



NATIONAL SEXUAL AND REPRODUCTIVE HEALTH IMPLEMENTATION PLAN 2022 - 2027



Ministry of Health and Wellness



**World Health
Organization**
Mauritius



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EXECUTIVE SUMMARY

The National Sexual and Reproductive Health Implementation Plan 2022 - 2027 sets out Mauritius' priorities and approach to improving the Sexual and Reproductive Health (SRH) of the population. Poor sexual health can impact negatively on the health and well-being of individuals and on society at large. The effects can be compounded by stigma and fear.

Poor sexual and reproductive health is often concentrated in vulnerable groups, including adolescents, elders, disabled and people with different gender identities and can perpetuate substantial health inequalities.

This Action Plan identifies actions to be taken to improve sexual and reproductive health outcomes, reduce inequalities and promote emotional aspect related to sexual health in the Republic of Mauritius. It focuses on actions related to strengthening the system delivery for SRH services, creating awareness in the community, addressing SRH needs of vulnerable groups and the use of research to guide policy makers.

This Plan was informed by an assessment of available statistics on sexual and reproductive health and through consultation with different stakeholders. Overall, the sexual and reproductive health needs and challenges of the Mauritian population are significantly high. We are witnessing increasing cases of Sexually Transmitted Infections (STIs) and HIV cases, increasing the disproportionate burden of communicable diseases across vulnerable groups.

Although 2020 has known a decrease in teenage pregnancies, there have been 4 maternal deaths among them, out of the total 8 cases, impressing on the vulnerability of teenagers in terms of health outcomes.

Civil Society Organisations expressed their concerns in relation to youth sexual behaviours and lack of age specific sexuality education, based on their interactions with young people. They emphasized the imperative to address the sexual and reproductive health needs of young people through Comprehensive Sexuality Education, both in and out of schools.

Stakeholders' engagement is vital to the development and implementation of this Action Plan. The Plan endorses the goals and recommendations of the National Sexual and Reproductive Health Policy 2022.

LIST OF ABBREVIATIONS

AHC	Area Health Centre
AIDS	Acquired Immunodeficiency Virus
ANC	Antenatal Care
ART	Assisted Reproductive Therapy
BCC	Behavioural Change Communication
CHC	Community Health Centre
CHCO	Community Health Care Officer
COVID 19	Coronavirus Disease 2019
DHS	Director Health Services
FP	Family Planning
GBV	Gender Based Violence
HIEC	Health Information Education Communication
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
HRT	Hormone Replacement Therapy
ICPD	International Conference on Population and Development
IEC	Information Education and Communication
MIE	Mauritius Institute of Education
MISP	Minimal Initial Service Package
MGEFW	Ministry of Gender Equality and Family Welfare
MOHW	Ministry of Health and Wellness
MYESR	Ministry of Youth Empowerment, Sports and Recreation
MOETEST	Ministry of Education, Tertiary Education, Science and Technology
MOSS	Ministry of Social Security
NGOs	Non-Governmental Organisations
PHC	Primary Health Care
PoA	Plan of Action
RPHS	Regional Public Health Superintendent
SDG	Sustainable Development Goal
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UHC	Universal Health Coverage
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
WHO	World Health Organization



1.0 INTRODUCTION

1.1 Why is Sexual and Reproductive Health important to public health?

Since the mid-1990s, the concept of sexual and reproductive health has evolved from a limited focus on discrete health issues, such as maternal and child health, to a broad understanding of the many factors, such as gender inequality, that can affect people's sexual and reproductive lives. The move toward a more expansive vision of sexual and reproductive health is frequently traced to the landmark 1994 United Nations International Conference on Population and Development (ICPD). In a paradigm shift, the ICPD replaced traditional fertility control programs, which emphasized demographic goals, with a "Programme of Action" (PoA) that not only placed the sexual and reproductive health of individuals—and particularly women and girls—at its core, but also affirmed sexual and reproductive health, reproductive rights, and gender equality as human rights and cornerstones of sustainable development (UN, 1994).

The PoA committed ICPD member states to providing universal access to a core set of health services: education related to sexuality and reproduction, prevention of sexually transmitted infections (STIs), family planning, safe abortion, and maternal and newborn care. Despite occasional setbacks, efforts to build on that vision continue. The United Nations 2030 Agenda for Sustainable Development includes universal access to sexual and reproductive health as a target (UN, 2015), and the 2018 report of the Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights calls for universal access to sexual and reproductive health, comprehensively defined as a state of "physical, emotional, mental, and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity" (Starrs et al., 2018).

Sexual health is a broad issue which encompasses prevention, awareness and services around contraception, relationships, psychosexual counseling, STI testing and treatment and abortion. Provision of sexual health services is complex and there is a wide range of providers, including specialist clinical services, general practice, pharmacies, the Civil Societies Organisations as well as some services in schools and youth services.

Poor sexual health can negatively affect individuals and society; STIs and unintended pregnancies can have long-lasting impacts on people and the local health and social care economy.

