

## HEALTH



## [ Mauritania ]

**Child mortality in Mauritania fell from 118 per 1,000 live births in 1990 to 79 in 2017, according to the Inter-Agency Group for Child Mortality Estimates.**

Maternal mortality has remained high, though, at 658 deaths per 100,000 live births, as has newborn mortality, which is at 29 deaths per 1,000 live births. Among the challenges here are those related to the access to and use and quality of services, but also a number of cultural factors that hinder the implementation of good



infant and young child feeding practices. The health sector faces a number of ongoing issues, related to:

- > Deployment of qualified staff in rural zones;
- > Availability of essential medicines;
- > Appropriate management of childhood illnesses;
- > Communication strategies to accompany service provision and community mobilization;
- > Availability of healthcare and information services that are adapted to the specific needs of adolescents.

It is thus crucial to invest in health system strengthening, particularly at community level, and basic health services. The main actions in this regard entail i) improving the provision of basic healthcare carried out by community health workers in remote villages; ii) promoting essential family practices; iii) strengthening community participation; and iv) data-gathering, coordination, follow-up and documentation of processes and results.

## KEY STATISTICS

- > Around a third of pregnant women do not attend antenatal consultations.
- > Only 7% of newborns receive a postnatal visit in the first week of life.
- > 4 of 5 children do not receive the full complement of vaccines before their first birthday.
- > 4 of 5 children do not receive antibiotics to treat acute respiratory infections.
- > Around two thirds of children with diarrhoea do not receive oral rehydration therapy.

## UNICEF ACTIONS

UNICEF is working alongside the government to contribute to the implementation of the following priority actions:

- > Putting in place an institutional framework and coordination mechanisms at the national, regional and community levels;
- > Contributing to a political dialogue and sectoral reforms through the generation of evidence and the strengthening of basic health services at the operational level in its intervention zone (the regions of Guidimakha, Hodh Chargui and Assaba and the outskirts of Nouakchott);
- > Building the capacity of healthcare providers to offer improved services to newborns and young children, mothers and adolescents;
- > Strengthening the management of essential medicine provision and the health information management system;
- > Improving community participation in community health to increase the availability of basic health care;
- > Increase demand for services and promoting healthy practices.

FINANCING NEEDED  
TO SUPPORT PRIORITY  
ACTIONS IN HEALTH FOR  
THE PERIOD 2018–2022

**US\$3,740,000**

## PROGRAMME OBJECTIVES AND PRIORITY ACTIONS

**1. The Ministry of Health aims to strengthen maternal, neonatal, infant and adolescent health through the implementation of an integrated package of services in the four priority areas (Guidimakha, Hodh Chargui, Assaba and Nouakchott).**

**Achieving these objectives will involve**

- i) training providers on protocols and guidelines on integrated care for mothers, newborns, children and adolescents;
- ii) training input managers and those responsible for health facilities in the management of supplies;
- iii) building the capacity of district and regional teams in planning and management;
- iv) supporting micro-planning and monitoring in health areas and districts and regions;
- v) assisting with mobile/advanced activities in zones with poor coverage; and
- vi) support to technical and administrative supervision.

**2. The Ministry of Health is implementing a model of institutionalization and management of community health based**

**on decentralization and community participation.**

**Achieving this objective will involve**

- i) training and equipping community health workers in the targeted priority zones;
- ii) furnishing community health workers with medicines and equipment;
- iii) assisting with the supervision and follow-up of and support to community health workers;
- iv) developing an electronic register of community health workers;
- v) helping with the revision and dissemination of terms of reference of the different frameworks of coordination and community health management;
- vi) supporting the establishment and training of health facility management committees;
- vii) aiding in the organization of village and neighbourhood assemblies where consultations can be held with the management committees; and
- viii) supporting the organization of coordination meetings at district, regional and national levels.



