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Short-duration country programme document

Mauritania

Summary

The short-duration draft country programme document for Mauritania is presented to the Executive Board for discussion and approval. The Board is requested to approve the aggregate indicative budget of \$3,247,200 from regular resources, subject to the availability of funds, and \$14,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2009 to 2010.

The situation of children and women

1. In Mauritania, the year 2007 was marked by the new Government taking office after elections that were hailed as a model for both sub-Saharan Africa and the Arab world. The new President, together with key ministries in the new Government, is strongly committed to working towards achieving the Millennium Development Goals, with transparency, anti-corruption and human rights as guiding principles. Women were reserved 18 per cent of the cabinet seats, and the institutional nomenclature includes for the first time the new Ministry of Women, Children and the Family — an important step for the rights of women and children. There have been significant democratic paybacks from the international community, not least shown at the Consultative Group, where preliminary donor pledges far exceeded the \$1.6 billion financial gap identified by the Government for 2008-2010.

* E/ICEF/2008/16.

2. United Nations efforts to have education and health be considered as priority sectors at the Consultative Group proved fruitful, and social services have been given prominent attention by both the President and the Prime Minister. There is also agreement in principle to double the health budget and to adopt Accelerated Child Survival and Development (ACSD) as the national health strategy. Results from a 2008 joint Ministry of Finance/UNICEF study show that expenditures for the social sector in the global national budget rose from 21 per cent in 2002 to 26 per cent in 2004 before dropping to 16 per cent in 2005. On average, for the period 2001-2006, essential social services constituted around 12 per cent of the total State expenditures. In terms of budget delivery, essential social services represented 14.6 per cent of the total expenditures implemented from government funding and 14.5 per cent of official development assistance (ODA) over the same period. The primary health component of total government expenditures dropped from 2.6 per cent in 2002 to 1.1 per cent in 2005.

3. Child and infant mortality, at 122 per 1,000 live births and 77 per 1,000 live births, respectively (multiple indicator cluster survey [MICS] 2007), has decreased only by one point since 2003. Boys die more frequently than girls (135 per 1,000 live births and 86 per 1,000 live births, respectively, for boys, compared to 108 per 1,000 live births and 67 per 1,000 live births, respectively, for girls) and a mere 36 per cent of children are completely vaccinated. However, in 2007, no cases of polio or dracunculiasis and only 11 measles cases were registered. Maternal mortality remains extremely high, although the country has seen an improvement from 747 per 100,000 live births (Demographic and Health Survey programme [DHS] 2001) to 686 per 100,000 live births (MICS 2007). The figure is surprisingly high, given that 61 per cent of women give birth with professional assistance and 48 per cent of births take place in a health institution. Three out of ten children under 5 years are underweight and 23 per cent have low height-for-age (stunting), representing an increase over the past few years, despite considerable efforts to combat undernutrition and malnutrition. In addition, only 11 per cent of infants are exclusively breastfed. Nevertheless, the coverage of vitamin A and deworming has been around 90 per cent. At the policy level, the national protocol for the management of acute malnutrition was validated, a national strategy on Infant and Young Child Feeding (focusing on the promotion of exclusive breastfeeding) adopted, and a new law regulating salt importation, production, commercialisation and consumption enacted. These represent significant developments on nutrition.

4. The HIV prevalence remains at below 1 per cent, yet the level of knowledge about the transmission of the virus is extremely low. In the 15-24 age group, less than 5 per cent of participants have what can be considered correct knowledge of AIDS prevention, and nearly four out of ten women of childbearing age do not know any way to protect themselves from the virus.

5. Some 51 per cent of the population has access to an improved water source, with very little difference between urban and rural areas and virtually the same levels since 2001. It is notable that the city of Nouakchott is second worst among all regions, with 31 per cent coverage. Only about 38 per cent of Mauritanian households live in a house with safe excreta disposal — 68 per cent in urban areas and 13 per cent in rural areas.

6. With the help of United Nations advocacy, the Government is committed to reversing the poor funding trend for social sectors and speeding up progress on the Millennium Development Goals related to health and water.