Poor sexual health can also result in substantial costs to society across health, housing, education and social care. Access to sexual health information, support and services are critical to enable everyone to pursue safer, healthy sexual activity whilst avoiding unintended pregnancy and STIs.

1.2 The case for change

The past decade has seen great improvements in the Sexual and Reproductive Health (SRH) of the population. The Sustainable Development Goals (SDGs) targets set for 2030 have been met in terms of maternal mortality rate, infant mortality rate and under 5 mortality rates. SRH services are provided free of charge. In 2020, the Ministry of Health and Wellness published its Health Sector Strategic Plan 2020 – 2024, setting out ambitions to further improve the SRH of the population. To achieve these targets, a focus on SRH is required as:

i. **Life course approach**

SRH services should cater and be adapted to the specific needs of all age groups across different life stages.

ii. **Existing sexual and reproductive health inequalities**

Inequalities disproportionately affect young people, elders, inmates, disabled and people identifying them as LGBTQ. Services need to continue to be targeted at them and should be inclusive to address their SRH needs.

iii. **SRH compounded by the wider determinants of health**

Socioeconomic deprivation, poverty, lack of education, alcohol, tobacco, substance abuse, psychoactive drugs, mental health, domestic violence, coercion, exploitation and abuse impact on sexual health outcomes.

iv. **Need to recognize that sexual health is as important as reproductive health.**

In order to ensure Universal Health Coverage (UHC), emphasis on sexual health is needed. Essential elements of good sexual health are equitable relationships and sexual fulfillment with access to information and services.

v. **Increase in Sexually Transmitted Infections**

Increasing number of STIs cases places an increasing burden on the health systems. Therefore, preventing STIs and HIV can have long lasting health and economic impacts. It is a key health issue and sensitization is important.

vi. **Increasing cases of complications following abortions**

Complications following abortions can be either due to spontaneous or illegal abortion. Despite existing legislations, women are opting for illegal abortion and complications can be devastating such as deaths.

- vii. **Teenage pregnancy and increasing maternal deaths among teenagers**
Restrictive legislations are not discouraging teenagers from engaging in sexual practices. Teenagers, just like any human being, are sexual persons and their sexual needs should be considered.
- viii. **Low uptake of modern methods of contraception**
People are opting for withdrawal methods more than modern methods of contraception. There is a need to promote long-acting reversible contraception and dual contraception.
- ix. **Increase in cases of Gender Based Violence (GBV)**
The COVID 19 has resulted in an increase in cases of GBV. Root causes can be multiple and it requires multisectorial approach. The health sector response is important in terms of treatment and assistance to victims.
- x. **Impact of social media on SRH**
Social media exposes individuals to phenomenon like digital sexting, pornography and revenge pornography. Young people are easily influenced and get engage into unsafe sexual practices.
- xi. **Impact of climate change, emergencies and crisis on SRH**
COVID 19, cyclones or floods disrupt the provision of SRH services either due to lack of transport facilities or temporary stoppage in provision of these services. A Minimum Initial Service Package (MISP) is advocated for.
- xii. **Lack of innovative approach in sensitizing and creating awareness**
People feel that the contemporary methods of sensitization (pamphlets, talks, radio/tv programs) are not enough. More innovative and aggressive, adapted to the local context and age specific campaigns are needed.
- xiii. **Lack of research to support policy makers and monitoring and evaluation**
Research is necessary to identify priorities and develop strategies in the field of SRH. A strong monitoring and evaluation system is important to guide the implementation of plans.

1.3 Linking with other strategies or action plans

The Ministry of Health and Wellness has an overarching vision for health: The Health Sector Strategic Plan 2020 – 2024 states that Mauritius will be “A healthy nation with a constantly improving quality of life and well-being”. This vision is supported by principles such as “Health as a basic human right”, “Good Health amongst the priority needs of the population”, “Health as a driver of socio-economic development”. Therefore, this Action Plan helps us address the SRH needs, through several strategic goals, which are a priority to achieve Universal Health Coverage.

The Government of Mauritius, through the National Strategy and Action Plan on the Elimination of Gender Based Violence in the Republic of Mauritius 2020-2024 and the National Gender Policy 2022 – 2030, is committed to ensure that all people living in Mauritius are supported to experience safe, respectful and non-violent relationships. This Plan supports this commitment.

Furthermore, this Plan will advocate for strategies such as Adolescent Sexual and Reproductive Health and Rights. Some areas have not been addressed lengthily or in depth as there are already existing strategies or frameworks addressing these issues (HIV/AIDS and Sexually Transmitted Infections (STIs), Maternal, Neonatal and Child Health, National Cancer Control Programme 2022 – 2025, ICOPE)

1.4 Developing and implementing this Action Plan

This plan promotes the importance of positive relationships and optimal sexual and reproductive health across all life stages and focuses mainly on strengthening the system delivery for SRH services, creating awareness in the community, addressing SRH needs of vulnerable groups and highlights the use of research to guide policy makers.

