1 Rationale

Although Mauritius is signatory to the International Conference on Population and Development (ICPD) and has made great strides in uplifting the health and social status of the population, there was no SRH Policy and Strategic Framework until 2007. Such a scenario may have led to duplications, omissions, and at times expending resources on areas that are not of national priority. This SRH strategy therefore sets the parameters for national priorities and provides strategic direction for the alignment and harmonization of the actions by various players in SRH.

2.1.2 Policy Basis

The SRH Strategy will operationalize the objectives set out in national, regional and international policies, frameworks and declarations. At the national level, the SRH Strategy is aligned with the National Development Policy, Vision 2020, the 2002 White Paper on Health Sector Development and Reform, the 2007 National Sexual and Reproductive Health Policy and other policy documents. Principles of effectiveness, equity, universal access, and community participation form the basis of the proposed implementation strategy.

At the regional level, the SRH strategy has drawn heavily from the 2006 Maputo Plan of Action for ensuring universal access to sexual and reproductive health services including integration of SRH and STI/HIV/AIDS activities and the WHO Reproductive Health Strategy for the African Region 1998-2007. The above-mentioned documents together with other strategy documents crystallize the continental thrust in SRH.

The SRH strategy will operationalize the ICPD PoA to provide the strategic focus for maintaining MDG 5 and the attainment of MDGs 4 and 6[▪]. Commitments made in ratifying international conventions and charters relevant to SRH are also reflected in this strategy.

[▪] **MDG 4:** Reduce Child Mortality (Target 5: Reduce by two-thirds between 1990 and 2015 the under-five mortality rate); **MDG 5:** Improve Maternal Health (Target 6: Reduce by three-quarters the maternal mortality ratio between 1990 and 2015) and **MDG 6:** Combat HIV/AIDS, Malaria and other diseases (Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS).

2.1.3 Guiding Principles

The implementation of the SRH Strategy will be guided by the following principles as set out in the Policy:

- National ownership and country leadership.
- Rights based approach and respect for the reproductive rights of all individuals.
- Gender and culturally sensitive participatory programming, planning, implementation and evaluation practices and processes.
- Ensuring implementation of evidence based interventions.
- Strategic collaboration and partnership among key stakeholders, including Government, civil society, private and informal sectors, young people, marginalized groups and others.

2.1.4 The Goal

To contribute to the national efforts towards the improvement of the sexual and reproductive health status of all men, women and young people living in Mauritius and to improve the survival of newborn babies and the health status of all children in Mauritius by 2015.

OUTCOME 1

Increased availability and utilization of comprehensive quality SRH/STI/HIV/AIDS services for people development.

OUTCOME 2

Conducive environment that ensures gender equality and responds appropriately to gender-based violence and the SRH needs of women, men and the elderly population.

2.1.5 The Timeframe

In order to align and harmonise the national planning cycles to the targets set out in the MDGs, the SRH Strategy and Plan of Action will cover the period 2009 to 2015.

2.2 Components of the SRH Strategy

2.2.1 Family Planning

RATIONALE

Despite a relatively high contraceptive prevalence rate in Mauritius, a shift in method mix is noted, as women tend to favour traditional methods, such as withdrawal method, over modern methods. Hence, women are increasingly in need of family planning services since they are relying more on unreliable contraceptives methods, which might lead to unplanned and unwanted pregnancies.

GOAL

To improve the availability, accessibility and acceptability of high quality family planning information and services for all the youth, women and men who need them.

OBJECTIVES

- To increase the contraceptive prevalence rate (CPR) for supplied methods among currently married women aged 15-49 years from 38.6 percent to 50 percent.
- To reduce the adolescent fertility rate from 34.2 to 32.
- To increase the number of new acceptors of sympto-thermal method from 1,800 yearly to 1,900 yearly.
- To reduce the unmet need for family planning from 37.8 percent to 30 percent.

OUTPUT 1 Strengthened SRH/FP policy, information, skills and services to meet the growing needs for family planning of young people, men, women and underserved groups.

STRATEGIES & ACTIVITIES

a) Legal & Policy Review will include enacting laws to protect service providers to provide FP services to unmarried adolescents (below age 18) without parental consent except for permanent sterilization methods; enacting laws to protect service providers to provide FP services to men and women without spousal consent; and enacting laws to remove barriers for young people to access SRH/FP services without parental consent after effective counselling.

b) Advocacy & IEC/BCC will consist of advocating with senior management for the need to strengthen FP service delivery and the need for policy review; advocating with management of factories including EPZ and workplaces to allocate time for SRH/FP awareness talks and service delivery; sensitization of the community members, parents and youths on the availability of SRH services to adolescents without parental consent; developing and distributing innovative IEC/BCC materials to service providers and to clients; compiling and disseminating all research work on FP & related issues to concerned parties; media campaign on the availability of free reproductive health services including family planning services at government health centres; and conducting awareness campaigns on FP in women centres, social welfare centres, youth centres and community centres.

c) Capacity Building will include filling the remaining vacancies for Community Health Care Officers; providing in-service training, including orientation on guidelines and protocols in all methods of FP, for all MHOs dealing with SRH/FP service delivery; training of Medical Health Officers (MHOs) and community physicians on SRH with emphasis on FP methods; providing transport to principal and senior staff for supervision for SRH/FP services; training of Community Health Care Officers (CHCOs) annually on counselling; training of Health IEC Officers on counselling in SRH/FP; orienting service providers on use of guidelines and training/updating them on counselling including STI/HIV/AIDS for service provision and management of side effects; training youth officers of MYS in life-skill based education; training peer educators of MYS in life-skill based education; training peer counselors of MYS in counselling skills; and training educators/peer educators/youth educators based in NGOs in life skill based education.

d) Service Delivery will include updating flipcharts on family planning methods and SRH; increasing SRH/FP doctor sessions; providing FP services after normal working hours in clinics already operating after normal working hours; re-establishing home visits for Community Health Care Officers; increasing site visits for Community Health Care Officers; developing, printing and distributing FP standards and guidelines based on WHO evidence-based guidelines for FP services to all service delivery points; revising FP guidelines based on WHO evidence based guidelines; and reorganizing the working time of CHCOs so that they can spend more time in providing FP services including FP counselling to dispel myths and fears.

e) **Research** will include a study on FP & related issues such as reasons for non-use of supplied FP methods.

2.2.2 Infertility

RATIONALE

There is very little information on infertility: the results of the 2002 CPS reveal that 3.6 percent of currently married women aged 45-49 years are childless and therefore assumed to have primary infertility.

The adverse effects of infertility may include marital disharmony, social discrimination and physical violence. Some major preventable causes of infertility are infections of the genital tract as a result of STIs, postpartum or post-abortion infections for women, and infection due to mumps among boys and young men.

GOAL

To reduce the incidence of infertility, facilitate proper management of infertile couples and individuals and promote user-friendly adoption services.

OBJECTIVES

- To reduce the incidence of primary infertility from 5-8 percent to less than 5 percent.
- To increase the number of individuals and couples that benefit from infertility services from 500 to 4,700.

OUTPUT 2

Improved capacity of health facilities and skills of service providers to manage infertile individuals and couples and inform about the option for adoption.

STRATEGIES & ACTIVITIES

a) Legal & Policy Review will include finalizing the draft policy on assisted reproductive techniques.

b) Advocacy & IEC/BCC will include integrating information in FLE about high risk behavior in young people (STI/HIV/AIDS and abortion) which can lead to infertility; and developing, printing and distributing IEC/BCC materials to support provision of information on available services and counselling on infertility and options for adoption.

c) Capacity Building will include in service training for service providers in counselling for the prevention of infertility and about existing facilities for the management of infertility; and training gynaecologists on assisted reproductive techniques.

d) Service Delivery will include developing and disseminating guidelines for the provision of services; promoting and providing VCT for couples who are seeking infertility services; and making available well equipped Infertility Centres in 2 regional hospitals for diagnosis and treatment of cases of infertility.

e) Research will include conducting research to determine the magnitude, major causes of infertility and possible management options and disseminate the results to all stakeholders.

2.2.3 Safe Motherhood

RATIONALE

A strong Maternal and Newborn Health Services has led to declining maternal, infant and neonatal deaths. However, there is strong concern about late reporting of pregnant women for first antenatal care in the primary health care facilities.

The incidence of teenage pregnancies and that of low weight babies is on the rise; teenage pregnancies put mothers at high risks to many health-related complications and their newborns to poor birth-outcomes. Hence, teenagers need to be sensitized about the associated risks of early pregnancy.

Breastfeeding is associated with a wide range of benefits including protection of the infant from infectious diseases. Hence, women need to be educated about the benefits of exclusive and prolonged breast feeding. The results of the 2002 CPS show that although 91.2 percent of infants had been breastfed for at least short periods of time, only 21.4 percent of them were initiated to breastfeeding during the first hour after birth and 56.4 percent between one hour and the end of the first day.

The mean duration of breastfeeding was found to be 13.6 months in 2002, although it is recommended that breastfeeding should continue until the age of two years or beyond.

The mean duration of exclusive breastfeeding in 2002 was 2 months among last-born children born in the last five years before the 2002 CPS. This duration is too short since it is recommended to exclusively breastfeed in the first six months of life.

GOAL

To continue to reduce maternal and neonatal morbidity and mortality and promote healthy development of the newborns.

OBJECTIVES

- To reduce maternal and newborn morbidity and mortality. Reducing maternal mortality rate from 37 per 100,000 live births to 25.
- To increase the percentage of first attendance for ANC in the first trimester of pregnancy from 23.8 percent to 85 percent.
- To increase the percentage of newborns being initiated to breastfeeding within the first hour from 21.4 percent to 40 percent.
- To increase the percentage of newborns being exclusively breastfed in the first six months from 18.3 percent to 25 percent.
- To reduce the incidence of low birth weight babies from 15.9 percent to 14 percent.

OUTPUT 3

Strengthened and sustained Maternal and Newborn Health Services and referral systems for Emergency Obstetric Care (EmOC) and Post Natal Care (PNC).

STRATEGIES & ACTIVITIES

a) Legal and Policy Review will include implementing a policy concerning time off for early ANC attendance for employees; and implementing a policy for time off for breastfeeding for government employees.

b) Advocacy & IEC/BCC will include advocating employers for a policy for time off for early ANC attendance for their employees; advocating for policy for time off for breastfeeding for government employees; sensitization of potential mothers to attend healthcare in the first trimester of pregnancy; sensitization of pregnant women on early initiation and maintenance of exclusive breastfeeding; media campaign for better pregnancy management; and producing of a manual and CD for information for pregnant women and their families.

c) Capacity Building will include training health personnel in counselling, promotion and management of breastfeeding.

d) Service Delivery will include updating standards and guidelines for MNH care and orienting providers on their use; implementing the integration of HIV testing and Hepatitis B & C as a package for all pregnant women in public and private sector; providing manual and electric breast pumps to all regional hospitals; and providing graduated cups in post-natal wards for newborns who cannot be directly breastfed initially.

e) Research will include studies on causes of low birth weight, and on breastfeeding.

