1. EXECUTIVE SUMMARY

Important achievements:
- A reduction in the country’s regions, where global acute malnutrition is above 15%, from 5 in 2009 to 3 in 2010;
- A baseline study on social protection (SP) completed, core Government team trained, and a study mission to Jordan completed setting the stage for a concrete national SP strategy;
- Continued high readiness to abandon Female Genital Cutting (FGC) among the target population (8 of the country’s 13 regions); 69% of population surveyed in 5 regions expressed willingness to abandon practice;
- Two child protection systems put in place indicating Mauritania’s interest in taking concrete steps to move towards a systemic approach to child protection. Also important is the issuance of the decree to create the criminal court for children, which will help to considerably limit the time children spend in preventive detention;
- The participation for the very first time of 6 Government Ministers in the annual UNDAF progress review process was a landmark event, as it had never occurred before. Also, Government’s support to the CSLP 2011-2015 (PRSP) and to the coordination of UNDAF 2012-2016 are indicative of greater Government engagement.

Significant shortfalls:
- Delay in implementation of the national child survival strategy due to 8 polio campaigns taking over human and financial resources of the Ministry of Health (MoH), UNICEF and WHO;
- No increase in national regular budget allocation to social sectors, despite it being the top advocacy priority of the UN family;
- MICS delay. Despite continuous advocacy at all levels by UNICEF, UNFPA and the UN Resident Coordinator it has taken 1.5 years to get agreement on whether to have a MICS or DHS and then to release the necessary funds from the national budget.
- Lack of increase in government budgetary allocation to social sectors;
- Delay in approving and sanctioning the budget for carrying out MICS.

Key partnerships:
- With IMF on advancing the social protection agenda.
- With multiple partners for implementing the REACH initiative: This continues to be a major collaborative partnership bringing together several Ministries (under the leadership of the Prime Minister’s office), UN Agencies and NGOs. It seeks to promote a holistic approach to nutrition, and to prioritise and harmonise interventions along a commonly defined and monitored action plan.

2. COUNTRY SITUATION AS AFFECTING CHILDREN AND WOMEN

Since 2009 and throughout 2010, the country has suffered from the impact of global economic slowdown leading to budget cuts that have affected social sectors. Allocation for the health and basic education sectors, for instance, declined respectively to less than 4% and 12% of the national budget. Some internal political events also caused an interruption in donor support. However, the return to constitutional order resulted in donor support, including IMF and the World Bank, resuming their collaboration with the Government.

Mauritania was ranked 136th (HDI of 0.433) in the 2010 Human Development Report (a noticeable improvement from 154th in 2009 with an HDI of 0.520) but continues to face numerous challenges in achieving the Millennium Development Goals (MDGs).
Challenges also came from other factors. Mauritania was affected by natural disasters. High levels of rainfall resulted in material and human loss and damage and destruction of bridges and houses. The country was also affected by polio outbreak. Eight non planned vaccination campaigns were organized with WHO and UNICEF support. These affected children’s other critical needs adversely as the services provided for other illnesses were considerably reduced as the system was overloaded with carrying out the multiple polio campaigns. In December 2010, the Adrar region was faced with the rift valley fever epidemic with several deaths reported, including children. WHO and UNICEF supported the MoH to cope with this situation.

Child Survival and Development
The main causes of child mortality remain malaria, acute respiratory infections (ARIs), diarrhoea and malnutrition. In 2010, 1,296 cases of measles were reported. Action has been taken to improve mass campaigns and routine immunization. The accelerated child survival strategy has been implemented in 39 of 54 districts.

The SMART survey of July 2010 showed no significant change in the trends in malnutrition prevalence; however severe forms of malnutrition have slightly decreased. During the lean season, three regions continued having a nutrition emergency (global acute under-nutrition rates exceeding 15%). A UN rapid response was provided. Children under-five in four other regions also have a precarious nutrition status and innovative interventions were implemented to reduce incidence and prevalence of underweight and stunting.

Only half of the households have access to safe water. The sanitary situation is precarious, especially in rural areas where only 13% have adequate basic sanitation. Hygienic practices are poor and basic illness prevention messages not sufficiently known, poorly understood or not practised. Community-led total sanitation (CLTS) and communication for development (C4D) activities were introduced in several new regions to tackle the above challenges.

Universal education and eliminating gender disparities
The Government finalized the second phase of the PNDSE (national education plan), with support from UNICEF and partners. Preschool and Koranic education are now better integrated in education policy and emergency preparedness is considered as a transversal aspect of education policy.

Coverage rates for basic education continue to improve and gross enrolment ratio attained 99%. Girls enrol at a higher rate than boys. Primary level completion rate stands at 73.7%. Due to access problem and lacking proper facilities to attract children to, and keep them in, school (76.2% of public schools are incomplete), an estimated 92,341 children of the appropriate age to attend primary education still remain out of school (49,500 girls). Disparities at regional and local level remain significant. In the first three years of secondary education girl’s enrolment ratio was 25.5% versus 28.1% for boys. Consequently, 18,095 children of 6-14 years would be out of school. The quality of education at lower secondary level continues to be unsatisfactory.

Protection / Rights Promotion
The Ministry of Social Affairs (MASEF) authorised a scaling up of Child Protection Systems in all provinces. The Government issued a decree creating the criminal courts for minors. A centre for socio-educational and vocational rehabilitation of minors in conflict with the law is functional and welcomes 20 children. Among the most influential imams, 33 have enacted a fatwa against FGC and made a public statement to this effect.

Human rights violations occasionally tend to touch a sensitive chord among Government partners. Greater efforts and understanding are needed to ensure promotion of rights elicit equal support from all partners, Government and other.

Progress has been made on the legislative side with the ratification of the Convention on the Rights of Persons with Disabilities and its Facultative Protocol. Mauritania also submitted and discussed its Universal Periodic Review Report and has engaged in a positive dialogue with the UN Human Rights Council to address pending issues and better promote human rights.
3. CP ANALYSIS & RESULT

3.1 CP Analysis

3.1.1 CP Overview:

2010 was a challenging and demanding year for the UNICEF programme team. The country office (CO) along with all international partners provided considerable support to the development of the PRSP 2011-2015 which was to set the reference for the UNDAF 2012-2016. Unfortunately, the PRSP was not finalised as per schedule and its fine-tuning continued through early 2011. As the chair of the inter-agency programme, monitoring and evaluation group, UNICEF carried a heavy burden of the UNDAF work which took up the larger part of the last four months of the year. However, there is now a clear vision of where the UN system is moving and with clear result targets as the country enters the homestretch towards the MDGs.

Within UNICEF a boost was given for future programming with the redoubling of efforts on equity analysis and advocating for those children most deprived of their rights along with a sustained push to help the country elaborate and implement a social protection strategy. As noted below in further detail, 2010 saw UNICEF support more children than ever before through the scaling up of the national child survival strategy and the national education sector development plan as well as the introduction of operational child protection systems. MICS 4 the budget for which was formally approved by the Government will be carried out in the first half of 2011 and will provide further evidence to validate this considerable push.

3.1.2 Programme Strategy

3.1.2.1 Capacity Development:

Implementation of the 2010 workplan afforded an opportunity to discuss with partners the support they require for their capacity development. The capacity building strategy will equip partners with relevant knowledge and enable them to benefit from the evidence-based experience of other countries.

Resulting from three years of capacity building efforts, the requests from Government for nutrition and mother and child health related supplies increased. In 2010, especially as the management of acute malnutrition programme coverage and polio mass campaigns increased in its scale and complexity, and new preventive approaches including strategic supplies [e.g. ready-to-use-food (RUSF) and Zinc supplements] began being used, Government capacities to manage, stock and distribute nutrition supplies remained a challenge.

As part of capacity building to improve resilience, the nutrition curricula of two national public health schools and the national University (Faculties of Science and of Medicine) were updated in coherence with the protocols, guidelines and national directives for implementing the programmes. The appropriate training material was developed and 20 teachers of public health schools were trained.

