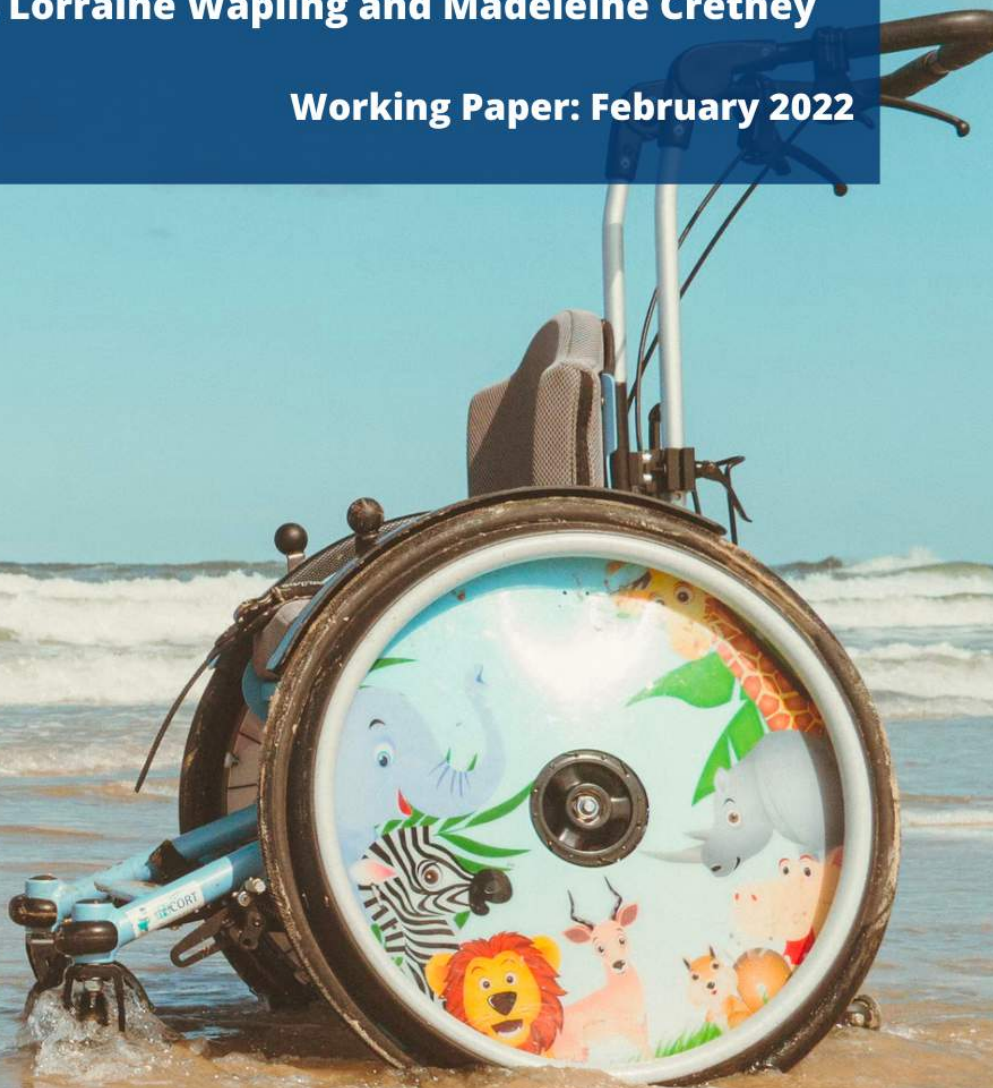


# Social Protection and Disability in Mauritius

Rasmus Schjoedt, Lorraine Wapling and Madeleine Cretney

Working Paper: February 2022



DEVELOPMENT  
  
PATHWAYS

## **Acknowledgements**

This paper is one of seven country case studies prepared for Development Pathways as part of a DFID-financed study: “Leaving no-one behind: How social protection can help persons with disabilities move out of extreme poverty”. It was written by Lorraine Wapling and Rasmus Schjoedt, with support from Madeleine Cretney (Development Pathways). The authors would like to thank all those who gave their time to be interviewed as part of the field research (carried out in October 2016) and those who supported the set-up of meetings and discussions. A full list of people interviewed for the study is provided in Annex 1.

## Table of contents

<b>Acknowledgements</b> .....	<b>ii</b>
<b>Acronyms</b> .....	<b>vi</b>
<b>1 Introduction</b> .....	<b>8</b>
<b>2 Contextual analysis</b> .....	<b>9</b>
<b>3 Description of the national population of persons with disabilities</b> .....	<b>13</b>
<b>4 Challenges faced by persons with disabilities</b> .....	<b>16</b>
4.1 Children with disabilities.....	16
4.2 Working age persons with disabilities.....	18
4.3 Older persons with disabilities.....	21
<b>5 Governance arrangements</b> .....	<b>23</b>
5.1 Governance and social protection.....	23
5.2 Governance of disability issues.....	23
5.3 Civil society.....	24
<b>6 Political economy</b> .....	<b>26</b>
<b>7 Legislation and policies</b> .....	<b>28</b>
7.1 Social protection.....	28
7.2 The promotion of the rights of persons with disabilities.....	28
<b>8 National social protection system</b> .....	<b>31</b>
8.1 Tax-financed programmes.....	32
8.1.1 Mainstream programmes.....	32
8.1.2 Disability-specific programmes.....	34
8.2 Contributory social insurance.....	40
8.2.1 Mainstream programmes.....	40
8.2.2 Disability-specific programmes.....	41
8.3 Government expenditure on social protection.....	45

<b>9</b>	<b>Disability assessment mechanisms</b>	<b>47</b>
9.1	The BIP disability assessment mechanism	48
9.1.1	The BIP registration process	50
9.2	Disability assessment for support (re)entering the labour market	52
<b>10</b>	<b>Access of persons with disabilities to social protection schemes</b>	<b>53</b>
10.1	Children with disabilities	53
10.1.1	Mainstream child or family benefit	53
10.1.2	Compensation for the additional cost of disability	53
10.1.3	Carer's allowance	53
10.2	Working age persons with disabilities	54
10.2.1	Income replacement for people with reduced work capacity	54
10.2.2	Compensation for the additional cost of disability	55
10.2.3	Carer's allowance	56
10.3	Older persons with disabilities	56
10.3.1	Mainstream old-age pension	56
10.3.2	Compensation for the additional cost of disability	56
10.3.3	Carer's allowance	57
10.4	Summary	57
<b>11</b>	<b>Adequacy of schemes</b>	<b>58</b>
11.1	Regulating benefit values	60
<b>12</b>	<b>Impact of social protection schemes on persons with disabilities</b>	<b>62</b>
<b>13</b>	<b>Linkages with other social services</b>	<b>65</b>
13.1	Education	65
13.2	Employment	66
13.3	Health	67
13.4	Social services	67
<b>14</b>	<b>Conclusion</b>	<b>69</b>

*Table of contents*

<b>Bibliography.....</b>	<b>70</b>
<b>Annex 1 List of people interviewed .....</b>	<b>73</b>

## Acronyms

ABIP	Carer's Allowance for BIP Beneficiaries
ACHPR	African Charter on Human and Peoples' Rights
APEIM	Association de Parents d'Enfants Inadaptés de L'île Maurice (Association of Parents of Handicapped Children from Mauritius)
BIP	Basic Invalid's Pension
BOP	Basic Orphan's Pension
BRP	Basic Retirement Pension
BWP	Basic Widow's Pension
CCT	Conditional Cash Transfer
CEDAW	The Convention of the Elimination of all Forms of Discrimination Against Women
CIP	Contributory Invalid's Pension
CMPHS	Continuous Multi-Purpose Household Survey
COP	Contributory Orphan's Pension
CPI	Consumer Price Index
CRP	Contributory Retirement Pension
CRPD	Convention on the Rights of Persons with disabilities (United Nations)
CSOs	Civil Society Organisations
CSPS	Civil Service Pension Scheme
CSR	Corporate Social Responsibility
CWP	Contributory Widow's Pension
DCP-EU	EU Decentralised Cooperation Programme
DB	Defined Benefit
DC	Defined Contribution
DFID	The Department for International Development (UK)
DPI	Disabled Person's International
DPO(s)	Disabled People's Organisation(s)
EBRP	Enhanced Basic Retirement Pension
EU	European Union
EYE	Category of impairment: Difficulty seeing
FGD	Focus Group Discussion
GDP	Gross Domestic Product
GII	Gender Inequality Index
GNI	Gross National Income
HBS	Household Budget Survey
HDI	Human Development Index
ICCPR	The International Covenant on Civil and Political Rights
ICESCR	The International Covenant on Economic, Social and Cultural Rights
ICT	Information Communications Technology
ID	Identification
IMF	International Monetary Fund
ISSA	International Social Security Association
KII	Key Informant Interview
LCU	Local Currency Unit
LLB	Bachelor of Laws
MANU	Category of impairment: Difficulty with manual activities such as gripping or holding
MIS	Management Information Systems
MoE	Ministry of Education
MoF	Ministry of Finance
MoGECDDW	Ministry of Gender Equality, Child Development & Family Welfare
MoLIRET	Ministry of Labour, Industrial Relations and Employment
MoSI	Ministry of Social Integration and Economic Empowerment
MTION	Category of impairment: Difficulty in walking and climbing stairs
MUR	Mauritian Rupee
NEF	National Empowerment Foundation
NGO	Non-Governmental Organisation
NHRC	National Human Rights Commission
NHRIs	National Human Rights Institutions
PMT	Proxy Means Test
PPP	Purchasing Power Parity
Rs	Rupees
SEN	Special Education Needs

## Acronyms

SM	Statistics Mauritius (formerly known as the Central Statistics Office)
SRM-CA	Social Register of Mauritius Child Allowance
TEDPB	Training and Employment of Disabled Persons Board
UCB	Universal Child Benefit
UK	United Kingdom
UN	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNDESA	United Nations Department of Economic and Social Affairs
UPR	Universal Periodic Review
USD	United States Dollar
WGSS	Washington Group Short Set of questions on disability
WHO	World Health Organization
WP	Working Paper



# 1 Introduction

This report comprises one component of the DFID-financed study: “Leaving no-one behind: How social protection can help persons with disabilities move out of extreme poverty.” It is one of seven country case studies to identify good practice in enabling the inclusion of persons with disabilities in social protection systems and programmes. The research aims to address the gaps in knowledge in the design and delivery of social protection for persons with disabilities and find examples of good practice that can be used to improve policies and programmes so that social protection in developing countries can become more disability sensitive.

The report is based on a review of relevant literature on access to social protection by persons with disabilities in Mauritius and limited qualitative field research in the capital city Port Louis from 11-14 October 2016. In total, the team carried out 10 key informant interviews (KIIs) and focus group discussions (FGDs) with Disabled People’s Organisations (DPOs), Non-Governmental Organisations (NGOs) and government officials.

The researchers would like to stress that as the research was carried out in 2016, the report is reflective of Mauritius’ social protection system and programmes at that time. Since 2016, Mauritius has experienced political change and some aspects of the report may now be outdated or will have changed.

The study begins in Chapter 2 with an introduction to the social and economic context of Mauritius. A detailed description of the national population of persons with disabilities is presented in Chapter 3, while Chapter 4 unpacks key challenges faced by persons with disabilities across the lifecycle. Chapter 5 looks at the governance of social protection and support for persons with disabilities, followed by Chapter 6 which briefly evaluates the political economy context in which these governance structures operate. Chapter 7 describes the legislative and policy framework of social protection and disability in Mauritius before Chapter 7 provides an overview of the social protection system. Chapter 9 describes the disability assessment mechanisms for the *Basic Invalid’s Pension* and support from the *Training and Employment of Disabled Persons Board* for persons with disabilities (re)entering the labour market. Chapters 10 and 11 analyse coverage, barriers to access and adequacy of the main social protection programmes. Chapter 12 examines the evidence around impact of the main schemes, followed by Chapter 13 which describes linkages between social protection programmes and other social services. Finally, Chapter 14 concludes with some perspectives on the main lessons learned and gaps identified in relation to social protection for persons with disabilities in Mauritius.



## 2 Contextual analysis

The Republic of Mauritius is an upper middle-income country with a multi-ethnic and religiously diverse population, the vast majority of whom live on its main island (also called Mauritius). At the time of writing, the country's most recent Housing and Population Census from 2011 reported that the total population figure was roughly 1.2 million. However, according to the latest population projection data from the United Nations Department of Economic and Social Affairs (UN DESA, 2019), this would have risen to approximately 1.3 million in 2016. Although the population continues to increase, this growth has slowed down dramatically in recent years and by 2030, UN DESA predicts that it will have reversed.

The most noticeable feature of Mauritius' demographic change is its rapidly ageing population: between 2015 and 2050, the proportion of the population aged 60 years and above is set to grow from 15 per cent to 31 per cent.<sup>1</sup> This has important implications for the country's social security system since it will inevitably lead to a significant increase in the number of beneficiaries of programmes for older persons.

Mauritius is often cited as one of the few African economic success stories and this is with good reason. The country's economy has made great strides since independence from Britain in 1968: it has been characterised by substantial growth which, despite having slowed in recent years, has been maintained at 3-4 per cent since 2011. However, the last decade has also been marked by limited shared prosperity as the country's economic model began to encounter its first challenges, and inequality increased. Between 2001 and 2015, the gap between the incomes of the poorest and the richest 10 per cent of households grew by 37 per cent, and in 2012, the Gini coefficient stood at 41.4.<sup>2</sup> Inequality in Mauritius correlates with ethnicity: black and indigenous populations are generally poorer and more likely to be excluded from services and political participation. Furthermore, despite being an island nation small in size, spatial inequalities persist, with coastal communities much poorer than those established inland.

Relative poverty has fluctuated in the past two decades, decreasing from 8.7 per cent in 1996/97 to 7.7 per cent in 2001/02, and increasing again to 7.9 per cent in 2006/07. According to Household Budget Survey (HBS) data from 2012, using a relative poverty line set at half the median monthly household income per adult<sup>3</sup>, approximately 9.4 per cent

---

<sup>1</sup> UN DESA (2019).

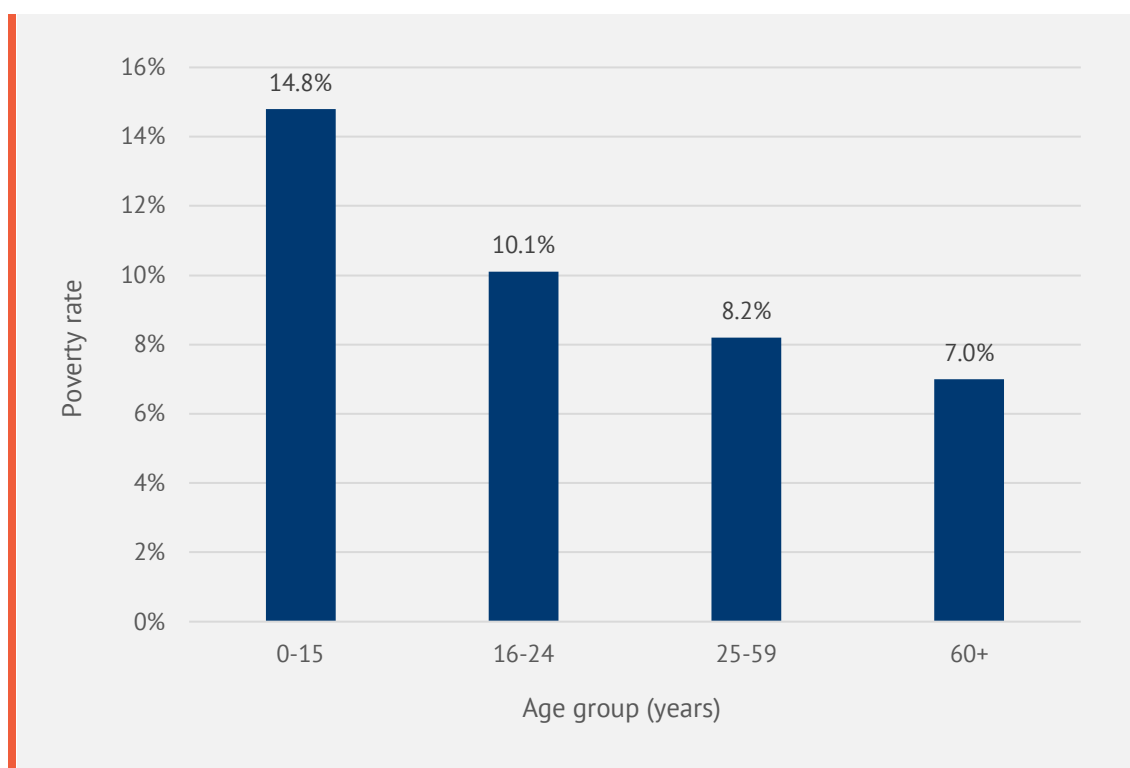
<sup>2</sup> Statistics Mauritius (2012) and World Bank Group (2018).

<sup>3</sup> In 2012, the relative poverty line was Rs 5,652 (approx. US \$175) for a single-person (adult) household and Rs 13,310 (approx. US \$413) for a household comprising 2 adults and 2 children.

of households and 9.8 per cent of individuals in Mauritius were living in poverty.<sup>4</sup> Though, using the international higher-value poverty line of US \$5.50 per day (PPP) – which is viewed as a more reasonable measure of poverty among upper middle-income countries – the poverty headcount ratio rises to 17.9 per cent.<sup>5</sup> This shows that a greater number of people are living on low incomes and are therefore at risk of falling into extreme poverty than is widely recognised.

In Mauritius, poverty is more prevalent among children than any other age group and generally decreases with age, as shown in Figure 2-1. In 2012, children aged 0-15 years were more than twice as likely to be living in poverty than those of retirement age (60 years or above). Poverty was least prevalent among this age group – likely due to the Basic Retirement Pension (universal old-age pension) providing a basic income to all older persons. Poverty in Mauritius is also more prevalent among women than men. Types of households most likely to be living in relative poverty included: households with six or more members; households with three or more children; single-parent households; and female-headed households.