2.2.4 Abortion

RATIONALE

In Mauritius, abortion is illegal except in cases where the mother's life is in danger. The 2002 CPS reported that the proportion of women aged 15-44 years who reported having had at least one abortion (spontaneous or induced) has increased from 9.3 percent in 1991 to 14.4 percent in 2002. Moreover, the proportion of women aged 15-44 years who reported having had at least one induced abortion has increased from 1.8 percent in 1991 to 3.2 percent in 2002.

Reports from government hospitals, which do not differentiate between spontaneous and induced abortions, recorded 1,356 of abortion-related complications in 2007.

GOAL

To prevent abortion, reduce the prevalence and minimize the short and long term complications of abortion.

OBJECTIVES

- To reduce the number of from 1,500 to 800.
- To maintain current status of zero maternal mortality due to abortion-related complications.

OUTPUT 4

Prevent abortion and maintain high quality post abortion care services.

STRATEGIES & ACTIVITIES

a) Legal and Policy Review will include reviewing the existing law on abortion.

b) Advocacy & IEC/BCC will include educating in and out of school adolescents, youth and especially girls on the possibility and advantages of delaying onset of sexual activity and on responsibility to their fertility, the dangers of early sexuality, unsafe sex, STI/HIV/AIDS and unplanned pregnancy and the after effects of abortion should also be highlighted; strengthening counselling at health centres on responsible parenthood; educating parents and communities on the prevention of unplanned pregnancies, dangers of abortion and possibilities of adoption; creating awareness about the reviewed law on abortion; and educating men to be more responsible towards contraception in order to avoid unwanted pregnancy and to support women who end up with unplanned pregnancy.

c) Capacity Building will include training doctors and nurses on counselling on abortion, post abortion and family planning services and training medical social workers to counsel about the option for foster care/adoption.

d) Service Delivery will include developing/updating national standards and guidelines on the effective management of complications of abortion, and printing and disseminating to relevant facilities and service providers; and providing post abortion counselling and effective family planning methods to avoid repeated abortions at all levels of heath care.

e) Research will include conducting research on the prevalence, consequence, prevention and management of abortion.

2.2.5 Infant and Child Health

RATIONALE

One of the socio economic achievements of Mauritius is that its infant mortality rate has declined significantly and in 2007, it stood at 15.3 deaths per 1000 live births. The major causes of infant mortality were congenital anomalies (19.8 percent), slow foetal growth, foetal malnutrition and disorders related to short gestation and low birth weight (10.9 percent) and infections specific to the perinatal period (8.1 percent).

The Expanded Programme on Immunization has resulted in the eradication of polio, diphtheria, whooping cough, and tetanus and in the control of measles, hepatitis B and TB. Current vaccination levels are sufficient to ensure widespread immunity. The new Haemophilus Influenza Vaccine (Hib) was added to the EPI package in 2006. In 2007, the immunization coverage for BCG was 89.2 percent, DPT (3rd dose) 87.3 percent, polio (3rd dose) 87.3 percent, MMR (measles/ mumps/ rubella) 90.0 percent and TT coverage for pregnant women (2nd dose or higher) 82.1 percent. Immunization performed in the private sector, which is not included in the above-mentioned figures, is estimated to be around 8.0 percent.

The Ministry of Health & Quality of Life intends to eradicate or contain all infectious diseases at their present level, so the good performance of the EPI programme needs to be sustained. The preventable causes of neonatal morbidity and mortality should also be addressed.

GOAL

To ensure, optimal physical and psychological development of children free from all types of preventable diseases and abuse.

OBJECTIVES

- To reduce the infant mortality rate (IMR) from 15.3 per 1,000 live births to 13.
- To reduce the under-five mortality rate from 17.2 per 1,000 live births to 15.

OUTPUT 5

Strengthened Management of Immunization and School Health Programme to achieve universal coverage.

STRATEGIES & ACTIVITIES

a) Legal and Policy Review will include reviewing the law to ensure private clinics and private doctors to report on vaccination carried out for infants and children.

b) Advocacy & IEC/BCC will include delivering/distributing IEC messages for education of communities on the value of good childhood nutrition for a better reproductive health, especially for girls; and sensitizing communities on good parenting, both for optimal psycho-social development and for the prevention of physical, sexual and psychological abuse.

c) Capacity Building will include training teachers for the detection of physical, sexual and psychological abuse and provide support for the victims and their families; and recruiting and training social workers for the management and referral of victims of physical, sexual and psychological abuse.

d) Service Delivery will include strengthening/maintaining the implementation of the school health programme for health education and screening; implementing School Health Programme for health education and screening in paid private pre-primary and primary schools; and increasing the number of institutions providing shelter, medical care, including PEP, psychological support for victims of physical and sexual abuse.

e) Research will include studies to identify the factors associated with high infant mortality rate; and on the major problems of childhood, such as, physical and sexual abuse and their impact on future reproductive health and life in general.

2.2.6 Adolescent and Youth Sexual and Reproductive Health

RATIONALE

Young people (10-24 year olds) are becoming sexually active at an increasingly earlier age. According to the 2002 CPS report, 10.9 percent of adolescents (women aged 15-19 years) have already started childbearing. In 2007, 10.6 percent of all live births occurred in Mauritius were to women aged 15-19. This is a major concern since more complications are associated with births among women below the age of 20 years.

Although knowledge of at least one method of contraceptives among women aged 15-19 years is high (95.7 percent), teenage pregnancy is reported to be on the rise. There is a high unmet need for information, education and SRH services for adolescents and youth.

There is lack of accurate information and life skills based education being provided to adolescents through institutions, such as, the family, the educational system and the community in general.

Negative peer pressure may lead adolescents and young people to engage in high risk behaviours, which in turn may cause them serious health concerns. Hence, adequate youth friendly services need to be provided to cater for adolescents and young people.

GOAL

To provide the young people with accurate information, skills, counselling and user friendly services in order to attain quality sexual and reproductive health.

OBJECTIVES

- To increase demand and utilization of Youth Friendly Health Services (YFHS) and Family Planning services. Increase number of users of YFHS from 600 to 34,600 and current users of contraceptive methods among young people aged 15 to 19 years from 4 percent to 7 percent.
- To increase use of condoms among young people for HIV prevention from 4 percent to 25 percent.

OUTPUT 6

Strengthened SRH information, skills and services for young people (10-24 year olds).

STRATEGIES & ACTIVITIES

a) Legal and Policy Review will include enacting laws to enable young people below the age 18 years to access health service points unaccompanied by adults for Sexual and Reproductive Health Services; and enacting/strengthening policies and laws to protect providers of services to young people below 18 years.

b) Advocacy & IEC/BCC will include advocating for Family Life Education to begin at the family level and in youth centres; advocating for the MOE to implement SRH/STI/HIV/AIDS in the school programme; establishing a mechanism to coordinate the development of IEC materials and messages to ensure that all adolescents and youth have access to accurate information on SRH/STI/HIV/AIDS through school

programmes, mass media, health facilities and youth centres in order to promote safe and healthy lifestyles; revising all relevant IEC/BCC materials on SRH/STI/HIV/AIDS for use by adolescents and youth; supporting and conducting an inter college poster competition of SRH issues; developing and disseminating materials on issues that affect young people's health including SRH/STI/HIV/AIDS to parents, guardians, teachers and community leaders so that they can effectively communicate and guide the adolescents and youth; conducting life skills sessions for young people in schools; conducting FLE sessions in primary schools; conducting awareness on SRH in secondary schools; promoting communication between adolescents/youth and parents, guardians, teachers and community leaders on SRH/STI/HIV/AIDS through all possible channels; and sensitization of teenage mothers on pregnancy related problems.

c) Capacity Building will include training health workers in the provision of information, counselling and service delivery for adolescents and young people so that they adopt a youth friendly approach in all health facilities; training trainers for life skills educators for school based programmes; training youth cadres/peer educators and counselors on SRH/STI/HIV/AIDS; and training educational social workers on SRH/STI/HIV/AIDS.

d) Service Delivery will include developing and distributing guidelines for counselling and service provision in youth friendly health services; increasing the number of health facilities to include provision of Youth Friendly Health services (YFHS) to married and unmarried young people and establish hours of operation that are convenient to all young people; establishment of counselling services in existing youth centres; and strengthening of the School Health Programme for health education and screening in paid private secondary schools.

e) Research – None identified.

2.2.7 STI/HIV/AIDS

RATIONALE

Sexually transmitted infections (STIs) are on the increase in Mauritius and are a growing public health concern since STIs amplify the risk of HIV transmission.

In 2007, there were 49 reported new cases of gonorrhea, 12 new cases of syphilis and 5 new cases of hepatitis. Moreover, there were 546 reported new cases of HIV in 2007, representing a six-fold increase in the last five years (from 98 in 2002).

A shift in the main mode of transmission among the Mauritians has been noted: from heterosexual (59 percent in 2002 and 16 percent in 2007) to injecting drug use (6 percent in 2002 and 75.0 percent in 2007).

Among the 3,580 cumulative HIV reported cases, it is noted that mother to child transmission is 1.0 percent and unknown mode of transmission is 1.0 percent.

The HIV positivity rate among pregnant women has increased from 0.05 percent in 2002 to 0.38 percent in 2007. The 2002 CPS results revealed that Mauritian women have some misconceptions and limited knowledge about HIV/AIDS, its methods of transmission and prevention. There is a need to intensify the sensitization campaign about HIV/AIDS.

In spite of the close relationship between SRH, STI and HIV/AIDS, all the three programmes are managed as vertical programme with STI and HIV/AIDS services being available only in one urban Area Heath Center, Bouloux in Port Louis. Providers for SRH services are not competent to discuss and counsel men, women and youth on STIs and HIV/AIDS.

GOAL

To contribute to the national goal to reduce STI/HIV infections and continue caring and supporting people affected by STI/HIV/AIDS in order to reduce morbidity and mortality associated with HIV infection and minimize the psychological impact on individuals and population in general.

OBJECTIVES

- To mainstream STI/ HIV and AIDS services in all health service delivery systems: all regional hospitals, Medi-clinics, community hospital, AHCs and CHCs.

OUTPUT 7

Decentralized and integrated SRH and STI/HIV/AIDS services at all levels of health services.

STRATEGIES & ACTIVITIES

a) Legal and Policy Review will include developing a policy to decentralize and integrate SRH and STI/HIV/AIDS management at all levels of health care services.

b) Advocacy & IEC/BCC will include advocating for VCT or PITC for couples before entering into a new relationship in order to safeguard the interest of the couple and children; conducting awareness campaigns on STI/HIV/AIDS in deprived areas and among people with high risk behaviors; and conducting awareness campaigns among the general public, men and women of reproductive age, boys and girls about STI/HIV/AIDS through all available media.

c) Capacity Building will include training doctors and nurses on STI/HIV diagnosis, HTC and PMTC to provide care in all hospitals and AHCs; training CHCOs, nurses and officers from MOW to promote the use of female condom; training/providing refresher courses for Community Health Care Officers to counsel on STI/HIV/AIDS and follow up; orientation of community leaders on SRH/STI/HIV/AIDS to sensitize communities and reduce stigma for PLWHIV; and training peer educators and youth leaders on SRH/STI/HIV/AIDS counselling.

d) Service Delivery will include reorganizing the health facilities to accommodate the integration of SRH/STI/HIV/AIDS service delivery; maintaining the high standards of provision and use of safe blood and blood products through out the SRH delivery service; maintaining the high standards of HIV infection prevention and control during SRH service delivery; providing HIV screening and Hepatitis B & C testing in routine ANC care package; maintaining and improving the PMTCT activities including STI Management; and promoting the use of male condoms and increase accessibility of female condoms among people with high risk sexual behavior; and provision for the SRH needs including family planning for people living with HIV/AIDS.

e) Research – None identified.