Concerning pre-school education, all 18 national monitors’ trainers are now able to deliver improved initial training on child development, and 192 monitors out of 456 can adequately use the validated material for the national preschool programme.

Some 180 teachers are able to deliver enhanced teaching, having been supported for being trained in the Competency Based Approach (CBA) and large class size management. To improve quality in lower secondary education, 80 inspectors were trained on CBA, life skills, hygiene, peace education and emergency.

The capacity building of child protection partners, including the brigade of minors, department of justice, MASEF and civil society has been supported to enable them to
better support child victims of violence, exploitation, discrimination, abuse and neglect (VEDAN). Thus, 133 social assistants, policemen, technical managers and registrars were trained and supported to enable them to supply services consistent with agreed standards.

Capacity of partners in the Ministry of Economic Affairs and Development (MAED), MASEF and the Food Security Authority was supported in the social protection domain, through training in Senegal and a study tour to Jordan. MauriInfo focal points were trained in managing and administering the database, with the support of DevInfo Support Group. Concerning MICS preparation, two National Statistics Office staff benefited from training in data processing.

3.1.2.2 Effective Advocacy:
UNICEF contributed substantially to the UN Communications Group workplan through common implementation of the main components of the MDG-Fund (nutrition and conflict prevention). Some 50 journalists from the whole media landscape underwent training on MDG 4 & 5 conducted by Thompson Reuters Foundation.

Effective advocacy was undertaken in conjunction with the PRSP, policy design and implementation, and legislative reform processes. It addressed programme bottlenecks and ensured informed advice to Government on emerging priorities and opportunities during specific high level meetings, preparation of donor meetings (e.g. Brussels round-table) and through effective participation in international symposia, panels and summits.

The major events and milestones commemoration accompanied by press releases, situation reports, human interest stories etcetera ensured enhanced partnership and expanded knowledge of child related themes, evidence and data amongst the main audiences.

Key results in terms of partnership and resource leveraging were achieved through Natcoms’ and Goodwill Ambassador’s visits. Observation visits by Switzerland, Spain and Russian Natcoms alongside Proctor & Gamble visits that covered education, protection and child survival aspects of UNICEF’s work raised the CO profile as well as significant resources for various programme interventions.

An advocacy workshop targeted decision-makers from the Ministry of Finance and MAED as well as Parliamentarians. The Ministry of Health (MoH) with UNICEF support, presented the strategy based on low-cost high-impact interventions. UNICEF, as part of the REACH initiative, contributed to the approval of the Decree on the creation of a National Council for Nutrition Development, in charge of coordination and implementation of nutrition policies. As a result of WFP, HKI and UNICEF advocacy in 2009 and 2010, a decree was approved to oblige industries to fortify their wheat flour production in micronutrients (iron, folates and zinc) and oils in vitamin A. Following a workshop organised on the introduction of zinc in the management of diarrhoea, the MoH committed to revise policy documents including integrated management of childhood illnesses (IMCI) guidelines and to carry out piloting interventions in 2011. Continuous advocacy to increase government funding of the WASH (water, sanitation and hygiene) component and support to the sanitation policy development was carried out.

3.1.2.3 Strategic Partnerships:
UNICEF has expanded its partnership in all its areas of intervention. A strategic partnership was developed with IMF centring on social protection. The number of formal partnership agreements has increased. A total of 11 agreements were signed on nutrition, 12 on education and 5 on child protection. Cooperation with field actors has increased along with other government partners such as MASEF and MAED. Most of these agreements have been developed in the Nutrition and Food Security Joint Programme framework. UNICEF, WFP and HKI supported the Government to set up the food fortification for standard development process.

The education donor group participates actively in policy discussions that resulted in updating all policy documentation and related simulation tools.

As part of UNICEF efforts to help create a strong foundation for a protective environment for children in Mauritania, a national forum of key international partners was organized. MASEF’s initiative to establish Child Protection systems (CPS) in Mauritania Is being supported by a broad partnership consisting of 11 international NGOs (World Lutheran Federation-WLF, Save the Children, World Vision-WV, Tdh-L and I, Counterpart, Direct aid, Santé Sud, Medicos del Mundo) and UN actors including UNICEF and UNHCR, who meet monthly to jointly discuss and contribute to the conceptualization and operationalization of CPS. One of the main aims of the strategic partnership is to harmonize approaches.

The partnership has continued to broaden with the added support and dynamism of the National Forum of Child Rights joined in 2010 by a significant number of NGOs, networks and governmental institutions.

A close collaboration was developed with other UN agencies for the UNDAF 2012-2016 preparation.

**3.1.2.4 Knowledge Management:**

UN agencies and Government departments promoted evidence-based programming. Two nutrition surveys (SMART) were carried out in 2010 to refine the research on malnutrition in the 3 most affected regions. WFP carried out in February a food security monitoring system-survey (FSMS) that investigated food security in the affected regions, showing that 4.5% and 7% of households are respectively affected by severe and moderate food insecurity. The Joint Programme of Nutrition, Food Security and Children in the South-East region of the country is ensuring a coordinated UN approach to accelerate the achievement of MDG-1. The programme is establishing a common M&E tool to measure progress and impact of interventions. The REACH initiative is dealing with data consensus and has developed a dashboard to follow key nutrition indicators and impact in reducing child under-nutrition.

In the education sector, UNICEF assisted in the preparation of the PNDSE for 2011-2020 and the PRSP 2011-2015 based on evidence analysis and projections. A simulation model was used to develop the two strategic documents. The education country status report (CSR) follows RESEN (country status report on education system) methodology and analyses the education system in the context of demography, macroeconomic and labour market situation, and along several dimensions: enrolment, finance, internal efficiency, equity, administrative and pedagogical management and external efficiency. The above work was carried out in close collaboration with partners namely, the World Bank and UNESCO pole de Dakar.

Concerning child protection, UNICEF supported the Government and the communes to implement in the 13 regions of the country a protective system for children based on regional mapping of child indicators and needs, and the structures required to protect children from VEDAN and trafficking. The process started in two regions and has been gradually extended to the others.

UNICEF is assisting the Government to set up a social protection framework, with IMF and World Bank collaboration. The elements of the national social protection strategy
were developed with the technical and financial support of UNICEF. The IMF has planned to support social protection in its 2010-2012 cooperation with Mauritania and to partner with UNICEF in doing so. Regular meetings have been organized to monitor the progress in the social protection field.

3.1.2.5 C4D Communication for Development:
The office continued the mapping of NGOs, groups and networks supplying services of communication for development (C4D) through the regular updating of the database. Based on this inventory, a workshop took place for the main NGOs working in Mauritania in the health sector to present the accelerated child survival strategy. A workshop for communication officers recommended the creation of a national C4D unit to replace the current national committee for information, education and communication to enable better coordination.

Several partnerships were solicited such as with the telecommunications operators that enabled the sending of telephone SMS messages for hand washing promotion. The SMS messaging also accompanied the national polio immunization and vitamin A supplementation campaigns.

The 50 journalists who received training provided by the Reuters Foundation on Nutrition Communication ensured the promotion of essential family practices (EFP). The religious leaders, through their national network, advocate for children’s rights and contributed regularly to the EFP promotion.

The CO worked with the regional office (RO) on the development of regional strategies for replication in the different country offices in support of child survival and other sectors’ development.

Within the study on factors affecting girls’ enrolment in secondary education, a participatory approach was adopted to complete knowledge from household surveys and national statistics. The results will be used to leverage girls’ attendance in secondary education.

Based on key concepts and tools of social change theories, the female genital cutting (FGC) national coordination effort was supported to ensure that the key actors are moving gradually from an intuitive/empirical to a more scientific approach for promoting FGC abandonment through:

1) The development and dissemination of harmonized tools and coordinated plans of action including some key indicators to monitor community leaders commitment;

2) Progressive reinforcement of the comprehensive package of actions to be delivered at all levels; and

3) Intensive advocacy towards the key authorities and stakeholders including the religious leaders in order to gradually build national consensus in favour of policies/laws, institutions and structures that will ensure a protective environment.