**Figure 2-1: Poverty rate, by age group (2012)**



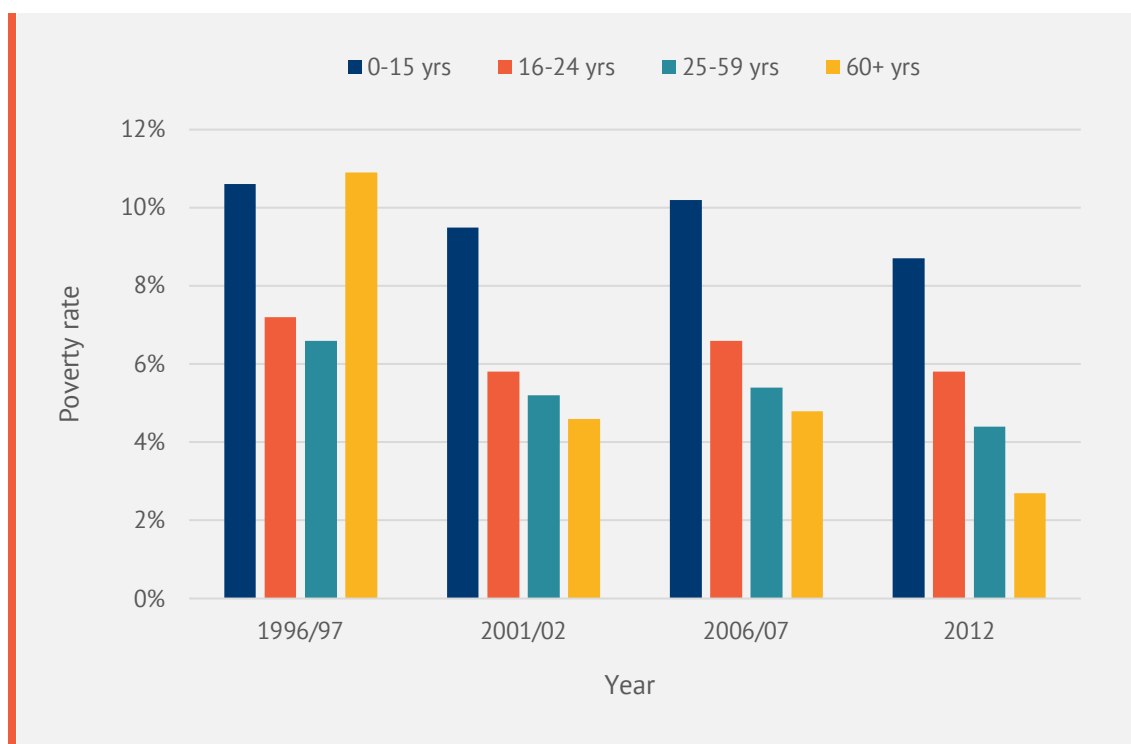
Source: Statistics Mauritius (2012).

<sup>4</sup> Statistics Mauritius (2012).

<sup>5</sup> World Bank (n.d.).

In the last two decades, there has been a marked decrease in poverty among older persons in Mauritius, likely due to an increase in the benefit value of the Basic Retirement Pension (BRP). In comparison, the absolute poverty level among other age groups has changed very little, as shown in Figure 2-2.

**Figure 2-2: Absolute poverty levels, by age group (1996/7-2012)**



Source: Statistics Mauritius (2012).

High unemployment contributes to the country’s poverty rates. According to the 2016 Continuous Multi-Purpose Household Survey (CMPHS), the national average unemployment rate stood at 7.4 per cent in the second quarter of 2016, down from 7.6 per cent in the previous quarter. 57 per cent of unemployed persons were female and nearly half were under the age of 25 years. The number of those considered “economically inactive” (above the age of 16 years and who did not form a part of the labour force) reached almost 400,000 in the second quarter of 2016. Among those who were male, almost half (47 per cent) were older persons or were retired. In contrast, among the economically inactive female population, just 17 per cent were older persons or were retired, 58 per cent were “homemakers” and 14 per cent were students.<sup>6</sup>

Mauritius scores highly on the Human Development Index (HDI) compared with other African countries. Its HDI value has been steadily increasing since records began. In 2014,

<sup>6</sup> Statistics Mauritius (2016).

## 2 Contextual analysis

it reached a value of 0.777 and was ranked number 63 of 187 countries, placing it in the “high human development” category.<sup>7</sup> Though, in the same year, its Gender Inequality Index (GII) value was 0.491, ranking it number 88 of 155 countries. Female participation in the labour market reached just 43.6 per cent – still far lower than the male participation rate of 72.4 per cent. In addition, only 11.6 per cent of parliamentary seats were held by women and just 49.4 per cent of adult women had reached secondary level education, compared with 58 per cent of adult males.

---

<sup>7</sup> UNDP (2015).

### 3 Description of the national population of persons with disabilities

The 2011 Housing and Population Census identified 59,869 persons with disabilities living in Mauritius at that time, representing 4.8 per cent of the total population. Although disability prevalence appears to have increased since 1990<sup>8</sup>, this figure is still very low (especially in comparison to the estimated global rate of 15 per cent suggested by the World Bank/World Health Organization) and is most likely the result of particularities in the way the census question was structured and enumerated.<sup>9</sup>

The 2011 census data is derived from a simple “yes” or “no” response to the question: “does this person have any difficulty in performing daily life activities which are considered normal for his/her age”. A “yes” answer requires the respondent to indicate what activities they have difficulty performing (can choose up to three of those outlined in Table 3-1) and determine the level of difficulty as one of the following: (1) some difficulty; (2) a lot of difficulty; or (3) cannot do at all.

**Table 3-1: Daily life activities and “impairment categories”, listed as per the 2011 Housing and Population Census**

Daily life activity	Impairment category
A Seeing even if wearing glasses	EYE
B Hearing even if using a hearing aid	EAR
C Walking or climbing stairs	MTION
D Remembering, concentrating or acquiring education and learning	LEARN
E Looking after oneself with regard to feeding, personal care and hygiene	PERSONAL CARE
F Speaking and talking	SPEECH
G Manual activities such as gripping and holding	MANU
H Disturbances of behaviour, including antisocial behaviour, maladjustment, and liability to self-injury	BEHAVIOUR

Source: 2011 Housing and Population Census.

Although the census shows an attempt to adopt international standards of measuring disability prevalence by collecting data on different types of impairments and their

<sup>8</sup> Central Statistical Office (1992) and Statistics Mauritius (2015). Note: Changes to the structure of disability-focused questions were introduced to the census in 2000, and in 2011, the Washington Group Short Set of questions on disability (WGSS) were introduced. As a result, a direct and detailed comparison of disability prevalence in the datasets cannot be made.

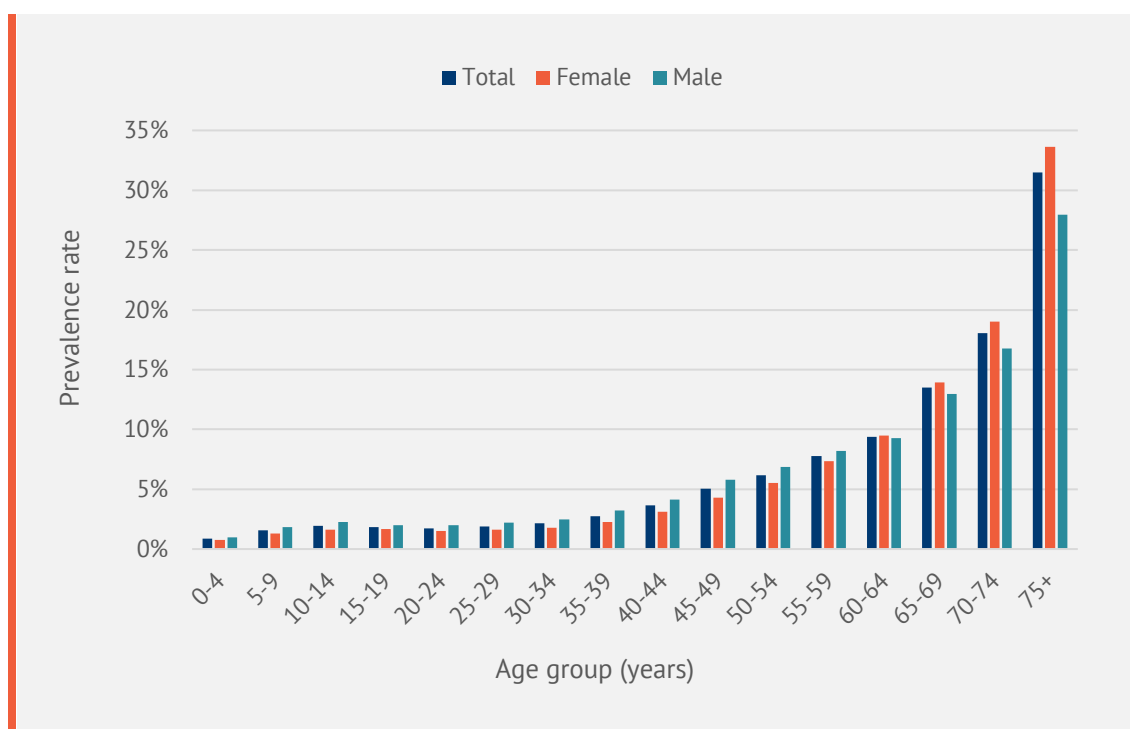
<sup>9</sup> WHO and World Bank (2011) and KII with the MoSS (11/10/16).

### 3 Description of the national population of persons with disabilities

severity, there are two key issues with the methodology used. First, the single deficit-style yes or no question fails to adequately identify those with chronic health conditions or mental illnesses. Second, the phrasing of the question – specifically the use of the words “normal for his/her age” – may lead to the underestimation of disability among older persons in particular. This is because disability, chronic illness and increased frailty are all common in old age and therefore may be considered “normal” by respondents. As such, elderly persons with age-related disabilities may be inclined to answer “no”.

Figure 3-1 demonstrates that, in line with global trends, disability prevalence in Mauritius increases sharply with age, with almost a third of people over 75 years reporting a disability. In absolute numbers, there are slightly more women than men with disabilities – notably among older persons – which is likely a result of much higher numbers of women in the over-65 population.<sup>10</sup>

**Figure 3-1: Disability prevalence, by age group and sex (2011)**



Source: 2011 Housing and Population Census.

Persons with disabilities are most likely to have at least “some difficulty” in mobility/manual daily-life activities, the most common being “walking or climbing stairs” (30 per cent) followed by “seeing” difficulties (15 per cent).<sup>11</sup> With regard to impairment

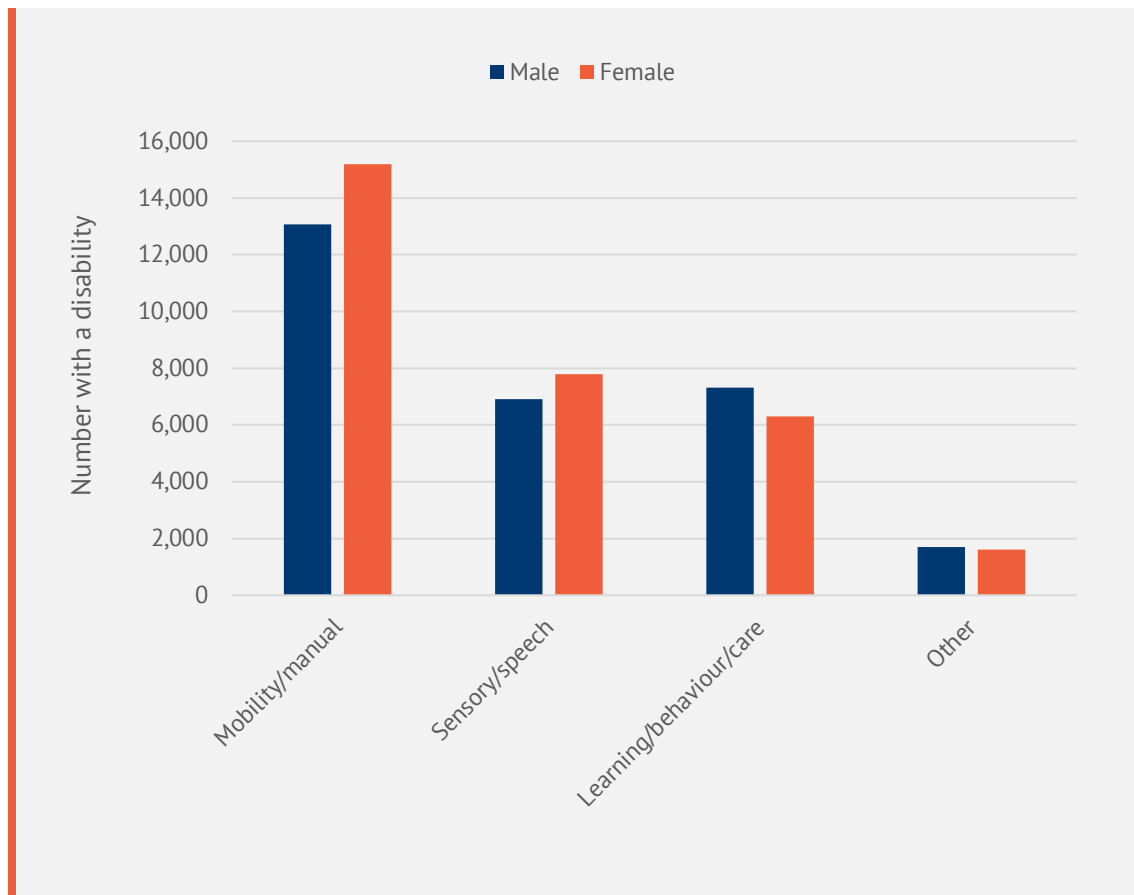
<sup>10</sup> Statistics Mauritius (2015).

<sup>11</sup> Statistics Mauritius (2015).

### 3 Description of the national population of persons with disabilities

type, there is a slight gendered difference (see Figure 3-2). Notably, the only category in which men outnumber women is learning/behaviour/care.

**Figure 3-2: Number of persons with a disability, by broad impairment category and sex (2011)**



Source: Statistics Mauritius (2015).



## 4 Challenges faced by persons with disabilities

Persons with disabilities in Mauritius face a range of attitudinal, environmental and institutional barriers that prevent them from accessing an education, jobs, high incomes, healthcare and other areas. KIIs raised that stigma, discrimination and a lack of awareness of the rights of persons with disabilities remain key challenges to be addressed. The government's National Policy Paper and Action Plan on Disability (published in 2007) noted that "There is a staggering degree of ignorance about the abilities of persons with disabilities... there has been no coherent policy or long-term strategy to educate the population at large on disability issues."<sup>12</sup> In particular, there continues to be a strong perception within society that persons with disabilities are unable to be financially independent.<sup>13</sup>

Persons with disabilities face a number of specific challenges across the lifecycle, which will be discussed below.

### 4.1 Children with disabilities

The 2011 Housing and Population Census identified 3,856 children (aged 0-14 years) with disabilities, which gives a minimum child disability prevalence rate of 1.51 per cent, although this is likely to be much higher.

Despite there being universal primary and secondary education in Mauritius since 1977<sup>14</sup> – and school attendance made mandatory for all children between the ages of 5-16 years from 2005 – the share of persons with disabilities who are either attending school or have attended school in the past is 80 per cent.<sup>15</sup> Though, it should be noted that this share has increased from 65 per cent in 2000. School attendance rates are lower among children with disabilities than for the total population, as shown in Figure 4-1, indicating that children with disabilities are less likely to attend school than those without. However, the data does not specify whether the children attend mainstream classes or Special Education Needs (SEN) institutions.

---

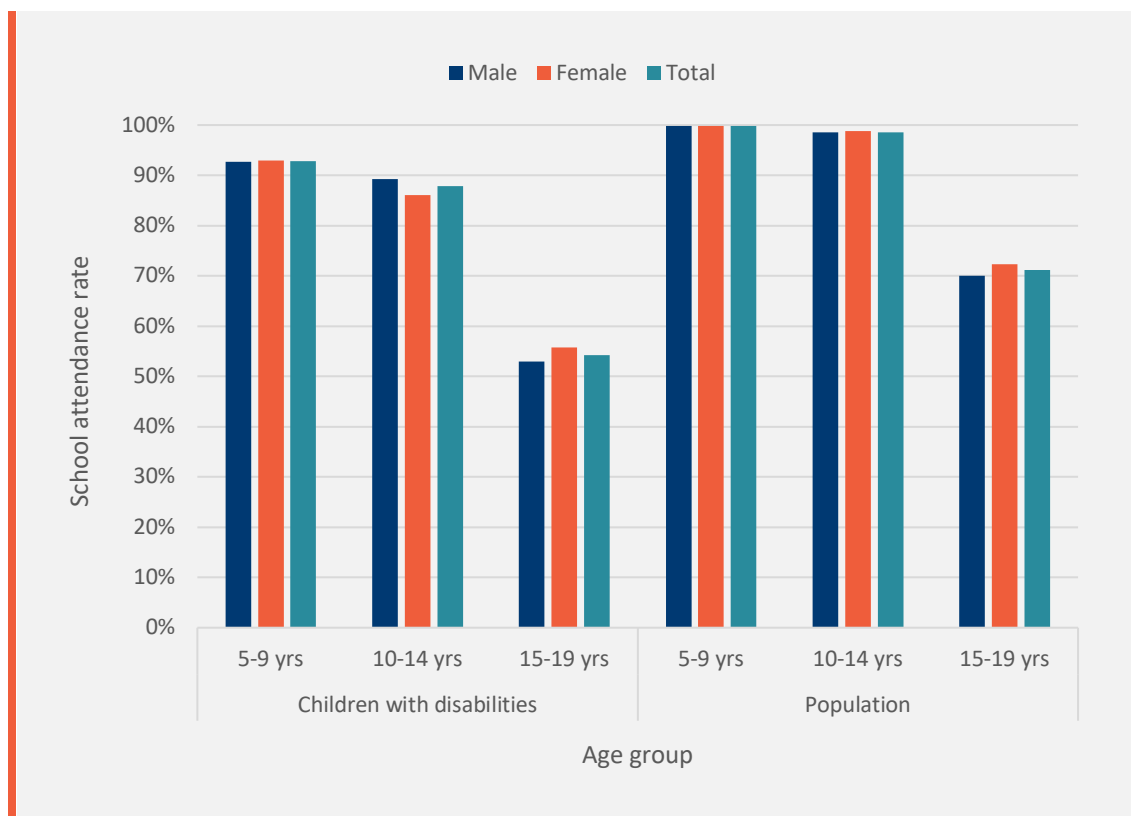
<sup>12</sup> Government of Mauritius (2007).

<sup>13</sup> Federation of Disabled Peoples Organisations (DPO) Mauritius (2013).

<sup>14</sup> Tertiary education is also now free, pre-primary education is heavily subsidised and every child is entitled to free transport to school.

<sup>15</sup> Statistics Mauritius (2015).

**Figure 4-1: School attendance rates for children with disabilities and the total population, by age group (2011)**



Source: Statistics Mauritius (2015). Note: These figures represent the share of children within each age group who answered “attending school now” in the 2011 Housing and Population Census.