To inform the development of this Plan, available information and statistics on SRH were used to identify gaps and priority needs that need attention, especially in a post COVID 19 era. The delivery of sexual and reproductive healthcare across the lifespan is underpinned by provision of comprehensive primary healthcare with the support of specialized care when required. Capacity building and training of healthcare professionals will ensure provision of high level of SRH services at every stage of life.

The Ministry of Health and Wellness will lead the implementation of this Plan, in close collaboration with other key stakeholders, including Ministries, public and private institutions and non-governmental sector.

1.5 About this Implementation Plan

This Plan was developed through consultation with various stakeholders involved in service delivery from Ministry of Health and Wellness, other key Ministries and NGOs. It follows the National Sexual and Reproductive Health Policy 2022 and adopts same vision, guiding principles, core values and objectives. It is based on the data and policy briefs in the National Sexual and Reproductive Policy 2022. This Plan focuses on six main priorities identified by stakeholders, which need to be acted upon for the next five years.

2.0 THE STRATEGY

2.1 Vision

A Republic of Mauritius, all people, regardless of age, gender identity, sexual orientation, socioeconomic condition and cultural background, are enabled and supported in achieving their full potential for sexual and reproductive health and well-being.

2.2 Goal

To promote quality and safe sexual and reproductive health among women, men and youth through informed choices and anchored on a rights-based approach.

2.3 Guiding principles

1. Human rights
2. Stakeholders' involvement
3. Accountability

2.4 Core values

- i. Universal access to health
- ii. Life course approach
- iii. Best practices
- iv. Patient centered approach and care
- v. Informed, autonomous and voluntary decision making

2.5 Specific Objectives

- Objective 1:** Empower all people to make informed decisions about their Sexual and Reproductive Health and ensure that their SRH rights are respected, protected, and fulfilled.
- Objective 2:** Improve access to comprehensive and integrated Sexual and Reproductive Health and Rights care and treatment services across all life stages.
- Objective 3:** Facilitate access to respectful and non-judgmental SRHR services for priority and vulnerable groups.
- Objective 4:** Strengthen the health system to deliver integrated SRHR services at the lowest feasible level in the healthcare system.
- Objective 5:** Promote multisectoral engagement and shared accountability for a sustainable and rights-based service delivery.



3.0 OUR PRIORITIES

To achieve the objectives set by the National Sexual and Reproductive Health Policy 2022, the Action Plan will be based on 6 priority areas as below:

- Priority Area 1** Promote sexual health as part of an overall and positive approach
- Priority Area 2** Improving the sexual and reproductive health service delivery system
- Priority Area 3** Enhancing community awareness, information and prevention through a lifecourse approach
- Priority Area 4** Responding to the sexual and reproductive health needs of specific population groups
- Priority Area 5** Addressing the sexual and reproductive health needs of children, adolescents and young adults
- Priority Area 6** Promoting sexual and reproductive health research, knowledge and innovation

PRIORITY AREA 1: PROMOTE SEXUAL HEALTH AS PART OF AN OVERALL AND POSITIVE APPROACH

Interventions	Activities	Responsible person	Target	Time Frame	Budget (Rs)
Community Awareness	<ol style="list-style-type: none"> 1. Awareness events on SRH in the community which is accessible to all groups and aims to: <ol style="list-style-type: none"> ii. promote sexual health and wellbeing; iii. raise awareness of specific sexual health issues, including HIV/AIDS with particular focus on those most at risk; iv. to tackle discrimination and stigma associated with HIV/STIs and sexual orientation. v. Discourage the use of psychoactive drugs, alcohol and tobacco which impact the sexual well being 2. Community talks on Sexual Health and Well-being, adopting a sex positive approach, respectful relationships to promote sexual health and wellbeing including the prevention of STIs and HIV/AIDS with particular focus on those most at risk and taking account of the needs of those with a disability or from an ethnic minority community. 3. Support groups in the community to discuss on healthy and positive relationships and sharing of experiences in collaboration with NGOs, to be led by Community Health Care Officers in Primary Health care centres. 4. Develop HIEC materials on promotion of sexual health and healthy relationships <ul style="list-style-type: none"> • 25,000 Pamphlets • Videos (a series of 10 videos including testimonials) 	SRH Coordinator	2 SRH campaigns per year	2022 - 2027	3,000,000
		SRH Coordinator	5 sessions per year 30 participants per session	2022 - 2027	250,000
		SRH Coordinator	1 support group per region To meet on a monthly basis	2022 - 2027	
		SRH Coordinator HIEC Unit	25,000 pamphlets 10 videos	2024	90,000

PRIORITY AREA 1: PROMOTE SEXUAL HEALTH AS PART OF AN OVERALL AND POSITIVE APPROACH (CONT'D)