3.1.3 Normative Principles
3.1.3.1 Human Rights Based Approach to Cooperation:
The human rights-based approach (HRBA) forms the basis for the whole programme of cooperation, its rationale and objectives. In 2010 the HRBA framework was widely used in analysis, planning and delivery. Results-based and human rights-based programming has been the foundation of the development of the 2012-2016 UNDAF and the UNICEF AWPs for 2010 and 2011.
Regarding child survival, the use of mobile strategy and mass campaigns, in addition to routine systems, to cover the hard to reach children was considered a successful strategy to extend coverage to the isolated regions with low access to basic services. The above measures were taken in response to the monitoring of the ‘none reached’ during each previous campaign.

Drawing on MICS results, further analysis to disaggregate data by region, sex and group helped refine the human rights dimension and subsequently reach the most rights deprived children and communities.

The equity approach which stems from a human rights vision was extensively disseminated and integrated into the ongoing SITAN and upcoming UNDAF and country programme document (CPD).

The 2-week celebration of the CRC anniversary was a major success and rights-based programming was at the core of the debate and declarations made. Activities including training on HRBA of the Regional Movement for Children members, imams, the Children’s Parliament, disabled persons and journalists were undertaken by the National Child Rights Forum.

The wide UN joint dissemination of CRC, CEDAW and Human Right Council recommendations on child and women’s rights and ending various forms of discrimination focused on the centrality of human rights in the development realm.

The opening of the UN Office of the High Commissioner for Human Rights (OHCHR) in Mauritania in December is a positive development and affords greater opportunity to strengthen rights-based programming and Government monitoring and reporting.

3.1.3.2 Gender Equality and Mainstreaming:

The country’s gender strategy focuses on:
- Equitable access to education by girls
- Economic empowerment of women
- Fight against violence towards women.

Studies and survey analyses (MICS and EPCV) were carried out on gender issues. Technical assistance was provided to complete the CSR report on education. Small-scale activities have been conducted to test different approaches to improve girl’s education, particularly in rural and peri-urban areas. UNICEF has supported the efforts of MASEF to obtain agreement for the Nissa Banks by the Mauritania Central Bank with the objective of facilitating women’s access to financing both from the State and from external donors/lending institutions.

In the area of gender-based violence, an ambitious programme aiming at fighting against violence, particularly Female Genital Mutilation has been implemented in collaboration with MASEF and with national and international NGOs (Tostan). These efforts were rewarded in 2010 by public declaration of abandoning of these practices by more than 200 communities.

3.1.3.3 Environmental Sustainability:

Within emergency activities, advocacy was done for disaster risk reduction (DRR) measures as climate changes lead to regular rains that affect school buildings (and thus the right to education), due to bad location (construction of schools in areas threatened by floods), poor quality of construction, and no sanitation system.

The CO has also managed to pursue an environmentally friendly approach to power supply in schools and health centres through the procurement of solar power generated panels.
3.2 Programme Components:

**Title:** Child survival  

**Purpose:**
The child survival (CS) component contributes to the reduction of maternal and child mortality by accelerating health, WASH and nutrition actions towards the MDGs. This is done by scaling up selected evidence-based high-impact maternal, newborn and child intervention packages and practices in health districts. It aims at broadening the scope of the CS strategy to cover the continuum of care from pregnancy to birth, through the neonatal period and beyond.

Axis 3 of the UNDAF 2009-2011 calls for the improved delivery of social services, in line with the PRSP priority of development of social sectors and that of health and water/sanitation in particular for the development of human resources and to ensure universal access to basic services. UNICEF addresses the above through actions on all fronts including policy, service provision, institutional strengthening, community development and advocacy. As part of its policy development work, UNICEF supports the health sector planning budgeting and provides technical leadership in managing the joint planning efforts supported by different partners. The CS programme also contributes to achievement of MDGs 1, 4, 5, 6 and 7.

UNICEF, as part of HHA partners, supports the design of the National Health Development Programme which will include the child survival component.

**Resources Used:**
Total approved for 2010 as per CPD: RR: US$ 600,000; OR: US$ 5,000,000; Total US$ 5,600,000
Total available for 2010 from all sources: RR: US$ 605,265; OR US$ 5,026,599; Total: US$ 5,631,845
List of main donors: (amounts in USD)
Government of Spain 1,014,824
Spanish MDG Fund 753,758
USA (USAID) OFDA 634,296
Spanish Committee for UNICEF 363,374
USA CDC Centers for Disease Control 329,130
Government of Norway 306,028
Swiss Committee for UNICEF 270,532
United Nations Foundation Inc. 179,311
CIDA/HAND 166,208
Consolidated Funds from NatComs 77,893
Government of the United Kingdom of Great Britain & Northern Ireland 54,391
Government of Ireland 40,942

**Result Achieved:**

*Results*
The implementation of the basic package of selected evidence based high-impact maternal, newborn and child intervention packages (IMCI, preventive and curative interventions, including ARI and diarrhoea treatment) was carried out in 39 out of 54 health districts (moughataa). As of September 2010, the routine immunization coverage for DPT HepB Hib3 was 42.6%, and 48.5% for measles vaccine. Some 20 moughataa with weak coverage were identified to be supported with two rounds to hard-to-reach children. About 37,000 long lasting insecticide treated nets (LLINs) were distributed in Center and South-East regions and to the repatriated population. The obstetrical package was introduced in Magtaa Lahjar’s health services and 7 health posts of Aleg both in the Brakna region. During the national week of reproductive health organized by
MoH with partners including UNICEF, 162,000 persons were sensitized on the danger signs of pregnancy, childbirth and postpartum. The revision of the national HIV/AIDS strategy takes into account the new WHO recommendations and the consensus on decentralization of Anti Retroviral Treatment to preventive PMTCT sites. The Ambulatory Treatment Centre (CTA) treated 70 pregnant HIV-positive women with ART including 32 only for PMTCT.

Due to the resurgence of the Wild Polio Virus (WPV) in 2009, eight rounds were organised in 2010 with the support of WHO and UNICEF. More than 600,500 children under 5 received at least two doses of OPV/m1. To contribute to MNT elimination, two rounds of TT campaigns targeting 232,643 child bearing women were conducted in 26 Moughataaa; 72.3% received at least two doses of TT vaccine. One Child Health Week, including VAS and de-worming among pre-school children, was organised in May, targeting 495,514 children. The coverage rate was 97.22% for VAS (children 6-59 months) and 97.5% for de-worming (children 12-59 months). In October, VAS and de-worming were integrated into the Polio mass campaign with 100% coverage rates for VAS and de-worming.

Between January and September 2010, some 3,401 admissions for severe acute malnutrition were treated by the therapeutic feeding centres. Up to 8,020 children from 6 to 36 months old were admitted in a pilot intervention of supplementation with RUSF.

UNICEF supported MoH in preventive campaigns for Infant and young child feeding in the following ways: (1) the celebration of World Breastfeeding Week (2) the promotion of exclusive breastfeeding integrated in one VAS mass campaign in May and (3) the promotion of exclusive breastfeeding for under-six months children carried out within the Day of the Prayer in November. In addition, UNICEF and WHO supported a BFHI (Baby Friendly Hospital Initiative) evaluation, with two of 12 maternities earning the baby-friendly label. Regarding universal iodized salt, the control campaigns show that salt iodization in the 8 largest cities increased from 73% to 81% from July to October.

After the 2009 piloting phase of Community-led Total Sanitation (CLTS) in the Trarza region, 375 villages and peri-urban neighbourhoods in Brakna region were covered and 184 have become open defecation free (ODF) although only 5,260 newly constructed latrines have hand washing devices. C4D activities for the 3 WASH messages (hand washing, latrine use and household water treatment/conservation) in 375 rural villages and peri-urban neighbourhoods were fostered through the regional directorate of social affairs. The monitoring system of female facilitators’ activities was put in place with 55,000 mothers exposed to the focus group activities. Through Global Hand Washing Day, 200,000 schoolchildren and about 70% of the whole population were exposed to the messages through mass media and SMS messages.