Officially, Mauritius has a stated “inclusive education” system. However, children with disabilities are regularly turned away from mainstream schools by both educators and administrators. Common reasonings include the following: lack of specialist facilities and teaching staff; unsuitable curriculum; insufficient time for educators to dedicate to children with special needs; children with disabilities will distract, disrupt and generally not “fit in” with other pupils; and lack of suitable transport to and from schools.<sup>16</sup>

Parental attitudes are an additional barrier to accessing education. There is a general lack of awareness among parents of the benefits of education to children with disabilities. Many are simply unaware that there are specialist schools available or have expressed that there are no suitable schools close enough to home or without long waiting lists.<sup>17</sup> In addition, there remains the widespread assumption that children can only be mainstreamed if they are capable of adapting to the school environment or “integrated

<sup>16</sup> Chung Kim Chung and Dalais (2008).

<sup>17</sup> FGD, Indian Ocean Disability Network (12/10/16).

system". There is no strong sense that the education system must change in order to accommodate the needs of students with disabilities.

Unsurprisingly, schooling for children with disabilities overwhelmingly takes place within SEN institutions provided by NGOs which have their own developed curriculums, separate from the mainstream curriculum devised by the Ministry of Education (MoE). As a result, children with disabilities have fewer opportunities to sit standard exams and gain recognised qualifications that will allow access to higher education institutions or employment opportunities. Children with disabilities are, therefore, not receiving an equal or effective education.

In cases where children with disabilities do reach higher education, they and their families are generally expected to cover any additional disability-related costs themselves. For example, a visually impaired informant explained that she must personally cover the cost of an external institution to regularly transcribe her university course materials and exam papers into braille.<sup>18</sup> The additional costs of disability add to the vulnerability faced by persons with disabilities by increasing their chances of experiencing poverty and a lower standard of living.

### 4.2 Working age persons with disabilities

The 2011 Housing and Population Census identified 43,922 working age persons (aged 15-59 years) with disabilities, making up almost half (48.7 per cent) of the disabled population in Mauritius and giving a minimum prevalence rate of approximately 2 per cent.<sup>19</sup>

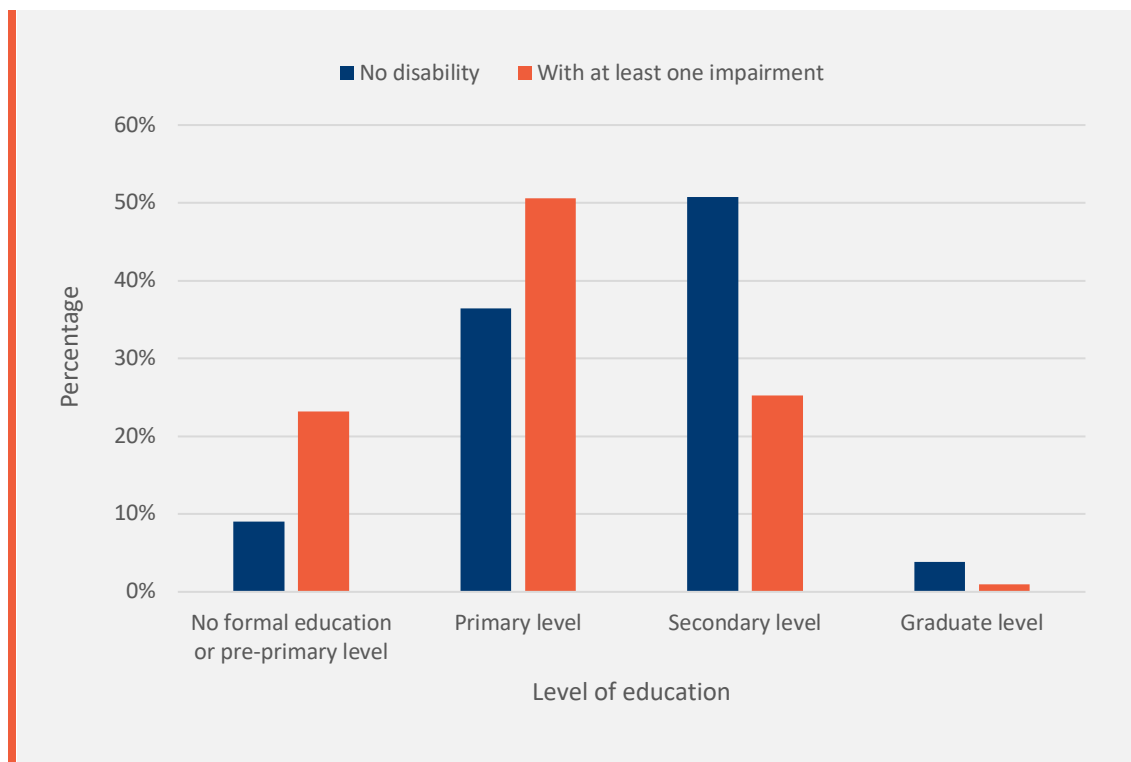
The data highlight that persons with disabilities are more likely to leave education earlier and with fewer or no formal qualifications. This puts them at a significant disadvantage in a competitive labour market. Indeed, as Figure 4-2 demonstrates below, 23 per cent of persons aged 5 years and above with at least one impairment have no formal education at all or have only attained a pre-primary level, in comparison with 9 per cent of their non-disabled peers.

---

<sup>18</sup> KII, Global Rainbow Foundation, Port Louis (13/10/16).

<sup>19</sup> Statistics Mauritius (2015).

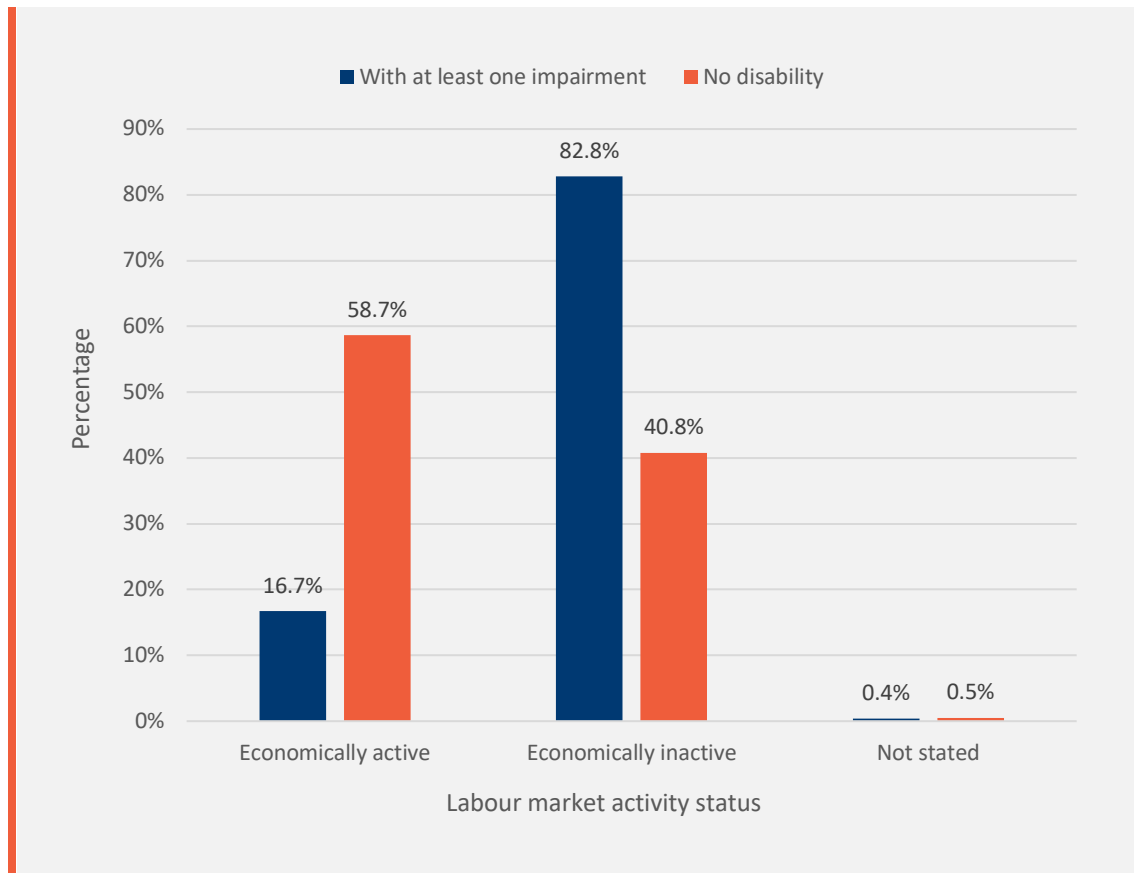
**Figure 4-2: Highest level of education attained for persons with and without a disability (2011)**



Source: Statistics Mauritius (2015).

This significantly impacts employment opportunities, and overall, persons with disabilities have more limited job prospects than persons without. As Figure 4-3 shows, 83 per cent of persons with at least one declared impairment are outside of the labour market, in comparison with just 41 per cent of persons with no disability. In addition, of the economically active disabled population, 9.6 per cent are unemployed. There are also significant gender differences, with just 9.9 per cent of women with disabilities being active in the labour market, compared with 24.2 per cent of men. Further, women make up just 30.1 per cent of the employed disabled population.

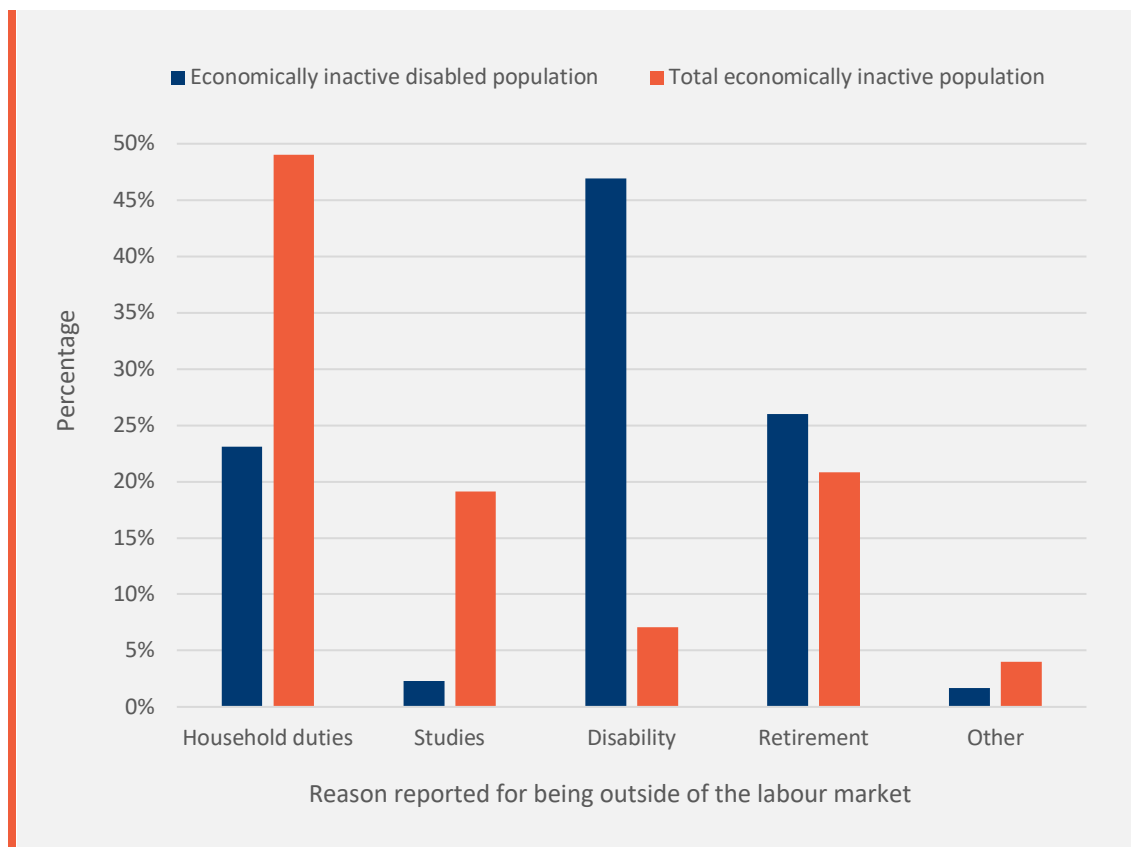
**Figure 4-3: Labour market participation rate of persons with at least one declared impairment and persons with no disabilities (2011)**



Source: Statistics Mauritius (2015).

As shown in Figure 4-4, of the total economically inactive population, the most common reason cited for being out of the labour market is “household duties” (49.0 per cent) followed by “retirement” (20.8 per cent). Among economically inactive disabled persons, nearly half (46.9 per cent) cited having at least one impairment as the reason, compared with just 7.1 per cent of the total economically inactive population.

**Figure 4-4: Reasons reported by the economically inactive population for being outside of the labour market (2011)**



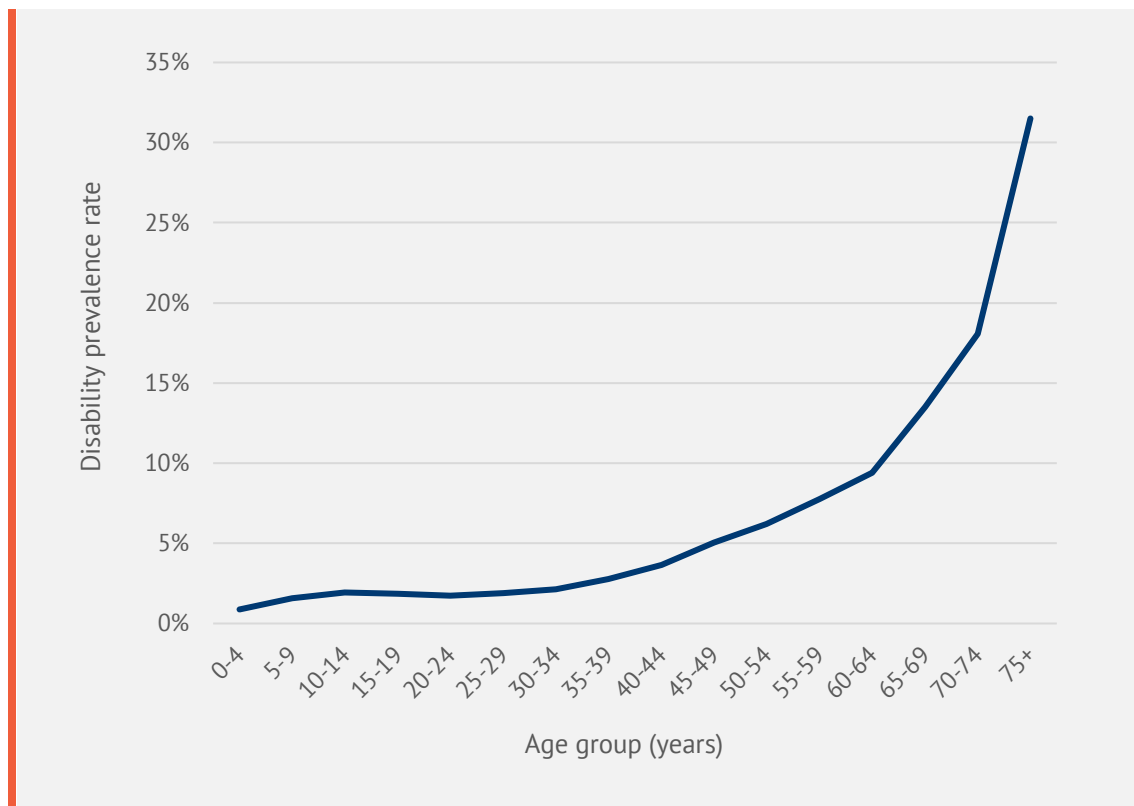
Source: Statistics Mauritius (2015).

### 4.3 Older persons with disabilities

The overall share of the world’s population above 60 years of age is expanding at a rapid rate, from 8 per cent in 1950 to 12.3 per cent in 2015. This is projected to rise to more than 20 per cent by 2050.<sup>20</sup> Disability is most likely to occur among older persons, and data from Mauritius suggests that there is a significant increase in the disability prevalence rate with age. This increase becomes particularly pronounced after the age of 60 years, as can be seen in Figure 4-5. As previously described in Chapter 2, Mauritius has a rapidly ageing population, and so a key challenge for the country will be to make appropriate provisions for the growing number of older persons living with a disability.

<sup>20</sup> UNDESA Population Division (2015).

Figure 4-5: Disability prevalence rate, by five-year age groups (2011)



Source: 2011 Housing and Population Census.

Because disability is more likely to occur among older persons, a key challenge can be in recognising when a person has an impairment or whether they are simply “old”. Overall, there is a significant research gap on the combined impact that disability and old age have on peoples’ levels of poverty, social exclusion and vulnerability. This is partly a result of older persons (and researchers) assuming that impairments, chronic illnesses and mental health conditions are simply a part of growing older.<sup>21</sup> However, some studies on ageing and social isolation have highlighted the link between vulnerability and loss of social status with declining health and physical or sensory impairment.<sup>22</sup> They find that a lack of capacity to contribute towards sustaining the household in old age can lead to lower social status. Further, this can impact gender roles within the household, as women and girls are more likely to take on the additional burden of household chores and care responsibilities.

<sup>21</sup> See, for example: Burns and Oswald (2014) and Kidd (2016).

<sup>22</sup> Kidd (2016).



## 5 Governance arrangements

This chapter will outline the administrative structure that governs social protection and disability issues in Mauritius.

### 5.1 Governance and social protection

The Ministry of Social Security, National Solidarity and Reform Institutions (from here on MoSS) administers the majority of both tax-financed and contributory social protection programmes in Mauritius. The Ministry of Labour, Industrial Relations and Employment (MoLIRET) is also involved in administering contributory social insurance schemes, though operational processes are managed by the Benefits Section of the MoSS.<sup>23</sup> The Ministry of Finance (MoF) oversees the investment of surplus assets of the National Pensions Fund. The Ministry of Social Integration and Economic Empowerment (MoSI) – including its administrative arm, the National Empowerment Foundation (NEF) – is specifically mandated to administer various poverty-targeted initiatives. This includes all means-tested Social Aid programmes, housing services and, from the end of 2016, the new Conditional Cash Transfer (CCT) programme.

### 5.2 Governance of disability issues

Disability issues are managed by the Disability Unit of the MoSS. The unit is responsible for conceptualising and implementing disability policies, projects and programmes across all sectors and has been primarily responsible for the proposed Disability Act (see section 7.2). It also coordinates matters relating to the United Nations Convention on the Rights of Persons with Disabilities (CRPD).<sup>24</sup> While the Unit is intended to function as a coordinating body, KIIs highlighted that its role is primarily focused on service delivery – it liaises with NGOs to provide information, counselling, guidance and referral services.<sup>25</sup>

There is no independent monitoring mechanism for the CRPD, and consequently civil society does not participate in the monitoring process, as envisioned by Article 33(3).<sup>26</sup> DPO's have recommended that the government take steps to establish an independent national monitoring mechanism in line with the UN Paris Principles (1991) relating to the status of national human rights institutions (NHRIs). According to DPOs, steps should also

---

<sup>23</sup> KII, Benefits Section of the MoSS (2016).