2.2.8 Malignancies of the Reproductive Tract, Cancer of Breast and Concerns

RATIONALE

There is compelling evidence that cancer is a major health problem in Mauritius. The cancer burden is definitely on the increase with a total of 5,327 cancer cases being registered for the four-year period 2001-2004, representing about 1,332 new cases registered annually. Cancer is also the third cause of deaths responsible for some 11 % of all deaths.

Malignancies of reproductive tract are also on the increase for both males and females. Of all female cancer cases, female reproductive tract cancers have increased from 22.2 percent in 1999-2000 to 25.0 percent in 2003-2004. Breast and cervical cancers are the leading cancers among women in Mauritius, representing 34.5 percent and 12 percent of all female cancer cases respectively. Overall, male reproductive tract cancers accounted for 13 percent of all male cancer cases. Moreover, cancer of the prostate, which is the commonest male reproductive tract cancer, accounted for 10 percent of all male cancer cases.

Cancer mortality data indicate that 10.5 percent of cancer deaths in males are due to the cancer of the prostate and 35 percent of cancer deaths in females are due to breast, cervix, and uterus cancers.

GOAL

To reduce morbidity from the common reproductive tract organ cancers among men and women of all ages and to improve the quality of life.

OBJECTIVES

- To scale up the screening programme of RT cancers in females and males. Increase the number of women having paps smear from 10,000 to 122,000 and the number men having PSA test from 1,500 to 22,500.
- To reduce morbidity due to RT cancers through early detection and screening. Reduce/Maintain the age standardized incidence rate due to cancer of prostate to around 12; cancer of the breast to around 40; cancer of uterine cervix to around 13 and cancer of the corpus uterus to around 7 and cancer of ovary to around 6.

OUTPUT 8

Improved access and availability of information, screening and management services for malignancies of the reproductive tract and cancer of breast.

STRATEGIES & ACTIVITIES

a) Legal and Policy Review will include policy review for the provision of vaccines against Human Papilloma Virus (HPV) for young girls in relation to prevalence of HPV in young girls.

b) Advocacy & IEC/BCC will include reproducing and disseminating user friendly information, education materials to the public and clients on common reproductive tract malignancies; counselling women on all reproductive tract cancer services at all health facilities and women centres, and encouraging them to report early for screening at appropriate facilities; counselling men on reproductive tract cancers and encourage them to attend health centres for early diagnosis; and community education through mass media on cancer awareness.

c) Capacity Building will include training health care providers at primary level on the risk factors for reproductive tract cancers; and training of Officers in Charge of Women Centres to counsel and encourage women to report early for screening in health facilities including mobile clinics.

d) Service Delivery will include strengthening facilities for early detection of common malignancies at all levels of the health services (public and private); and promotion of the use of Visual Inspection Using Acetic Acid (VIAA) in addition to pap smear test (recommended by WHO for mass screening with Pap smear for confirmation).

e) Research will include epidemiological and operational research to improve detection, investigation and treatment of reproductive tract malignancies; and study to determine the prevalence of HPV among young girls in Mauritius.

2.2.9 Gender and Sexual and Reproductive Health

RATIONALE

Gender has emerged as a cross-cutting issue that has now been fully recognized as a key factor to strengthen a country's ability to grow, to reduce its poverty and to improve its standard of living. The government has adopted and instituted innovative approaches to ensure women's health (including sexual and reproductive health) and their well-being in general. The Ministry of Women's Rights, Child Development and Family Welfare has redoubled its action to redress gender inequalities, attitudes and discrimination against girls and women.

Violence against women and children is covered under the Protection from Domestic Violence Act of 1997, which is being reviewed as per Government Programme 2005-2010 to make it more responsive to victims of violence. The Ministry of Women's Rights, Child Development and Family Welfare has adopted a broad framework to respond to the problem of violence against women and children.

In 2007, 1,948 cases of domestic violence were recorded at the Family Welfare Unit, out of which 227 were males. During the same year 63 cases of sexual abuse were reported.

The Child Development Unit recorded 1,961 female cases and 1,568 male cases of child abuse, out of which there were 209 female victims and 31 male victims of sexual abuse.

GOAL

To create an environment in which relationships are free from all forms of violence (sexual, verbal, physical, sexual and psychological) and provide care and support for victims.

OBJECTIVES

- To reduce gender based violence (GBV) in the society. Reduce the number of yearly reported cases of about 1700 by at least 50 percent.
- To provide support services and information to victims and perpetrators of gender based violence – no baseline information available.

OUTPUT 9

A conducive environment for gender equity and equality and harmonized preventive mechanisms for GBV.

STRATEGIES & ACTIVITIES

a) Legal and Policy Review will include strengthening and improving the existing legislation towards the elimination of domestic violence.

b) Advocacy & IEC/BCC will include creating awareness among communities (religious, community leaders, social-cultural groups and NGOs) about physical and sexual violence; advocating for the MOE to integrate non-gender based violence component in the school programme; and developing and distributing relevant IEC/BCC materials on sexual violence.

c) Capacity Building will include training health, police and judiciary personnel to create a victim friendly environment at health centers, police stations and in the courts; and training medical and paramedical personnel on the prevention and management of GBV.

d) Service Delivery will include developing/disseminating guidelines for the management of victims of sexual abuse and developing appropriate tools for recording of evidence including guidelines for PEP and emergency contraception; and ensuring the availability and accessibility of Post Exposure Prophylaxis (PEP) and emergency contraception for victims on a 24 hour basis.

e) Research will include study to determine the prevalence of domestic and sexual violence, its impact on sexual and reproductive health and ways to improve the detection and management of victims.

2.2.10 Male involvement and participation in SRH

RATIONALE

It is reported that men are reluctant to participate in family planning activities as it is seen as a woman's affair. They rarely participate or attend the counselling sessions. Likewise, when couple counselling sessions about family planning and safe motherhood are carried out, men rarely participate in these sessions.

The 2002 CPS reports that withdrawal is the most commonly used method (27.1 percent) and male condom is the third most commonly used method (9.1 percent).

The 2002 CPS also reports that knowledge of vasectomy by currently married women 15-49 years is 28.1 percent. Its current use is reported to be 0.1 percent.

Men have not benefited from the information and education provided at the facilities and lag behind women with regard to knowledge about available contraceptive technology, benefits and where to obtain them. This makes men less supportive of family planning programmes. Moreover, men increase the risk of their female partner from contracting STI/HIV/AIDS by getting involved in risky behaviour.

GOAL

Men to be well informed about the benefits of sexual and reproductive health for services for themselves, their partners and families and to actively participate in the SRH activities.

OBJECTIVES

- To increase male participation and involvement in SRH such that the percentage of men attending SRH clinics increases from 10 percent to 30 percent.

OUTPUT 10

Strengthened health service environment to accommodate the SRH needs of men.

STRATEGIES & ACTIVITIES

a) Legal and Policy Review – None identified.

b) Advocacy & IEC/BCC will include conducting awareness workshops to sensitize boys and men on gender and sexual reproductive health issues and to stimulate discussions on responsibility for their partners and families and violence-free relationships; conducting sensitization and awareness on SRH at the work place for men; and creating awareness on male sexual dysfunction and available services through all possible channels such as community and youth centres.

c) Capacity Building will include training health officers and officers from MOW on male involvement in SRH; and orientation of community leaders and peer educators on male involvement in SRH.

d) Service Delivery will include reorganizing the sexual and reproductive health services to make them male-oriented and men friendly and catering adequately for the needs of men; and providing of male and female condoms through public and entertainment places such as night clubs, bars, lodges and hotels.

e) Research – None identified.

2.2.11 Male Sexual Dysfunction

RATIONALE

Male sexual dysfunction is a health problem affecting men and is more common with increasing age. There are various types of male sexual dysfunction of which erectile dysfunction (ED) is the most common form of male sexual dysfunction.

Many men are reluctant to discuss erectile dysfunction with their doctors, and thus the condition is under-diagnosed. While erectile dysfunction can occur at any age, it is more common in the elderly. However, by age 45 most men have experienced erectile dysfunction at some time.

The causes of erectile dysfunction include ageing, diabetes mellitus, hypertension and cardiovascular diseases, cigarette smoking, nerve or spinal cord damage, substance abuse, low testosterone levels, medications, depression and anxiety.

The results of the 2004 NCD survey reveal that the prevalence diabetes is 19.3 percent and that of hypertension is 29.7 percent. Moreover, the prevalence of abusive intake of alcohol and smoking among men aged 20 years and above is 19.1 percent and 35.9 percent respectively, and that of physical inactivity among men in the age group of 35-54 is 75.5 percent.

Since there is no available data on the incidence of ED, it can be inferred from the results of the 2004 NCD survey that a significant proportion of men have experienced ED at least some of the time. So far, the issue of ED has not been adequately addressed.

GOAL

To reduce the incidence of male sexual dysfunction (MSD).

OBJECTIVES

- To reduce the risks and incidence of male sexual dysfunction- no baseline information available.
- To reduce stigma associated with Male Sexual Dysfunction (MSD)- no baseline information available.

OUTPUT 11

Strengthened information and services for male sexual dysfunction (MSD).

STRATEGIES & ACTIVITIES

a) Legal and Policy Review – None identified.

b) Advocacy & IEC/BCC will include raising awareness among women, men, youth and the community at large about the physiological, psychological and social changes associated with ageing in both men and women; and provision of accurate information about possible causes, symptoms and management of MSD.

c) Capacity Building will include training health providers in the provision of quality care for MSD.

d) Service Delivery will include strengthening the services available at the Well–Man clinic; and developing guidelines/protocols for the prevention and management of MSD, including dangers and side effects of medications used and ensure that they are accessible to health service providers.

e) Research will include some questions in the NCD survey about erectile dysfunction (ED).

2.2.12 Geriatrics

RATIONALE

The size of the elderly population is projected to increase from 122,455 in 2007 to 353,804 in 2047. Common geriatrics health problems include sexual dysfunction, menopause and andropause. Sexual violence among elderly is also reported to be on the rise and these issues need to be adequately addressed.

GOAL

To ensure that women and men continue to enjoy good physical, psychological and social well-being as senior citizens.

OBJECTIVES

- To provide quality SRH services for all elderly people with an increase in the attendance of elderly people for SRH services from 1,000 to 20,000.
- To reduce the incidence of sexual violence towards the elderly from 75 cases to zero.
- To strengthen the quality of SRH services provided to elderly especially in institutions including residential care home by increasing the percentage of elderly in institutions using SRH services from zero percent to 10 percent annually.

OUTPUT 12

Strengthened social and health services to adequately address the needs of the elderly.

STRATEGIES & ACTIVITIES

a) Legal and Policy Review – None identified.

b) Advocacy & IEC/BCC will include raising awareness among women, men and the community at large about the physiological, psychological and social changes associated with post menopausal period; conducting awareness campaigns on post menopausal bleeding for elderly women and on uro-genital problems for elderly men for early diagnosis of reproductive tract cancers; and promoting the right to sexual and reproductive health for the elderly by disseminating information through all channels of communication about the available health services.

c) Capacity Building will include training service providers for the management of menopause and other common SRH problems of the elderly.

d) Service Delivery will include strengthening services for the elderly to include the management of post menopausal and erectile dysfunction problems.

e) Research – None identified.