Constraints
The most critical constraints were: (1) the involvement of MoH in the control of polio outbreak affecting the timely implementation of the regular programmes and services; (2) the weakness of community networks and the lack of coordination mechanism to support C4D activities; (3) insufficient logistics and skilled human resources at district level, (4) inadequate national budget for the health sector.

Studies and surveys
Two annual nutrition SMART surveys were undertaken to monitor the nutritional status of U5 children during the harvest and lean period.

Strategic partnerships
UNICEF has continued to support the REACH initiative and signed agreements with WFP and 10 NGOs. The WASH partnership has been built by UNICEF through REPAM partners’ meetings and capacity-building activities of partners and NGOs.

Future Workplan:
In 2011, UNICEF will focus on continued scaling up of the National Child Survival Strategy.
Title: Education for all

Purpose:
The Education For All (EFA) programme aims at contributing to the achievement of MDG 2, 3 and 6, and focuses on three main areas: i) the quality of teaching and school environment, through the reinforcement of teacher qualifications in the competency-based approach (including by stepping up monitoring and inspection, and support to teacher training); ii) the reinforcement of the learning environment, by supporting the MoE in equipping schools with latrines and furniture, and reinforcing the capacity of student councils; and iii) community participation and teaching conditions through training and equipping departmental directorates, supporting PTAs to strengthen their involvement in school management, and reinforcing hygiene, health and environment clubs. Early childhood development/education component also works through community participation. The youth programme focuses on life skills, HIV/AIDS prevention, peace education and citizenship, reversing illiteracy trends and facilitating youth participation.

The programme falls under the National Education Sector Development Plan (PNDSE), axis 3 of UNDAF, and is organised around three components. In 2010, the early childhood component sought to improve schooling conditions in preschool education, working on school supplies, curricula and training of monitors, providing capacity building to the early childhood central services and strengthening parental education knowledge as well as policy planning. The basic education programme planned to improve schooling conditions in the form of school supplies and teacher trainings, the adoption of scientific curricula in Koranic schools for facilitating transition to formal education, and implementation of an M&E system to contribute to the evaluation of the PNDSE and definition of the next phase. The expected results for adolescent education and HIV/AIDS prevention among youth were i) improved educational quality in lower secondary schools through improved learning environment, ii) promotion of child friendly school environment by creating, equipping and training school clubs, iii) sustained and scaled up girls education initiatives, and iv) strengthened community networks promoting peace, human rights, health, hygiene, AIDS prevention peace and citizenship. UNICEF also provided technical assistance and financial support to Government for policies definition, PRSP and UNDAF preparation.

Resources Used:
Total approved for 2010 as per CPD: RR: US$ 400,000; OR: US$ 1,500,000; Total: US$ 1,900,000
Total available for 2010 from all sources: RR: US$ 440,000; OR: US$ 1,483,588; Total: US$ 1,923,588

List of donors: (amounts in USD)
Basic education thematic funds 554,857
Dubai Cares 377,711
Swiss Committee for UNICEF 286,664
Spanish MDG-Fund 129,572
Andorran Committee for UNICEF 85,439
UK and Northern Ireland Committee for UNICEF 18,727
Government of Japan 17,110
Government of the United Arab Emirates 6,301

Result Achieved:
Results
A total of 9,769 children in 239 preschools are registered in the database, elaborated for improving policy implementation; ECD policy documentation and related simulation tools are updated and better integrated into the new PNDSE. All 18 national monitors’ trainers
are now able to deliver improved initial training on child development and 192 monitors out of 456 nationally can use adequately the validated material for the national preschool programme.

Some 499 primary schools out of 3,682 are supported within the friendly school project and progress toward the CPAP target (600) is on track (91,849 children among which 46,843 are girls); 180 teachers are able to deliver enhanced teaching, being supported on the Competency Based Approach and large class-size management; 40% of last grade enrolment (28,033 children of which 15,103 girls) attended remedial courses so that the transition rate between primary and secondary in the intervention regions increased from 37% to 48% between 2009 and 2010. A total of 24,845 children (11,767 girls) had their 186 schools equipped with solar energy to support night studies; 43,173 children received school kits reducing direct costs and favouring learning conditions; 83 schools were supplied with 2,000 table benches for 6,000 children and two others with latrines; 50 Mahadra cheikhs are able to deliver scientific teaching and health education; 100 others were sensitized on children rights; 306,027 pupils were reached with the hand washing day.

Community involvement as a key strategy sought to i) promote the right to education among 824 parents’ association members and train them on the school project, ii) provide 58 school management committees with funds for income generation activities (IGA), iii) sensitize 220 community leaders on environmental issues, iv) train 84 school associations leaders on team-building and v) establish partnerships for promoting environment protection, health education, school sanitation, birth registration, peace education and prevention of extremism. (To help tackle extremism, 150 Mahadra learners were sensitized on extremism dangers and committed to promote peace and tolerance).

For improving quality in lower secondary education, the skills of 80 inspectors were reinforced with training on the Competency Based Approach (CBA), life skills, hygiene, peace education and emergency. Some 4,526 pupils (2,307 girls) of last grades (13% of total) attended remedial lessons, and 2,502 (1,436 girls) attended life skills and HIV/AIDS sessions, which were also promoted among youth networks. A total of 165 school club members were trained on life skills and HIV/AIDS prevention and 15 school clubs were equipped with sports kits. Awareness of youth was strengthened by organizing a festival gathering 3,250 youths for exchanges (human rights, citizenship, slavery and peace), one caravan for promotion of human rights citizenship and peace, two movies for youth promotion, and the international day of youth celebration.

Constraints
Insufficient involvement of some partners in the programme activities and the staff turnover hampered the progress in implementing the programme. The lack of an efficient national monitoring and evaluation system continued to impede the ability to measure programme success and performance. Offshore supply delays and administrative processes were also constraints.

Studies
Studies were conducted on breastfeeding policy development and implementation, factors affecting girls’ attendance in secondary education, and parental behaviours regarding child development, along with an evaluation of preschool monitors’ training. The school census and the ECD information system were additional activities to be supported.

Strategic partnerships
Close collaboration with WB, AFD, AECID and UNESCO Pole de Dakar allowed a dynamic synergy in PNDSE and PRSP/CSLP preparation. UN agencies implemented the MDG-Fund programme for Conflict Prevention and prepared the new UNDAF. UNHCR collaborated with UNICEF on the repatriation of refugees from Senegal. Collaboration with local NGOs was useful for community sensitization, youth promotion and WASH in school.

Humanitarian preparedness
Education in and sensitization to emergencies was ensured for all regional directors, 80 inspectors and stakeholders; a national team for emergency is designated and
emergency is considered as a transversal issue for policy development. Following the summer floods, a coordinated response allowed 12,200 children to begin their school year in a timely manner.

**Future Workplan:**
In 2011, UNICEF will support the finalization of the PNDSE preparation for national implementation and application for additional funding. ECD will continue strengthening early childhood and parental education capacities. Basic education will support extension of the positive approaches, based on the school project evaluation. Youth and adolescent will continue implementing peace-building and HIV/AIDS activities, while supporting quality improvement in education and girls’ enrolment.

**Title: Child protection**

**Purpose:**
The 2009-2010 Programme’s expected results are that children are protected against violence, exploitation, discrimination and abuse (VEDA). This translates into vulnerable children and women having access to an adapted judicial system in line with international norms, operational child protection systems based on empowered and skilled actors in place, and children victims of VEDA receiving appropriate responses. For 2010, key specific results were: 1) Women and children have access to a judicial system adapted and consistent with international standards. This entailed supporting the Ministry of Justice (MoJ) to guarantee: availability of legal and social services for minors in conflict with the law (MCL) and for women and child victims at all stages of the judicial procedure, operational alternative measures to deprivation of child liberty applied, and the skills of juvenile justice (JJ) players strengthened to implement the child code (OPPPE); 2) Operational protection systems based on strengthening relevant actors’ skills are implemented. This entailed assisting the Ministry of Social Affairs, Childhood and Family (MASEF) to ensure: (i) a national strategy for child protection (NSCP) adopted and implemented and child protection indicators available and disseminated; (ii) social workers and local protection committees capacities and skills enhanced; (iii) the public Centre for Protection and Social Integration of Children (CPISE) empowered to guarantee care for children in difficult circumstances; 3) children and women victims of violence, exploitation, discrimination and abuse are identified and receive appropriate responses, through (i) appropriate services are available for victims of sexual violence; (ii) communities with highest FGC prevalence rate are informed of its harmful consequences and willing to abandon the practice; (iii) OVC are identified and assisted; (iv) the situation of child labourers, enslaved children and children who are victims of child trafficking is known, monitored and appropriate responses are provided; and (v) advocating and providing support for improved access and accelerated birth registration.