<sup>24</sup> KII, Disability Unit of the MoSS (2016) and Budoo and Mahadew (2014).

<sup>25</sup> KII, Disability Unit of the MoSS (2016). Complaints of failure to provide proper services or maladministration by the Disability Unit or failure to provide proper services can be raised with the Public Defender's Office (Ombudsman), as per chapter IX of the Constitution.

<sup>26</sup> Federation of Disabled Peoples Organisations (DPO) Mauritius (2015).

be taken to ensure the participation of persons with disabilities and their representative organisations<sup>27</sup> within the existing National Monitoring and Implementation Committee and within the national independent monitoring mechanism once it is established.<sup>28</sup> DPOs and NGOs working with persons with disabilities also revealed weaknesses with the participatory structures called for under the forthcoming Disability Act – it is unclear how far persons with disabilities have been included in the formulation and drafting of the Act.

Issues pertaining to the violation of rights of persons with disabilities may be raised at the Equal Opportunities Tribunal, which has jurisdiction in matters referred to it by the Equal Opportunities Division. Section 41 of the Equal Opportunities Act allows for appeal against any decision made following tribunal proceedings to the Supreme Court.<sup>29</sup> However, KIIs revealed that the Act has so far failed to serve as an effective tool for increasing accessibility to the rights of persons with disabilities.<sup>30</sup> Under the Protection of Human Rights Act of 1998, the National Human Rights Commission (NHRC) was also created with the purpose of protecting the rights of persons with disabilities. However, its mandate is limited – addressing enquiries submitted by victims of rights violations (or possible violations) of the provisions of Chapter II of the Constitution, which does not contain any provisions relating to disability.<sup>31</sup>

### 5.3 Civil society

Civil society organisations working with persons with disabilities are regulated by a number of boards under the MoSS, including the National Council for the Rehabilitation of Disabled Persons, the Training and Employment of Disabled Persons Board, the Lois Lagesse Trust Fund, the Society for the Welfare of the Deaf, and the NGO Trust Fund. To gain formal recognition, an organisation must apply for registration under Section 6 of the Registration of Associations Act 1978.

The number of NGOs working with persons with disabilities has increased exponentially in recent years – largely a result of funding becoming available from private companies which are required by law to pay a 2 per cent tax to social causes under “Corporate Social Responsibility” self-regulation rules. Currently there are around 60-70 such NGOs registered in Mauritius. However, the vast majority are primarily focused on the delivery of specialised education services to people with learning difficulties and provide no

---

<sup>27</sup> KII, Aarthi Burthoni (2016) and KII, DCP-EU (2016). NGOs/DPOs in Mauritius are often run by the parents or families of persons with disabilities. There is no strong disabled persons movement in Mauritius and there are no institutionalised mechanisms to ensure that, where possible, persons with disabilities in civil society represent themselves.

<sup>28</sup> Federation of Disabled Peoples Organisations (DPO) Mauritius (2015).

<sup>29</sup> Budoo and Mahadew (2014).

<sup>30</sup> KII, Indian Ocean Disability Network, Port Luis (12/10/16).

<sup>31</sup> Budoo and Mahadew (2014).

## 5 Governance arrangements

formal qualifications.<sup>32</sup> Competition for government funding has resulted in a lack of cooperation between DPOs/NGOs, limited political engagement and very little advocacy work.

Conversations with NGOs and DPOs revealed a general lack of political will to work with civil society organisations (CSOs).<sup>33</sup> In 2013, a report was put forth for the Universal Periodic Review (UPR) for Mauritius, highlighting the lack of a proper legal framework for DPOs as well as poor government understanding of their role in the governance of disability issues.<sup>34</sup>

---

<sup>32</sup> KII, DCP-EU (2016) and KII, Indian Ocean Disability Network, Port Luis (12/10/16).

<sup>33</sup> KII, Indian Ocean Disability Network, Port Luis (12/10/16).

<sup>34</sup> Federation of Disabled Peoples Organisations (DPO) Mauritius (2015).

## 6 Political economy

The social protection system in Mauritius has benefitted from changing governments and party competition. Specifically, the outcome of a number of elections has been determined by promises made regarding the Basic Retirement (old-age) Pension (BRP).<sup>35</sup> Most recently, an election promise made by the existing government (which came to power in 2014) saw the transfer values of all four of Mauritius' tax-financed, universal pension schemes raised from a little above MUR 3,000 (US\$ 81) to MUR 5,000 (US\$ 136) per person per month.<sup>36</sup> In this way, the political economy in Mauritius supports the theory that universal social protection programmes are more likely to secure broad public support and therefore enjoy political support.

Despite historical unpopularity of poverty targeting in Mauritius, the World Bank and the International Monetary Fund (IMF) have made clear their wish for the Government of Mauritius to re-introduce and upkeep the practice, so as to reduce expenditure on pensions in particular.<sup>37</sup> As of 2016, the debate surrounding poverty targeting and pension reform in Mauritius is ongoing, and a high-level committee is due to publish recommendations on the subject in the beginning of 2017.<sup>38</sup>

The MoSS remains a powerful advocate for the expansion of social protection in Mauritius.<sup>39</sup> Having received decades of public pressure for the additional cost of caring for a child with a disability to be officially recognised, it has made the Basic Invalid's Pension (BIP) universally accessible to all children with disabilities in Mauritius aged 15 years and under, as of July 2016.<sup>40</sup> In addition, drawing inspiration from Brazil, a new poverty-targeted CCT scheme is to be introduced by the end of the year.<sup>41</sup>

Since the ratification of the CRPD, NGOs working with persons with disabilities have become more decisive in advocating for their empowerment.<sup>42</sup> Notably, several NGOs and DPOs have begun to pressurise the government to consider the case for older persons

---

<sup>35</sup> Willmore (2007). In 2004, the government introduced poverty targeting of the BRP. The following year, the incumbent party lost an election to the opposition, which promised to reinstate the pension's universality and raise the transfer value, amongst other things.

<sup>36</sup> KII, MoSS (2016). Mauritius currently has four tax-financed universal pension schemes: the BRP, the Basic Widow's Pension (BWP), the Basic Invalid's Pension (BIP) and the Basic Orphan's Pension (BOP). Since 2014, the transfer values have been adjusted to MUR 5,250 (US\$ 142) per person per month

<sup>37</sup> Soto, Thakoor and Petri (2015).

<sup>38</sup> Hamuth (2016).

<sup>39</sup> KII, MoSS (2016).

<sup>40</sup> KII, Indian Ocean Disability Network, Port Luis (12/10/16).

<sup>41</sup> KII, MoSI (2016). Former Brazilian top official Romulu de Souza has been invited to Mauritius to present "lessons learned" in Brazil's efforts to reduce poverty.

<sup>42</sup> KII, Disability Unit of the MoSS (2016).

with disabilities to receive the BRP *alongside* the BIP, upon reaching retirement age.<sup>43</sup> However, persons with disabilities remain largely excluded from the policy dialogue and they continue to grapple with the lack of political engagement and absence of a legal basis for their rights.<sup>44</sup>

As a result, policy dialogue (among both government officials and civil society) surrounding the rights of persons with disabilities remains to be dominated by the perception that they are passive and dependent on the support of others. Little attention is paid by government to the mainstreaming of education and employment for persons with disabilities in Mauritius. However, with support from the European Union (EU), a group of DPOs and NGOs are now carrying out research to highlight these issues to politicians.<sup>45</sup>

---

<sup>43</sup> KII, Indian Ocean Disability Network, Port Luis (12/10/16).

<sup>44</sup> KII, DCP-EU (2016).

<sup>45</sup> KII, Indian Ocean Disability Network, Port Luis (12/10/16).

## 7 Legislation and policies

This chapter briefly outlines existing legislation and policies relating to social protection and disability in Mauritius.

### Box 7-1: Overview of key legislations and policies

1950	National Pensions Act
1950	Old Age Ordinance
1983	Social Aid Act
1983	Unemployment Hardship Relief Act
2007	National Policy Paper and Action Plan on Disability “Valuing Persons with disabilities”
2016	Disability Act or “Disability Bill”

### 7.1 Social protection

Mauritius’ social protection system is not rooted in its national Constitution (1968) – the supreme law of the Republic of Mauritius – and therefore the courts do not play a significant role in enforcing social rights like they do in some other African countries, such as South Africa.<sup>46</sup>

The National Pensions Act of 1950 serves as the backbone of Mauritius’ universal social protection system, governing most of its programmes, including those for persons with disabilities. Means-tested Social Aid programmes are regulated by the Social Aid Act and unemployment benefits are regulated by the Unemployment Hardship Relief Act – both adopted in 1983.

### 7.2 The promotion of the rights of persons with disabilities

Mauritius’ Constitution does not make any reference to disability or the promotion of the rights of persons with disabilities. As a result, there is no centralised legal definition of disability. A particular area of concern is that Section 16 – titled “Protection from discrimination” – does not encompass discrimination against persons with disabilities.<sup>47</sup> Without public interest litigation or class action in the Constitution, it is difficult for DPOs and NGOs to ensure better protection of the rights of persons with disabilities through constitutional litigation.<sup>48</sup>

---

<sup>46</sup> Kidd *et al.* (2018).

<sup>47</sup> KII, D. Wong, Port Louis (13/10/16).

<sup>48</sup> Budoo and Mahadew (2014).

In 2007, the government drafted a National Policy Paper and Action Plan on Disability titled “Valuing Persons with disabilities”. Though the paper does outline several recommendations to promote their rights, DPOs have since complained about the absence of any input from persons with disabilities or their representatives, and that the action plan lacks clear goals as well as benchmarks and indicators for effective monitoring.<sup>49</sup> The plan also lacks any recommendations relating to the reform of the social protection sector, to develop a more suitable disability assessment mechanism in line with a social (as opposed to solely medical) model.<sup>50</sup> A new draft is currently underway, covering the 2016-20 period, and is expected to include explicit reference to employment, education and accessibility rights.

The Disability Act<sup>51</sup> or “Disability Bill” – currently being drafted by the Disability Unit of the MoSS – will be the first disability-specific piece of legislation enacted in Mauritius. It is considered a first step towards filling the gaps in the Constitution with regard to protecting and promoting the rights of persons with disabilities, as outlined in the CRPD.<sup>52</sup> However, it should be noted that few people outside of government have seen the draft bill and, as previously mentioned in section 5.2, it is unclear how far persons with disabilities themselves have been included in the drafting process. This remains in clear contradiction with Article 4(3) of the CRPD, which Mauritius signed in 2007 and ratified in 2010.<sup>53</sup>

Despite having signed the CRPD relatively quickly – just one year after its adoption at the United Nations – the progressive realisation of disability rights in Mauritius remains slow. According to the Mauritius Periodic Review, 17<sup>th</sup> Session (2013), “while there is on paper a legal framework protecting rights of persons with disabilities, their inclusion in all areas of life remains limited”. Indeed, upon ratification of the CRPD, the government placed reservations on Article 9.2 (d) and (e), and Article 24.2 (b), which relate to accessibility (specifically infrastructure and live assistance) and inclusive, quality and free primary education for persons with disabilities, respectively. This reflects the continuing reality by which the government relies on NGO-led SEN institutions to provide basic education to children with disabilities.

The Government of Mauritius has also ratified various other international legal frameworks that reference the promotion of the rights of persons with disabilities, including the International Covenant on Civil and Political Rights (ICCPR), the Convention on the Elimination of All Forms

---

<sup>49</sup> Federation of Disabled Peoples Organisations (DPO) Mauritius (2015).

<sup>50</sup> Government of Mauritius (2007).

<sup>51</sup> At the time of writing, the Disability Act was in the first draft stage and is expected to be enacted late in 2016 or in 2017.

<sup>52</sup> Government of Mauritius, (2007); FGD, Indian Ocean Disability Network, Port Luis (12/10/16); KII, D. Wong, Port Louis (13/10/16).

<sup>53</sup> Article 4(3) of the CRPD states that in the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities, States Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations.



of Discrimination Against Women (CEDAW), the International Covenant on Economic, Social and Cultural Rights (ICESCR), and the African Charter on Human and Peoples' Rights (ACHPR).<sup>54</sup>

---

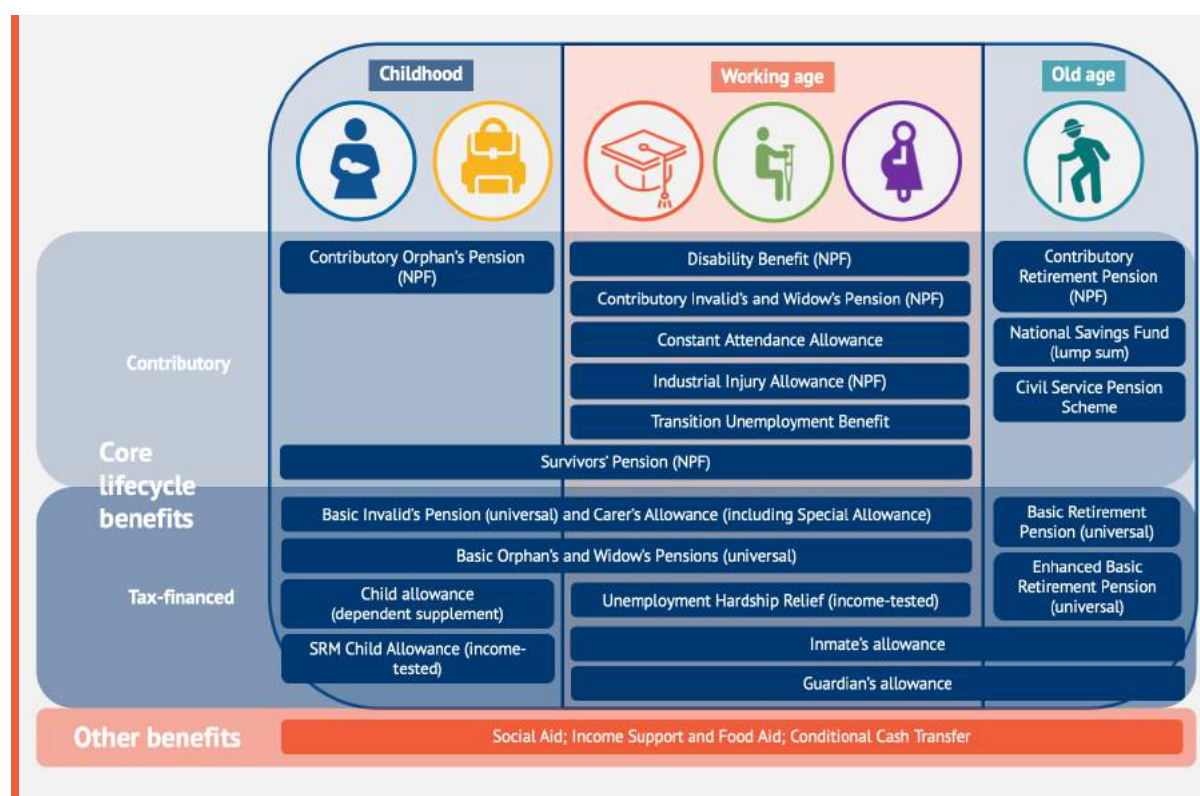
<sup>54</sup> See Budoo and Mahadew (2014) Section B for a detailed description of the legislative narrative with regard to Mauritius' international obligations to realising disability rights.

## 8 National social protection system

Mauritius has made significant progress in expanding its national social protection system in recent decades. The Old Age Ordinance and the National Pensions Act, both adopted in 1950, introduced the tax-financed universal pension (Basic Retirement Pension, or BRP) that formed the basis for the multi-tiered system that exists today. Since then, the system has expanded to provide universal pensions to widows, orphans and persons with disabilities, as well as unemployment insurance and means-tested social aid benefits. Today, a total of 250,000 people (around 20 per cent of the total population) are receiving at least one social protection benefit.<sup>55</sup>

Mauritius provides a collection of tax financed and contributory benefits aimed at persons with disabilities across the lifecycle (see Figure 8-1). The following sub-sections provide an overview of these schemes.

**Figure 8-1: Mauritius’ main social protection schemes, mapped across the lifecycle**



Source: Authors' depiction.

<sup>55</sup> Statistics Mauritius (2016b); KII, MoSS (2016). Note: GDP figures encompass spending on both contributory and tax-financed programmes, including “welfare spending” across government ministries.

## 8.1 Tax-financed programmes

Mauritius' universal tax-financed programmes form the backbone of its social protection system. Built on "basic benefits", most programmes allow for beneficiaries to access additional social security schemes, based on certain criteria. In general, they are categorical and target different stages of the lifecycle. The main exception is the means-tested Social Aid programme, which targets the "needy" and "vulnerable" in society.

### 8.1.1 Mainstream programmes

#### Universal

**Basic Orphan's Pension (BOP):** The BOP is payable to all orphans under the age of 20 years. The transfer value amounts to MUR 4,000 (US\$ 109) per month for those who are between the ages of 3 and 20 years and in full-time education, and MUR 2,500 (US\$ 68) per month for those under the age of 15 years who are not in full-time education. In 2016, 402 orphans received the benefit.

**Child Allowance:** The allowance is payable to parents who are beneficiaries of the Basic Widow's Pension, the Basic Invalid's Pension or the Basic Retirement Pension (for up to three children under the age of 15 years, or 20 years if in full-time education). The transfer value amounts to MUR 1,400 (US\$ 38) per month for children under the age of 10 years and MUR 1,500 (US\$ 41) for children aged 10 years and above. In 2016, 9,923 children benefitted from the scheme (of which 5,919 had a disability).

**Basic Widow's Pension (BWP):** The BWP is payable to all widows under the age of 60 years. The transfer value amounts to MUR 5,250 (US\$ 142) per person per month. In 2016, 19,570 widows received the benefit.

**Guardian's Allowance:** The allowance is payable to the carers of one or more orphans. The transfer value amounts to MUR 1,000 (US\$ 27) per month. In 2016, 325 carers/guardians benefitted from the scheme.

**Inmate's Allowance:** The allowance is payable to all persons with disabilities and older persons living in government institutions who were eligible for a pension before being institutionalised. The transfer value amounts to MUR 700 (US\$ 19) per month. In 2016, 537 people received the pension.

**Basic Retirement Pension (BRP):** The BRP is payable to all people aged 60 years and above, regardless of income. The transfer value amounts to MUR 5,250 (US\$ 142) per month for those aged between 60-89 years, MUR 15,250 (US\$ 414) per month for those aged between 90 and 99 years and MUR 20,250 (US\$ 549) for those aged 100 years and above. In 2016, 197,745

people received the old-age pension (of whom 15,429 had a severe disability and also received the Enhanced Basic Retirement Pension).