7. Although the net primary school enrolment rate stands at only 77 per cent, access to schooling has continued to increase, with girls still entering school at a higher rate than boys (79 per cent for girls compared to 75 per cent for boys). Regional disparities regarding access (gross and net rates as well as girls to boys ratio) are diminishing. Retention rates fell between 2002-2003 and 2005-2006, declining from 47.3 per cent to 43.3 per cent. Significant progress has been made towards the achievement of the Millennium Development Goals 2 and 3, notably with regard to rates of access (girls and boys), net enrolment rates, repeating classes and regional disparities. However, this progress must not distract from the major remaining challenges within the sector, namely the continued decline in retention rates, the deteriorating quality of education, and poor management and leadership at the regional level. To address these challenges, the Government has put in place regional plans of action which take into account regional disparities in leadership as well as planning, and which seek to actively involve the parent-teacher associations (PTAs), as well as other women groups and associations that are becoming key partners in development.

8. The Mauritanian legal environment is progressively getting more protective for children, with a legal framework considered among the best in West Africa. It is a major step forward that protection and promotion of children's rights and women's rights now are institutionally together under the Ministry of Women, Children and the Family, mandated to monitor the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, as well as the protection of women and children. The legal framework has been strengthened in recent years, and the attention paid to the judicial system by the Ministry of Justice and the Ministry of Women, Children and the Family is encouraging. A child brigade within the police force has been established and made operational; the State intends to replicate it in Nouadhibou (the economic capital) and in Rosso. There has been progress in combating child trafficking, with the planned return of all Mauritanian child jockeys from the United Arab Emirates. In addition, the mobilization to eliminate female genital cutting (FGC) appears to be paying off as there is now a large network of leaders at all levels ready to participate in efforts for its elimination; overall levels of FGC has dropped from 71 per cent to 65 per cent since 2004 (MICS 2007).

9. Mauritania continues to suffer from a shortage of quality human resources, with an extreme dearth of educated women. While the Government has appointed many qualified persons in the top echelons, mid-level qualified personnel are still in great shortage, particularly in the regions; this limits capacity to deliver results for children, particularly in health, education and nutrition. The Government is actively addressing this shortfall and plans to implement its decentralization policy in 2008, allowing for the nomination of qualified personnel in the regions and offering staff incentive and mobility allowances.

The country programme, 2009-2010

Summary budget table

<i>Programme</i>	<i>(In United States dollars)</i>		<i>Total</i>
	<i>Regular resources</i>	<i>Other resources</i>	
Child survival	1 200 000	10 000 000	11 200 000
Education for all	800 000	3 000 000	3 800 000
Child protection	450 000	800 000	1 250 000
Partnerships for child rights	553 200	700 000	1 253 200
Cross-sectoral costs	244 000	—	244 000
Total	3 247 200	14 500 000	17 747 200

10. The United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the World Food Programme (WFP) and UNICEF have requested this short-duration programme of the United Nations Development Assistance Framework (UNDAF) so that the country programme document for each agency is in line with the programming cycle of the Government, whose current Poverty Reduction Strategy Paper (PRSP) runs until 2010. Subsequently, a new PRSP will run from 2011 through 2015, and United Nations agencies will design a new Development Framework for the same period.

Goals, key results, strategies, relationship to national and international priorities

11. The proposed country programme for 2009-2010 has been derived from the 2009-2010 UNDAF strategic results and the 2006-2010 PRSP orientations, all of which seek to advance opportunities opened up by the current democratic development and to make further progress towards achieving the Millennium Development Goals. The programme will contribute to the achievement of the three UNDAF strategic axes (enabling environment, human resources capabilities and access to social services). It will also contribute the attainment of three out of five key PRSP results: (i) human resources development and basic services extension; (ii) improvement of governance and capacity building; and (iii) strengthening of national monitoring and evaluation and PRSP coordination. The programme is geared towards supporting the Government and various stakeholders to design and implement social and economic policies, legislative measures, budgetary allocations and communication strategies that help the Government protect and fulfil children's rights, as obligated by the Convention on the Rights of the Child.

Programme components

12. The new country programme aims primarily to implement the regional ACSD in Mauritania, with an emphasis on UNICEF providing technical leadership in key social sectors. The programme will accelerate the implementation rate of the different ACSD components, particularly by strengthening national alliances and partnerships around the strategy and by applying lessons learnt from similar experiences in the region. Additional programme components will also rely on advocacy and resource mobilisation through social budgeting and adequate allocation of resources to improve access to basic services for children.