**Resources Used:**
Total approved for 2010 as per CPD: RR: US$ 225,000; OR: US$ 400,000; Total: US$ 625,500
Total available for 2010 from all sources: RR: US$ 225,000; OR: US$ 494,610; Total: US$ 719,610

**List of donors: (amounts in USD)**
- Swiss National Committee: 310,438
- Global thematic funds: 95,990
- Spanish National Committee: 89,188
- United Arab Emirates: 32,310

**Result Achieved:**

*Results*
UNICEF support to MASEF for the progressive establishment of Child Protection Systems (CPS) resulted in making 8 CPS operational in two provinces. In Nouakchott, the 5 CPS developed a common action agenda focusing on birth registration, child labour and violence against children. These CPS secured and monitored access to school for children without birth certificates and identified 4,030 unregistered children (1,925 girls) whose details were to be filed with and maintained in departmental offices pending the start of the national vital statistics reform (NVSR).

Regarding FGC abandonment: (i) Notably, 33 influential imams issued a national fatwa against FGC which is being disseminated to over 720 local imams; (ii) Representatives of 130,000 people from 78 communities and 300 cooperatives of women publicly declared in favour of abandoning FGC and early marriage; (iii) MASEF and 4 NGOs educated 2,791 local and religious leaders on FGC which relayed the messages further to 314,134 women and men, with 69% of the 286,516 reached inclined to abandon the practice, (almost double the achievement in 2009 and with an increase by 4 percent points in positive inclination); (iv) regarding harmonized tools on FGC, a validated national training module, logo and 55,000 posters and leaflets were disseminated. These results stem from UNICEF/UNFPA support to reinforce effectiveness of the FGC programmes by using the social norms/change approach. Similarly, 189 opinion leaders in Nouakchott relayed messages on sexual violence to 32,390 people from at-risk groups and potential perpetrators.

Regarding child justice, 3 significant results were obtained by the MoJ, with UNICEF/Tdh assistance: a decree was adopted creating the criminal courts for minors whose implementation will ensure shorter period of pre-trial detention for minors in conflict with the law (MCL); an operational coordination committee bringing together the JJ and social decision-making authorities ensuring, about every two months, implementation monitoring of the OPPPE; and the MCL’s access to a centre for socio-educational and vocational rehabilitation (CREL) operated by Tdh-I. On average 20% of minors in detention at the prison for minors were transferred to CREL, excluding those directly sent by the judge at trial conclusion.

Along with its CP partners, in particular Tdh-L, UNICEF technical support benefited directly 8,390 children (3,957 girls) in difficult circumstances, in particular MCL, victims of sexual violence, OVCs, girls hired as domestic workers, children with disabilities and without birth certificate; it also helped 9,400 families to become better educated to protect their children. Direct assistance to 4,360 of these children (2,032 girls) included provision of psychosocial care, legal aid and support towards their reintegration according to their respective individual needs.

The CP legal and policy framework was enhanced with a new law voted for the NVSR, a validated set of law enforcement mechanisms for the 2009 law enacted for protection of people with disabilities, and a draft law on alternative care for separated children (Kafala) that is currently in the first stage towards its adoption.

Constraints
Shortfall and late arrival of funds, shortage of staff, high turnover of staff at MASEF, the MoJ and at the Nouakchott administration, and the delay due to the lengthy internal work process of partners were the main constraints to implementation.

Studies
A MASEF anthropo-sociological study on FGC confirmed that religion accounts for 55% of the six socio-cultural reasons for this practice. The FGC programme evaluation by MASEF and Tostan shows that national debate on FGC is changing from a taboo to a public subject; 88.5% of the population are aware of the programme in 5 of 7 provinces with higher FGC prevalence and share the conviction that FGC is “a custom which has nothing to do with Islam”. In view of the above, UNICEF will continue to address FGC
abandonment through a holistic approach while reinforcing collaboration with religious and other influential leaders.

The study on sexual violence, carried out jointly with Save the Children, provides a range of information on its extent, the underlying reasons for violence, the psychological and legal aspects, victims and perpetrators’ profile, as well as the main reasons explaining the taboo on airing and discussing this issue.

The MASEF study on child labour and trafficking draws attention to the alarming situation of child workers, the worst forms of child labour prevalent and the areas most affected by it, and proposes their abolition by law and policy recommendations.

**Strategic partnerships**

The main CP partnership is the formal platform created at the beginning of the year with nine I-NGOs to support the CPS building process and monitor its progress on a monthly basis.

**Future Workplan:**

The Child Protection programme will intensify its efforts to help extend the CPS at the central government level and in 3 regions. The CPS will ensure gradual identification, assistance, and operational mechanisms for delivering a comprehensive package of services to children at risk and children inducted in the worst forms of child labour especially bonded labour. Further support to the JJ system will guarantee improved operational and judicial structures. Special efforts will be made to reinforce alliances and visibility of the Juvenile Justice (JJ) protective umbrella for children. Research on critical CP issues, an operational CP data base system, and support to the NVSR will be among 2011 priorities. FGC abandonment will continue as a main concern.

**Title:** Partnerships for child rights

**Purpose:**

The expected results in 2010 included: (i) Social and regional disparities and pauperisation in disadvantaged areas are reduced due to social policies and strategies of development based on human rights and better access to resources; (ii) Statistical data and reliable information reflecting the situation of children and women are accessible and allow for MDGs and PRSP monitoring and evaluation; and (iii) A human rights culture is rooted in society through a legislative and regulatory environment harmonised with the provisions of the CRC and CEDAW.

This programme pays special attention to the integration of child rights in the development and implementation of national policies, particularly the PRSP.

The Programme consists of three AWPs: i) Social Policy and budgeting, focusing on child policy analysis and strengthening the capacity of actors implementing the PRSP, for which the principal partners are the MAED, MASEF and the Ministry of the Interior and Decentralisation (MID); ii) M&E that puts in place an evaluation culture and norms with key partner institutions being ONS, MAED and the Mauritanian Association for M&E; and iii) Rights promotion, focusing on the monitoring of the CRC and CEDAW, mobilising resources for children and on advocacy, documentation and communication for rights services.

**Resources Used:**

Total approved for 2010 as per CPD: RR: US$ 276,600; OR: US$ 350,000; Total: US$ 626,600

Total available for 2010 from all sources: RR: US$ 341,326; OR: US$ 311,057; Total: US$ 652,383

List of donors: (amounts in USD)

FA5 Thematic Funds 213,881
**Result Achieved:**

**Results**
In 2010, special focus was put on social protection as one of IMF’s main cooperation pillars with Mauritania, ‘outsourced’ to UNICEF. Studies conducted in 2009 and 2010 with UNICEF support, on children’s stakes in the PRSP and their rightful claims to social protection, constituted evidence to incorporate social protection as a priority in the PRSP 2011-2015.

Mayors in 50 districts from 8 regions honed their skills in the budget planning and implementation process, through training on budget preparation and design.

UNICEF supported the National Statistics Office (NSO) to strengthen its capacity in design and processing data and in MauritInfo management.

On rights promotion important strategic and operational results were achieved, stemming from a comprehensive integration of core programme component and objectives into the new PRSP (2011-2015) and from a more coherent and broad partnership and scaling up vision.