### Means-tested

**Social Aid:** Social Aid is payable to households in which the income of the household head is insufficient to “meet the basic requirements” of its members. Beneficiaries may include people who are unable to earn a living, the dependents of incarcerated people, and abandoned spouses (especially those with dependent children). It is also paid for a limited period in case of the sudden loss of employment.

There are 39 schemes under the remit of the Social Aid programme, the most important of which is arguably the means-tested child allowance – as there is no universal child benefit in Mauritius. For persons with disabilities, Social Aid provides support to those living in income-poor households but does not account for the additional cost of living with a disability.<sup>56</sup> For persons with disabilities who are ineligible for the Basic Invalid’s Pension, Social Aid is the only support available. However, it should be noted Social Aid beneficiaries can access various assistive devices through the programme, subject to means testing.<sup>57</sup>

The minimum amount of Social Aid payable is MUR 935 (US\$ 25) per month. In 2016, 20,369 households benefitted from the programme.

**Income Support and Food Aid:** Income Support and Food Aid is available to Social Aid beneficiaries and their dependants, as well as Unemployment Hardship Relief beneficiaries and recipients of a basic pension who would be eligible to receive Social Aid benefits if not for the pension. The value of the income support benefit amounts to MUR 285 (US\$ 8) per month. In 2016, 95,625 people were receiving either income support or food aid (of which 4,518 had a disability).

**Social Registry of Mauritius Child Allowance (SRM-CA):** The allowance is payable to the parents of children aged between 3 and 23 years that live in low-income households (with a monthly income of less than MUR 6,200, or US\$ 168). The child recipient must be in full-time education with a 90 per cent attendance rate (75 per cent for children with disabilities).

**Conditional Cash Transfer (CCT):** The recently established CCT programme is to be accessible to “empowerable” Social Aid recipients (meaning beneficiaries who are capable of working, who do not have a disability and are below the age of 50 years). The programme is one of 13 schemes comprising the government’s new *Marshall Plan*, designed to eradicate extreme poverty in Mauritius using a graduation approach. The expectation is that recipients will

---

<sup>56</sup> The BIP is not considered when calculating the income of households.

<sup>57</sup> To access disability assistive devices, Social Aid beneficiaries must be registered with the National Social Registry of Mauritius.

“graduate” from the programme through “empowerment” into employment within two years. The MoSS predicts that around half of current Social Aid beneficiaries are “empowerable” and will therefore be transferred to the new CCT programme.

Inspired by Brazil’s *Bolsa Família* model, the CCT uses a proxy means test (PMT) and social registry database. Between 15,000 and 16,000 households are expected to be put on the social registry database, with only a minority selected by PMT. It remains unclear how the new CCT programme will be coordinated alongside contributory social insurance and the means-tested Social Aid. For example, it is not clear whether people who are classified as “non-empowerable” due to a disability will be eligible for the Basic Invalid’s Pension, or what will be the fate of recipients who are not employed within the two-year period.<sup>58</sup>

### 8.1.2 Disability-specific programmes

#### Universal

**Basic Invalid’s Pension (BIP):** The BIP serves as the main tax-financed programme for people below retirement age (60 years) with a disability (including children, as of December 2016).<sup>59</sup> It is payable to all who experience at least 60 per cent incapacity (subject to medical assessment). Upon reaching retirement age, the BIP converts to the BRP (a person cannot receive both benefits simultaneously). The transfer value amounts to MUR 5,250 (US\$ 142) per person per month. In 2016, 26,205 people received the pension (not including children below the age of 15 years).

**Carer’s Allowance for BIP beneficiaries (ABIP):** The allowance is payable to the carers of BIP recipients who are blind, suffer from total paralysis or are in need for constant care, subject to medical assessment (in addition to the BIP eligibility assessment). The transfer value amounts to MUR 2,500 (US\$ 68), which is paid on top of the BIP. In 2016, 6,068 carers received the allowance.

**Enhanced Basic Retirement Pension (EBRP):** The EBRP is payable to older persons with disabilities with the need for constant care. The EBRP is essentially a carer’s allowance paid on top of the BRP. The transfer value amounts to MUR 8,250 (US\$ 224) per month for those aged 60-89 years, MUR 18,250 (US\$ 495) per month for those aged 90-99 years and MUR 23,250 (US\$ 631) per month for those aged 100 years and above. In 2016, 15,429 people received the EBRP.

---

<sup>58</sup> The Disability Unit was not consulted during the design phase of the programme, and it is likely that persons with disabilities who do not qualify for the BIP will be excluded (see section 10.2.1).

<sup>59</sup> Before December 2016, the only income support available for children with disabilities was the Social Aid, which provided an allowance of MUR 510-600 per month to parents or caregivers with a monthly income below MUR 250,000 (or below MUR 350,000 for parents of children with severe disabilities).

### Means-tested

**Carer's Allowance for children with disabilities:** The allowance is payable to the parents of children with disabilities aged between 6 months and 15 years, whose monthly income is below MUR 250,000 (US\$ 6,782), or below MUR 350,000 (US\$ 9,495) for the parents of children with severe disabilities. The transfer value amounts to MUR 1,907 per child per month.

**Special Allowance:** The allowance is payable to the parents of children with severe disabilities. The transfer value amounts to MUR 423 (US\$ 11), paid in addition to the Carer's Allowance.

**Additional Social Aid to BIP beneficiaries:** Additional Social Aid is payable to BIP recipients who live alone, pay rent and have no other income. The transfer value amounts to MUR 1,619 (US\$ 44) per person per month.

Table 8-1: Summary of the main tax-financed social protection programmes in Mauritius

Programme	Target group and eligibility criteria	Number of recipients (2016)	Monthly benefit level (LCU)	Cost (% of GDP) (2014)	Administration (responsible ministries)
<b>Mainstream: Universal</b>					
Basic Orphan's Pension (BOP)	All orphans under the age of 20 years	402	MUR 2,500 MUR for children under the age of 15 years who are not in full-time education MUR 4,000 to children aged 3-20 years who are in full-time education	0.01% (including the Guardian's Allowance for BOP beneficiaries)	MoSS
Child Allowance	Children of BWP, BIP or BRP beneficiaries, for up to 3 children under the age of 15 years (20 if in full-time education)	9,923 (of which 5,919 had a disability; 4,004 whose parents were BWP beneficiaries; 5,710 whose parents were BIP beneficiaries; and 209 whose parents were BRP beneficiaries)	MUR 1,400 for children under the age of 10 years MUR 1,500 for children aged 10 years and above	n.d.	MoSS
Basic Widow's Pension (BWP)	Widows under the age of 60 years	19,570	MUR 5,250	0.3% (including the Child Allowance for BWP beneficiaries)	MoSS
Guardian's Allowance	Carer of one or more orphans	325	MUR 1,000	0.0013%	MoSS
Inmate's Allowance	Persons with disabilities and older persons residing in government institutions that were eligible for a pension prior to being institutionalised	537	MUR 700	0.003%	MoSS



## 8 National social protection system

Basic Retirement Pension (BRP)	All persons aged 60 years and above	197,745 (of whom 15,429 had a severe disability and receive the EBRP)	MUR 5,250 for those aged between 60-89 years MUR 15,250 for those aged between 90 and 99 years MUR 20,250 for those aged 100 years and above	2.91% (including the EBRP and the Child Allowance for BRP beneficiaries)	v
<b>Mainstream: Means-tested</b>					
Social Aid	Low-income households (various criteria for the 39 schemes)	20,369	MUR 935 (minimum amount payable)	0.223%	MoSI
Income Support and Food Aid	Social Aid beneficiaries and their dependants, Unemployment Hardship Relief beneficiaries and recipients of a basic pension who would be eligible to receive Social Aid benefits if not for the pension	95,625 (of whom 4,518 had a disability)	MUR 285	0.085%	MoSS
Social Registry of Mauritius Child Allowance (SRM-CA)	Children aged between 3 and 23 years that live in low-income households (with a monthly income of less than MUR 6,200). The child must be in full-time education with a 90% attendance rate (75% for children with disabilities)	n.d.	n.d.	n.d.	Social Registry of Mauritius
Conditional Cash Transfer (CCT)	n.d.	n.d.	MUR 9,520	n.d.	MoSI (MoSS will oversee the Social Registry)

## 8 National social protection system

<b>Disability-specific: Universal</b>					
Basic Invalid's Pension (BIP)	People with a disability under the age of 60 years (including children, as of December 2016), subject to medical evidence	26,205 (not including children below the age of 15 years)	MUR 5,250	0.49% (including the carer's allowance and child allowance to BIP beneficiaries)	MoSS
Carer's Allowance for BIP beneficiaries (ABIP)	BIP beneficiaries in need of constant care (subject to medical evidence)	6,068	MUR 2,500 (in addition to the BIP)	0.06% <sup>60</sup>	MoSS
Enhanced Basic Retirement Pension (EBRP)	BIP beneficiaries who are blind, suffer from total paralysis or are in need for constant care (subject to medical evidence)	15,429	MUR 8,250 for those aged 60-89 years MUR 18,250 for those aged 90-99 years MUR 23,250 for those aged 100 years and above (In addition to the BRP)	n.d.	MoSS
<b>Disability-specific: Means-tested</b>					
Carer's Allowance for children with disabilities	Children with disabilities aged between 6 months and 15 years Monthly household income must be below MUR 250,000 (below MUR 350,000 for the parents of children with severe disabilities)	n.d.	MUR 1,907	n.d.	MoSI

<sup>60</sup> Authors' calculation based on administrative data.

## 8 National social protection system

Special Allowance	Children with severe disabilities aged between 6 months and 15 years	n.d.	MUR 423 (paid in addition to the Carer's Allowance)	n.d.	MoSI
Additional Social Aid to BIP beneficiaries	BIP beneficiaries who live alone, pay rent and have no other income	n.d.	MUR 1,619	n.d.	MoSI

## 8.2 Contributory social insurance

Contributory social insurance has existed in Mauritius since 1978, when the Contributory Retirement Pension (CRP) was introduced as a mandatory second tier of income support (serving as a top-up to the BRP). Since then, it has expanded to provide several other mainstream and disability-specific programmes.

### 8.2.1 Mainstream programmes

**Contributory Orphan's Pension (COP):** The COP is payable to orphans whose parents had contributed to the National Pensions Fund (NPF).<sup>61</sup> The benefit level amounts to 15 per cent of the contributory pension that their parents would have been entitled to. In 2016, 198 orphans benefitted from the programme.

**Contributory Widow's Pension (CWP):** The CWP is payable to widows whose late spouse had contributed to the NPF. The benefit level is dependent on the contribution. In 2016, 26,811 widows received the pension (11,060 under the age of 60 years and 15,751 aged 60 years or above).

**Survivors' Pension:** The pension is payable to spouses whose late husband/wife (or alternatively, whose husband/wife has become disabled with an assessed 60 per cent incapacity) had contributed to the NPF. The benefit level amounts to 50 per cent of the deceased's (or disabled's) insurable salary.

**Contributory Retirement Pension (CRP):** The CRP is payable to every adult that has contributed to the NPF, upon reaching the age of 60 years. The contributory pension does not replace the tax financed BRP, rather it serves as an additional "top-up". The benefit level is dependent on the contribution. In 2016, 90,430 people received the old-age pension.

**Civil Service Pension Scheme (CSPS):** Public sector employees are eligible for a number of separate schemes, including the CSPS and local government pensions. The CSPS comprises a pay-as-you-go defined benefit (DB) scheme for those who joined the civil service before 2012, and a funded defined contribution (DC) scheme for those who joined after December 2012.

**National Savings Fund (NSF):** People in formal employment must contribute 1 per cent of their salary to the NSF (not to be confused with the NPF), into which employers also contribute 2.5 per cent.<sup>62</sup> Savings are paid out as a lump sum upon retirement, on top of the BRP and CRP. Between July 2015 and June 2016, 12,017,000 received the payment.

---

<sup>61</sup> The NPF is partly funded by contributions and partly tax financed.

<sup>62</sup> The NSF is fully funded by contributions.

**Transitional Unemployment Benefit (TUB):** The TUB is payable to NSF contributors who have been laid off. The benefit level amounts to 90 per cent of the insured's basic wage for the first 3 months; 60 per cent for the following 3 months; and 30 per cent thereafter, up to 12 months.

### 8.2.2 Disability-specific programmes

**Disability Benefit:** The disability benefit is payable to workers with either total or partial, and permanent, disability because of injury, subject to medical evidence and contribution to the NPF. The benefit level amounts to 80 per cent of the person's insurable wages in case of 100 per cent incapacity. For less than 100 per cent incapacity, the benefit level depends on the degree.

**Contributory Invalid's Pension (CIP):** The CIP is payable to workers with an assessed 60 per cent disability-related incapacity of at least 12 months, who have contributed to the NPF. The benefit level of dependent on the level of contribution and is paid on top of the tax financed BIP. In 2016, 9,232 people received the benefit.

**Industrial Injury Allowance (IIA):** The IIA is payable to workers with total (but temporary) incapacity because of an injury, subject to medical evidence. The programme allows for full remuneration by the recipient's employer for the first 2 weeks. 80 per cent of the recipient's insurable wages are then covered by the NPF from the third week. In 2016, 750 received the allowance.

**Constant Attendance Allowance (CAA):** The allowance is paid to workers with total (but temporary) incapacity that require the constant attendance of another person subject to medical evidence. The benefit is a flat rate amount. The allowance amounts to MUR 379 (US\$ 10) per person per month.

Table 8-2: Summary of the main contributory social protection programmes in Mauritius

Programme	Target group and eligibility criteria	Number of recipients (2016)	Benefit level	Cost (% of GDP)	Administration (responsible ministries)
<b>Mainstream</b>					
Contributory Orphan's Pension (COP)	Orphans whose parents contributed to the NPF	198	15% of the contributory pension that their parents would have been entitled to	0.0001%	MoSS
Contributory Widow's Pension (CWP)	Widows whose late spouse contributed to the NPF	26,811 (11,060 under the age of 60 years and 15,751 aged 60 years or above)	Dependent on level of contribution.	0.1%	MoSS
Survivors' Pension	Survivors whose late (or disabled) spouse contributed to the NPF	n.d.	50% of the deceased's (or disabled's) insurable salary	n.d.	MoSS
Contributory Retirement Pension (CRP)	Older persons aged 60 years or above who contributed to the NPF	90,430	Dependent on level of contribution	0.38%	MoSS
Civil Service Pension Scheme (CSPS)	Civil servants aged 60 years and above (retirement age to be increased to 65) DB scheme: Employee contributed 6% of their salary to the Civil Service DB system	n.d.	DB scheme: 2.0% per year for entrants before 08/01/2008, 1.7% per year for others, up to 66.6% of wages <sup>65</sup> DC scheme: Tentatively account balance at retirement (to be finalised)	n.d.	MoSS

<sup>65</sup> Note: DB pensions are adjusted annually in the same way that civil servant salaries are adjusted.

## 8 National social protection system

	DC scheme: Employee contributed 6% of their salary to the Civil Service DC system, and employer 12%.				
National Savings Fund (NSF)	People in formal employment who contributed 1% of their salary to the NSF, and their employers 2.5%	12,017,000 between July 2015 and June 2016	Savings are paid out as a lump sum upon retirement, on top of the BRP and CRP	n.d.	MoSS
Transitional Unemployment Benefit (TUB)	People in formal employment who contributed 1% of their salary to the NSF	n.d.	90% of the insured's basic wage for the first 3 months; 60% for the following 3 months; and 30% thereafter, up to 12 months	n.d.	MoSS
<b>Disability-specific</b>					
Disability Benefit	Workers with a disability due to injury (subject to medical evidence), who contribute to the NPF	n.d.	80% of insurable wages in case of 100% incapacity, for less than 100% depends on degree of incapacity	n.d.	MoSS
Contributory Invalid's Pension (CIP)	Workers with at least 60% incapacity of at least 12 months (subject to medical evidence), who contribute to the NPF	9,232	Dependent on level of contribution. Is additional to the tax financed BIP	0.02%	MoSS
Industrial Injury Allowance (IIA)	Workers with total (temporary) incapacity due to injury (subject to medical evidence), who contribute to the NPF	750	Full remuneration by employer for the first 2 weeks. 80% of insurable wages covered by the NPF from 3 <sup>rd</sup> week	0.01%	MoSS

## 8 National social protection system

Constant Attendance Allowance (CAA)	Workers with total (temporary) incapacity or 100% disability (subject to medical evidence) that requires the constant attendance of another person, who contribute to the NPF	n.d.	MUR 379 per month	n.d.	MoSS
-------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------	-------------------	------	------



### 8.3 Government expenditure on social protection

Total government expenditure on social security and welfare has increased in recent years, exceeding MUR 28 billion in 2014 (see Table 8-3).<sup>64</sup> This amounted to 7.72 per cent of GDP, up from 6.72 per cent of GDP in 2011. Expenditure as a percentage of total government spending has also increased, from 27.3 per cent in 2011 to 28.0 per cent in 2014.<sup>65</sup>

**Table 8-3: Government expenditure on social security and welfare, over time**

	2011	2012	2013	2014
<b>Total expenditure (MUR, million)</b>	21,715.0	22,691.1	26,028.3	28,060.4
<b>Percentage of total government expenditure</b>	27.3%	26.9%	26.7%	28.0%
<b>Percentage of GDP</b>	6.72%	6.60%	7.11%	7.27%

Source: Statistics Mauritius (2016b). Note: Government expenditure on social security and welfare consists of expenditure and transfers made by government for the social welfare of the community. It covers all expenses by the MoSS, National Solidarity and Reform Institutions and the Ministry of Gender Equality, Child Development & Family Welfare (MoGECDW), together with components of social welfare of all government organisations as well as local government.

The main expenditure component in 2014 was the tax financed BRP (35.5 per cent of all expenditure on social security and welfare), followed by the CSPS (20.0 per cent).<sup>66</sup>

Table 8-4 shows government spending on each of the main social protection programmes in MUR and as a share of GDP. By far, the government spends the most on tax-financed universal benefits (3.71 per cent of GDP), as opposed to tax-financed means-tested social assistance (0.341 per cent) and contributory social insurance (0.52 per cent).

<sup>64</sup> Statistics Mauritius (2016b). Note: Due to the shift in the Government Accounting Period from calendar to financial year, Government expenditure on Social Security and Welfare is not yet available for the period July 2015 to June 2016.

<sup>65</sup> It should be noted that the government perceives this as a fiscal challenge to ensuring the system's long-term sustainability. Mauritius is approaching its late demographic dividend stage (birth rates falling, population ageing and life expectancy increasing) and its dependency ratio will continue to increase, causing more older persons to rely on the social protection system. The government's current strategy for ensuring its sustainability is to maintain 4 per cent economic growth to increase the tax base and preserve (fix) expenditure as a share of total government expenditure.

