

Mauritania

Country programme document 2012-2016

The draft country programme document for Mauritania (E/ICEF/2011/P/L.26) was presented to the Executive Board for discussion and comments at its 2011 annual session (20-23 June 2011).

The document was subsequently revised, and this final version was approved at the 2011 second regular session of the Executive Board on 15 September 2011.

Basic data[†]
(2009, unless otherwise stated)

Child population (millions, under 18 years)	1.5
U5MR (per 1,000 live births)	117
Underweight (% , moderate and severe) (% urban/rural, poorest/richest)	14 —
Maternal mortality ratio (per 100,000 live births, 2007)	690 ^a
Primary school enrolment (% net, male/female, 2007)	56/59 ^b
Survival rate to last primary grade (% , 2008)	82
Use of improved drinking water sources (% , 2008)	49
Use of improved sanitation facilities (% , 2008)	26
Adult HIV prevalence rate (%)	0.7
Child labour (% , children 5-14 years old, 2007)	16
Birth registration (% , under 5 years, 2007) (% male/female, urban/rural, poorest/richest)	56 57/55, 75/42, 28/83
GNI per capita (US\$)	960
One-year-olds immunized against DPT3 (%)	64
One-year-olds immunized against measles (%)	59

[†] More comprehensive country data on children and women can be found at www.childinfo.org/.

^a 550 deaths per 100,000 live births is the 2008 estimate developed by the Maternal Mortality Estimation Inter-Agency Group (WHO, UNICEF, UNFPA and the World Bank, together with independent technical experts), adjusted for underreporting and misclassification of maternal deaths. For more information, see www.childinfo.org/maternal_mortality.html.

^b Survey data.

Summary of the situation of children and women

1. The population of Mauritania in 2011 is estimated at 3,408,000 inhabitants, half of whom are young people. Urbanization is growing and the population density is three inhabitants per km². The birth registration rate is low, at 55.9 per cent in 2007. Eleven *moughataas* (districts) out of 54 are considered at risk of food insecurity. A large segment of the population (42 per cent) lives below the poverty line. The rate of extreme poverty was 25.9 per cent in 2008. Only 6.3 per cent of national expenditures go toward the poorest quintile, compared with 44.2 per cent for the richest quintile. Poverty remains concentrated in rural areas, with a rate of 59.4 per cent compared with 20.8 per cent in urban areas.

2. In July 2009, the presidential elections brought an end to a series of political crises that had serious economic and social repercussions. This political situation has had a major impact on the people, particularly the most vulnerable. The new Government has reaffirmed its commitment to work toward achieving the Millennium Development Goals (MDGs), with transparency, anti-corruption and counter-terrorism as guiding principles. Yet, based on finance legislation passed in 2009 and 2010, allocations to social sectors (health, education, social affairs and social protection) declined from 25 per cent to 21 per cent. The health budget fell from 4.1 per cent in 2009 to 3.9 per cent in 2010, while the education budget

dropped from 15.2 per cent to 12.5 per cent. In addition, results-based management has been promoted but is not yet being sufficiently implemented in practice. Lack of information on the budgetary process at the regional and local levels is partly responsible for limiting access to and the quality of basic services. National social surveys and censuses have been delayed considerably, making global and sectoral analysis difficult.

3. In the legislative arena, one noteworthy achievement is the passage of legislation on the criminalization of slavery and on civil registration. Progress has also been made with the reform of juvenile justice, the quota of women in Parliament and municipal councils (20 per cent), and the inclusion of a child dimension in the Strategic Framework for Poverty Reduction 2011-2015.

4. The analysis shows high infant-juvenile and maternal mortality, with significant prevalence in the southern regions and in rural areas. Health coverage and the quality of services are very poor. Inequity in the use of services is three times higher in rural areas and among the poorest quintiles. The absence of a sectoral programme and health mapping makes the health information system less effective, resulting in the lack of a holistic approach, harmonization and coordination of interventions. This deficit in planning and monitoring of resources allocated to the sector creates inefficiencies in programme implementation. Disparities are deepened by insufficiency of preventive, promotional and curative interventions, particularly at the community level.

5. Underweight prevalence is 30 per cent higher in the southern, central and south-eastern regions, which represent 62 per cent of the population. The regions with high prevalence of malnutrition and food insecurity are the same as those with high mortality and poverty rates. HIV prevalence remains at below 1 per cent, although prevention of mother-to-child HIV transmission and paediatric HIV care remain at an embryonic stage. The proportion of the population with an improved drinking water source is 35.7 per cent among households in the poorest quintile, compared with 52.1 per cent in the richest quintile. Only 26 per cent of households have sanitation facilities, and there are disparities in rural areas.