The steady progress in terms of institutional and policy reform led to further ownership, coordination and effectiveness from MASEF in promoting children’s rights. The Child Rights Committee recommendations were widely disseminated and the General Child Code and Action Plan for Children launched within a global framework. The National Movement for Children has continued to grow and has expanded through the inception of a regional network in Nouadhibou (covering 5 regions with about 611,874 children of which 302,489 girls).

**Constraints**
Funding shortage is a key constraint on achieving results and is being addressed through fundraising initiatives and leveraging resources. MICS4 was affected by delays in funds mobilization from the national counterpart and was postponed to 2011. The CO actively advocated with the Economic Affairs and Finance Ministries to ensure the above commitment will be carried out. The delays in the PRSP process hampered UNDAF preparation and partners’ effective involvement.

**Studies and surveys**
A study on social protection revealed that many obstacles undermined efforts to put in place a social protection system. These barriers revolve around the lack of reliable data, means, and institutional coordination structure. A national social protection strategy has been defined to help address the barriers.

A study on the impact of the 3F (fuel, financial and food) crises showed that the Government response considerably reduced their adverse impact through social safety nets, tax reduction and subsidies of basic foodstuffs for small farmers and herders. It recommends the creation of an effective early warning system based on regular surveys complemented by specific and rapid assessments.

The main conclusion of the child rights perception KAP survey carried out during 2010 showed that rights perception is positive (55.3% of surveyed persons indicate knowing the CRC). Drawing on these findings the Partnership for Child Rights programme developed specific indicators to better monitor and assess the child rights promotion component.

A study on the feasibility of a national civic service was conducted and will form the basis for a behavioural change programme to strengthen social cohesion in Mauritania.
**Strategic partnerships**

UNICEF continued to chair the UN Programme and M&E Group (GPSE) and played a leading role in UNDAF 2009-2011 implementation and UNDAF 2012-2016 preparation. The dialogue with the technical and financial partners continued to identify the policies addressing social and economic problems and to mobilise resources for children.

UNICEF's relationship with the IMF since 2009 is characterized by regular meetings, technical exchanges on social issues and a common advocacy voice when approaching the Government. The fact that UNICEF has been assigned the responsibility of leading the development of a national social protection system by the Government/IMF is testament to the CO's credibility. The partnership continued to broaden owing to the dynamism of the National Forum of Child Rights joined by a significant number of NGOs, networks and Governmental structures. The key players in the Forum are World Vision International, Terre des Hommes, Save the Children, the National Commission of Human Rights, Caritas, GTZ, UNDP, and UNFPA.

**Future Workplan:**

In 2011, social protection strategy and multi-dimensional poverty studies will be carried out and capacity of key partners will be developed in social budgeting and planning. The priority will be to support MICS, to complete the Situation Analysis of children (including an equity analysis), to finalize the National Action Plan for Children and to expand the National Movement for Children.

**4. OPERATIONS & MANAGEMENT**

**4.1 Governance & Systems**

**4.1.1 Governance Structure:**

The office made its proposals for staffing structure consistent with the programme in February 2010 which was a good opportunity to revisit ongoing and future issues and directions.

a) Programme and Annual Managements plans were shared since the beginning of the year and discussed at length during staff retreats.
b) All statutory committees are in place and members benefited from a special induction course.
c) The major CMT initiative was to revise and update the list of Programme and Operations indicators.
d) All agreed Programme and Operations indicators are reviewed monthly at the CMT, and also thorough individual follow-up exchanges that take place with the concerned section/staff.

The office governance was positively rated by OIA at the last audit.

**4.1.2 Strategic Risk Management:**

Risks are generally well defined in programme formulation, table of authorities and job descriptions. The risk complexity was analysed collectively and in depth at the all staff November/ December Enterprise Risk Management (ERM) training and at various follow-up meetings. In as much as risks are encountered on a daily basis, the quality of the training documentation and the vivid debates and exchanges that took place contributed to viewing of risks in a more informed and nuanced manner. A plan of action was agreed to remedy/address these risks. In sum:

a) Structures are in place and will be improved/strengthened by updating the names of responsible officers (the office is experiencing/anticipating staff changes) and a series of new work processes will be introduced;
b) Programme, CMT and other managerial meetings are in place to manage/oversee risks in addition to an open door policy;
c) The emergency preparedness and response plan (EPRP) is updated annually; AWPs
and the Business Continuity Plan (BCP) are also updated annually and as and when necessary.

**4.1.3 Evaluation:**
The IMEP 2009-2010 was extended to 2011 in line with the extension of the 2009-2010 UNDAF and the delay in the PRSP 2011-2015 preparation. The rate of implementation of IMEP 2010 is 76%.

Two evaluations were conducted: (i) The evaluation of the "programme to promote the abandonment of FGC" and (ii) The study to evaluate the project "Community-led total sanitation in the region of Trarza". The studies were managed by institutional and community partners and the implementation of the evaluation studies served as training for all parties involved in both programmes. Such collaboration allows national counterparts to become familiar with the concepts of a human rights based approach and equity, and to systematize their approaches to assessments and evaluation.

**4.1.4 Information Technology and Communication (ICT):**
The CO is using ICT solutions to increase its impact on programme delivery. Notably, the CO made effective use of rapid SMS for its nutrition survey. ICT access is provided to all BCP users through Internet keys and Citrix. The office was one of the first in the region to request Citrix installation. This remote access tool enables work outside the office, on mission, at home, in meetings, etc. It gives access to the mail, shared resources, ProMS, PnP, Briefing Book, etc., for better collaboration and programme results, everywhere when an Internet connection is available.

UNICEF is member of the UN Common Services Group (CONU), which covers all aspects of operations, including ICT. ITC is contributing to the Common WEB ITC costs that are used to transmit the joint UN communiqués to the media and to the public at large and also used for job and consultancy advertisement.

LTA exists with ITC and other suppliers. Many of these LTA are at global level and cover purchase of standard ICT equipment, contract subscription with satellite phone companies, etc.

Disposal of old equipment is done in an environmental friendly manner and the office paid air transportation costs to France to dispose of old batteries. Old equipment is regularly referred to the PSB committee for disposal. When the PSB process is concluded, UNICEF software and data are systematically erased.

UNICEF ICT guidelines and rules are applied strictly. A welcome kit is provided to all staff members, particularly newcomers, with an overview of ICT in UNICEF and a briefing on Information Security Policy and Standards of Electronic Conduct (CF/EXD/2003-023 of 31 October 2003) In addition, a disaster recovery plan has been prepared to address the business continuity requirements which is shared with the regional office and updated regularly.

To respond to phase II MOSS directives, weekly radio checks are undertaken, with UNICEF consistently enjoying the highest response rates of all UN agencies.

**4.2 Fin Res & Stewardship**

**4.2.1 Fund-raising & Donor Relations:**
Over the last two years the CO has been implementing a fund-raising strategy to sustain adequate level of funding for the programme and to pre-empt funding shortages and gaps. The strategy entails submitting integrated proposals to existing and potential donors and organising visits by Natcoms, UNICEF Goodwill Ambassador, corporate and international media visits to Mauritania to help raise UNICEF’s profile and mobilize
funding. In addition, visits in 2009 by the Representative to certain Natcoms have been followed up with close contacts and reports.

The CO mobilized 100% of the OR ceiling for the year as authorized in the current CPD. During the same period, the CO submitted 31 quality donor reports on time out of the 35 due.

The CO contributed to HAR/CAP and global appeals alongside UN agencies and raised significant emergency and humanitarian resources, mainly in the nutrition sector. Funds were used efficiently with a spending rate of nearly 94%. To effectively avoid any loss of funds from expiring, the office has adopted a monitoring mechanism to systematically review PBAs in CMT and programme meetings and through appropriate tools.

4.2.2 Management of Financial and Other Assets:

With regards to management practices, the latest audit findings helped with some fine tuning in management areas and in devising new indicators. Key indicators relative to contributions management, budget control and financial procedures, bank reconciliations, accounting and liquidation of cash assistance are reviewed monthly by the CMT.