Interventions	Activities	Responsible person	Target	Time Frame	Budget (Rs)
Service Delivery	<p>1. Set up a Sexual Health Promotion unit to monitor all sexual health and well-being promotion campaigns</p> <p>2. Set up Sexual Health Clinics (Convert Family Planning Clinics to sexual health clinics) to prevent the spread of human immunodeficiency virus (HIV) and other sexually transmitted diseases (STDs) by promoting sexual wellness, eliminating barriers to care, discouraging the use of psychoactive drugs, alcohol and tobacco, providing culturally sensitive services and empowering our community</p>	DHS PHC	1 full fledge unit for SRH set up	2024	-
	<p>3. Train and Recruit sexologists (Who study people's sexual behaviours, feelings and interactions and assist them to reconcile any issues they have about their sexual experiences, with the aim of improving lives)</p>	DHS PHC	All AHCs and Mediclinics	2024	-
Training	<p>Training of health professionals on Relationships Education, Relationships and Sex Education and Health Education (to optimize the care and advice given on sexual health and well-being, to cover core skills and issues such as awareness, attitudes, information, communication skills, sexuality, and relationships & sexual health)</p> <ul style="list-style-type: none"> • Community Physicians • CHCOs • Midwives • NGOs • Community Workers • Youth 	DHS PHC	4 sessions per year 1 session of 30 participants	2024 -2027	540,000



PRIORITY 2: IMPROVING THE SEXUAL AND REPRODUCTIVE HEALTH SERVICE DELIVERY SYSTEM

Interventions	Activities	Responsible person	Target	Time Frame	Estimated Budget (Rs)
Family Planning					
Postpartum Contraception	<ol style="list-style-type: none"> Daily visits by CHCO in prenatal and postnatal ward to counsel on modern methods of contraception and spacing of birth. Gynaecologists to provide postpartum contraception in wards, with emphasis on long-acting reversible method of contraception 	CHCO DHS Curative	All regional hospitals	2022 - 2023	-
Emergency Contraception	<ol style="list-style-type: none"> Provision of emergency contraception in regional hospitals and Mediclinics/AHCs/CHCs through pharmacies over 24hr basis 	DHS Curative DHS PHC	All regional hospitals	2022 - 2023	-
Family planning Service Delivery	<ol style="list-style-type: none"> Use of A5 envelope for distribution of condoms to clients with key messages on both sides (about correct use and advantages in terms of HIV/STIs) 	CHCO	100,000/ year	2022 - 2023	3,000,000
Training	<ol style="list-style-type: none"> Training of CHCO in Medical and Clinical Assistance(3 months Training course, weekly sessions) 	DHS PHC	50 CHCO/ year	2022 - 2027	750,000
Maternal and Neonatal Health					
New service delivery	<ol style="list-style-type: none"> Childbirth Preparation Classes in social welfare centres/ women wellness centres and mediclinics (Training of Midwives, provision of equipments, development of guidelines and protocols) Sensitization on the ill effects of alcohol, tobacco and substance abuse on maternal and fetal health 	Gynaecologist SRH Coordinator NGOs MIE RPHS	250 trained midwives 3 operational centres per region 8000 pregnant women/ couples per year All primary health centres	2022 - 2023	1,120,000

PRIORITY 2: IMPROVING THE SEXUAL AND REPRODUCTIVE HEALTH SERVICE DELIVERY SYSTEM (CONT'D)

Interventions	Activities	Responsible person	Target	Time Frame	Estimated Budget (Rs)
	<ol style="list-style-type: none"> 2. Postnatal Clinics in primary health care (to integrate well baby clinics, cash gifts, breastfeeding and 6-week postpartum review in one clinic). Guidelines and protocol to conduct clinics to be developed. 3. Standardised ANC protocol for follow up across primary health centres. 4. Review prenatal care guidelines to include rapid test for HIV and syphilis at ANC Booking, 28 weeks and at delivery. 5. Reintroduce home visits by midwives and CHCO for counselling purposes and assessment of mother and child. 	<p>RPHS/ DHS PHC</p> <p>DHS</p> <p>Curative/ PHC</p> <p>Chief Midwife/ Principal CHCO</p>	<p>Protocol in place</p> <p>Guidelines reviewed</p> <p>8000 women in postpartum period per year</p>	<p>2022 - 2023</p>	
Infertility					
Upgrading service delivery	<ol style="list-style-type: none"> 1. Set up a tertiary health centre for management of infertility 	DHS Curative	1 national centre	2022 - 2027	-
Abortion					
Service Delivery	<ol style="list-style-type: none"> 1. Ensure post abortion care in regional hospitals through the use of protocols and guidelines and to ensure reporting of illegal cases of abortion 2. Provide psychological care to women post abortion 	DHS Curative	<p>Protocol in place</p> <p>Referral pathways to psychologists</p>	2022 - 2023	-
Cancers of reproductive tract					
Service Delivery	<ol style="list-style-type: none"> 1. Introduce HPV self-sampling test at the level of PHC 2. Development of protocols and guidelines on screening for breast/ cervical and prostate cancer in PHC 	DHS PHC	<p>10,000 tests per year</p> <p>Protocols and guidance developed</p>	2022 - 2024	-