Section

3

Operationalizing the Strategy

3.1 Operational Approach

The implementation of the SRH strategy is based on progress made elsewhere in the operationalization of existing strategies and plans including:

- The UNFPA Country Programme Action Plan 2008-2011, which is supporting interventions for STI/HIV prevention, life skills development, prevention and management of Gender-based Violence (GBV) and Men As Partners project (MAP).
- The National Plan to combat Domestic Violence 2007.
- The Plan for Decentralization and Integration of HIV/STI into SRH (including Family Planning) services and into other routine health services at policy, coordination, management, service delivery, and planning, monitoring and evaluation level with UNFPA support and Global Fund, Round 8 Proposal.

3.2 Implementation Framework

3.2.1 Leadership and Stewardship

The Government of Mauritius, through its various organisational structures and institutions will provide leadership and stewardship in the implementation of the SRH strategy. The strategic thrust of the proposed interventions places the majority of this responsibility on the Ministry of Health & Quality of Life. Specifically, the

successful implementation of the strategy sets the corporate structural review and capacity strengthening of the SRH Programme by appointing a full time Medical Officer to coordinate the implementation, Monitoring & Evaluation of the SRH Strategy.

3.2.2 Coordination and Partnerships

The strategy lays out that the SRH Coordinating Committee, as proposed in the SRH Policy, should oversee the implementation and coordination of the SRH strategy. In addition, a SRH Technical Committee will be set up to provide policy direction on technical issues.

At health facility level, SRH Planning and Review Teams will be constituted with membership drawn from Heads of Departments. The SRH Planning and Review teams will hold regular meetings and the objective of the meetings will be to plan, track implementation progress and evaluate the SRH program at the local level.

The detailed TORs for the SRH planning and review meetings will be developed by the SRH Coordinating Committee.

At community level, existing committees will be oriented on SRH issues to facilitate the promotion of SRH at that level and ensure meaningful community participation in SRH.

3.2.3 Management Mechanism

At national level, the management of the SRH interventions will be implemented by the relevant Ministries but coordinated by the Ministry of Health & Quality of Life. Each Ministry will appoint a focal point for SRH to facilitate communication and to ensure continuity in dealing with issues on SRH.

3.3 Roles and Responsibilities of Various Parties

The roles and responsibilities of various partners dealing with SRH will be clearly spelt out by the SRH Coordinating Committee. A clear delineation of responsibilities is necessary for accountability purposes and to encourage objective peer review. The partners include Government, Parastatal, civil society, private sector, professional bodies, communities, service providers and clients/patients.

Section 4

Funding Mechanism

The cost of implementation of this Plan of Action, which is summarised in Table 1, amounts to a total of Rs. 129,008,710 million, staggered over the next 7 years from 2009 to 2015. This amount reflects the cost estimates for organizing the activities, as detailed in the Plan of Action at Section 6.

Table 1: Summary of Cost of Implementation of Plan of Action 2009-2015

Ministries & NGOs	Year							TOTAL (Rs.)
	2009	2010	2011	2012	2013	2014	2015	
MOH	21,654,300	16,788,900	10,097,310	14,832,100	14,391,500	9,225,500	12,337,100	99,326,710
MOW	238,000	328,000	245,000	2,327,500	1,210,000	910,000	210,000	5,468,500
MSS	250,000	250,000	330,000	250,000	250,000	250,000	250,000	1,830,000
MOE	160,710	2,260,715	160,715	160,715	160,715	160,715	160,715	3,225,000
MYS	431,500	349,500	203,500	203,500	205,000	192,500	180,000	1,765,500
Sub total	22,734,510	19,977,115	11,036,525	17,773,815	16,217,215	10,738,715	13,137,815	111,615,710
AF	2,457,375	2,482,375	2,457,375	2,457,375	2,457,375	2,457,375	2,595,750	17,365,000
MFPWA	28,000	-	-	-	-	-	-	28,000
Sub total	2,485,375	2,482,375	2,457,375	2,457,375	2,457,375	2,457,375	2,595,750	17,393,000
TOTAL	25,219,885	22,459,490	13,493,900	20,231,190	18,674,590	13,196,090	15,733,565	129,008,710

Yearly provisions will have to be made under the Government's budget for the various implementing Ministries, as detailed at Table 1.

The overall amount that will come from the Government's budget is shown at Table 2.

Table 2 Total amount to be earmarked under Government's budget to be shared among various Ministries

	Year							TOTAL (Rs.)
	2009	2010	2011	2012	2013	2014	2015	
Amount to be shared among various Ministries	22,734,510	19,977,115	11,036,525	17,773,815	16,217,215	10,738,715	13,137,815	111,615,710

As for funding for the activities to be organized by NGOs, namely, Mauritius Family Planning & Welfare Association and Action Familiale, these NGOs will have to tap their own sources of funds.

Besides Government funds, other avenues of funds will be explored with funding agencies such as UNFPA and WHO and the modality will be worked out in due course.

Section

5

Monitoring and Evaluation

5.1 Progress Review and Annual Planning Process

On an annual basis, an integrated SRH work plan will be developed, to outline key strategies, activities, targets, responsible partners and budget requirements as extracted from the SRH intervention matrix. This yearly event will combine the review of progress made in implementing the preceding year's work plan and the development of the plan for the reference year. The Plan of Action will also draw from experience, evidence-gained and lessons learnt during the preceding year of monitoring, research and evaluation. The Plan of Action is subjected to a mid-year review, which also provides an opportunity to adapt the implementation to internal and external influences.

5.2 Routine Monitoring

All stakeholders will establish and support routine monitoring mechanisms that will utilize the indicators and targets set out in the annual Plan of Action. Joint monitoring exercises will be carried out to ensure that lessons learnt are shared among stakeholders.

The important indicators reflected in the intervention matrix should be included in the results matrix of annual action plans with clear definitions, baselines, sources and targets.

5.3 Evaluation

Consistent with the principles of using data for decision making, the SRH strategy will be based on existing statistics from the Ministry of Health and Quality of Life and from different Ministries. A revised and functional Monitoring & Evaluation system covering all components of SRH will provide robust information on which to gauge performance of program targets.

There should be a mid-term evaluation in year 2012 and a second evaluation in year 2015. The latter will be in line with the MDGs reporting schedule and will provide baseline data for the next SRH strategy.

Section

6

The National Sexual & Reproductive Health Plan of Action 2009-2015, Republic of Mauritius

The National Sexual and Reproductive Health Plan of Action 2009-2015, Republic of Mauritius

Goal: To contribute to the national efforts towards the improvement of the sexual and reproductive health status of all men, women and young people living in Mauritius, and to improve the survival of newborn babies and the health status of all children in Mauritius by 2015
Outcome 1: Increased availability and utilization of comprehensive quality SRH/STI/HIV/AIDS services for people development
Outcome 2: Conducive environment that ensures gender equality and responds appropriately to gender based violence and the SRH needs of women, men and the elderly population

Programme Area/Objectives/Outputs/Activities	Indicators	Baseline	Target	Lead implementator	Partners	Year							Budget
						09	10	11	12	13	14	15	
1. FAMILY PLANNING													
Output 1: Strengthened SRH/FP policy, information, skills and services to meet the growing needs for family planning of young people, men, women and underserved groups													
1.1 Objectives													
To increase the contraceptive prevalence rate (CPR) for supplied methods among currently married women 15-49 years	CPR of supplied methods	38.6%	50%	MOH	MOW MYS MOE RRA MFPWA	√	√	√	√	√	√	√	
To reduce the adolescent fertility rate	ASFR	34.2	32	MOH	MOW MYS MOE RRA MFPWA AF	√	√	√	√	√	√	√	
To increase the number of new acceptors of sympto-thermal method	No. of new acceptors of sympto- thermal	1800/yr	1900/yr	AF		√	√	√	√	√	√	√	
To reduce the unmet need for FP	% of unmet need	37.8%	30%	MOH	MOW MYS MOE RRA MFPWA AF	√	√	√	√	√	√	√	

Programme Area/Objectives/Outputs/Activities	Indicators	Baseline	Target	Lead implementator	Partners	Year							Budget
						09	10	11	12	13	14	15	
1.2 Activities													
a) Legal and Policy Review													
Enact laws to protect service providers to provide FP services to unmarried adolescents (below age 18) without parental consent except for permanent sterilization methods	Law to protect service providers of FP services to young people enacted	No law	Legislation in force	SLO	MOH RRA	√							Recurrent budget
Enact laws to protect service providers to provide FP services to men and women without spousal consent	Law to protect service providers of FP services	No law	Legislation in force	SLO	MOH RRA			√					Recurrent budget
Enact laws to remove barriers for young people to access SRH/FP services without parental consent after effective counseling	Law to allow access for young people to SRH/FP services without parental consent	No law	Legislation in force	SLO	MOH RRA			√					Recurrent budget
b) Advocacy & IEC/BCC													
Advocate with senior management on the need to strengthen FP service delivery and the need for policy review	No. of advocacy sessions	2	4	MOH		√	√						60, 000
Advocate with management of factories including EPZ and workplaces to allocate time for SRH/FP awareness talks and service delivery	No. of advocacy sessions	10	24	MOH	MOL ELWF RRA	√	√	√	√	√	√	√	280,000
Sensitize the community members, parents and youths on the availability of SRH services to adolescents without parental consent	No. of sensitization sessions	0	180	MOH	RRA		√	√	√	√	√	√	360,000
Develop innovative IEC/BCC materials and distribute to service providers and clients	No. of IEC/BCC materials distributed	0	600,000	MOH	MYS MOE MOW RRA		√	√	√	√	√	√	6,000,000
Compile and disseminate all research work on FP & related issues to concerned parties	No. of studies posted on website	1	All studies that will be carried out	MOH	MIH	√	√	√	√	√	√	√	Recurrent budget
Media campaign on the availability of free reproductive health services including family planning services at government health centres	No. of media campaigns carried out	0 5	1 TV spot Ongoing radio talks	MOH	RRA MFPWA	√ √	√	√	√	√	√	√	1,000,000 Recurrent budget