Considering the limited RR resources, the office constantly ensures that these are spent efficiently. The vast majority of DCTs are cleared before they are outstanding for six months. Only a few cases of delay were noted during the year and immediately remedied. In its December 2010 meeting, the CMT noted that 96% of RR had been obligated. The OR rate was 89% since a series of activities had to be re-phased to 2011 at our partners’ request.

Despite staff commitment, financial planning continues to pose a challenge with partners taking a flexible approach to timely planning. This is particularly true of replenishments. The CO undertakes frequent adjustments to ensure that planned resources are realistic with regard to expected results.

4.2.3 Supply:

Considering the country situation, there is a lot of potential for supply. However, partners are showing scant interest.

The section is adequately staffed and staff show strong commitment to meet workload challenges. The office is relatively satisfied with its strategic supply sources and the quality of supply inputs is good. The local market is improving with more competition. The recent purchase of 3,000 school table benches will help equip several regions.

Supply in-kind is accepted when it matches programme delivery requirements (e.g. Canadian Natcom). UN agencies are mainly using UNICEF expertise for the purchase of bed nets. Supply related services are mainly used by the Government to buy vaccines.

In-country logistics is a big challenge due to the large territory and limited infrastructure and distribution capacity at regional and end-user levels. The CMT monitors monthly warehouse stock levels and requests updates on distribution plans.

The office always sends a participant to regional training events. However, in 2010 due to the extended absence of the chief of the supply section, self learning and other initiatives could not progress. The 2009 regional SD/WCAR supply chain training was a good investment that in addition to staff motivation resulted in a more professional handling of our supply function.
4.3 Human Resource Capacity:
The new competencies were widely shared and the office will organize competency based interviews (CBI) sessions for all its Professional and central review body (CRB) staff in 2011. A monitoring plan, developed in 2007 in response to the staff morale survey, is monitored, evaluated and updated annually. A gender and diversity plan (unique to UNICEF globally) was also developed, monitored and evaluated. The above plans are monitored at each JCC.

PER discussions are being taken seriously and candidly and it is felt that e-pas will be a good tool to improve performance management.

The office always enjoyed active EPR focal points which in turn were able to mobilise/train the EPR group.

The office has elected Peer and Staff counsellors that are very active in providing advice when requested. There is also a tradition to establish direct contacts with the regional office for specific advice. The CO is committed to UN cares and joint staff briefing sessions/events are organised with sister agencies.

4.4 Other Issues
4.4.1 Management Areas Requiring Improvement:
Two notable achievements of 2010 were: (i) the continuation and improvement of the office “Spending Plan”, which details all operational requirements for the whole CO and combines these with available SB, RR and OR resources. Monthly reports are prepared and the Spending plan is subject to quarterly CMT reviews. (ii) SSAs are systematically awarded on a competitive basis and after submission of a technical and financial offer. Negotiation to reduce costs even further without affecting quality resulted in a saving of US$ 41,813 in 2010.

4.4.2 Changes in AMP:
The CO envisages making more provision in the 2011 AMP for:
a) Risk related sensitization to better improve our knowledge and responses. This was called for by the excellent response by staff to the recent ERM training;
b) CBI training;
c) Development of the new CPMP.

5. STUDIES, SURVEYS, EVALUATIONS & PUBLICATIONS
5.1 List of Studies, Surveys & Evaluations:
1. KAP Survey on Child Rights perception
2. SMART
3. Anthropo-sociological study on the determinants of FGC
4. Evaluation of the FGC programs
5. Etude sur la protection sociale
6. Development of modules on nutrition education in schools of public health
7. Elaboration d’éléments d’une Stratégie de Protection Sociale
8. Evaluation of community-led total sanitation (CLTS)
9. Impact des crises énergétique, alimentaire et financière sur les femmes et les enfants
10. Identification and mapping (cartography) of the zones favourable to manual drilling
11. Etude sur les déterminants de la sous scolarisation des filles
5.2 List of Other Publications

1. Results SMART 2009
2. Realization and editing tools for promoting FGC
3. Edict on corporal punishment

6. INNOVATION & LESSONS LEARNED:

Title: Providing Ready-to-use-food (RUF) nutritional supplement to children from 6 to 36 months old in the Tagant region, Mauritania

Contact Person: Dr. Aissata Ba Sidibe, Deputy Representative (asidibe@unicef.org)

Abstract:
Mauritanian children face, each lean period, a scarce food access situation that exacerbates their weak nutritional status. Malnutrition is not only a consequence of lack of food but of essential nutrients in a poorly diversified diet, in addition to poor hygiene and low access to adequate health care. Nutrition data reveal stagnating trends of malnutrition and incidence of high prevalence during the lean season in the most vulnerable regions. As a strategy to improve quality of complementary feeding, Ready to Use foods (RUF) as complementary supplements interventions are efficient in reducing incidence of acute malnutrition and preventing stunting in early ages. Distributing RUF for a three months period during the most vulnerable months of the year remains a powerful micronutrient supplementation strategy. The region where this intervention is being piloted is geographically challenging with a third of its population difficult to reach and one where children are most prone to malnutrition risks. The lessons learned will be useful during the rolling out phase of the programme.

Innovation or Lessons Learned:
Providing a nutritional supplement during 3 lean season months is a key innovative intervention to reduce the burden of acute malnutrition and stunting. Some 8,020 children aged 6-36 months (representing 86% of child population in Tagant) were admitted in a pilot intervention of supplementation with RUF in the Tagant region. This intervention extending from May to September was led by the MoH and the Tagant Regional Directorate of Health. The impact of RUF was assessed at community level with significant improvement in children’s weight. The high level of acceptance by mothers of this initiative during its first piloting phase was revealed by the low dropout rate between the first and the third round. The only concern that emerged is the high risk of the family choosing to share the supplement by giving it to all under-five children.

Potential Application:
This pilot initiative for introduction of RUF was implemented by the MoH with technical and financial assistance of UNICEF. The programmatic capacities of MoH at central level and in Tagant regions were fostered. Through the dissemination workshop of this experience, several regions affected by malnutrition requested the inclusion of their regions in this programme in 2011. UNICEF Mauritania will support progressive extension of this intervention in two new regions.

Issue/Background:
Two annual nutrition surveys were undertaken to monitor the nutritional status of U5 children, during the harvest and lean period. These served to target and strengthen nutritional programming. With intensive support of partners and Government, the severe acute malnutrition prevalence was maintained at 1%, eliminating the traditional peak that occurs during the lean season. Differences between regions concerning malnutrition
trends, vulnerability and response showed that they did not have the same opportunities or capacities to tackle malnutrition. This is why this intervention was piloted to specially address the most disadvantaged region and population, fully taking into account the context of poor quality diet and low access of health services.

**Strategy and Implementation:**
The distribution of the product was organised through the health system in Tagant region with strong technical assistance of the national nutrition service. The three-day micro-planning process at regional level identified 71 fixed posts and 14 mobile teams to cover the hard-to-reach children. After the development of tools and training of the involved actors (health agents and community health workers), the distribution was organised as a one-day monthly campaign for each of the three rounds to cover the whole region. The eligible children were systematically screened by using the MUAC with the malnourished ones referred to the rehabilitation centres. A social mobilisation component was added particularly in the urban areas to increase the attendance of mothers. UNICEF contributed by purchasing supplies (2,700 RUF cartons) and giving technical assistance through nutrition staff and a consultant. UNICEF also funded the operational costs and registration tools. An electronic database was developed and updated monthly by the programme manager at national level. The monitoring and impact evaluation components were added with support of a fellowship student from University of Montpellier (France). The results of this pilot phase were disseminated through a national workshop and lessons learned shared through the UNICEF regional meeting in Dakar.