PRIORITY 2: IMPROVING THE SEXUAL AND REPRODUCTIVE HEALTH SERVICE DELIVERY SYSTEM (CONT'D)

Interventions	Activities	Responsible person	Target	Time Frame	Estimated Budget (Rs)
Gender Based Violence					
Service delivery	1. Strengthen the existing fast track system for victims of GBV	DHS Curative	Fast track system strengthened	2022 - 2023	-
	2. Development of protocols and guidelines for the management of GBV at A&E level		Protocols and guidelines completed		
	3. Ensure provision of emergency contraception and PEP to victims of GBV				
Sexual and Reproductive Health for Elderly					
Service delivery	1. Menopause clinics in regional hospitals	DHS Curative Gynecologists	1 menopause in each regional hospital	2022 - 2026	-
	2. Hormonal Replacement Therapy as a possible treatment modality for menopause		HRT available		
	3. Creation of Specialised Sexual Health Clinics in regional hospitals to address sexual dysfunction and other issues	Endocrinologist	1 clinic in each hospital		
Male participation					
Service Delivery	1. Protocols to allow male partners accompany their partners during ANC/FP/Postnatal clinics in primary health centres	DHS PHC	Regulations in place	2022 - 2023	-
	2. Medical professionals should encourage couple counselling during any illness or point of contact related to SRH				
Training					
Training	1. In service training on modern methods of contraception	SRH Coordinator	3 sessions/ year 40 participants/ session	2022 - 2027	180,000

PRIORITY 2: IMPROVING THE SEXUAL AND REPRODUCTIVE HEALTH SERVICE DELIVERY SYSTEM (CONT'D)

Interventions	Activities	Responsible person	Target	Time Frame	Estimated Budget (Rs)
Training	2. Capacity building on maternal health, breastfeeding, infant and child health	DHS Curative	2 sessions/ year 40 participants/ session	2022 - 2027	600,000
	3. Capacity building of health professionals on infertility, STIs	DHS Curative	2 sessions/ year 40 participants/ session	2022 - 2027	600,000
	4. Training of gynaecologists on laparoscopy, Assisted Reproductive Technology (on-site training – Example India)	DHS Curative	10 gynecologists trained	2022 - 2027	-
	5. Postgraduate fellowship on fetal medicine (in view of high number of congenital anomalies)	DHS Curative	2 gynecologists trained	2025 - 2027	-
	6. Training of healthcare professionals on screening for cancers of reproductive tract in Primary Health care	DHS PHC	2 sessions/ year 40 participants per session	2022 - 2027	600,000
	7. Training of trainers for health professionals on GBV - 5 days training	DHS Curative	1 session/ year 50 participants/ session	2022 - 2027	1,250,000
	8. International Conferences on SRH topics for local and foreign participants, in collaboration with international associations, agencies or societies	DHS PHC	1 Conference/ year	2022 - 2027	-

PRIORITY 2: IMPROVING THE SEXUAL AND REPRODUCTIVE HEALTH SERVICE DELIVERY SYSTEM (CONT'D)

Interventions	Activities	Responsible person	Target	Time Frame	Estimated Budget (Rs)
Sexual Health Clinics					
Health service delivery	1. Setting up of “Centre de santé sexuelle communautaire” to provide HIV/AIDS/STIs/ FP services in a holistic manner	DHS Public Health	1 centre	2022 - 2023	-
Statistics/ Disaggregated Data					
Collection and compilation of data on SRH	1. Health Information Management System (Health Statistics Unit, Health Records Section, Demography department) to provide for disaggregation of data pertaining to components of SRH. To work in collaboration with an international agency (World Health Organization/UNFPA)	DGHS Chief Health Records Officer Chief Health Statisticians Chief Demographer		2022 - 2024	
Digital Media					
Dissemination of materials through digital media	1. Guidelines to be made available via smart apps for mobile phones so that health professionals can make easy reference to them 2. Monthly newsletter on SRH health issues	HIEC Director General Health Services Gynaecologists pediatricians AIDS unit Dermatologist Director Health Services/ DGHS	1 smart app 12 newsletter / year 3 pages per newsletter	2022 – 2024 2022 - 2024	500,000 300,000