Programme Area/Objectives/Outputs/Activities	Indicators	Baseline	Target	Lead implementator	Partners	Year							Budget
						09	10	11	12	13	14	15	
Conduct awareness campaigns on FP in women centres, social welfare centres, youth centres and community centres	No. of awareness campaigns on FP conducted	30	2550	MOH	MOW MSS MYS RRA NGOs	√	√	√	√	√	√	√	5,040,000
c) Capacity Building													
Fill the remaining vacancies for Community Health Care Officers	No. of vacancies filled	98	245	MOH	RRA	√	√						Recurrent budget
Provide in-service training, including orientation on guidelines and protocols in all methods of FP, for all MHOs dealing with SRH/FP service delivery	No. of MHOs trained	0	250	MIH	MOH RRA		√	√					150,000
Train MHOs and community physicians on SRH with emphasis on FP methods	No. of MHOs and community physicians working in health centres trained	83	249	MOH	MIH RRA	√	√						100,000
Provide transport to principal and senior staff for supervision for SRH/FP services	% of transport facilities provided upon request	0	100%	MOH	RRA	√	√	√	√	√	√	√	Recurrent budget
Train Community Health Care Officers (CHCOs) annually on counselling	No. of CHCOs	95	245	MIH	MOH RRA			√	√				90,000
Train Health IEC Officers on counselling in SRH/FP	No. of HIEC officers trained	0	15	MIH	MOH RRA		√						9,000
Orient service providers on use of guidelines and train/update them on counselling including STI/HIV/AIDS for service provision and management of side effects	No. of service providers trained in the use of guidelines (Refer to page 41,46 & 60)	0	250 Doctors 245 CHCOs 100 Midwives 100 CHNOs	MOH	RRA		√						~~1,251,000~~
Train youth officers of MYS in life-skill based education	No. of youth officers trained	4	50	MYS	MOH MIH RRA	√	√						56,000
Train peer educators of MYS in life-skill based education	No. of peer educators trained (Refer to page 61)	50	400	MYS	MOH RRA	√	√	√	√	√	√	√	**420,000**
Train peer counselors of MYS in counselling skills	No. of peer counselors trained	25	200	MYS	MOH RRA NGOs	√	√	√	√	√	√	√	210,000

Programme Area/Objectives/Outputs/Activities	Indicators	Baseline	Target	Lead implementator	Partners	Year							Budget
						09	10	11	12	13	14	15	
Train educators/peer educators/youth educators based in NGOs in life skill based education	No. of educators/peer educators/youth educators trained	1200	2800	AF	RRA MFPWA EVA Youth Alive EVH	√	√	√	√	√	√	√	3,690,000
d) Service Delivery													
Update flipcharts on Family Planning Methods and SRH	No. of flipcharts available	25	75	MOH	RRA	√							25,000
Increase SRH/FP doctor sessions	No. of doctor SRH/FP sessions per week per clinic	1 SRH/FP doctor session per week at CHC and 1 SRH/FP doctor session per week at AHC	1 SRH/FP doctor session per week at CHC and 2 SRH/FP doctor sessions per week at AHC	MOH	RRA	√							Recurrent budget
Provide FP services after normal working hours in clinics already operating after normal working hours	No. of clinics providing FP services after normal working hours	16	32	MOH	RRA	√							Recurrent budget
Re-establish home visits for Community Health Care Officers	No. of home visits carried out	0	182	MOH	RRA	√	√	√	√	√	√	√	Recurrent budget
Increase site visits for Community Health Care Officers	No. of site visits carried out	228	2328	MOH	RRA	√	√	√	√	√	√	√	Recurrent budget
Develop, print and distribute FP standards and guidelines based on WHO evidence-based guidelines for FP services to all service delivery points	Guidelines developed	Nil	100 %	MOH	MIH RRA	√							115,000
Revise FP guidelines based on WHO evidence-based guidelines	No. of guidelines revised	0	100 % guidelines	MOH	RRA						√		115,000
CHCO should spend more of their working time in provision of FP services including FP counselling to dispel myths and fears	% of working time spent in provision of FP services	10 %	50%	MOH	RRA	√							No budget
e) Research													
Conduct research on FP & related issues such as reasons for non-use of supplied FP methods	Survey carried out	1 (2002 CPS)	2	MOH	MIH RRA							√	1,500,000

Programme Area/Objectives/Outputs/Activities	Indicators	Baseline	Target	Lead implementator	Partners	Year							Budget
						09	10	11	12	13	14	15	
2. INFERTILITY													
Output 2: Improved capacity of health facilities and skills of service providers to manage infertile individuals and couples and inform about the option for adoption													
2.1 Objectives													
To reduce the incidence of primary infertility	Infertility rate	5-8%	<5%	MOH	RRA NGOs Private Infertility Centres	√	√	√	√	√	√	√	
To increase the number of individuals and couples that benefit from infertility services	No. of new cases	500	4,700	MOH	RRA NGOs Private Infertility Centres	√	√	√	√	√	√	√	
2.2 Activities													
a) Legal and Policy Review													
Finalize the draft policy on assisted reproductive techniques	Finalized policy	Drafted and vetted	Pass the bill	MOH SLO	MOE MOW MYS RRA FBO NGOs Private sector	√							No budget
b) Advocacy & IEC/BCC													
Integrate information in FLE about high risk behavior in young people (STI/HIV/AIDS and abortion) which can lead to infertility	Module on infertility in FLE	0	100%	MYS	MOH RRA	√							200,000
Develop, print and distribute IEC/BCC materials to support provision of information on available services and counselling on infertility and about the option for adoption	No. of IEC/BCC materials distributed	0	100, 000	MOH	MYS MOW NAC RRA			√					500,000
c) Capacity Building													
In service training for service providers in counselling for the prevention of infertility & about the existing facilities for the management of infertility	No. of nurses, midwives and No. of CHCOs trained	0 CHCOs 0 CHNOs 0 Midwives	245 CHCOs 100 CHNOs 100 Midwives	MIH	MOH RRA		√						**Refer to page 39**

Programme Area/Objectives/Outputs/Activities	Indicators	Baseline	Target	Lead implementator	Partners	Year							Budget
						09	10	11	12	13	14	15	
Train gynaecologists on assisted reproductive techniques	No. of gynaecologists trained	0	5	MOH	RRA		√	√	√	√	√		To seek scholarships
d) Service Delivery													
Develop and disseminate guidelines for the provision of services	No. of guidelines developed and disseminated	0	100% guidelines	MOH	RRA Private Health Sector			√					75,000
Promote and provide VCT for couples who are seeking infertility services	No. of couples seeking VCT services	0	2100	MOH		√	√	√	√	√	√	√	Recurrent budget
Make available well equipped Infertility Centres in 2 regional hospitals for diagnosis and treatment of cases of infertility	No. of equipped Infertility Centres	0	2 Infertility Centres	MOH	RRA Private Infertility Centres				√	√			6,000,000
e) Research													
Conduct research to determine the magnitude, major causes of infertility and possible management options and disseminate the results to all stakeholders	Study conducted	0	1	MIH	MOH RRA				√				500,000
3. SAFE MOTHERHOOD													
Output 3: Strengthened and sustained maternal and newborn health (MNH) services and referral systems for EmOC and PNC													
3.1 Objectives													
To reduce maternal and newborn morbidity and mortality	MMR	37/100,000 live births	25/100,000 live births	MOH	RRA	√	√	√	√	√	√	√	
To increase the percentage of first attendance for ANC in the first trimester of pregnancy	% of pregnant women attending in the 1st trimester	23.8%	>85%	MOH	MOW RRA MAW	√	√	√	√	√	√	√	
To increase the percentage of newborns being initiated to breastfeeding in the first hour	% of newborns initiated to breastfeeding within the first hour	21.4%	40%	MOH	RRA Private clinics	√	√	√	√	√	√	√	
To increase the percentage of newborns being exclusively breastfed in the first six months	% of newborns on exclusive breastfeeding in the first six months	18.3%	25%	MOH	RRA Private clinics	√	√	√	√	√	√	√	
To reduce the incidence of low birth weight (LBW) babies	% LBW babies	15.9%	14%	MOH	RRA Private clinics	√	√	√	√	√	√	√	

Programme Area/Objectives/Outputs/Activities	Indicators	Baseline	Target	Lead implementator	Partners	Year							Budget
						09	10	11	12	13	14	15	
3.2 Activities													
a) Legal and Policy Review													
Implement policy concerning time off for early ANC attendance for employees	Policy implemented	0	Implement policy	MOL	MCSA MOH ELWF RRA						√		Recurrent budget
Implement policy for time off for breastfeeding for government employees	Policy implemented	0	Implement policy	MCSA	MOH RRA			√					Recurrent budget
b) Advocacy & IEC/BCC													
Advocate employers for policy for time off for early ANC attendance for their employees	No. of advocacy workshops	0	5 workshops	MOH	MCSA ELWF RRA	√	√	√	√	√			175,000
Advocate for policy for time off for breastfeeding for government employees	No. of advocacy workshops	0	2 workshops	MOH	MCSA RRA	√	√						70,000
Sensitization of potential mothers to attend healthcare in first trimester of pregnancy	No. of billboards	0	40	MOH	MOW RRA Private clinics MFPWA AF MAM		√					√	800,000
Sensitization of pregnant women on early initiation and maintenance of exclusive breastfeeding	% of pregnant women sensitized	70%	100%	MOH	MOW RRA Private clinics MFPWA AF MAM MAPBIN	√	√	√	√	√	√	√	Recurrent budget
Media campaign for better pregnancy management	No. of media campaigns carried out	0	1 TV spot 1 radio talk	MOH	WHO MBC MCA RRA	√							1,000,000

Programme Area/Objectives/Outputs/Activities	Indicators	Baseline	Target	Lead implementator	Partners	Year							Budget
						09	10	11	12	13	14	15	
A manual and CD for information for pregnant women and their family.	Manual and CD available	0	1CD (18,000 yearly) 1 Manual	MOH	WHO MCA MBC Government printing RRA	√ √	√	√	√	√	√	√	2,700,000 + USD 35,000 from WHO 20,000
c) Capacity Building													
Train health personnel in counselling, promotion and management of breastfeeding	No. of personnel trained	500	900	MOH	MIH RRA	√	√						1,200,000
d) Service Delivery													
Update standards and guidelines for MNH care and orient providers on their use	Standards updated and disseminated	Standard protocols available	Standard protocols updated and disseminated	MOH	RRA	√							Recurrent budget
Implement the integration of HIV testing and Hepatitis B & C as a package for all pregnant women in public and private sector	No. of pregnant women in private health services undergoing HIV and Hepatitis B & C testing	ANC HIV testing (95%) and ANC Hepatitis B testing (less than 10%) are carried out in the public sector	ANC HIV and Hepatitis B & C testing carried out in the public and private sector (100%)	MOH	MOW RRA Private clinics	√	√	√	√	√	√	√	Recurrent budget
Provide manual and electric breast pumps to all regional hospitals	No. of electric breast pumps No. of manual breast pumps	0 6	6 30	MOH	RRA		√ √						180,000 48,000
Make available graduated cups in post-natal wards for newborns who cannot be directly breastfed initially	No. of graduated cups	0	60	MOH	RRA	√							Recurrent budget
e) Research													
Study on causes of low birth weight	Report on causes of low birth weight available	No research	Research conducted	MIH	MOH RRA		√						1,000,000 already earmarked
Study on breastfeeding	Research report available	2002 CPS	Research conducted	MIH	MOH RRA			√					800,000