**Progress and Results:**
We expected to cover at least 70% of eligible children and minimize the dropout rate between the first and the third round (less than 10%). The fixed posts covered 85% of the target population and the balance 15% were reached by the mobile teams. According to focus group discussions during supervision visits, the acceptance of the programme by the mothers is good and the majority have a good perception of the product benefits. Some 93% of enrolled children received three distributions at regional level and the dropout rate was 7%. In the three districts of Tagant region, the lowest coverage was observed in Tichit district in which the population is nomadic and dispersed (69% during the first round of distribution against 65% for the third one). The impact study at community level showed a greater increase of enrolled children’s weight and an 18.5% decrease of underweight prevalence in the communities with intervention (as against 3.28% in those without intervention). The commitment of the Tagant region’s staff and technical support from the central level was the main positive factor influencing the pilot’s outcomes. The mobility of part of the population during the rainy season affected the compliance of some mothers and children.

**Next Steps:**
The lessons learned from this pilot will shape the roll out phase of the programme in 2011 in two new regions covering 25% of the Mauritanian population. We will improve: (1) the quality of the monitoring process, (2) the social mobilization and C4D component; and (3) the use of various existing community networks. To reduce the costs/covered child, we will seek the possibility to integrate other high impact cost-effective interventions (distribution of Long Lasting Insecticide Nets, soap for example) as well as partnerships with WFP and others.

**Title:** *A boost to the evaluation of the child immunization campaign in Mauritania*

**Contact Person:**
Dr. Aissata Ba Sidibe, Deputy Representative, asidibe@unicef.org
Abstract:
Following the outbreak of numerous cases of polio, ten successive campaigns were organized in 2009 and 2010 by the health authorities with support from WHO and UNICEF. Several communication channels were used to inform households: national and local radios, national TV, social mobilization agents, SMS, mosques and health structures, focusing on the importance of regular immunization. Independent monitoring indicates a rate of 82% of households informed prior to the supplementary immunization activities (June 2010). In October 2010 the integrated campaign in Mauritania explored the contribution of students of Koranic schools as communicators and monitors in three inadequately vaccinated areas of Nouakchott, the capital. Some 130 pupils sponsored 1,998 U-5 children (brothers, sisters or neighbours) and checked their immunization status after the health team's visit. The results showed that almost one-fifth of the children were not marked on the finger, which is the sign of the health team's visit.

Innovation or Lessons Learned:
Koranic school children helped assess the actual coverage of the immunization campaign against polio by sponsoring and following up to monitor the immunization status of their sponsored under 5 brothers and sisters. During this experience, they had a dual role of local communicators and evaluators of the campaign. They had easy access to families and knew the targeted population. They were able to identify and locate the potentially or actually missed children.

Some issues that arise out of the above experience and important to consider are:
- The age of children affected their credibility vis-à-vis health authorities and also affected in some cases their ability to fill the forms.
- The frustration of pupils from being merely evaluators without being able to have an impact on and contribute to the immunization results.

Some recommendations for addressing the above constraints and improving the overall effectiveness of the approach are:
- Establish a close link between the health structure and Koranic schools.
- Ensure a ranking on effectiveness based on students’ results.
- Enable the students to engage in a monitoring process that helps to catch the missed children.

Potential Application:
The school children’s participation in and contribution to expanded immunization could be extrapolated to assist the success and outreach of mother and child weeks and to other CSD implementing activities. Children of Koranic schools and primary schools could contribute as communicators to ensure promotion of key family behaviours and to evaluate/monitor the adoption and practice of healthy behaviours in their family.

Issue/Background:
External monitoring shows that the rate of non-immunized children is 5% and 82% of parents are informed on immunization prior to the SIA rounds. The monitoring was conducted by NGOs anonymously, and included samples of households in areas suspected of being insufficiently vaccinated. Several communication channels were used during the campaigns to encourage parents to seek immunization for their children. Importantly, in October 2010, an unused channel was explored -- through Koranic schools’ engagement. The evaluation undertaken by the Koranic school children, far from being impersonal and anonymous, directly reached missed and hard-to-reach children. By obtaining the phone numbers and other details of the mothers and/or family, the Koranic school children facilitated the coverage of missed children by the health facilities.
Strategy and Implementation:

UNICEF contracted a network of imams and Ulema Defenders of Children’s and Women’s rights, which is a regular partner in the implementation of the Mauritanian Country Programme of Cooperation. Some 14 Koranic schools, called mahadras, which are affiliated to this network, were selected in the 3 poorly covered districts from previous immunization rounds. From each mahadra, 5 to 10 students aged 6 to 15 years were selected and were asked to sponsor at least 10 under-5 children from among their siblings, extended family of relatives, neighbours, friends etc. Around 130 students went the day before the campaign, visiting parents to inform them about the forthcoming immunization round which included polio, vitamin A and de-worming components. The students were trained to transmit messages to families on the campaign dates, targeted children, and delivered components. The day after the campaign, students returned to the sponsored children to check their left hand finger. If the finger was marked with ink, it meant that the child had received all three components issued during the campaign viz., two drops of polio, a vitamin A capsule and a tablet of mebendazole. If this was the case, students marked the child’s face by a cross or a circle in their card.

Progress and Results:

The results were as follows: of 1,998 sponsored children, 1,547 were marked (77.43%), indicating that 451 children were missed (22.57%). For the same areas, the external monitoring, conducted by NGOs, showed that of the 694 visited children, 80.66 % were marked. Administrative data from the MoH indicated that 67,288 out of 60,568 U-5 children (112.74 %) were immunized.

The reasons for non immunization given by the students were the absence of the child at the time of the vaccinators’ visit or a non-visit. No refusals were reported.

Among the strengths of the approach and its positive outcomes are:

- A high ownership of the initiative among religious teachers, students and parents;
- A better knowledge of the neighbourhood and families among the children;
- An unrestricted night and day access of children to the target families and homes;
- A new successfully tested channel for exploring the transmission of messages for the child survival strategy;
- The strengthening link between mahadras and homes. Teachers of mahadras feel closer to family matters and felt involved by the ongoing vaccination campaign;
- Strong enthusiasm and energy among students;
- Empowering effect on students from participating in the initiative;
- An increased confidence in and a positive attitude toward immunization among parents and the community; and
- An inter-generational dialogue initiated by the children with their parents about immunization.

Next Steps:

In the future, the new explored channel will contribute to improve mass campaigns and routine activities, and assist in the successful scale-up of the Country Programme.

The AWP 2011 and the 2011-2012 polio communication plan, will include partnership with Ministry of Education and religious schools in order to consider the contribution of students to the CSD implementation, not only for behavioural change promotion during the mass campaign, but also for evaluation of their adoption. Also included in the AWP will be the training of teachers, production of communication tools, and design of a simplified monitoring and evaluation form.
7. SOUTH-SOUTH COOPERATION:

A study tour was organized to Jordan to enable Government partners in charge of social protection to equip themselves with the knowledge and techniques required to develop and implement a national social protection strategy and programmes in Mauritania.

The mission allowed delegates from the Ministries of Economic Affairs and Social Affairs to discuss with those responsible for and managing the institutions concerned with social protection in Jordan, including the Ministry of Family Affairs, the National Council for Family Affairs, the National Assistance Fund, and the Department of Planning. Working sessions were also held with the UNICEF-Jordan CO as well as with officials of the Regional Office for the Middle East and North Africa.

Main lessons learned from the Jordanian experience can be summarized as follows:

- Political commitment at the top greatly facilitates the creation of a legal and regulatory framework as well as the implementation of social protection programmes.
- The success of any programme of social protection is conditioned by the existence of a functional mechanism for the coordination of interventions in this key area. This mechanism driven by the Government should include representatives of Parliament, civil society, beneficiary regions and interested development partners in addition to the concerned public administrations.
- To fight against vulnerabilities, the State must have financial leverage with enough regular resources to help poor families to have a minimum of resources and to break their vicious cycle of poverty. Mauritania, where the poverty rate is higher than Jordan, could envisage moving incrementally, with support from interested donors.

These lessons have been shared with the Ministries of Economic Affairs and of Social Affairs and will be monitored in 2011 during the National Social Protection Strategy preparation. The terms of reference of the study on the Social Protection Strategy have already been revised.