6. The gross primary school enrolment rate is 100 per cent, with almost half of the entrants having exceeded the primary schooling age (6-11 years), due to late entry into the system, repetition of classes and an inefficient civil registration system. The girls-to-boys parity index went from 0.98 in 2000 to 1.07 in 2010. One fifth of the children — the majority of them living in rural areas and ranking among the poorest in society — do not attend school. Owing to problems of access and low retention, the primary-school completion rate is 72 per cent, with major disparities that can mostly be attributed to incomplete schools, high costs and parents' negative views of school. Preschool education remains underdeveloped. The gross secondary school enrolment rate is 26.8 per cent, with a girls-to-boys ratio of 0.9. The absence of complementary measures for three essential texts¹ governing the sector undermines children's right to education.

7. About 300,000 girls and boys under 15 are exposed to risks of violence, exploitation, discrimination, abuse and neglect. More than 18,000 children between 5 and 14 are victims of child labour; about 31,000 are orphans, including AIDS

¹ Law on compulsory schooling, introduction of the competency-based approach and bilingualism for teachers.

orphans; 7,000 children have a disability; at least 1,000 children live in the streets and are beggars; close to 1,500 minors run into trouble with the law each year; and some 10,000 children are returnees, refugees or migrants. Girls and women are severely affected by practices that undermine their rights: 72 per cent of women have undergone female genital mutilation (FGM); 43 per cent of women marry before the age of 18 and 19 per cent marry before the age of 15; 20 per cent of girls are at risk or are victims of force-feeding; and 20 per cent of girls working as domestic servants are vulnerable to sexual assault. Sexual and domestic violence is a taboo subject and is therefore poorly documented.

8. With regard to social protection in the health sector, decrees and orders stipulate that target vaccinations of the expanded vaccination programme, anti-malaria and tuberculosis treatment, blood transfusion examinations, contraceptives and care for the poor are free. Although the cost-sharing obstetrics package, which lowers patient expenses for prenatal care and delivery, is being implemented in 16 *moughataas* (districts) out of 54, it must be extended to newborns. Basic education is free and has been mandatory since 2001. Access to public-school cafeterias, where they are available, is free.

Key results and lessons learned from previous cooperation, 2009-2011

Key results achieved

9. Thirty-nine *moughataas* (districts) out of 54 are implementing the basic package of the national child survival strategy. The exclusive breastfeeding rate rose from 11 per cent in 2007 to 45.9 per cent in 2010, thanks to communication for development. However, significant efforts must be made in the area of infant and young child feeding. Scaling-up of the community-led total sanitation approach is continuing, with 176 villages declaring the end of the practice of open-air defecation. The Renewed Effort Against Child Hunger and Undernutrition (REACH) initiative led to the adoption of decrees concerning intersectoral coordination of nutrition and mandatory food fortification with micronutrients. A situation analysis was conducted in 2010 with the support of the “Health Harmonization for Africa” partners during the elaboration of the National Programme for Sanitation Development, 2012-2016.

10. Major support for the elaboration of phase 2 of the National Plan for Education Sector Development (PNDSE) led to the revision of the concept papers. Some 100,000 students have an improved school environment following the expansion of the “Child-Friendly School” project with community involvement. Support courses have benefited 43,887 students and helped to significantly improve the secondary-school entrance examination success rates. Support at the preschool level has helped to enhance supervision conditions for 8,000 children and the quality of leadership in 160 institutions. A study on the determinants of under-enrolment of girls at the secondary level highlighted the role played by socio-economic factors and supply (distance, school cafeterias, quality of teachers). These results were taken into account in the revision of the National Plan for Education Sector Development and 54 youth networks have formed clubs both in and out of school around HIV/AIDS prevention and citizenship awareness activities.

11. The political and legal child protection framework has been enhanced with six new legal instruments and a national strategy adopted by the Government and included in the Strategic Framework for Poverty Reduction. For outreach purposes, eight child protection systems have been set up in two regions of the country. The *fatwa* banning FGM has led 78 communities to declare publicly that they have abandoned the practice, and 66.5 per cent of people questioned have indicated their willingness to abandon the practice. The commitment of decision-makers has found expression in the Prime Minister's policy statement in favour of child protection and that of parliamentarians against FGM. Evaluations have revealed weaknesses in the services being offered and have led to the development of national norms and standards; some 6,300 child victims have received more standard protection services.