<sup>66</sup> Statistics Mauritius (2016b).

Table 8-4: Government expenditure on key social protection programmes (2014)

Programme	Expenditure (MUR, million)	Expenditure (percentage of GDP)
<b>Tax-financed: Universal benefits</b>		
BRP, EBRP and Child Allowance	9,959.6	2.91%
BWP and Child Allowance	1,039.6	0.30%
BIP, Carer's Allowance and Child Allowance	1,678.7	0.49%
BOP and Guardian's Allowance	27.7	0.01%
<b>Sub-total</b>	<b>12,705.6</b>	<b>3.71%</b>
<b>Tax-financed: Means-tested social assistance</b>		
Social Aid	764.2	0.223%
Food Aid and Income Support	292.2	0.085%
Indoor Relief (Capitation Grant)	63.2	0.018%
Inmate's Allowance	8.9	0.003%
Unemployment Hardship Relief	26.5	0.008%
Funeral Grant	14.6	0.004%
<b>Sub-total</b>	<b>1,169.6</b>	<b>0.341%</b>
<b>Contributory social insurance</b>		
CIP	58.8	0.02%
CRP	1,316.1	0.38%
CWP	358.4	0.10%
COP	0.3	0.0001%
IIA	38.2	0.01%
<b>Sub-total</b>	<b>1,771.8</b>	<b>0.52%</b>

Source: Statistics Mauritius (2016b)

## 9 Disability assessment mechanisms

As explained in section 7.2, there is no centralised legal definition of disability in Mauritius. This negatively impacts the government’s approach to disability assessment and can create barriers to participation and access to social protection. The government currently uses a medical model for assessment, with reference to several definitions of disability such as the one stated in section 2 of the Training and Employment of Disabled Persons Act (2012 amendment)<sup>67</sup>:

*“disabled person’ means a person who is certified by the Board –*

*(a) to have a long-term physical disfigurement or physical, mental or sensory disability, including a visual, hearing or speech functional disability, which gives rise to barriers or prejudices impeding his participation at an equal level with other members of society in major life activities, undertakings or fields of employment that are open to other members of society; and*

*(b) to be willing and able to work.”*

This definition and medical approach to disability assessment are problematic because they conflate the concepts of disability and impairment and assume that it is always a person’s impairment that creates barriers to participation and access to services, as opposed to their external environment. There is also no centralised legal definition of “reasonable accommodation” in Mauritius, which makes it extremely difficult for persons with disabilities to bring cases of discrimination in the assessment process to the courts.<sup>68</sup>

The 2007 National Policy Paper and Action Plan on Disability shows government recognition of this problematic approach, which fails to consider the barriers faced by persons with disabilities. It acknowledges that the disability assessment mechanism is “divorced from the consideration of other services” including rehabilitation, training and employment.<sup>69</sup> It accepts that an exclusively medical standpoint on disability assessment fails to provide rehabilitation officers and social workers with sufficient information on the social dimension of barriers faced by persons with disabilities, as well as their complex needs. As a result, they can offer little in terms of support. The Action Plan promises that a new multi-dimensional social mechanism for assessment of the status and needs of persons with disabilities is to be devised in line with the United Nations definition of “disabled persons”. In addition, the eligibility criteria for disability benefits

---

<sup>67</sup> Government of Mauritius (2012). Note: Different definitions of disability and different assessment mechanisms are used for different benefits and support services.

<sup>68</sup> Federation of Disabled Peoples Organisations (DPO) Mauritius (2015).

<sup>69</sup> Government of Mauritius (2007).

were to be aligned with the provisions of the CRPD to “enhance the rights and dignity” of persons with disabilities.<sup>70</sup>

However, there has been little meaningful progress since the release of the report. The government claims that the 2012 amendment to the Training and Employment of Disabled Persons Act demonstrates a paradigm shift in the way that it conceptualises disability. However, its definition remains to be from a purely medical standpoint, suggesting that the government remains unclear on what a rights-based concept of disability is.

### **Box 9-1: What is the difference between the social model and medical model of disability?**

Kidd et al (2019) explain that there are number of different models of disability, including the following:

“The medical (or biomedical) model of disability considers “disability a problem of the individual that is directly caused by a disease, an injury, or some other health condition and requires medical care in the form of treatment and rehabilitation.”<sup>71</sup> This model is widely criticised on various grounds, including for not considering the important roles of environmental and social barriers.<sup>72</sup>

The social model of disability developed as a reaction to the individualistic approaches of the charitable and medical models.<sup>73</sup> It is human rights driven and socially constructed.<sup>74</sup> It sees disability as created by the social environment, which excludes people with impairments from full participation in society as a result of attitudinal, environmental and institutional barriers.<sup>75</sup> It places emphasis on society adapting to include persons with disabilities by changing attitudes, practices and policies to remove barriers to participation, but also acknowledges the role of medical professionals.<sup>76</sup> The social model has been criticised for ignoring the personal impact of disability and for its emphasis on individual empowerment, which may be contrary to more collective social customs and practices in many developing countries.<sup>77</sup>

## **9.1 The BIP disability assessment mechanism**

In order to qualify for the BIP, applicants are required to undergo a physical examination by a medical board to prove impairment. Although applicants are initially required to present a medical certificate from their own doctors, the goal of the BIP evaluation is to prove impairment of at least 60 per cent incapacity resulting from “loss of mental or

---

<sup>70</sup> Government of Mauritius (2007).

<sup>71</sup> Mitra (2006).

<sup>72</sup> Mitra (2006); Rimmerman (2014).

<sup>73</sup> Rimmerman (2014); Al Ju'beh (2017).

<sup>74</sup> Woodburn (2013).

<sup>75</sup> Mitra (2006).

<sup>76</sup> DFID (2000); Al Ju'beh (2017).

<sup>77</sup> Rimmerman (2014); Al Ju'beh (2017).

physical faculty”.<sup>78</sup> The National Pensions Act defines this as “an impairment of the proper functioning of part of the body or mind and includes any disfigurement”. The Act goes on to define the types of impairment that are considered and the percentage of disablement they are “awarded” for the purpose of disability assessment (see Table 9-1). For example, a person with medical evidence to prove the loss of hearing in both ears (60 per cent incapacity) would be eligible for the BIP, whereas a person with medical evidence to prove the loss of an arm between the elbow and the shoulder (50 per cent incapacity) would not be eligible.

**Table 9-1: Impairment types and their percentage of disablement, as outlined in the National Pensions Act**

Impairment	Percentage of disablement
Loss of two limbs	100%
Loss of both hands, or of all fingers and both thumbs	100%
Total loss of sight	100%
Total paralysis	100%
Injuries resulting in being permanently bedridden	100%
Any other injury causing permanent total disablement	100%
Loss of arm at shoulder	60%
Loss of hearing – both ears	60%
Loss of arm between elbow and shoulder	50%
Loss of arm at elbow	47.5%
Loss of arm between wrist and elbow	45%
Loss of hand at wrist	42.5%
Loss of four fingers and thumb of one hand	42.5%
Loss of four fingers	35%
Loss of eyesight – both eyes	30%
Loss of thumb – both phalanges	25%
Loss of sight except perception of light	20%
Loss of thumb – one phalanx	10%
Loss of middle finger – 3 phalanges	10%
Loss of hearing – one ear	7%

Source: Government of Mauritius (1976).

<sup>78</sup> Government of Mauritius (1976). Note: For all other disability-specific benefits that do not require 60 per cent incapacity, the National Pensions Act defines a person with a disability as someone who is “suffering from a disablement of not less than 1 per cent and resulting from a loss of mental or physical faculty caused by an industrial accident or a prescribed disease”.

The evaluation is completed by a medical board consisting of two medical officers who are appointed to the role by the government. The officers use a guidance note provided by the MoH to establish the degree of impairment during a short interview with the applicant.<sup>79</sup> The medical board also determines the length of time for which successful applicants may receive the pension (both temporary and permanent disabilities are considered) and whether they are entitled to additional benefits such as the ABIP and additional Social Aid.

A major concern about the assessment mechanism is whether it is sufficiently objective and sensitive to consider the range of impairments and chronic health conditions that people may face, and their impact on people's ability to participate in the labour market. The BIP disability assessment mechanism has not been substantively updated since the National Pensions Scheme was introduced in 1976.<sup>80</sup> It is still based on a medical examination of physiological impairments, with no consideration of the disabling impact of a person's external environment.<sup>81</sup> This makes assessing people with non-physiological disabilities, including mental health issues and cognitive impairments, particularly difficult. There is very little guidance for making such evaluations and a general lack of transparency on the assessment process for these conditions.<sup>82</sup> Personal testimonies from recipients and stakeholders implied that the process is in fact highly subjective, with only the most obvious impairments identified on many occasions. KIIs revealed the common occurrence of parents coaching their children to remain silent during the assessment, to increase their chances of qualifying for having a cognitive impairment.<sup>83</sup>

### 9.1.1 The BIP registration process

An initial application to receive the BIP can be made online, though applicants must also visit their regional social security office to finalise the request. They must provide a birth certificate, a national I.D. card and a medical certificate (which can be obtained from any primary healthcare centre). Along with a completed application form, the documents are submitted to a social security officer who will arrange an appointment with a medical board, who perform the physical assessment and provide official certification of impairment. It can take between one to four months to receive an appointment with a medical board, depending on the applicant's place of residence. It is easier to get an

---

<sup>79</sup> There is very little information available (even to DPOs in Mauritius) on the content of the guidance note or its interpretation by medical officers. It is also unclear whether medical records are considered.

<sup>80</sup> There is no indication of any changes to be made to the assessment mechanism with the expansion of BIP coverage to children under the age of 16 years.

<sup>81</sup> KII, MoSS (11/10/16).

<sup>82</sup> FGD, Indian Ocean Disability Network (12/10/16); KII, APEIM (13/10/16); KII, A. Burthony, Port Louis, (13/10/16).

<sup>83</sup> FGD, Indian Ocean Disability Network (12/10/16); KII, APIEM (13/10/16).

appointment with a medical board in urban areas than in remote areas, as they convene more frequently.<sup>84</sup>

Once the medical board has completed its evaluation report, the application is processed centrally by the MoSS by whom applicants are informed of the result. If the applicant is rejected on medical grounds, they have the right to appeal to the Medical Tribunal – free of charge. Only one appeal can be made per application, after which the applicant must wait six months before beginning the process again (there is no limit on the number of times a person can apply to receive the BIP).<sup>85</sup> Informants implied that the appeal process is challenging and unlikely to result in a decision being overturned.<sup>86</sup>

A possible concern is the physical accessibility of the registration process. The study found no clear signs of this. As Mauritius is a small island nation with a well-resourced public sector, the state can usually ensure access to both assessment and registration. Normally, all interviews are carried out at the local social security office and the applicant is responsible for paying all travel costs. It should be noted that no specific accommodations are made for the cost of carers, interpreters or other support persons required. However, if an applicant's impairment makes it particularly difficult for them to be physically present at a medical board, provisions will be made to conduct the interview at home.

### Receiving the BIP

Once a successful applicant is registered to receive the BIP, monthly payments begin immediately and are backdated to the date of initial application. Preferred payment method is via bank transfer (directly to the beneficiary's bank account). However, if the beneficiary does not have a bank account, it is also possible to collect the benefit in cash from a Post Office.

Informants raised some concern with the issue of people with temporary disabilities (who receive the BIP for a number of months determined by the medical board) being removed from the register while still in need of income support.<sup>87</sup> In theory, the MoSS is responsible for informing recipients that their entitlement is soon to expire. However, the ministry confirmed that it is the responsibility of the recipient to leave enough time to re-apply for the benefit, if needed.<sup>88</sup>

---

<sup>84</sup> KII, MoSS, Rose Hill (14/10/16).

<sup>85</sup> KII, MoSS, Rose Hill (14/10/16).

<sup>86</sup> KII: MoSS (11/10/16); KII, Port Louis (13/10/16).

<sup>87</sup> FGD, Indian Ocean Disability Network (12/10/16).

<sup>88</sup> KII, MoSS, Rose Hill (14/10/16).

Once registered to receive the BIP, beneficiaries become automatically entitled to receive some other benefits, including free public transport and the universal Child Allowance. Beneficiaries may also be entitled to receive the ABIP and additional Social Aid, subject to conditionalities. This entitlement is assessed during the application process by the medical board and, if deemed necessary, the benefits are added to the BIP monthly transfer. Other benefits – such as disabled parking badges, import duty relief on adapted cars etc. – are accessible upon application and do not require an additional medical assessment.

## **9.2 Disability assessment for support (re)entering the labour market**

Disability assessment in relation to employment is completed by the Training and Employment of Disabled Persons Board (TEDPB), based on the definition of disability provided in section 2 of the Training and Employment of Disabled Persons Act (2012 amendment).

To apply for support from the TEDPB, persons with disabilities do not need to be registered recipients of the BIP. Applicants must provide a birth certificate, a national I.D. card and a medical certificate (which can be obtained from any primary healthcare centre) along with any academic or vocational qualifications, a personal statement detailing their interests and motivations, and if accessible, a testimonial from a previous employer or institution. The documents are submitted to a panel consisting of a medical officer and TEDPB representatives, who will assess the applicant's capacity and willingness to work, as well as the level of support required to support the applicant to (re)enter the labour market. Applicants may only be rejected if their disability is considered too severe to serve in the labour market.



## 10 Access of persons with disabilities to social protection schemes

It is difficult to determine the extent to which persons with disabilities can access social protection programmes in Mauritius because it is likely that the 2011 Housing and Population Census does not provide an accurate enough picture of the total number of persons with disabilities in the country (as noted in Chapter 3). To compare the number of beneficiaries with the number of people identified by the census as disabled may result in an overestimation of coverage rates. In this chapter, where possible we try to estimate (based on certain assumptions) the number of people in the target group of a programme to obtain a rough idea about coverage levels. Despite Mauritius having several large social protection programmes, there are still significant gaps in the support provided to persons with disabilities.

### 10.1 Children with disabilities

As is shown below, there are large gaps in coverage to support children with disabilities, particularly in mainstream schemes. It should be noted that available data on the reach of existing schemes is very limited.

#### 10.1.1 Mainstream child or family benefit

There is no universal child benefit in Mauritius, however children with disabilities can access three mainstream child-focused or family benefits:

- **BIP** (universal, effective coverage of children unknown)
- **Child Allowance** for the children of BWP, BIP and BRP beneficiaries (universal, covers 15,258 children)
- **Social Aid** (means-tested, effective coverage of children unknown)

#### 10.1.2 Compensation for the additional cost of disability

From December 2016 children with disabilities will be eligible to receive the BIP for the first time. The expansion of the BIP to include children under the age of 16 years marks the introduction of a benefit aimed at compensating for the additional cost of bringing up a child with a disability.

#### 10.1.3 Carer's allowance

A means-tested Carer's Allowance is available to the parents of children with disabilities from the age of 6 months to 15 years. No data on the number of beneficiaries was obtainable for this study.

## 10.2 Working age persons with disabilities

### 10.2.1 Income replacement for people with reduced work capacity

Income replacement for working age persons with disabilities is provided for: (1) those with at least 60 per cent incapacity through the BIP; (2) people contributing to the social insurance system through the CIP, the Disability Benefit for total (temporary) incapacity, the IIA for workers with total (temporary) incapacity due to injury and the TUB; and (3) people living in households with low incomes through Social Aid, Income Support and Food Aid.

#### BIP

The BIP serves as the primary income replacement scheme for working age persons with disabilities. The BIP disability assessment mechanism does not assess capacity to work as such, rather a recipient (who must have an impairment of at least 60 per cent incapacity) is automatically assumed to be without capacity to (re)enter the labour market and therefore earn an income.

To date, no formal appraisal on the rate of BIP inclusion/exclusion has been completed by government or by other stakeholders. However, available coverage data suggests that there is a significant number of people who may be eligible to receive BIP who are not benefitting. Indeed, the BIP coverage rate among the working age disabled population is estimated to be 59.7 per cent.<sup>89</sup> This is low, despite only an estimated 30 per cent of persons with disabilities being active in the labour market.<sup>90</sup> Unfortunately, there is insufficient data to assess the overlap between recipients who are participating in the labour market and those who are not. Therefore, the share of working age persons with disabilities who are left without income from either employment or the BIP is unknown.

#### Contributory social insurance

Persons with disabilities can also receive income replacement benefits through the contributory social insurance system. In 2016, 9,232 people (estimated 21.0 per cent of

---

<sup>89</sup> Source: Own calculations, based on administrative data applied to disability prevalence data from the 2011 Housing and Population Census.

<sup>90</sup> Statistics Mauritius (2015).

the disabled working age population) received the CIP on top of the BIP.<sup>91</sup> Unfortunately, there is no coverage data on the Disability Benefit for total (temporary) incapacity or the TUB. However, it is known that in 2016, 750 people (estimated 1.7 per cent of the disabled working age population) received the IIA for workers with total (temporary) incapacity due to injury.<sup>92</sup>

### Social Aid, Income Support and Food Aid

Social Aid provides income support to people living in low-income households across Mauritius. It can be received on top of the BIP (the BIP is not considered during the means-testing process), however for those with a disability who do not qualify for the BIP (are without an impairment of at least 60 per cent incapacity), Social Aid is the primary means of income support available. It should be noted that BIP recipients who live alone, pay rent and have no other income can also receive additional Social Aid. Unfortunately, there is no data on the coverage of Social Aid (or the additional Social Aid) among the disabled working age population.

Additional income support – either in cash or in-kind – is also available to Social Aid recipients and their dependants, Unemployment Hardship Relief beneficiaries as well as beneficiaries of a basic pension who would have qualified for Social Aid if not for the pension. As of December 2016, a total of 46,709 people were receiving either additional income support or food aid, including 4,583 persons with disabilities. We do not know how many of these recipients were of working age or BIP beneficiaries.

It should be noted that the recently established CCT programme is likely to exclude many persons with disabilities who are not eligible to receive the BIP but may also not qualify as “empowerable”.<sup>93</sup> The PMT does not consider the additional cost of living with and managing a disability, and therefore the social registry database does not record any disability-related data.<sup>94</sup>

### 10.2.2 Compensation for the additional cost of disability

Despite its name, the Carer’s Allowance for BIP beneficiaries (ABIP) is considered compensation for the cost of living with a disability that requires constant care. As of

---

<sup>91</sup> Source: Own calculations, based on administrative data applied to disability prevalence data from the 2011 Housing and Population Census.

<sup>92</sup> Source: Own calculations, based on administrative data applied to disability prevalence data from the 2011 Housing and Population Census.

<sup>93</sup> At present, it remains unclear what “empowerable” means in relation to disability and (in)capacity to work.

<sup>94</sup> KII, DCP-EU (n.d.); KII, MoSI (n.d.).