# NUTRITION



## [ Mauritania ]

**Mauritania is a Sahelo-Saharan country, where the impact of lean periods combines with the difficult agro-ecological context and the continued existence of sub-optimal nutritional practices to expose children to various forms of malnutrition.**

Food and nutritional insecurity have a particularly marked impact on vulnerable children in the most deprived regions in the centre of the country (Aftout zone), Hodh El Gharbi and Hodh Chargui, where M'Berra Camp for Malian refugees is located. The nutritional state of children is a reflection of their general health. Children who have adequate nutrition are less exposed to illness and are able to fulfil their growth potential more easily.



## UNICEF ACTIONS

Over the past decade, thanks to the support of its financial partners in managing nutritional crises, UNICEF has assisted the government in its efforts to build capacity to address severe acute malnutrition along the continuum of care. As a result, 81% of health facilities have mechanisms in place to deal with severe acute malnutrition, and the indirect coverage of such efforts reached 76% in 2018.

Challenges remain, however, in working jointly with preventative interventions using a multi-sectoral approach. The Strategic Multi-Sectoral Nutrition Plan 2016–2025 contains a common results framework, presenting the role that each development sector needs to play in such a multi-sectoral approach. Within this framework, UNICEF, in partnership with the health system and civil society, is supporting the government to achieve its aims to transition to scaling up interventions that promote optimal infant and young child feeding practices.

- > Raise the exclusive breastfeeding rate among children under 6 months from 36% in 2016 to at least 75% in 2025;
- > Increase the share of children aged 6–23 months with minimum acceptable nutrition (satisfactory frequency and diversity of meals) from 22% in 2016 to at least 60% in 2025.

## KEY STATISTICS

- > The exclusive breastfeeding rate is estimated at 40.3%, according to the 2018 SMART survey.
- > Global acute malnutrition at the national level was calculated at 11.6% in 2017, with 2.3% of the population over the emergency nutrition threshold.
- > 1 of 5 children is stunted.
- > Three quarters of children under 5 suffer from anaemia.
- > Almost half of all children of preschool age have insufficient vitamin A intake, according to the 2009 Global Nutrition Report.
- > Under 10% of households have access to sufficient iodized salt, according to the 2018 SMART survey.

## PRIORITY ACTIONS IN TRANSITION TO SCALING UP INFANT AND YOUNG CHILD FEEDING PRACTICES

The adoption of optimal infant and young child feeding practices by mothers and care-givers involves the following priority actions:

- > Extension of the coverage of nutrition interventions at community level within the framework of social and behaviour change models;
- > Strengthening at the national scale the capacity and means of providers of health/nutrition services to deliver adequate infant and young child feeding assistance through various contacts with the mother/child couple;
- > Enhancing interpersonal communication at community level and health contacts through mass campaigns of a national scale;
- > Extension of household fortification of food with micronutrients;
- > Adoption of statutory instruments related to the International Code on the Marketing of Breast Milk Substitutes, and monitoring instruments.

FINANCING NEEDED TO SUPPORT PRIORITY ACTIONS IN NUTRITION (INCLUDING INFANT AND YOUNG CHILD FEEDING) FOR THE PERIOD 2018–2022

**US\$7,000,000**

## TARGETS

**Between now and 2022, UNICEF aims to achieve the following results:**

- > **Coverage of interventions in the community that promote optimal infant and young child feeding practices at 60%;**
- > **1,275 health providers with the capacity to deliver infant and young child feeding services to benefit 258,000 breastfeeding women and 163,500 pregnant women by means of maternal, neonatal and infant health contacts;**
- > **111,540 children aged 6–23 months benefiting from household fortification of food with micronutrients;**
- > **Signature by Mauritania of an inter-ministerial decree related to the application of the International Code on the Marketing of Breast Milk Substitutes;**
- > **At least 90% of children aged 6–59 months receiving vitamin A supplements twice a year (more than 500,000 children);**
- > **At least 90% of children aged 12–50 months de-wormed twice a year (more than 400,000 children);**
- > **At least 50% of households with access to iodized salt.**



# WATER, SANITATION AND HYGIENE



[ Mauritania ]

WASH

**As a desert nation, heavily affected by the impacts of climate change, Mauritania is characterized by its large size, the scattered nature of its population in small villages and hamlets and its limited water resources, in particular in rural areas.**

The country is working towards achieving the Sustainable Development Goals, in particular SDG 6, on ensuring the availability and sustainable management of water and sanitation for all. In this context, challenges remain in terms of access to clean water and sanitation



facilities and good hygiene practices for most Mauritians, in particular women and children. In recent years, there has been a rise in access to clean water and basic sanitation, but problems persist, in particular in relation to open defecation and access to water and toilets in schools and health facilities.