12. Child welfare and social protection are priorities of the Strategic Framework for Poverty Reduction, and social protection has become an area of cooperation involving the Government, UNICEF and the International Monetary Fund. Children's participation has increased with the creation of five regional children's movements and the establishment of the children's parliament and municipal councils. Basic behavioural studies have led to the development of adequate communication strategies. With the setting-up of a national committee to monitor implementation of the recommendations of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, monitoring of the reporting process has improved. Two major recommendations of the Committee on the Rights of the Child have been implemented, with the establishment of a committee responsible for the General Children's Code and the organization of workshops to formalize the Plan of Action for Children.

Lessons learned

13. Nutrition is a multi-dimensional area that requires a multi-sectoral and synergetic approach (health, nutrition, food security and agriculture). The REACH initiative has made it possible to promote this approach based on an exhaustive and participatory analysis of the situation. The approach has been tested and documented at the decentralized level. Despite the difficult political context, progress has been made, as shown by the development of the Integrated Nutrition Plan of Action in 2009. Advocacy has been undertaken to reposition nutrition, strengthen mobilization of resources and use resources more efficiently. It has been proven that the initiative constitutes an effective conceptual framework for the "Delivering as One" process of the United Nations system. The joint evaluation conducted in 2011 confirmed the effective strengthening of intersectoral and inter-agency coordination in the United Nations system and strategic partnership and political dialogue based on enhanced knowledge of the situation of children. This innovative process will be replicated in other joint programmes during the next cycle. The new programme will build on these achievements, in order to solidify the institutional foundation of nutrition at the highest level.

14. The recurrent nature of situations of food insecurity and their impact on the nutritional status of children have led to the introduction of nutritional supplements that are ready for use during periods of risk. The three target *moughataas* were selected on the basis of nutrition, health and food security indicators as well as the presence of motivated local stakeholders capable of leading the process. The

communication for development component helped to improve knowledge of the benefits of food supplements and to ensure that they are strongly embraced by mothers (86 per cent). The evaluation also showed that severe malnutrition indexes have improved significantly at the community level during lean periods. The value of this experiment lies in its rapid and easily measurable impact, its rallying power and the possibility of attracting high-impact stakeholders. During the next cycle, it will be used as the entry point at the community level, because it can be easily accepted by mothers. Scale-up will focus on integration with efficient high-impact interventions.

15. Low school enrolment in rural areas, especially among girls, weak community involvement, and problems of local management of the quality of educational services, have led to the reinforcement of community mobilization around the school. The “Child-Friendly School” project, established in 16 *moughataas*, was designed to educate these communities about the right to education, in order to facilitate their participation in school management. The results achieved show that investment in schools, combined with community mobilization, received strong parental support and encouraged more children to participate. The ongoing evaluation will highlight the strengths and weaknesses of this approach in order to optimize its expansion to all complete schools in the country.

The country programme, 2012-2016

Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		<i>Total</i>
	<i>Regular resources</i>	<i>Other resources</i>	
Child survival	3 000	32 500	35 500
Education for all	1 900	14 100	16 000
Child protection	1 841	4 125	5 966
Social policies and partnerships for child rights	1 600	2 750	4 350
Cross-sectoral costs	679		679
Total	9 020	53 475	62 495

Preparation process

16. Preparation of the country programme was based on the United Nations Development Assistance Framework, 2012-2016. A summary common country assessment led by the Government took into account the programmatic specificities of UNICEF. Under the coordination of the Ministry of Economic Affairs, preparatory meetings were organized by ministries responsible for children’s issues, justice, education, health, water, sewage and industry. Technical and financial partners and civil society also took part in the process.

Programme and results of components and strategies

17. The 2012-2016 programme will be built around four components: child survival, education for all, child protection, and social policies and partnership for child rights.

18. The results of the programme components are as follows: (a) by the end of 2016, newborns, children and women, particularly those in rural and peri-urban areas, will benefit from high-impact promotional, preventive and curative interventions in the areas of health, nutrition, water, hygiene and sanitation; (b) children between 3 and 5 living in rural and peri-urban areas will receive extended quality preschool education; (c) children in rural and peri-urban areas will complete a quality basic education cycle and have greater opportunities of entering the first cycle of general secondary school, throughout the territory; (d) children and young people who have not had schooling or have dropped out of school will have opportunities to enter formal educational institutions or vocational training schools and to attend regular life-skills sessions; (e) vulnerable children and women will be protected against discrimination, exploitation and physical and psychological violence in the eight most at-risk *wilayas*; (f) public administration will have increased capacities for the effective formulation and implementation of child policies; and (g) public institutions and civil society stakeholders will be engaged at the national and local levels to promote social protection and full enjoyment of the rights of the child.