December 2016, 6,083 (21 per cent of) BIP beneficiaries were receiving the ABIP, which seems likely to provide reasonable coverage of people with severe disabilities.

In addition, the CAA provides additional compensation to persons with disabilities who have contributed to the NPF and require constant supervision. No data on the number of beneficiaries of either scheme was obtainable for this study.

### **10.2.3 Carer's allowance**

There is no carer's allowance in Mauritius for carers of working age persons with disabilities.

## **10.3 Older persons with disabilities**

### **10.3.1 Mainstream old-age pension**

The universal BRP serves as the primary income replacement scheme for older persons with disabilities. As of December 2016, 200,783 people were receiving the BRP, which corresponds to approximately 100 per cent of the population aged 60 years and above.<sup>95</sup> 90,430 people were receiving the CRP in addition, many of whom have disabilities.

39,294 (20.2 per cent of) older persons were receiving the means-tested Social Aid, providing support to older persons in low-income households.

### **10.3.2 Compensation for the additional cost of disability**

The EBRP is payable to older persons with disabilities in addition to the BRP, therefore serving as compensation for the additional cost of managing a disability. As of December 2016, 15,581 people (7.8 per cent of BRP beneficiaries) were receiving the EBRP. Given the high disability prevalence rate among older persons in Mauritius (18.1 per cent), effective coverage of the EBRP can be considered low – it reaches less than half the number of older persons who are likely eligible. One reason for this may be that in order to qualify for the EBRP, applicants must undergo a medical assessment for a physiological impairment which they may simply be unaware they have acquired with age, or do not realise qualifies as a disability. Also, older persons may find the application process inaccessible. For example, they may be too unfamiliar with the internet to submit an initial application online. These barriers have been highlighted by DPOs, who are pushing for the EBRP to become a simple extension of the BRP, as opposed to a separate benefit.<sup>96</sup>

---

<sup>95</sup> Source: Own calculations, based on UNDESA population prospects for 2016.

<sup>96</sup> KII, Indian Ocean Disability Network (n.d.).

### 10.3.3 Carer's allowance

There is no carer's allowance in Mauritius for carers of older persons with disabilities.

## 10.4 Summary

In general, across the different age groups, Mauritius has major gaps in terms of the data available on the effective coverage of social protection programmes. Where this occurs, it is impossible to know exactly how many people are excluded from income support or compensation for the additional cost of living with and managing a disability.

The most notable gaps in the system include:

- Exclusion from some income replacement programmes (the CIP, Disability Benefit, IIA and TUB) and other benefits (the CAA) for people with reduced work capacity. Generally speaking, benefits that aim to compensate for the additional costs of disability should not be related to a person's income or labour market status.<sup>97</sup>
- No general benefit to compensate for the additional costs of living with a disability. The three main candidates – the ABIP, the CAA and the EBRP (and soon the BIP for children with disabilities) exclude most people in need of support.
- No carer's allowance (except for carers of children with disabilities in low-income families), which means that there is no support available for the majority of those who experience a loss of income due to caring for a person with a disability.

---

<sup>97</sup> Specifically, the CAA only provides additional compensation to those eligible who have contributed to the NPF.

## 11 Adequacy of schemes

To evaluate the adequacy of a social protection benefit, it must be determined whether the transfer amount is enough to achieve the programme's stated objectives. The main distinction is between schemes which are intended to serve as income replacement (such as the BIP) and those intended to compensate for additional disability-related costs (such as the EBRP)

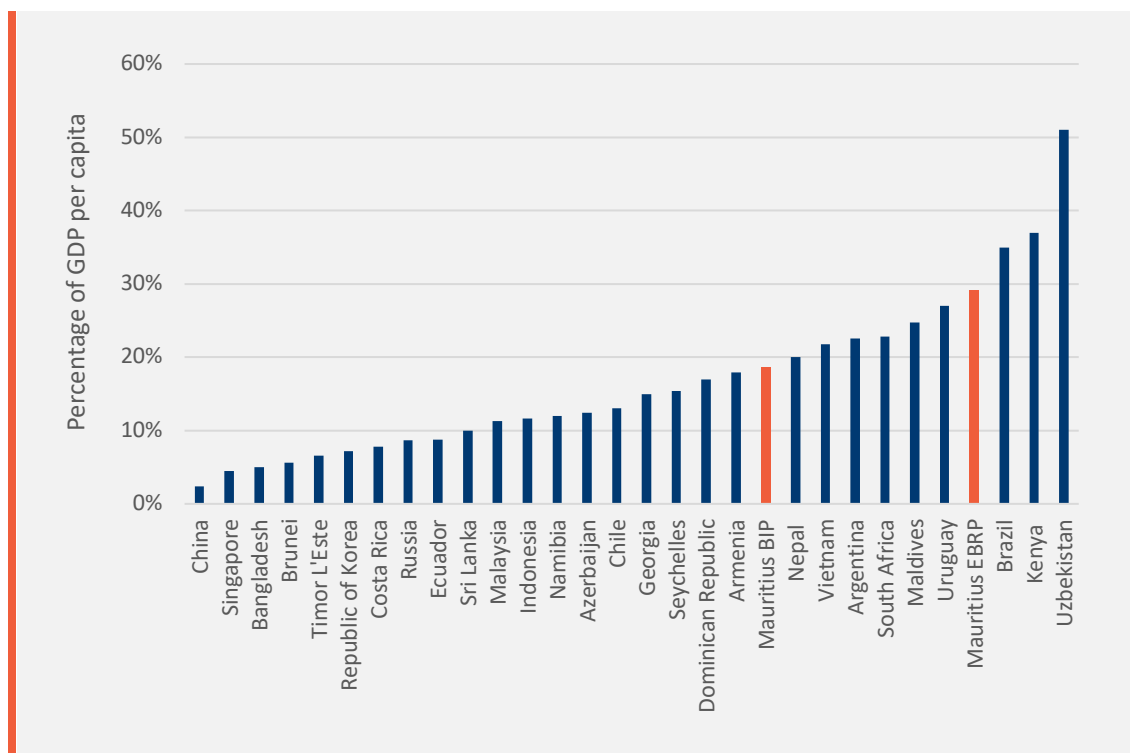
As of December 2016, the BIP transfer value was MUR 5,250 which is equivalent to 18.57 per cent of GDP per capita. At the same value as other universal pensions (the BWP and BRP), it can be assumed that the BIP does not cover any additional costs related to disability. In old age, additional support is only available to people with severe disabilities through the EBRP (a key gap in the system, according to DPOs).<sup>98</sup> The EBRP transfer value is MUR 8,250, equal to 29.17 per cent of GDP per capita. Although this is relatively high when compared to other disability benefits in low- and middle-income countries (see Figure 11-1), it should be noted that receipt of the EBRP is particularly important for older persons who were not active in the labour market. Those without the capacity for employment will therefore receive less (or nothing) from the contributory system in old age.<sup>99</sup>

---

<sup>98</sup> KII, Aarthi Burthoni (2016); FGD, Indian Ocean Disability Network (12/10/16).

<sup>99</sup> KII, Aarthi Burthoni (2016); FGD, Indian Ocean Disability Network (12/10/16).

**Figure 11-1: BIP and EBRP benefit levels in an international comparison (as a percentage of GDP per capita)**



Source: Author's creation.

When comparing with Mauritius' official poverty line for a family with five members (which has been increased from MUR 6,300 MUR to MUR 9,000), both BIP and EBRP transfer values can be considered reasonably high.<sup>100</sup> However, if they are looked at in relation to the relative poverty line used by the national statistics agency (half of the median monthly household income per adult), they can be considered far less generous. In 2012, the relative poverty line was MUR 5,652 for a 1-person household and MUR 13,310 for a household comprising 2 adults and 2 children. Persons with disabilities living alone and receiving no additional income besides the BIP would therefore be living below the relative poverty line. One visually impaired informant who lives independently estimated that the BIP would have to be three times its current value to cover their living costs in Port Luis.<sup>101</sup>

For persons with disabilities who live with family who earn an income (particularly low-income households), the BIP would provide a decent level of support to the household economy. However, for those who live in households without children where the BIP is

<sup>100</sup> KII, DCP-EU (2016).

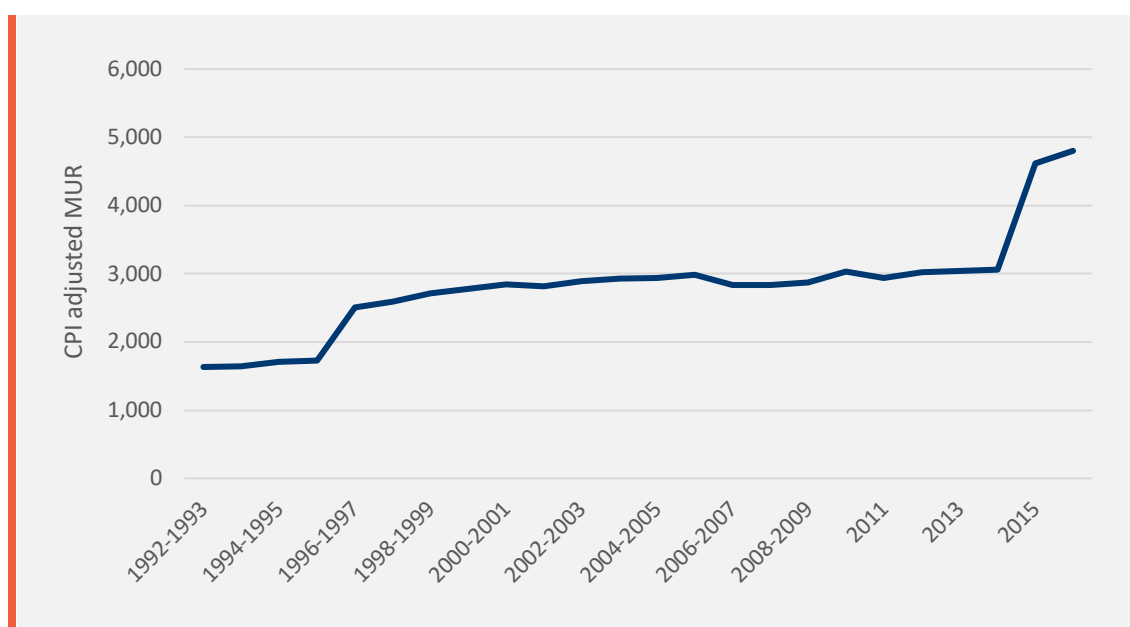
<sup>101</sup> KII, Aarthi Burthoni (2016).

the only form of income, the benefit value is inadequate.<sup>102</sup> If also ineligible to receive unemployment benefits, the BIP would likely be used for household subsistence, rather than to support the needs of the member with a disability.<sup>103</sup> It should be noted, however, that as the BIP is a universal benefit, there are no restrictions on recipients who have the capacity to work preventing them from entering the labour market. Beneficiaries can also simultaneously receive the means-tested Social Aid (the BIP is not considered during the means-testing process).

## 11.1 Regulating benefit values

Benefit levels in Mauritius have long been regulated according to changes to consumer price index (CPI). However, as previously mentioned in Chapter 6, the value of social protection benefits has become politicised in recent years. Indeed, in line with the election promises of 2014, January 2015 saw the value of the BIP increase from a little above MUR 3,000 (US\$ 81) to MUR 5,000 (US\$ 136) – now adjusted upwards according to the CPI, to MUR 5,250. This demonstrates an increase in value by 66.66 per cent, breaking from the pattern of gradual increase witnessed ever since the 1990s (see Figure 11-2).

**Figure 11-2: Value of the BIP over time (1992/93), adjusted for inflation<sup>104</sup>**



Source: Author's calculations, based on data from the MoSS and historical CPI rates from Statistics Mauritius

<sup>102</sup> The children of BIP beneficiaries are eligible to receive the Child Allowance (between MUR 1,400 and 1,500). Families without children cannot receive the benefit.

<sup>103</sup> FGD, Indian Ocean Disability Network (12/10/16).

<sup>104</sup> As of 2010, rates have been fixed on 1st January of each year instead of 1st July, as per previous years.



Table 11-1 shows the transfer values of the key tax-financed social protection benefits available to persons with disabilities in Mauritius, as of December 2016.

**Table 11-1: Transfer values of the key tax-financed social protection benefits in Mauritius, real value and as a percentage of GDP per capita (2016)**

Programme	Monthly benefit level	Percentage of GDP per capita
BRP	MUR 5,250 for 60–89-year-olds	18.57%
	MUR 15,250 for 90–99-year-olds	53.93%
	MUR 20,250 for those aged 100+ years	71.61%
BIP and BWP	MUR 5,250	18.57%
BOP	MUR 2,500 for 0-14-year-olds not in full-time education	8.84%
	MUR 4,000 for 3-20-year-olds in full-time education	14.15%
EBRP	MUR 8,250 for 60–89-year-olds	29.17%
	MUR 18,250 for 90–99-year-olds	64.54%
	MUR 23,250 for those aged 100+ years <i>(In addition to the BIP)</i>	82.22%
Child Allowance	MUR 1,400 for children under the age of 10 years	4.95%
	MUR 1,500 for children aged 10+ years	5.30%
ABIP	MUR 2,500 <i>(in addition to the BIP)</i>	8.84%
Carer's Allowance for children with disabilities	MUR 1,907	6.74%

Source: Administrative data; IMF (2021).

In addition, the newly established CCT (to be initiated by the end of 2016), will provide a benefit of MUR 9,250 per family. Contrary to existing programmes, the transfer value has been calculated based on estimations of the monthly cost of living (MUR 2,740 per adult and MUR 1,350 per child).<sup>105</sup>

<sup>105</sup> KII, MoSI (2016).

## 12 Impact of social protection schemes on persons with disabilities

Mauritius' social protection system has a significant and positive impact on the welfare of persons with disabilities. However, as there is no data focusing specifically on persons with disabilities, this chapter will instead discuss the impact that the programmes have had on various groups of recipients, of which persons with disabilities are included.

In general, Mauritius' social protection programmes have had a very positive impact on reducing poverty. According to the 2012 Household Budget Survey, without social protection transfers, poverty would be more than twice its actual rate (19 per cent as opposed to 9.4 per cent in 2012).<sup>106</sup> Furthermore, without free government services, the poverty rate would be even higher.<sup>107</sup> Table 12-1 shows the impact of government transfers and free government services on poverty at three points in the last decade.

**Table 12-1: Impact of government transfers and free government services on poverty, over time**

	2001/02	2006/07	2012
<b>Actual poverty rate</b>	<b>7.7%</b>	<b>7.9%</b>	<b>9.4%</b>
<b>Poverty rate without government transfers and free services</b>	<b>26%</b>	<b>27%</b>	<b>30%</b>
Without transfers only	14%	16%	19%
Without free government services only	16%	19%	21%
<i>Without free education only</i>	<i>12%</i>	<i>14%</i>	<i>15%</i>
<i>Without free health services only</i>	<i>11%</i>	<i>12%</i>	<i>13%</i>
<i>Without free bus transport only<sup>108</sup></i>	<i>n.a.</i>	<i>9%</i>	<i>10%</i>

Source: Statistics Mauritius (2016b).

<sup>106</sup> Statistics Mauritius (2016b).

<sup>107</sup> Statistics Mauritius (2016b).

<sup>108</sup> Free bus transport has been provided to older persons, persons with disabilities and students since 2005. However, it should be noted that public transport is largely inaccessible for people with mobility, visual and communication impairments, and therefore it is likely of limited use.

In Mauritius, income from government transfers constitutes a significant share of total household income, especially for low-income households. Table 12-2 shows the average share of household income from government transfers among poor households to be 30.2 per cent, while it is just 7.5 per cent among non-poor households.

**Table 12-2: Average income from government transfers as a share of total household income in poor and non-poor households (2012)**

	Poor households	Non-poor households
<b>Average monthly household disposable income</b>	<b>MUR 7,900</b>	<b>MUR 31,700</b>
<b>Average monthly transfer income</b>	<b>MUR 2,800</b>	<b>MUR 4,400</b>
of which comprises government transfers	MUR 2,400	MUR 2,400
<i>Government transfers as a share of household disposable income</i>	30.2%	7.5%

Source: Statistics Mauritius (2016b).

As shown in Table 12-3, 84.2 per cent of government transfers are received in the form of tax-financed social protection. While poor, middle- and high-income households receive almost the same amount in government transfers in nominal terms, wealthy households receive significantly more in contributory social security.<sup>109</sup>

**Table 12-3: Average income from different types of government transfers, as a share of transfers received by poor, middle- and high-income households**

	Poor households	Middle-income households	High-income households
<b>Average monthly income received as government transfers</b>	<b>MUR 2,800</b>	<b>MUR 3,500</b>	<b>MUR 8,000</b>
of which are tax-financed social protection	MUR 2,400	MUR 2,200	MUR 2,000
of which are contributory social security	MUR 200	MUR 1,000	MUR 5,800
<i>Tax-financed social protection transfers as a share of total transfers received</i>	84.2%	64.1%	25.5%
<i>Contributory social security as a share of total transfers received</i>	5.8%	30.0%	72.6%

Source: Statistics Mauritius (2016b).

<sup>109</sup> Statistics Mauritius (2016b).

## *12 Impact of social protection schemes on persons with disabilities*

As mentioned in Chapter 2, Mauritius' population is rapidly ageing, having important implications for the country's social security system. Social protection will become increasingly important for poverty reduction in old age, as more people will come to rely on the BRP and other schemes for older persons.

## 13 Linkages with other social services

The Disability Unit within the MoSS is responsible for ensuring cross-government provision of direct and indirect services for persons with disabilities. According to the National Policy Paper and Action Plan on Disability (published in 2007), the Unit is mandated to carry out a wide range of functions, including but not limited to:

*“...advocacy, counselling and guidance to provision of assistive devices, parking coupons, bus passes, concessionary airfares, liaising with NGOs, refunding of transport costs to disabled children (accompanying parents) attending schools, promoting integration of disabled persons, removing barriers and organizing activities, seminars and workshops on disability issues”.*

KIIs with staff from the Disability Unit highlighted their commitment to supporting and empowering persons with disabilities in Mauritius.<sup>110</sup> However, their wide-ranging mandate streamlines all responsibility and accountability for government service provision under the remit of one under-funded unit, as opposed to delegating to relevant ministries.

### 13.1 Education

The Government of Mauritius has adopted an education agenda whereby “special education” for children with disabilities exists alongside mainstream education.<sup>111</sup> This goes in line with its reservation against CRPD Article 24.2 (b).<sup>112</sup>

As previously mentioned in section 4.1, most education for children with disabilities takes place in SEN institutions, historically run by NGOs (there are very few state-run special education facilities for children with disabilities in Mauritius)<sup>113</sup>. Until 2002, when it was taken over by the MoE, financial support to all special schools came from the MoSS’ NGO Trust Fund (Grant in Aid programme). Support amounted to approximately one third of that given to mainstream schools.<sup>114</sup> As a result of poor government funding, SEN school fees were expensive, sometimes reaching MUR 4,000.