PRIORITY 3: ENHANCING COMMUNITY AWARENESS, INFORMATION AND PREVENTION THROUGH A LIFE COURSE APPROACH

Interventions	Activities	Responsible person	Target	Time Frame	Estimated Budget (Rs)
Community Sessions					
	<ol style="list-style-type: none"> 1. Maternal self-care during pregnancy and post-partum (including ill effects of alcohol, tobacco and illicit substances) 2. Care of newborn 3. Family planning counselling with emphasis on modern methods of contraception as well as dual protection 4. Consequences of unsafe abortion 5. Sexually Transmitted Infections/ HIV 6. Screening services for cancers of reproductive tract 7. Importance of HPV vaccination 8. Preconception care 9. Effects of alcohol and tobacco on sexual well being 	NGOs Midwives CHCO	5 sessions per region 30 participants/session Total: 25 sessions/year	2022 - 2027	1,125,000
Community talks					
Role Plays/ Theatre	<ol style="list-style-type: none"> 1. Sexual and Reproductive Health related issues (Students/ young people) As part of a competition, to be allocated a prize for winning team. 	MOHW MYESR MOETEST NGOs	Once per year	2022 - 2027	750,000
Quiz competitions	<ol style="list-style-type: none"> 1. On SRH related health issues or SRH self-care through Radio programs Winner to be awarded a prize 	Public radios NGOs	Once per year	2022 - 2027	100,000

PRIORITY 3: ENHANCING COMMUNITY AWARENESS, INFORMATION AND PREVENTION THROUGH A LIFE COURSE APPROACH (CONT'D)

Interventions	Activities	Responsible person	Target	Time Frame	Estimated Budget (Rs)
HIEC Materials					
Brochures/ Pamphlets	<ol style="list-style-type: none"> 1. Modern methods of contraception 2. Self-care during pregnancy – do’s and don’t 3. HPV vaccine and its importance 4. Common illness in childhood – how to manage <ul style="list-style-type: none"> • Acute gastro-enteritis • Dermatological illness • Allergic rhinitis • Bronchial Asthma • Simple flu 	SRH Coordinator	25,000 pamphlets each on 8 different topics	2022 - 2027	400,000
Social Media					
Short Videos	<ol style="list-style-type: none"> 1. Modern methods of contraception 2. Consequences on unsafe abortion 3. Menopause 4. Breast palpation 5. Healthy lifestyles for prevention of cancers of reproductive tract 6. Podcasts on maternal health (a series of 10 short videos) to sensitise on good habits to be adopted and bad habits to be avoided, healthy lifestyle) 	SRH Coordinator CHIEC	15 videos	2022 - 2027	552,000
Support Groups					
Infertility	1. Create support groups for couples suffering from infertility, For counselling purposes, psychological support	DHS PHC Psychologists NGOs	1 group per region	2022 - 2027	-
Radio and Tv programs					
	<ol style="list-style-type: none"> 1. Monthly radio/ tv programs on SRH health issues 2. Weekly 5 minutes’ slot for key messages on Sexual and Reproductive health 	CHIEC		2022 - 2027	-

PRIORITY 4: RESPONDING TO THE SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF SPECIFIC POPULATION GROUPS

Interventions	Activities	Responsible person	Target	Time Frame	Estimated Budget (Rs)
DISABLED PERSONS					
Health Service Delivery	1. Provision of modern methods of contraception during home visits by doctors	MOH MOSS	All disabled persons of reproductive age group receive contraception 2 sessions per year 40 participants per session	2022 - 2027	600,000
	2. Counselling on the importance of contraception to prevent unwanted pregnancies, HIV and STIs				
	3. Provision of Comprehensive sexuality education				
	4. Training of stakeholders involved on Sexual and Reproductive Health of disabled persons				
Information Education and Communication/ Behavioural Communication Change	Create awareness among the disabled population about their sexual and reproductive health and rights Community awareness -	MOH MOSS NGOs	30 participants per session, 2 sessions per year	2022 - 2027	90,000
Diverse Populations/Commercial Sex Workers/ Inmates/ Homeless people					
Health Delivery System	1. Screening services (HIV/ STIs/ Cancers) provided free of prejudice and without stigmatization	DHS public health NGOs	30 participants per year 2 days' session 30 trainers	2022 - 2027	225,000
	2. Develop and design training for health and non-health personnel, public and private and media.				
	3. Training of Trainers to develop training materials (doctor, representative from youth, psychologist, legal)				
Research	To conduct research targeting diverse population STIs and HIV to track the dynamics and inform the programs/training	DHS public health	Research conducted	2022 - 2027	-

PRIORITY 5: ADDRESSING THE SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF CHILDREN, ADOLESCENTS AND YOUNG ADULTS THROUGH COMPREHENSIVE SEXUALITY EDUCATION

Interventions	Activities	Responsible person	Target	Time Frame	Estimated Budget (Rs)
Advocacy and Policy	Integration of youth issues into national programmes	DHS PHC	Strategy elaborated	2022 – 2023	-
	Rights based approach to the implementation of Adolescent Sexual and Reproductive Health programmes				
Health Service Delivery	Competency based training of stakeholders involved in the elaboration of the strategy 2 weeks' duration	DHS PHC WHO	40 participants	2022 - 2023	600,000
	Development of National Technical Guidelines on comprehensive sexuality education				
	Development of National Standards on sexuality education				
	National concerted adolescent programme on SRH education (multi-stakeholders' involvement)				
	Design specific SRH programme for the vulnerable groups				
	Use of innovative and interactive approaches to address SRH education				
Health Service Delivery	Creation of adolescent Youth Friendly Clinics at primary and secondary care level (ensuring confidential and conducive environment - counselling on abortion and SRH matters)	DHS PHC	3 clinics per region	2022 - 2027	-
	Regular visits by health professional at schools				
	Creation of a cell attached to school to provide SRH counselling and services				
	Outreach services to provide SRH services to vulnerable groups through a mobile caravan		1 caravan for outreach services	2022 - 2027	8,125,000