19. In terms of strategies, the focus will be on building institutional capacities, notably in programming, management, and monitoring and evaluation. This will help to provide relevant information for the articulation of social policies and programmes fit for children, and to assess progress toward achieving results. Knowledge management will be strengthened to improve leadership and quality of programmes based on rigorous analyses. Advocacy will be undertaken to incorporate the equity dimension into programming, in order to increase public funding for social programmes and create leverage. The programme will promote the scale-up of cost-effectiveness intervention packages, particularly in rural and peri-urban areas, including in emergency situations. Communication for development will constitute a key strategy for all programmes, given the priority afforded to community interventions. Improvement of the supply and quality of basic services will be continued. Partnerships will be further expanded to include civil society, the private sector, donors, other agencies of the United Nations system, development partners and research and training institutions. Programme implementation will be based on human rights, gender and results-based management approaches.

Link with national priorities and the United Nations Development Assistance Framework

20. The results of the programme are aligned with the country's priorities and those of the United Nations system. Child survival is part of the health, water and sanitation sectoral plans as well as the National Nutrition Action Plan. Education for all is in line with the sectoral policies of education and youth. Child protection is aligned with the National Strategy for Child Protection. The social policies and partnership programme for child rights is consistent with the promotion of the good governance component of the Strategic Framework for Poverty Reduction.

Link with international priorities

21. The cooperation programme will contribute toward achievement of the MDGs, as well as the goals of “A world fit for children” and of the medium-term strategic plan, with special emphasis on child survival, education, protection and social policies. It will help to strengthen the Government’s ability to fulfil its obligations under the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the African Charter of the Rights and Welfare of the Child, and the United Nations Secretary-General’s recommendations for ending violence against children and women.

Programme components

22. **Child survival.** To overcome the obstacles of availability, accessibility, use and quality of services, the programme will focus, at the strategic level, on planning, budgeting and policy formulation. At the operational level, it will focus on continuity of mother-newborn-child care, assistance for preventive, promotional and curative actions in the areas of health, nutrition, water, hygiene and sanitation at the clinic and in the community. UNICEF will support universal vaccination, integrated management of children’s diseases, obstetric and neonatal care, prevention of mother-to-child HIV transmission, HIV paediatric care, prevention and treatment of malnutrition, including food fortification, scale-up of community-led total sanitation, and promotion of treatment and conservation of water at home.

23. Emphasis will be placed on interventions at the community level, with a strong communication and management component. Material, equipment and logistical support will be strengthened at all levels, including in emergency situations. Promotion of operational research and knowledge management will be aimed at bolstering the quality of programmes, advocacy and communication for development. Partnership with the private sector, civil society and research and training institutions will be promoted in order to support implementation and mobilization of resources. The main implementation partners are ministries responsible for health, children’s issues, industry, water and sewage, and the Ministry of Economic Affairs and Development. Collaboration with the United Nations system and civil society will be strengthened.

24. **Education for all.** In response to problems of access, quality and leadership, the programme will be built around the preschool level, basic education and children outside the school system. Capacity-building and knowledge management at the national level will help to improve leadership in the sector and the quality of educational services, including in emergency situations. The strategies will combine material, equipment and logistical support to establishments and communication for development. The aim of communication for development will be to improve parental practices for the development of young children, strengthen community mobilization around the school, and stimulate demand for schooling, especially among girls. Advocacy will be undertaken to build bridges between Koranic schools and formal schools. The school-project approach will be expanded to complete schools in the country. Lastly, life-skills empowerment will be based on a strategy of communicating mainly through civil society organizations and youth networks at the national level, in order to improve behaviours and knowledge of HIV/AIDS prevention and health, peace and citizenship education.

25. The main ministries concerned are those responsible for children's issues, education and youth. The programme is part of the sectoral approach bringing together technical and financial partners. Collaboration will be strengthened with Japan, Dubai Cares, the Swiss National Committee, and the main partners of the National Education Sector Development Programme (the World Bank, the French Development Agency, the Spanish Agency for International Cooperation and Development, and the cooperation and cultural affairs section of the French Embassy).