---

<sup>110</sup> KII, MoSS (11/10/16).

<sup>111</sup> Ministry of Education & Human Resources (2005); FGD, Indian Ocean Disability Network (12/10/16).

<sup>112</sup> CRPD Article 24.2 (b) states that “persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live”.

<sup>113</sup> As part of the preparation of the new “special education” policy in 2004, the MoSS undertook a situational analysis of the state of education for children with disabilities. It found that just 87 children were receiving an education in government-run special schools, 63 in government-run integrated units and the remaining 2,850 children in privately-run schools.

<sup>114</sup> Ministry of Education & Human Resources (2005).

Only in 2005, with the launch of the new special education policy and strategy, did the MoE fully acknowledge the government's responsibility to provide education to children with disabilities. The ministry announced a significant increase in funding to NGO-run special schools, matching that of mainstream schools. The responsibility of registering, resourcing and overseeing special schools now rests with the Special Education Unit under the MoE. Currently, there are 46 SEN schools registered – 38 for children with learning difficulties/intellectual impairments (one specialising in autism), 3 for children with physical impairments, 2 for children with hearing impairments, 2 for children with visual impairments, and 1 for children with epilepsy.

It is not yet clear how the recently established CCT programme will be coordinated with the Special Education Unit, if at all.

### 13.2 Employment

As mentioned in Chapter 11, as the BIP is a universal benefit, there are no restrictions on recipients who have the capacity to work preventing them from entering the labour market. Therefore, for recipients who are also earning an income, the BIP could be seen as compensation for additional disability-related costs. Data on the number of such recipients was unobtainable for this study, however it can be assumed that as the labour market participation rate for persons with disabilities is low (17 per cent), they are very few. While nearly half (46.9 per cent) of the economically inactive disabled population cite their disability as being the key barrier to entering the labour market, other barriers may include lower levels of education achieved (see section 4.2) or poor accessibility.<sup>115</sup>

The only support for persons with disabilities seeking to (re)enter the labour market is available via the TEDPB, which in theory, provides assistance in the form of CV, application, and interview support; specific industry/market-oriented training; and job-matching with registered employers. It should be noted that the TEDPB prioritises applicants with only mild impairments who can demonstrate their capacity as well as “willingness” to work.<sup>116</sup> In reality, it appears as though accessibility needs are the key determinant, as one informant explained:

*“We do not expect employers to adapt their workplace to enable a suitably qualified wheelchair-user to take up a position or to set up screen reader software to help facilitate the inclusion of a visually impaired person.”*

---

<sup>115</sup> Statistics Mauritius (2015).

<sup>116</sup> Applicants may be rejected if their disability is considered too severe to serve in the labour market (see section 9.2).

Data on the number of people receiving support from the TEDPB is lacking, making it difficult to assess its adequacy. However, the MoSS reported that 116 were receiving training and assistance finding employment (it is unclear whether this is sheltered or ordinary employment).<sup>117</sup> In reality, the training courses available to beneficiaries are mostly traditional and not especially market-oriented – although key transferrable skills can be obtained through the literacy and ICT courses.

The TEDPB also assists some employers (those in the private sector with a workforce of fewer than 35 people) to meet their legal obligation ensuring at least 3 per cent of their workforce comprises persons with disabilities, by matching registered applicants to available jobs.<sup>118</sup> While this legal requirement (stipulated in the Training and Employment of Disabled Persons (Amendment) Act of 2012) signifies positive action being taken by government to ensure the inclusion of persons with disabilities in the labour market, this approach is not at all rights-based. Furthermore, DPOs highlighted the quota's limitations (to small, private sector companies) and that to date, efforts to enforce it have been inadequate.<sup>119</sup> Most businesses face no legal obligation and receive no financial support to facilitate the inclusion of persons with disabilities in their workforce.

### 13.3 Health

Mauritius offers universal healthcare, which means that persons with disabilities can access medical care and assistance without financial fees or charges at the point of use. However, support for families with children with disabilities is lacking due to a fragmentation of services that many find difficult to navigate.<sup>120</sup> Furthermore, early screening and identification of impairments in children is not undertaken due to a lack of paediatric expertise.<sup>121</sup> This means that children's impairments are not being recognised until a later stage with consequences throughout their lives. Coupled with the lack of early intervention programmes, early rehabilitation treatments opportunities are missed in a child's development. Many parents have to then pay for additional, intensive therapies and support later on. Assistive devices are also very expensive, and without a specific government procurement policy, are only available from private providers.<sup>122</sup>

### 13.4 Social services

---

<sup>117</sup> KII, MoSS (11/10/16).

<sup>118</sup> Government of Mauritius (2012).

<sup>119</sup> KII, Voice of DPI (2016).

<sup>120</sup> FGD, Indian Ocean Disability Network (12/10/16).

<sup>121</sup> KII, APIEM (13/10/16).

<sup>122</sup> FGD, Indian Ocean Disability Network (12/10/16); KII, D. Wong, Port Louis (13/10/16).

### *13 Linkages with other social services*

In Mauritius, care and support are provided by the family unit and by local social services and community centres. The Social Welfare Division under the MoSS is responsible for managing 57 nationwide Social Welfare Centres, which are mostly located in rural areas, as well as 20 Elderly Day Care Centres across the country. These centres are tasked with addressing a range of issues such as illiteracy, alcoholism, malnutrition, substance abuse and domestic violence. Persons with disabilities may also receive support at the centres with a focus on skills training, capacity development, recreation and sport, and networking. It is not known how many persons with disabilities require support from these centres, nor how many access them.



## 14 Conclusion

Mauritius was selected as a case study because of its comprehensive and relatively mature social protection system. It is known in Africa and around the world for taking early steps to implement an inclusive, lifecycle approach for certain categories – including persons with disabilities – and for its well-developed universal old-age pension.

However, Mauritius' social protection system has several gaps. For example, there is no universal child benefit – only categorical benefits for some children and a means-tested Child Allowance – leaving families without a guarantee of periodic, long-term income security when they decide to expand. However, it should be noted that with the expansion of the BIP to cover all children with disabilities under the age of 16 years, universal income security is now available to all persons with disabilities across the lifecycle.

Another key gap in the system is the absence of a general benefit to compensate for the additional costs of living with a disability. The main candidates – the ABIP, the CAA and the EBRP (and soon the BIP for children with disabilities) exclude most people in need of support. Furthermore, there is no carer's allowance (except for carers of children with disabilities in low-income families), which means that there is no support available for the majority of those who experience a loss of income due to caring for a person with a disability.

Mauritius' disability assessment mechanism is still solely based on a medical approach and is highly subjective – far from in line with CRPD principles. Although the process was found to be largely accessible, the official disability prevalence rate is low compared with international rates and estimates. This may be linked to the fact that the assessment process is designed to identify those with an incapacity of at least 60 per cent (to qualify for the BIP), meaning that people with a less severe impairment than this miss out. Though, the universal nature of disability benefits has resulted in high coverage rates among those assessed and registered with a disability. Older persons with disabilities enjoy the best access to income support as a result of the universal old-age pension, accessible to everyone over the age of 60 years.

Importantly, there is a dearth of research into disability issues in Mauritius, including the coverage and adequacy of social protection for persons with disabilities. The government has repeatedly failed to consult civil society on disability-specific legislation and policy – most recently on the drafting of the Disability Bill which will be key to filling the gaps in the system with regard to protecting and promoting the rights of persons with disabilities, as outlined in the CRPD. These issues are likely a result of the absence of a strong disability movement pushing in the country for change and inclusion.

## Bibliography

Al Ju'beh, K. (2017) 'Disability Inclusive Development Toolkit'. CBM. Available at: [https://www.cbm.org/fileadmin/user\\_upload/Publications/CBM-DID-TOOLKIT-accessible.pdf](https://www.cbm.org/fileadmin/user_upload/Publications/CBM-DID-TOOLKIT-accessible.pdf) (Accessed: 9 January 2020).

Budoo, A. and Mahadew, R. A. (2014) 'Section B: Country reports', in *African Disability Rights Yearbook: Volume 2, 2014*. Pretoria University Law Press (PULP). Available at: [https://www.adry.up.ac.za/images/adry/volume2\\_2014/adry\\_2014\\_2\\_full\\_text.pdf](https://www.adry.up.ac.za/images/adry/volume2_2014/adry_2014_2_full_text.pdf) (Accessed: 24 June 2021).

Burns, D. and Oswald, K. (2014) '*We can also make change: Piloting participatory research with persons with disabilities and older people in Bangladesh*'. Consortium formed of Sightsavers, HelpAge International, ADD International, and Alzheimer's Disease International. Available at: [https://www.sightsavers.org/wp-content/uploads/2017/09/VOTM-full-report\\_WEB.pdf](https://www.sightsavers.org/wp-content/uploads/2017/09/VOTM-full-report_WEB.pdf) (Accessed: 23 June 2021).

Central Statistical Office (1992) *1990 Housing and Population Census of Mauritius: Volume 7 - Disability characteristics*. Mauritius: Government of Mauritius.

Chung Kim Chung, G. and Dalais, C. (2008) 'Inclusive Education: A Mauritian Response to the "Inherent Rights of the Child"', in *Africa's Future, Africa's Challenge: Early Childhood Care and Development in Sub-Saharan Africa*. The International Bank for Reconstruction and Development / The World Bank (Directions in Development: Human Development, 42700). Available at: <https://documents1.worldbank.org/curated/en/135791468211777082/pdf/427000PUB0Afr1sclosed0Feb025020081.pdf> (Accessed: 28 May 2021).

DFID (2000) *Disability, poverty and development*. London. Available at: <https://hpod.law.harvard.edu/pdf/Disability-poverty-and-development.pdf> (Accessed: 13 August 2021).

Federation of Disabled Peoples Organisations (DPO) Mauritius (2013) *Mauritius: Universal Periodic Review, 17th Session (2013)*.

Federation of Disabled Peoples Organisations (DPO) Mauritius (2015) 'Submission on CRPD implementation in Mauritius by the Federation of Disabled Peoples' Organizations Mauritius 14th session, CRPD Committee, July 2015'.

Government of Mauritius (1976) *National Pensions Act*. Available at: <file:///Users/madeleinecretney/Downloads/MUS13649.pdf>.

Government of Mauritius (2007) *National Policy Paper and Action Plan on Disability: 'Valuing Persons with disabilities'*. Available at: [https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/10/Mauritius\\_National-Policy-Paper-and-Action-Plan-on-Disability.pdf](https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/10/Mauritius_National-Policy-Paper-and-Action-Plan-on-Disability.pdf) (Accessed: 24 May 2021).

## Bibliography

Government of Mauritius (2012) *Training and Employment of Disabled Persons (Amendment) Act, 2012*. Available at: [https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/11/Mauritius\\_Training-and-Employment-of-Disabled-Persons-Amendment-Act-2012.pdf](https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/11/Mauritius_Training-and-Employment-of-Disabled-Persons-Amendment-Act-2012.pdf) (Accessed: 12 August 2021).

Hamuth, S. (2016) 'Ageing population: Towards a pension reform', *Defimedia*. Defimedia.info, 4 October. Available at: <https://defimedia.info/ageing-population-towards-pension-reform> (Accessed: 5 July 2021).

IMF (2021) *World Economic Outlook (April 2021)*. Available at: <https://www.imf.org/en/Publications/SPROLLS/world-economic-outlook-databases#sort=%40imfdate%20descending> (Accessed: 21 April 2021).

Kidd, S. (2016) "'If you have only dust in your hands, then friends are far; when they are full, they come closer": an examination of the impacts of Zambia's Katete universal pension'. *Development Pathways*. Available at: <https://www.eldis.org/document/A100514> (Accessed: 21 June 2021).

Kidd, S. *et al.* (2018) *Social Protection and Disability in South Africa*. Working Paper. Orpington: Development Pathways.

Ministry of Education & Human Resources (2005) 'Special education needs and inclusive education in Mauritius: The policy and strategy document'. Government of Mauritius. Available at: [https://planipolis.iiep.unesco.org/sites/default/files/ressources/mauritius\\_incusive\\_education\\_policy.pdf](https://planipolis.iiep.unesco.org/sites/default/files/ressources/mauritius_incusive_education_policy.pdf).

Mitra, S. (2006) 'The Capability Approach and Disability', *Journal of Disability Policy Studies*, 16(4), p. 11. doi: 10.1177/10442073060160040501.

Rimmerman, A. (2014) *Social inclusion of persons with disabilities: national and international perspectives*. New York: Cambridge University Press.

Soto, M., Thakoor, V. and Petri, M. (2015) *Pension Reforms in Mauritius: Fair and Fast - Balancing Social Protection and Fiscal Sustainability*. IMF Working Paper WP/15/126. International Monetary Fund. Available at: <https://www.imf.org/en/Publications/WP/Issues/2016/12/31/Pension-Reforms-in-Mauritius-Fair-and-Fast-Balancing-Social-Protection-and-Fiscal-43012> (Accessed: 5 July 2021).

Statistics Mauritius (2012) *Poverty Analysis 2012*. Republic of Mauritius: Government of Mauritius.

Statistics Mauritius (2015) *2011 Housing and Population Census: Volume 7 - Disability*. Analytical Report. Republic of Mauritius: Government of Mauritius.

Statistics Mauritius (2016a) *Labour force, Employment and Unemployment – Second quarter 2016*. Mauritius: Government of Mauritius.

## Bibliography

Statistics Mauritius (2016b) *Social Security Statistics 2012-2015*. Government of Mauritius. Available at: [https://statsmauritius.govmu.org/Documents/Statistics/ESI/2017/EI1296/SS\\_Stats\\_15-16.pdf](https://statsmauritius.govmu.org/Documents/Statistics/ESI/2017/EI1296/SS_Stats_15-16.pdf) (Accessed: 3 August 2021).

UN DESA (2019) *World Population Prospects 2019, UN DESA Population Dynamics*. Available at: <https://population.un.org/wpp/Download/Standard/Population/> (Accessed: 24 February 2021).

UNDESA Population Division (2015) *World Population Prospects: Key findings and advanced tables, 2015 revision*. New York: UNDESA. Available at: [https://population.un.org/wpp/Publications/Files/Key\\_Findings\\_WPP\\_2015.pdf](https://population.un.org/wpp/Publications/Files/Key_Findings_WPP_2015.pdf) (Accessed: 23 June 2021).

UNDP (2015) *Human Development Report 2015: Work for human development*. New York: United Nations.

WHO and World Bank (2011) *World Report on Disability*. Geneva and Washington D.C.: World Health Organization and World Bank.

Willmore, L. (2007) 'Observations on the paper on basic retirement pension of Mauritius'. Available at: <http://larrywillmore.net/Deerpalsing.pdf> (Accessed: 5 July 2021).

Woodburn, H. (2013) 'Nothing about us without civil society: The role of civil society actors in the formation of the UN Convention on the Rights of Persons with Disabilities', *Political Perspectives*, 7(1), pp. 75–96.

World Bank (no date) *World Bank Open Data, World Bank Open Data: Free and open access to global development data*. Available at: <https://data.worldbank.org/> (Accessed: 8 March 2021).

World Bank Group (2018) *Mauritius: Addressing Inequality through More Equitable Labor Markets*. The World Bank.

## Annex 1 List of people interviewed

Name	Institution
<b>Interview 1: MoSS, National Solidarity and Reform Institutions, Port Luis (11/10/16).</b>	
Mr Fatadin	Commissioner, Social Security, MoSS, National Solidarity and Reform Institutions
Mr. Raffick Seegolam	Deputy Commissioner, MoSS, National Solidarity and Reform Institutions
<b>Interview 2: Disability Empowerment Unit, MoSS, National Solidarity and Reform Institutions, Port Luis (11/10/16).</b>	
Mr. Ramdhayan	Head of Disability Empowerment Unit
Miss Geetisha Shichun	Disability Empowerment Unit
Mr. Kritish Nudurchand	Disability Empowerment Unit
Mrs. Soovrita Hulman	Disability Empowerment Unit
Mr. S. Choytun	Disability Empowerment Unit
<b>Interview 3: EU Decentralised Cooperation Programme (DCP-EU), Port Luis (12/10/16).</b>	
Mr. Valaydon Kristavarajen (Karoonen)	Programme Coordinator, DCP-EU
Mr. Joel Violette	Programme Manager, Disability Research Project, DCP-EU
<b>Interview 4: Indian Ocean Disability Network, Port Luis (12/10/16).</b>	
Youven Naiken Gopalla	Global Rainbow Foundation
Irene Alessandri	APEIM
Joshila Leelodharry	APRIM
Sarupanand Kinnoo	Alzheimer Association (AA)
Zakiya Buhora	Friends in Hope
Ridwan Dilmahomed	Global Rainbow Foundation
Dana Chengan	EDYCS
Nadia Peerun	Freelance consultant, disability research project
<b>Interview 5: National Empowerment Foundation, MoSI, Port Luis (12/10/16).</b>	
Mr. Clive Auffray	Chief Executive Officer, National Empowerment Foundation
<b>Interview 6: APEIM/Inclusion Mauritius, Trianon (13/10/16).</b>	
Mrs. Irene Alessandri	Director, APEIM
Miss Sulakshana (Pooja) Gopee	Coordinator, Inclusion Mauritius
<b>Interview 7: Danielle Wong, Disabled Persons International (DPI) Mauritius, Port Luis (13/10/16).</b>	
Mrs. Danielle Wong	Chairperson, DPI Mauritius and Chair of the CSR Committee under the National Empowerment Foundation
<b>Interview 8: Aarathi Burthony, Global Rainbow Foundation, Port Luis (13/10/16).</b>	
Miss Aarathi Burthony	Researcher, LLB, Legal Department, Global Rainbow Foundation
<b>Interview 9: Training and Employment of Disabled Persons Board, MoSS, Rose Hill (14/10/16).</b>	

*Annex 1 List of key informants*

Miss Sevita Jaunky

Disability Employment Officer, Training and Employment of  
Disabled Persons Board

**Interview 10: Benefits Section, MoSS, National Solidarity and Reform Institutions, Rose Hill (14/10/16).**

Mr. Ramjanam

Head of Benefits Section, MoSS

Development Pathways Ltd

First Floor, Marlesfield House 114-116  
Main Road Sidcup DA14 6NG United  
Kingdom.

+44 (0) 208 637 4606

Development Pathways Kenya

PO BOX 22473-00505 Ngong Road No  
2, Thompson Estate Korosho Road  
Valley Arcade (Lavington) Nairobi

+254 (0)20 2600 501

[www.developmentpathways.co.uk](http://www.developmentpathways.co.uk)

@devpathways

**DEVELOPMENT**  

---

**PATHWAYS**