PRIORITY 5: ADDRESSING THE SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF CHILDREN, ADOLESCENTS AND YOUNG ADULTS THROUGH COMPREHENSIVE SEXUALITY EDUCATION (CONT'D)

Interventions	Activities	Responsible person	Target	Time Frame	Estimated Budget (Rs)
Health Service Delivery	Provision of modern methods of contraception services in line with existing legislation			2022 - 2027	-
National Campaign	<p>Launch a national campaign on Adolescent Health including Sexual and Reproductive Health to promote respectful relationships, prevent teenage pregnancies and STIs/ HIV</p> <ul style="list-style-type: none"> • Billboards • National Debates • Intercollege competitions • Awareness sessions on school premises • Community talks in collaboration with NGOs 	<p>MOH MGEFW MYESR MOETEST</p>	1 national campaign	2023 - 2024	
Health Awareness and Behaviour Change Program	<p>Training on Comprehensive Sexuality Education</p> <ul style="list-style-type: none"> • Training of trainers • Training for peer educators • Training on gender mainstreaming issues 	DHS PHC	Training conducted CHCOs and community physicians trained	2022 - 2024	
	<p>Develop, disseminate and distribute appropriate HIEC materials on behaviour change</p> <ul style="list-style-type: none"> • Pamphlets • Short videos • Posters 		25,000 pamphlets 5 short videos 5000 posters	2023 - 2024	537,500
	<p>Conduct community awareness campaigns on Adolescent Sexual and Reproductive Health</p> <ul style="list-style-type: none"> • Community talks • Community activities • Theatre, Role plays, Competitions 	<p>MOH MYESR MOE</p>	Awareness campaigns conducted	2022 - 2027	-

PRIORITY 5: ADDRESSING THE SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF CHILDREN, ADOLESCENTS AND YOUNG ADULTS THROUGH COMPREHENSIVE SEXUALITY EDUCATION (CONT'D)

Interventions	Activities	Responsible person	Target	Time Frame	Estimated Budget (Rs)
	<p>Establish and upgrade youth centres and clubs</p> <ul style="list-style-type: none"> • Build capacities within the centres to communicate positive SRH health messages • Conduct training on comprehensive sexuality education • Offer safe space for adolescents to gather (out of schools) 		2 Youth centres per region	2024 - 2025	-
Training	<p>Capacity building of service providers (health care, nurse, doctors, social workers and other stakeholders)</p> <p>Regular training for staff and all stakeholders in service provision</p>	DHS PHC	40 participants per session 5 sessions	2022 - 2027	300,000
Research	<p>To conduct regular operational research on adolescent sexual and reproductive health to inform policy and service delivery</p> <p>Updating and dissemination of data</p> <p>Teenage pregnancy prevalence of Mauritius</p>	DHS PHC	1 study conducted	2022 - 2023	-

PRIORITY 6: PROMOTING SEXUAL AND REPRODUCTIVE HEALTH RESEARCH, KNOWLEDGE AND INNOVATION

Intervention Area	Activities	Responsible person	Time frame	Budget (Rs)
Family Planning	Update the existing guidelines on modern methods of contraception Research: Innovative ways to disperse contraception services	DHS Training and Research	2022 - 2027	
Maternal Health	Maternal and Perinatal Deaths Surveillance and Response 6 members on board, twice per year	DHS Training and Research	2022 - 2027	
Neonatal, Infant and Child health	Research on causes or deaths of infant and under 5 Research on breastfeeding practices Research on causes of low birth weight	DHS Training and Research	2023 - 2024	
Infertility	Research to determine causes of infertility to provide services adapted to the cause Survey on endometriosis – more specific to severity, infertility	DHS Training and Research	2022 - 2023	
Abortion	Research on abortion <ul style="list-style-type: none"> Reason for abortion Methods used Abortion-related complications 	DHS Training and Research	2023 - 2024	
Cancers of reproductive tract	Auditing of cases in hospitals	DHS Training and Research	2022 - 2027	
Gender Based Violence	Enhance data collection and bolster M&E of programmes and policies More funding and scope for research on GBV which determines the prevalence, impact, extent, intensity of GBV and ways to improve detection and management of survivors of violence, development of guidelines and standard and expedient referral pathways	DHS Training and Research	2024 - 2025	

PRIORITY 6: PROMOTING SEXUAL AND REPRODUCTIVE HEALTH RESEARCH, KNOWLEDGE AND INNOVATION (CONT'D)