Programme Area/Objectives/Outputs/Activities	Indicators	Baseline	Target	Lead implementator	Partners	Year							Budget
						09	10	11	12	13	14	15	
4. ABORTION													
Output 4: Prevent abortion and maintain high quality post abortion care services													
4.1 Objectives													
To reduce the number of abortion-related complications	No. of admissions in health institutions due to complications of abortion	1500	800	MOH	RRA MFPWA AF Private clinics	√	√	√	√	√	√	√	
To maintain current status of zero maternal mortality due to abortion-related complications	MMR due to abortion	0	0	MOH	RRA Private sector	√	√	√	√	√	√	√	
4.2 Activities													
a) Legal and Policy Review													
Review the existing law on abortion	Law passed and enforced	No law	Legislation in force	SLO	MOH		√						Recurrent budget
b) Advocacy & IEC/BCC													
Educate out of school adolescents, youth and especially girls on the possibility and advantages of delaying onset of sexual activity and on responsibility to their fertility, the dangers of early sexuality, unsafe sex, STI/HIV/AIDS and unplanned pregnancy and the after effects of abortion should also be highlighted	No. of young people educated	20%	50% (16,500 young people)	MYS	MOH MOW RRA NGOS Including those working with street children	√	√	√	√	√	√		137,500
Educate in school adolescents, youth and especially girls on the possibility and advantages of delaying onset of sexual activity and on responsibility to their fertility, the dangers of early sexuality, unsafe sex, STI/HIV/AIDS and unplanned pregnancy and the after effects of abortion should also be highlighted	No. of young people educated	20%	50% (57,000 young people)	MOE	MOW MOH MYS RRA NGOs	√	√	√	√	√	√	√	Recurrent budget
Strengthen counselling at health centres on responsible parenthood	No. of women having recourse to induced abortion	About 560 induced abortion/year (Estimate is based on health institutions records)	<50/year	MOH	MOW RRA NGOs Private health sector	√	√	√	√	√	√	√	Recurrent budget

Programme Area/Objectives/Outputs/Activities	Indicators	Baseline	Target	Lead implementator	Partners	Year							Budget
						09	10	11	12	13	14	15	
Educate parents and communities on the prevention of unplanned pregnancies, dangers of abortion and possibilities of adoption	No. of parents educated	1000 parents	8000 parents	MOH	MYS MOW MOE RRA NGOs	√	√	√	√	√	√	√	280,000
	No. of community leaders educated	0 community leaders	3500 community leaders			√	√	√	√	√	√	√	140,000
Create awareness about the reviewed law on abortion	No. of media campaigns	0	1 TV spot	MOH	SLO MYS				√				1,000,000
			Newspaper articles		MOW MBC MCA				√				No budget
			Website		Media trust RRA	√	√	√	√	√	√	√	No budget
Educate men to be more responsible towards contraception in order to avoid unwanted pregnancy and to support women who end up with unplanned pregnancy	% of men having knowledge on contraception	40%	70%	MOH	MYS MOE RRA MFPWA AF	√	√	√	√	√	√	√	3,255,000
c) Capacity Building													
Train doctors and nurses on counselling on abortion, post abortion and family planning services	No. of doctors trained No. of nurses trained	0	50 doctors 200 nurses	MOH	RRA AF MFPWA		√						**Refer to page 39**
Train medical social workers to counsel about the option for foster care/adoption	No. of social workers trained on the issue of adoption	0	25	MOW	MOH NAC RRA		√						15,000
d) Service Delivery													
Develop/update national standards and guidelines on the effective management of complications of abortion. Print and disseminate to relevant facilities and service providers	No. of guidelines distributed	Already developed guidelines	Printing and dissemination of 1000 copies	MOH	RRA	√							25,000
Provide post abortion counselling and effective family planning methods to avoid repeated abortions at all levels of heath care	No. of post abortion counselling and effective family planning sessions carried out	50%	100%	MOH	RRA	√	√	√	√	√	√	√	Recurrent Budget

Programme Area/Objectives/Outputs/Activities	Indicators	Baseline	Target	Lead implementator	Partners	Year							Budget
						09	10	11	12	13	14	15	
e) Research													
Conduct research on the prevalence, consequence, prevention, management of abortion	Study conducted	0	1	MIH	MOH RRA							√	500,000
5. INFANT AND CHILD HEALTH													
Output 5: Strengthened Management of Immunization and School Health Programme to achieve universal coverage													
5.1 Objectives													
To reduce the infant mortality rate (IMR)	IMR	15.3	13	MOH	RRA	√	√	√	√	√	√	√	
To reduce the Under Five Mortality Rate	Under Five Mortality Rate	17.2	15	MOH	RRA	√	√	√	√	√	√	√	
5.2 Activities													
a) Legal and Policy Review													
Review the law to ensure that private clinics and private doctors report on vaccination carried out for infants and children	Law passed and enforced	No law	Legislation in force	SLO	MOH RRA Private sector	√							Recurrent Budget
b) Advocacy & IEC/BCC													
Deliver/distribute IEC messages for education of communities on the value of good childhood nutrition for a better reproductive health, especially for girls	No. of radio talks	2 radio talks	4 radio talks	MOH	MBC MCA RRA	√			√				No budget
	No. of TV spots	I TV spot	3 TV spots				√			√			2,000,000
	No. of pamphlets	10,000 pamphlets	80,000 pamphlets			√	√	√	√	√	√	√	420,000
Sensitize communities on good parenting, both for optimal psycho-social development and for the prevention of physical, sexual and psychological abuse	% of community members reached	10%	25%	MOW	MOE RRA AF MFPWA	√	√	√	√	√	√	√	Recurrent Budget
c) Capacity Building													
Train teachers for the detection of physical, sexual and psychological abuse and provide support for the victims and their families	No. of teachers trained	24	3524	MOE	MOW MOH RRA	√	√	√	√	√	√	√	875,000

Programme Area/Objectives/Outputs/Activities	Indicators	Baseline	Target	Lead implementator	Partners	Year							Budget
						09	10	11	12	13	14	15	
Recruit and train social workers for the management and referral of victims of physical, sexual and psychological abuse.	No. of social workers recruited and trained	35	70	MOW	MOH RRA		√						47,000
d) Service Delivery													
Strengthen/maintain the implementation of the school health programme for health education and screening	Implementation of the school health programme	Ongoing	Ongoing	MOH	RRA	√	√	√	√	√	√	√	Recurrent budget
Implement School Health Programme for health education and screening in paid private pre-primary and primary schools	No. of paid private pre primary schools reached	361	900	MOH	RRA	√	√	√	√	√	√	√	Recurrent Budget
	No. of paid private primary schools reached	0	17	MOH	RRA	√	√	√	√	√	√	√	Recurrent Budget
Increase number of institutions providing shelter, medical care, including PEP, psychological support for victims of physical and sexual abuse	No. of institutions supported	1	2	MOW	MOH MSS RRA MFPWA				√				2,000,000
e) Research													
Study to identify the factors associated with high infant mortality rate	Report available	No research	Research conducted	MOH	RRA	√							500,000
Conduct appropriate research on the major problems of childhood, such as, physical and sexual abuse and their impact on future reproductive health and life in general	Report available	No research	Research conducted	MOW	MOH RRA					√			1,000,000

Programme Area/Objectives/Outputs/Activities	Indicators	Baseline	Target	Lead implementator	Partners	Year							Budget
						09	10	11	12	13	14	15	
6. ADOLESCENT AND YOUTH SEXUAL AND REPRODUCTIVE HEALTH													
Output 6: Strengthened SRH information, skills and services for young people (10-24 year olds)													
6.1 Objectives													
To increase demand and utilization of Youth Friendly Health Services (YFHS) and FP services	Attendance at YFHS	600	34, 600	MOH	MYS MOW MOE UOM RRA	√	√	√	√	√	√	√	
	Currents users of contraceptive methods among young people (15-19 years)	4%	7%			√	√	√	√	√	√	√	
To increase use of condoms among young people for HIV prevention	% of current users of condoms	4%	25%	MOH	MYS MOE MOW RRA MFPWA	√	√	√	√	√	√	√	
6.2 Activities													
a) Legal and Policy Review													
Enact laws to enable young people below the age 18 years to access health service points unaccompanied by adults for sexual and reproductive health services	Law passed and enforced	No law	Legislation in force	SLO	MOH RRA MFPWA			√					Recurrent budget
Enact and strengthen polices and laws to protect providers of services to young people below 18 years	Law passed and enforced	No law	Legislation in force	SLO	MOH RRA MFPWA			√					Recurrent budget
b)Advocacy & IEC/BCC													
Advocate for Family Life Education to begin at the family level and youth centres	No. of advocacy sessions	5 sessions	27 sessions	MYS	MOW RRA NGOs	√	√	√	√	√	√	√	33,000
Advocate for the MOE to implement SRH/STI/HIV/AIDS in the school programme	No. of advocacy sessions	4	5	MFPWA	MOH MOE MOW RRA	√							28,000

Programme Area/Objectives/Outputs/Activities	Indicators	Baseline	Target	Lead implementator	Partners	Year							Budget
						09	10	11	12	13	14	15	
Establish a mechanism to coordinate the development of IEC materials and messages to ensure that all adolescents and youth have access to accurate information on SRH/STI/HIV/AIDS through school programmes, mass media, health facilities and youth centres in order to promote safe and healthy lifestyles	Mechanism in place	Mechanism of coordination in operation	Mechanism of coordination strengthened	MOH	MYS MOE MBC MCA MOW RRA MFPWA AF	√	√	√	√	√	√	√	Recurrent budget
Revise all relevant IEC/BCC materials on SRH/STI/HIV/AIDS for use by adolescents and youth	No. of IEC/BCC materials on SRH/STI/HIV/AIDS revised	65, 000	265,000	MOH	RRA		√						2,000,000
		150, 000	360, 000	MOE	RRA		√						2,100,000
		2000	16,000	MYS	RRA		√						80,000
Support and conduct an inter college poster competition of SRH issues	No. of inter college poster competition on SRH issues	1	8	MYS	MOH MOE RRA	√	√	√	√	√	√	√	175,000
Develop and disseminate materials on issues that affect young people's health including SRH/STI/HIV/AIDS to parents, guardians, teachers and community leaders so that they can effectively communicate and guide the adolescents and youth	No. of materials developed and disseminated	0	200, 000	MOH	MYS MOE RRA NGOs	√							2,000,000
Conduct life skills sessions for young people in schools	No. of secondary students reached	480	3840	MYS	MOE MOH RRA	√	√	√	√	√	√	√	210,000
	No. of primary students reached	2600	34,100	AF	MOE MOH RRA	√	√	√	√	√	√	√	4,725,000
	No. of secondary students reached	5600	65,100			√	√	√	√	√	√	√	8,925,000
Conduct FLE sessions in primary schools	No. of primary students reached	5000	40,000	MOH	MOE RRA	√	√	√	√	√	√	√	175,000
Conduct awareness on SRH in secondary schools	No. of secondary students reached	4000	32,000	MOH	MOE RRA	√	√	√	√	√	√	√	140,000