13. **Child survival.** This programme component will contribute to the reduction of child and maternal mortality by focusing on the improvement of the nutritional status of children under five, on the eradication of certain diseases, measles control and the improvement of access to quality water and adequate sanitation. Also, it aims at broadening the scope of the ACS D strategy to cover the continuum of care from pregnancy to birth and beyond, through the neonatal period. It is believed that the threshold of what can be accomplished in tackling child mortality through vaccination and malaria prevention has almost been reached with the previous Expanded Programme of Intervention Plus and other health initiatives, and there is now a need to supplement these interventions with a stronger focus on neonatal survival (including HIV/AIDS aspects) and community health. These two components will feature more prominently in the new programme and be complemented by intensified water, sanitation and hygiene education (WASH) inputs directly contributing to reducing mortality. The main WASH components will be handwashing, water conservation and advocacy for latrine use.

14. **Education for All.** To contribute to the achievement of the Millennium Development Goals 2, 3 and 6, this programme component will continue to focus on three main areas. The first is improving the quality of teaching and the school environment by strengthening teacher qualifications through a competency-based approach (including monitoring and inspection of teachers and support to teacher training). The second area is improving the learning environment by, inter alia, supporting the Ministry in furnishing schools with latrines and furniture, and strengthening the capacity of student councils. The third area is improving community participation and teaching conditions by providing training and other assistance to departmental directorates, supporting PTAs to increase their involvement in school management, and strengthening hygiene, health and environment clubs. Early childhood education will also be stepped up, not least through the community participation work. The youth programme will focus on life skills, HIV/AIDS prevention, reversing illiteracy trends and increasing participation.

15. **Child protection.** Efforts will focus on ensuring that the legal protective environment for children is applied. This will include juvenile justice reform through the training of relevant actors and the development of instruments for the protection code. Further efforts will be made to put in place a national programme against FGC, focusing on regions with high prevalence and encouraging community participation, as established using the Tostan approach. Other activities include follow-up to the United Nations Secretary-General's report on violence; for example, by putting in place an integrated communications plan on violence in schools and *mahadras* (traditional Koranic schools). The work on child jockeys and their communities will be consolidated, ensuring their integration by strengthening social services in the places of origin and increasing awareness of child trafficking. The adoption of a national policy on social protection is expected, and activities on mine-risk education will continue.

16. **Partnerships for child rights.** The programme will undertake public policy analysis with regard to children, and communicate and advocate on economic and social issues related to children. Information about these issues will be accurately gathered, analysed and reported, so that the issues be given greater public visibility and play a more central and influential role in policy and decision-making related to women and children. The benefits of a strong analytical, monitoring and evaluation

base will be best utilised and promulgated if the results of these efforts are well communicated and supported through advocacy.

17. **Supply.** The supply component of UNICEF is essential for achieving results for children in Mauritania. The Government has begun to expand its use of UNICEF supply services; in 2007, one fifth of the funds managed by the country office were direct purchases by the Government. UNICEF will therefore continue to strengthen this new area of cooperation.

18. **Major partnerships.** UNICEF will further strengthen the already excellent collaboration with all concerned ministries and count on strong support from the President of the Republic and from the Prime Minister. Outside Government, very close collaboration among United Nations agencies exists; and there is de facto joint programming with WFP on nutrition, with the World Health Organization on immunization, with UNFPA on maternal health and sexual violence, and in statistics and institutional support with both UNDP and UNFPA. There is close collaboration with the World Bank and bilateral development cooperation programmes (notably those of France and Spain) in health and education, and sector-wide approaches are operational in both sectors, albeit with certain weaknesses. Furthermore, Mauritania remains at risk for a range of potential emergencies, including food insecurity, linked to climatic and external economic factors, as well as more sudden-onset emergencies, such as floods. In line with its commitments to children, UNICEF will ensure adequate preparedness and help develop a coordinated response with key national and international partners.

19. **Programme management.** The programme will continue to move away from a project focus and into a sector-wide approach, in line with the Paris Declaration on Aid Effectiveness and international efforts towards the Millennium Development Goals. The overall coordination partner has been the planning section of the Ministry of Finance. However, the new Ministry of Women, Children and the Family is also gradually becoming a central partner. Beyond that, annual work plans are developed jointly with specific ministries for each sector where frequent interaction occurs. Given the limited resources and capacity of many government services and units, UNICEF also partners with a number of non-governmental organizations to implement programmes, notably in nutrition, and to complement the technical assistance provided to the Government itself. Both UNDAF and UNICEF country programmes have an established framework for monitoring and evaluation that are regularly followed up with the Ministry of Finance and other line ministries.