26. **Child protection.** In order to contribute to social change and the fight against extreme vulnerability, the programme will support the establishment of legal and political instruments to protect children and women against FGM, early marriage, exploitation and physical and psychological violence. Institutional capacity-building will focus on departments in charge of child protection and juvenile justice. Advocacy will be undertaken for the adoption or enforcement of laws and policies. The priority will be on strengthening the sectoral information system for the production of data on the severest forms and areas of vulnerability. At the decentralized level, protection systems will provide a minimum package of prevention and management services, including in emergency situations. Protection services will be expanded and consolidated within an intersectoral context. At the level of the family and the community, the programme will promote social norms that foster children's rights and welfare.

27. Actions will be coordinated by the ministries responsible for children's issues, justice and the interior, in close collaboration with civil society, including children's and adolescents' organizations. The partnership with the United Nations system — in particular the United Nations Population Fund (UNFPA)/UNICEF joint programme — and bilateral and multilateral agencies will be consolidated.

28. **Social policies and partnerships for child rights.** To overcome the data deficit, insufficient harmonization and application of conventions on children's rights as well as the limited budgetary allocations to social sectors, the programme will focus on supporting sectoral statistical systems (health, education, protection) and on capacity-building in budgeting and formulation of sectoral policies for children. To ensure the inclusion of the equity, gender and human rights dimensions, the comparative advantages of UNICEF (multiple indicator cluster surveys, situation analysis, DevInfo database) will be used to strengthen planning and budgeting and monitoring and evaluation tools. Capacity-building in the area of statistics will help to provide rigorous analysis in order to improve policy formulation and implementation. Advocacy will draw attention to children's rights at the highest level, in order to improve allocations to social sectors. Decentralization will be strengthened by highlighting the role of town councils in child promotion.

29. The programme will support the Government and civil society in formulating the social protection strategy and testing related programmes. Key tools in the promotion of children's rights will include adoption of a comprehensive children's code, reform of the National Council for Children, and development of the National Action Plan. Emphasis will be placed on promoting social change and a change in individual behaviours through essential family practices, modelling, scale-up of community experiments, and strengthening of the communication for development approach at the central and regional levels. Actions will be coordinated by the ministries responsible for economic affairs, finance, children's issues, the interior,

youth and communication, in collaboration with civil society, children and adolescents. Partnership with the Bretton Woods institutions, the United Nations system and bilateral and multilateral agencies will be consolidated. Collaboration with the Japanese and Spanish cooperation agencies and the Andorra National Committee will be strengthened in the areas of decentralization and communication for development. The forum on the rights of children will be strengthened in collaboration with World Vision International, *Terre des hommes* and the German Technical Cooperation Agency.

30. **Cross-sectoral costs** will support the operational and logistical aspects of the programme and improvement of the management capacities of UNICEF staff and partners, and cover expenditures for programme implementation and some operating costs of the country office.

Main partnerships

31. UNICEF will deepen its involvement in the formulation and implementation of the Strategic Framework for Poverty Reduction and sectoral programmes. Partnerships with agencies of the United Nations system will facilitate implementation of the United Nations Development Assistance Framework (UNDAF). UNICEF will also expand its partnership with bilateral and multilateral cooperation organizations, including the World Bank, the International Monetary Fund, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Global Alliance for Vaccines and Immunization, and donors of the Education For All Fast Track Initiative. Partnerships with elected officials, civil society, communities, media and religious leaders will be developed. Enhanced partnership with research institutions and universities will increase national expertise in research and analysis of policies and programmes related to children and women.

Programme monitoring, evaluation and management

32. The programme will support the conduct of national surveys and sectoral information systems, paying attention to disaggregation by sex, *wilaya* and quintile, on the MDG monitoring indicators and the Strategic Framework for Poverty Reduction. Nutritional surveys will play a part in programme monitoring and evaluation, with a focus on equity and gender. The DevInfo database anchored at the Ministry of Economic Affairs and Development will be used to monitor the MDG indicators.

33. The Ministry of Economic Affairs and Development, which oversees the Strategic Framework for Poverty Reduction and UNDAF, will coordinate the cooperation programme. Apart from semi-annual and annual reviews, monitoring and evaluation will be based on joint supervision, programme evaluations, research and participatory analysis. The mid-term review will be conducted in 2014. The integrated plan for monitoring, evaluation and research will serve as the scorecard. The evaluation of public institutions will be strengthened with input from national and international universities.