Programme Area/Objectives/Outputs/Activities	Indicators	Baseline	Target	Lead implementator	Partners	Year							Budget
						09	10	11	12	13	14	15	
Promote communication between adolescents/youth and parents, guardians, teachers and community leaders on SRH/STI/HIV/AIDS through all possible channels	No. of talks conducted	0	250 talks (200,000 parents)	MOH	MOE MSS MYS RRA NGOs		√	√	√	√	√	√	6,000,000
Sensitization of teenage mothers on pregnancy related problems	No. of teenage mothers sensitized	2000	16,000	MOH	MOW RRA MFPWA AF	√	√	√	√	√	√	√	700,000
c) Capacity Building													
Train health workers in the provision of information, counselling and service delivery for adolescents and young people so that they adopt a youth friendly approach in all health facilities	No. of health workers trained	0	250 doctors 245 CHCOs 100 midwives 100 CHNOs	MOH	RRA MFPWA AF	√	√						417,000
Train trainers for life skills educators for school based programmes	No. of trainers trained	13	33	AF	MOH MOE RRA		√						25,000
		10	50	MYS	MOH MOE RRA		√						45,000
Train youth cadres/peer educators and counselors on SRH/STI/HIV/AIDS	No. of youth cadres trained	20 youth cadres	50 youth cadres	MYS	MOH RRA	√							7,000
	No. of peer educators trained	40 peer educators	320 peer educators			√	√	√	√	√	√	√	63,000
	No. of counselors trained	40 counselors	320 peer counselors			√	√	√	√	√	√	√	63,000
Train educational social workers on SRH/STI/HIV/AIDS	No. of educational social workers trained	0	22	MIH	MOE RRA	√							26,400
d) Service Delivery													
Develop and make available guidelines for counselling and service provision in youth friendly health services	Guidelines available	0	Guidelines developed	MIH	MYS MOH RRA MFPWA	√							25,000

Programme Area/Objectives/Outputs/Activities	Indicators	Baseline	Target	Lead implementator	Partners	Year							Budget
						09	10	11	12	13	14	15	
Increase the number of health facilities to include provision of Youth Friendly Health services (YFHS) to married and unmarried young people and establish hours of operation that are convenient to all young people	No. of health facilities	3	10	MOH	RRA MFPWA	√	√	√	√	√	√	√	Recurrent budget
Establishment of counselling services in existing youth centres	No. of youth centres having counselling services	3	11	MYS	MOH RRA	√	√	√	√	√	√	√	Recurrent budget
Strengthen School Health Programme for health education and screening in paid private secondary schools	No. of paid private secondary schools reached	3	21	MOH	RRA	√	√	√	√	√	√	√	Recurrent budget
e) Research													
7. STI/HIV/AIDS													
Output 7: Decentralized and integrated SRH and STI/HIV/AIDS services at all levels of health services													
7.1 Objectives													
To mainstream STI/ HIV and AIDS services in all health service delivery systems	No. of services delivering STI/HIV/AIDS services in all health delivery systems	1 clinic specialized in STI/HIV/AIDS	All regional hospitals All Mediclincs Community hospital All AHCs and CHCs	MOH	RRA	√	√	√	√	√	√	√	
7.2 Activities													
a) Legal and Policy Review													
Develop a policy to decentralize and integrate SRH and STI/HIV/AIDS management at all levels of health care services	Policy developed and passed in cabinet	No policy paper	Policy passed in cabinet	MOH	RRA	√							Recurrent budget
b) Advocacy & IEC/BCC													
Advocate for VCT or PITC for couples before entering into a new relationship in order to safeguard the interest of the couple and children	No. of men and women s seeking VCT and PITC	1000	162,000	MOH	MOW RRA NGOs	√	√	√	√	√	√	√	16,100,000

Programme Area/Objectives/Outputs/Activities	Indicators	Baseline	Target	Lead implementator	Partners	Year							Budget
						09	10	11	12	13	14	15	
Conduct awareness campaigns on STI/HIV/AIDS in deprived areas and among people with high risk behaviours	No. of youth reached in deprived areas	5000	25,000 young people	MOH	MYS RRA MFPWA PILS		√	√					400,000
	No. of sex workers reached	120	680 sex workers	MOH	MOW RRA MFPWA PILS	√	√	√	√	√	√	√	140,700
	No. of intravenous drug users (IDUs) reached	1000	2400 IDUs	MOH	Prison Dept RRA PILS	√	√	√	√	√	√	√	217,000
Conduct awareness campaigns among the general public, men and women of reproductive age, boys and girls about STI/HIV/AIDS through all available media	No. of TV spots	TV spots ongoing	TV spots ongoing	MOH	MOW MYS MOE RRA NGOs		√			√			2,000,000
	No. of radio talks	Radio talks ongoing	Radio talks ongoing				√			√			No budget
c) Capacity Building													
Train doctors and nurses on STI/HIV diagnosis, HTC and PMTC to provide care in all hospitals and AHCs	No. of doctors & Nurses trained	25 Doctors 23 Nurses	73 Medical Health Officers 52 Community physicians 123 Nursing Officers (incl. midwives)	MOH	MIH RRA	√							360,000
Train CHCOs, nurses and officers from MOW to promote the use of female condom	No. of CHCOs & Nurses	98 CHCOs 80 nurses including CHNOs 20 midwives	245 CHCOs 200 Nurses (including midwives and CHNOs)	MOH	MOW RRA	√		√					8660
	No. of officers from MOW trained (Refer to page 60)	0 MOW staff	30 MOW staff			√							5000

Programme Area/Objectives/Outputs/Activities	Indicators	Baseline	Target	Lead implementator	Partners	Year							Budget
						09	10	11	12	13	14	15	
Train/Provide refresher courses for Community Health Care Officers to counsel on STI/HIV/AIDS and follow up	No. of CHCOs trained No. of CHCOs given refresher courses	60 CHCOs 0 CHCOs	245 CHCOs 60 CHCOs	MOH	MIH RRA	√		√					41,750
Orient community leaders on SRH/STI/HIV/AIDS to sensitize communities and reduce stigma for PLWHIV	No. of community leaders trained (Refer to page 61)	200	900	MOH	MOW RRA Women Council NGOs, FBOs	√	√	√	√	√	√	√	112,000
Train peer educators and youth leaders on SRH/STI/HIV/AIDS counselling	No. of peer educators & youth leaders trained	200 in HIV	800 in STI/HIV	MYS	MOH RRA	√	√	√	√	√	√	√	66,000
d) Service Delivery													
Reorganize the health facilities to accommodate the integration of SRH/STI/HIV/AIDS service delivery	No. of health facilities with integrated services	1 specialized in STI/HIV/AIDS	All hospitals, AHCs & CHCs	MOH	RRA	√	√	√	√	√	√	√	Recurrent budget
Maintain the high standards of provision and use of safe blood and blood products through out SRH service delivery	No. of reported HIV cases following blood transfusion	0	0	MOH	RRA Association-tion of Blood Donors	√	√	√	√	√	√	√	Recurrent budget
Maintain the high standards of HIV infection prevention and control during SRH Service delivery	No. of reported HIV transmission during SRH service delivery	0	0	MOH	RRA	√	√	√	√	√	√	√	No budget
Provide HIV screening and Hepatitis B & C testing in routine ANC care package	No. of pregnant women in private health services undergoing HIV and Hepatitis B & C testing	ANC HIV testing (95%) and ANC Hepatitis B testing (less than 10%) are carried out in the public sector	ANC HIV testing and Hepatitis B & C testing carried out in the public and private sector (100%)	MOH	RRA Private Practitioners & Clinics	√	√	√	√	√	√	√	Recurrent budget

Programme Area/Objectives/Outputs/Activities	Indicators	Baseline	Target	Lead implementator	Partners	Year							Budget
						09	10	11	12	13	14	15	
Maintain and improve the PMTCT activities including STI Management	No. of babies born HIV +	15	0	MOH	RRA Private Practioners & Clinics	√	√	√	√	√	√	√	Recurrent budget
Promote the use of male condoms and increase accessibility of female condoms among people with high risk sexual behavior	% of men having more than one sexual partner reporting use of condom at last sexual intercourse	44%	60%	MOH	MOW RRA MFPWA PILS	√	√	√	√	√	√	√	Recurrent budget
	% of women having more than one sexual partner reporting use of condom at last sexual intercourse	46.2%	70%			√	√	√	√	√	√	√	Recurrent budget
	% of sex workers reporting use of condom with most recent client	40%	60%			√	√	√	√	√	√	√	Recurrent budget
	% of men reporting use of condom the last time they had anal sex with a male partner	61.5%	80%			√	√	√	√	√	√	√	Recurrent budget
	% of IDUs reporting use of condom at last sexual intercourse	15.4%	40%			√	√	√	√	√	√	√	Recurrent budget
Provide for the SRH needs including FP for People Living With HIV/AIDS	% of people living with HIV/AIDS obtaining SRH services	20%	50%	MOH	RRA MFPWA	√	√	√	√	√	√	√	Recurrent budget
e) Research													

Programme Area/Objectives/Outputs/Activities	Indicators	Baseline		Target		Lead implementator	Partners	Year							Budget
								09	10	11	12	13	14	15	
8. MALIGNANCIES OF THE REPRODUCTIVE TRACT (CANCERS OF CERVIX, UTERUS AND PROSTATE), CANCER OF BREAST AND CONCERNS															
Output 8: Improved access and availability of information, screening and management services for malignancies of the reproductive tract and cancer of breast															
8.1 Objectives															
To scale up the screening programme of RT cancers in females and males	No. of paps smear No. of PSA tests	10,000 1500		122,000 22,500		MOH	RRA PMLA, PMPA Private clinics	√	√	√	√	√	√	√	
To reduce morbidity due to RT cancers through early detection and screening	Age-standardized rates for incidence	Year 2001-2004	Incidence	Year 2015	Incidence	MOH	RRA PMPA	√	√	√	√	√	√	√	
		Prostate	12	Prostate	Around 12										
		Breast	40	Breast	Around 40										
		Uterine cervix	14.7	Uterine cervix	Around 13										
		Corpus uterus	6.3	Corpus uterus	Around 7										
		Ovary	5.4	Ovary	Around 6										
8.2 Activities															
a) Legal and Policy Review															
Policy review for the provision of vaccines against Human Papilloma Virus (HPV) for young girls in relation to prevalence of HPV in young girls	Policy document available	0		Policy document if justified		MOH	RRA			√					Recurrent budget
b) Advocacy & IEC/BCC															
Reproduce and disseminate user friendly information, education materials to the public and clients on common reproductive tract malignancies	No. of pamphlets developed and distributed	20,000 pamphlets on breast cancer		110,000 pamphlets on breast, cervical and prostate		MOH	RRA	√							360,000
Counsel women on all reproductive tract cancers services at all health facilities and women centres, and encouraging them to report early for screening at appropriate facilities	% of women attending health facilities for screening	22%		35%		MOH	MOW RRA	√	√	√	√	√	√	√	Recurrent budget

Programme Area/Objectives/Outputs/Activities	Indicators	Baseline	Target	Lead implementator	Partners	Year							Budget
						09	10	11	12	13	14	15	
Counsel men on reproductive tract cancers and encourage them to attend health centres for early diagnosis	No. of PSA tests	1500	22,500 PSA tests	MOH	RRA	√	√	√	√	√	√	√	Recurrent budget
Community education through mass media on cancer awareness	No. of mass media campaigns carried out	2 campaigns	16 campaigns	MOH	MBC MCA RRA Private Sector	√	√	√	√	√	√	√	1,400,000
c) Capacity Building													
Train health care providers at primary level on the risk factors for reproductive tract cancers	No. of health care providers trained	0	127 doctors 402 nurses	MOH	RRA		√						317,400
Train Officers in charge of Women Centres to counsel and encourage women to report early for screening in health facilities including mobile clinics	No. of officers trained	0	35 officers trained	MOW	MIH RRA		√						21,000
d) Service Delivery													
Strengthen facilities for early detection of common malignancies at all levels of the health services	No. of mammography equipment	3 mammography equipment	10 mammography equipment	MOH	RRA MFPWA	√	√	√	√	√	√	√	22,000,000
	No. of women undergoing Paps smear test	22%	35%			√	√	√	√	√	√	√	Recurrent budget
	No. of PSA tests	1500/year	22500 (3000/yr)										Recurrent budget
Promote the use of Visual Inspection Using Acetic acid (VIAA) in addition to Pap smear test **(Recommended by WHO for mass screening with Pap smear for confirmation)**	No. of VIAA tests carried out among women being screened for cervical cancer	0	70%	MOH	RRA	√	√	√	√	√	√	√	Recurrent budget
e) Research													
Conduct epidemiological and operational research to improve detection, investigation and treatment of reproductive tract malignancies	Research report available	3	5	MOH	MIH UOM MRC IARC RRA				√			√	2,000,000