Intervention Area	Activities	Responsible person	Time frame	Budget (Rs)
Elderly and Sexual and Reproductive Health	Disaggregated data on different types of abuse (physical, economic, sexual) on the elderly by age and sex Encourage individuals and health and research institutions to carry research on sexual and reproductive health and sexual dysfunction Include sexual health and dysfunctions on priority list of studies	DHS Training and Research	2024 - 2025	
Sexual Dysfunction	To conduct a national study on the magnitude of sexual dysfunction statistics on sexual dysfunction to be included in the health statistics Encourage individuals and health and research institutions to carry research on sexual and reproductive health and sexual dysfunction Include sexual health and dysfunctions on priority list of studies	DHS Training and Research	2025 - 2026	
Male participation	Conduct surveys among couples to determine their level of participation and investigate their perception on male participation All statistics should be gender and age disaggregated	DHS Training and Research	2025 - 2026	
Monitoring and Evaluation	Setting up of a Monitoring and Evaluation Committee to evaluate action plans during their final year of implementation, to measure outcomes and to make recommendations		2026 - 2027	

4.0 SUMMARY OF COSTED PLAN

Activities	Financial year 2022–2023 (Rs)	Financial Year 2023–2024 (Rs)	Financial year 2024–2025 (Rs)	Financial year 2025–2026 (Rs)	Financial year 2026–2027 (Rs)	Total (Rs)
Awareness campaign on SRH	600,000	600,000	600,000	600,000	600,000	3,000,000
Community talks on SRH promotion	50,000	50,000	50,000	50,000	50,000	250,000
HIEC materials on SRH promotion	0	0	90,000	0	0	90,000
Training on SRH promotion	0	0	180,000	180,000	180,000	540,000
Family planning services	600,000	600,000	600,000	600,000	600,000	3,000,000
Training in medical and clinical assistance	150,000	150,000	150,000	150,000	150,000	750,000
Child Birth classes	1,082,500	25,000	12,500	0	0	1,120,000
Training on contraception	36,000	36,000	36,000	36,000	36,000	180,000
Capacity building on maternal and child health	120,000	120,000	120,000	120,000	120,000	600,000
Capacity building on infertility and STI management	120,000	120,000	120,000	120,000	120,000	600,000
Training on screening of cancers of reproductive tract	120,000	120,000	120,000	120,000	120,000	600,000
Training of trainers on GBV	250,000	250,000	250,000	250,000	250,000	1,250,000
Mobile applications on guidelines	0	500,000	0	0	0	500,000
Newsletter on SRH	60,000	60,000	60,000	60,000	60,000	300,000
Community talks on SRH issues	225,000	225,000	225,000	225,000	225,000	1,125,000
Role plays /Theatre	150,000	150,000	150,000	150,000	150,000	750,000
Quiz Competition	20,000	20,000	20,000	20,000	20,000	100,000
HIEC materials	0	0	400,000	0	0	400,000
Short video	0	0	0	552,000	0	552,000
SRH of disabled person	138,000	138,000	138,000	138,000	138,000	690,000
SRH of commercial sex workers and inmates	135,000	45,000	45,000	45,000	45,000	315,000
Competency based training	600,000	0	0	0	0	600,000
Caravan	0	8,125,000	0	0	0	8,125,000
HIEC materials on adolescent SRH	0	537,500	0	0	0	537,500
Training on adolescent SRH	0	300,000	0	0	0	300,000
Grand Total	4,456,500	12,171,500	3,366,500	3,416,000	2,864,000	26,274,500

5.0 MONITORING AND EVALUATION

In order to ensure sexual and reproductive health (SRH) programming is responsive to the needs of a population, assessment, monitoring, and evaluation at different stages during implementation phase and at any time that it may seem necessary, for example in a situation of crisis, are necessary to:

- Understand and quantify the needs of populations of concern and contributing factors
- Ensure effective and efficient use of resources
- Identify programmatic barriers and enablers
- Determine the success or failure of a program
- Provide accountability and transparency to donors, beneficiaries, and other stakeholders

Monitoring and evaluation should be conducted by the National SRH Committee.

- i. Starrs, A. M., Ezeh, A. C., Barker, G., Basu, A., Bertrand, J. T., Blum, R., et al. 2018. “Accelerate Progress—Sexual and Reproductive Health and Rights for All: Report of the Guttmacher–Lancet Commission.” *Lancet* 391(10140): 2642–2692.
- ii. UN (United Nations). 1994. “Programme of Action.” Report of the International Conference on Population and Development, Cairo. A/CONF.171/13/Rev.1 (New York: United Nations Secretariat).
- iii. UN (United Nations). 2015. *Transforming Our World: The 2030 Agenda for Sustainable Development*. A/RES/70/1 (New York: United Nations). <https://sustainabledevelopment.un.org/post2015/transformingourworld/publication>