Programme Area/Objectives/Outputs/Activities	Indicators	Baseline	Target	Lead implementator	Partners	Year							Budget
						09	10	11	12	13	14	15	
Conduct study to determine the prevalence of HPV among young girls in Mauritius	Research report available	0	1	MOH	MIH MRC IARC RRA	√							1,000,000
9. GENDER AND SEXUAL REPRODUCTIVE HEALTH													
Output 9: A conducive environment for gender equity and equality and harmonized preventive mechanisms for GBV													
9.1 Objectives													
To reduce gender based violence (GBV) in the society	No. of reported cases	Average of 1700 cases of domestic violence per year	Decrease by at least 50% per year	MOW	MOH MOE MSS Police MOL RRA	√	√	√	√	√	√	√	
To provide support services and information to victims and perpetrators of gender based violence	% of victims handled	Nil	To provide support services and information to all victims and perpetrators	MOW	MYS MOH MSS Police RRA	√	√	√	√	√	√	√	
9.2 Activities													
a) Legal and Policy Review													
To strengthen and improve the existing legislation towards the elimination of domestic violence	Amended legislation	Existing legislation	Enforcement of legislation	MOW	SLO Police RRA NGOs			√					Recurrent budget
b) Advocacy & IEC/BCC													
Create awareness among communities (religious, community leaders, social-cultural groups and NGOs) about physical and sexual violence	No. of people targeted	4000	32,000	MOW	RRA	√	√	√	√	√	√	√	1,120,000
Advocate for the MOE to integrate non-gender based violence component in the school programme	No. of advocacy sessions	0	1	MOW	MOE RRA	√							28,000
Develop and distribute relevant IEC/BCC materials on sexual violence	No. of pamphlets distributed	Nil	7000	MOW	MOH RRA	√	√	√	√	√	√	√	250,000

Programme Area/Objectives/Outputs/Activities	Indicators	Baseline	Target	Lead implementator	Partners	Year							Budget
						09	10	11	12	13	14	15	
c) Capacity Building													
Train health, police and judiciary personnel to create a victim friendly environment at health centers, police stations and in the courts	No. of health personnel No. of female and male police officers No. of judiciary personnel	Nil	700	MOW	MOH Police Judiciary RRA	√	√	√	√	√	√	√	350,000
Train medical and paramedical personnel on the prevention and management of GBV	No. of medical and paramedical personnel trained	Nil	210	MOW	MOH RRA		√	√	√				105,000
d) Service Delivery													
Develop/disseminate guidelines for the management of victims of sexual abuse and develop appropriate tools for recording of evidence including guidelines for Post Exposure Prophylaxis (PEP) and emergency contraception	Guidelines developed and disseminated to public and private health facilities	0	Guidelines available in public and private health facilities	MOW	RRA				√				82,500
Ensure the availability and accessibility of Post Exposure Prophylaxis (PEP) for HIV and Emergency Contraception for victims on a 24 hour basis	PEP	PEP available in all hospitals	PEP available in all hospitals and AHCs	MOH	MOW MSS RRA	√	√	√	√	√	√	√	Recurrent budget
	Emergency contraception available in all health facilities	Emergency contraception available in all health centres during working hours	Emergency contraception available in all health centres during working hours and at hospitals on a 24-hour basis			√	√	√	√	√	√	√	Recurrent budget
e) Research													
Conduct research to determine the prevalence of domestic and sexual violence, its impact on sexual and reproductive health and ways to improve the detection and management of victims	Research report available	1	2	MOW	MOH RRA						√		700,000

Programme Area/Objectives/Outputs/Activities	Indicators	Baseline	Target	Lead implementator	Partners	Year							Budget
						09	10	11	12	13	14	15	
10. MALE INVOLVEMENT AND PARTICIPATION IN SRH													
Output 10: Strengthened health service environment to accommodate the SRH needs of men													
10.1 Objectives													
To increase male participation and involvement in SRH	% of men attending SRH clinics	10%	30%	MOH	MOW RRA MFPWA	√	√	√	√	√	√	√	
10.2 Activities													
a) Legal and Policy Review													
b) Advocacy & IEC/BCC													
Conduct awareness workshops to sensitize boys and men on gender and sexual reproductive health issues and to stimulate discussions on responsibility for their partners and families and violence-free relationships	No. of participants reached	2000	9000	MOH	MOW MYS MOE RRA AF	√	√	√	√	√	√	√	245,000
Conduct sensitization and awareness on SRH at the work place for men	No. of men sensitized at the workplace	3000	10,000	MOH	ELWF RRA MFPWA AF	√	√	√	√	√	√	√	245,000
Create awareness on male sexual dysfunction and available services through all possible channels such as community and youth centres	No. of men sensitized on male sexual dysfunction and available services	0	7000	MOH	MYS MSS MOW RRA MFPWA	√	√	√	√	√	√	√	Recurrent budget
c) Capacity Building													
Train health officers and officers from MOW on male involvement in SRH	No. of health officers trained	50 health officers	245 CHCOs 100 midwives 100 CHNOs	MOH	MOW MYS RRA MFPWA AF		√						**Refer to page 39**
	No. of MOW officers trained	0	30	MOH	MOW RRA	√							Refer to page 53

Programme Area/Objectives/Outputs/Activities	Indicators	Baseline	Target	Lead implementator	Partners	Year							Budget
						09	10	11	12	13	14	15	
Orient community leaders and peer educators on male involvement in SRH	No. of community leaders	0	700	MOH	RRA	√	√	√	√	√	√	√	Refer to page 54
	No. of peer educators	0	350	MOH	MYS RRA	√	√	√	√	√	√	√	Refer to page 39
d) Service Delivery													
Reorganize the sexual and reproductive health services to make them male-oriented and men friendly and cater adequately for the needs of men	No. of men attending SRH services	30,000	75,000	MOH	MOW RRA	√	√	√	√	√	√	√	Recurrent budget
Provide male and female condoms through public and entertainment places such as night clubs, bars, lodges and hotels	No. of entertainment places providing male and female condoms	Only in some hotels	Above 50% in entertainment places	MOT	MOH RRA MFPWA	√	√	√	√	√	√	√	Recurrent budget
e) Research													
11. MALE SEXUAL DYSFUNCTION													
Output 11: Strengthened information and services for MSD													
11.1 Objectives													
To reduce the risks and incidence of male sexual dysfunction (MSD)	Incidence of MSD	Not available	National MSD register	MOH	RRA MFPWA	√	√	√	√	√	√	√	
To reduce stigma associated with male sexual dysfunction (MSD)	MSD services integrated in all health facilities	Not available	All patients with MSD receiving care	MOH	RRA MFPWA	√	√	√	√	√	√	√	
11.2 Activities													
a) Legal and Policy Review													
b) Advocacy & IEC/BCC													
Raise awareness among women, men, youth and the community at large about the physiological, psychological and social changes associated with ageing in both men and women	No. of sessions conducted	25 sessions	200 sessions	MFPWA	RRA Senior Citizen Council NGOs	√	√	√	√	√	√	√	350,000

Programme Area/Objectives/Outputs/Activities	Indicators	Baseline	Target	Lead implementator	Partners	Year							Budget
						09	10	11	12	13	14	15	
Provide accurate information about possible causes, symptoms and management of MSD	No. of IEC materials disseminated	0	70 000	MOH	RRA MFPWA	√	√	√	√	√	√	√	700,000
c) Capacity Building													
Train health providers in the provision of quality care for MSD	No. of doctors trained No. of nurses trained	0 0	187 doctors 402 nurses	MOH	MIH RRA					√	√		353,400
d) Service Delivery													
Strengthen the services available at the Well–Man clinic	No. of men attending the Well-Man Clinic for MSD	479	Increase by 20% yearly	MFPWA		√	√	√	√	√	√	√	Recurrent budget
Develop guidelines/protocols for the prevention and management of MSD, including dangers and side effects of medications used and ensure that they are accessible to health service providers	Availability of guidelines in all health facilities	0	Guidelines developed	MOH	MIH RRA				√				75,000
e) Research													
Include questions on erectile dysfunction (ED) in NCD survey	Survey report available	0	1	MOH	RRA	√							Recurrent budget
12. GERIATRICS													
Output 12: Strengthened social and health services to adequately address the needs of the elderly													
12.1 Objectives													
To provide quality SRH services for all elderly people	No. of attendances of elderly people for SRH services	1000	20,000	MOH	MSS RRA MFPWA	√	√	√	√	√	√	√	
To reduce the incidence of sexual violence towards the elderly	No. of reported cases of abuse towards elderly	75	0	MSS	Judiciary MOW RRA Senior Citizen council NGOs	√	√	√	√	√	√	√	
To strengthen the quality of SRH services provided to elderly especially in institutions including residential care home	% of elderly in institutions using SRH services	0	10% yearly	MSS	MOH RRA	√	√	√	√	√	√	√	

Programme Area/Objectives/Outputs/Activities	Indicators	Baseline	Target	Lead implementator	Partners	Year							Budget
						09	10	11	12	13	14	15	
12.2 Activities													
a) Legal and Policy Review													
b) Advocacy & IEC/BCC													
Raise awareness among women, men and the community at large about the physiological, psychological and social changes associated with post menopausal period	No. of IEC materials on menopause and other conditions distributed	2000	10,000	MSS	MOH MOW RRA MFPWA			√					80,000
Conduct awareness campaigns on post menopausal bleeding for elderly women and on uro-genital problems for elderly men for early diagnosis of reproductive tract cancers	No. of awareness campaigns	0	700	MSS	MOH MOW RRA MFPWA	√	√	√	√	√	√	√	1,400,000
Promote the right to sexual and reproductive health for the elderly by disseminating information through all channels of communication about the available health services	No. of talks on SRH of the elderly on TV and radio	50 talks	400 talks	MSS	MOH MOW RRA MFPWA	√	√	√	√	√	√	√	Recurrent budget
	No. of articles on SRH for the elderly in newspapers	Articles ongoing	Articles ongoing	Media trust	MOH MSS RRA	√	√	√	√	√	√	√	No budget
c) Capacity Building													
Train service providers for the management of menopause and other common SRH problems of the elderly	No. of service providers trained	0	152 doctors 402 nurses 245 CHCOs	MOH	MSS MOW RRA				√	√			479,400
d) Service Delivery													
Strengthen services for the elderly to include the management of post menopausal and erectile dysfunction problems	Services strengthened	Ongoing	Ongoing	MOH	MSS RRA MFPWA	√	√	√	√	√	√	√	Recurrent budget
e) Research													

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Annex 1

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