In fact, only 64% of the population has access to clean water and three out of ten people do not have toilets and practise open defecation. More than 50% of health centres and 70% of schools do not have access to clean water and sanitation facilities, which is an indicator of the condition of the services in place to care for and educate children.

Women continue to be responsible for fetching water, and usually have to walk more than 30 minutes to find a source of clean water.

Having said all this, substantial progress has been made recent years, in particular with the conception of the national Strategy for Accelerated Growth and Shared Prosperity 2016–2030. However, there remains a great deal to do to achieve SDG 6, to ensure access to clean water and sanitation for all Mauritians.

## KEY STATISTICS

- > Only 6 of 10 people have access to clean water.
- > Only 4 of 10 households have access to basic sanitation.
- > 3 of 10 people continue to practise open defecation.
- > 2 of 5 children do not have access to toilets.
- > More than half of health facilities and two thirds of schools are not adequately equipped in terms of WASH infrastructure.



## TARGETS

**Between now and 2022, the UNICEF Mauritania Country Programme aims to achieve the following results, benefiting a total of 600,000 people:**

- > 100 new water points, serving 100 communities;
- > Elimination of open defecation in 1,500 new target communities;
- > Access to water and sanitation for 200 new target schools and health posts in the intervention and emergency zones.

FINANCING NEEDED  
TO SUPPORT PRIORITY  
ACTIONS IN WASH FOR  
THE PERIOD 2018–2022  
**US\$7,000,000**

## PROGRAMME OBJECTIVES AND UNICEF ACTIONS

UNICEF is supporting Mauritania to achieve SDG 6: ensuring the availability and sustainable management of water and sanitation for all. Within this framework, UNICEF is providing technical and financial assistance to the Ministry of Water and Sanitation, to:

- > Eliminate open defecation and promote good hygiene and sanitation practices;
- > Develop the provision of clean water and sanitation infrastructure in health facilities and schools, but also in communities, using low-cost technologies and solar energy;
- > Work towards addressing malnutrition by improving conditions of hygiene and sanitation in households;
- > Strengthen coordination and governance mechanisms in the WASH sector;
- > Improve national and local monitoring and evaluation mechanisms;
- > Build the capacity of national and regional stakeholders;
- > Intensify interventions that target deprived populations in rural and peri-urban zones;
- > Strengthen climate change mitigation measures to contribute to the basic resilience of the sector.

UNICEF aims to promote behaviour change over the long term, with a particular emphasis on engaging communities, especially women and children.



# PROTECTION



## [ Mauritania ]

**Mauritania has made significant progress in terms of child rights in recent years. The country has worked hard to improve its legal framework to conform better to the Convention on the Rights of the Child.**

However, actual implementation of laws continues to face a number of challenges, in particular with regard to harmful traditional practices and the capacity of government institutions.



In this context, children continue to be exposed to various violations of their rights, including violence, exploitation, discrimination, abuse and neglect. Although there has been a fall in recent years, rates of female genital mutilation/cutting (FGM/C), early marriage and violence against children remain very high. Increased efforts are necessary to eliminate these practices by 2030 and to help the country honour its commitments to the Sustainable Development Goals, in particular SDGs 5 and 16.

### UNICEF ACTIONS

UNICEF is supporting the government's efforts to ensure that a greater number of children, in particular the most vulnerable and those in priority zones, are:

- > Registered at birth;
- > Protected against all forms of violence and mistreatment;
- > Protected against early marriage;
- > Protected against FGM/C.

### KEY STATISTICS

- > 4 of 10 children under 5 years are not registered at birth with the civil registration service.
- > More than 1 girl of 2 aged 0–14 years has been subjected to FGM/C.
- > More than a third of women aged 20–24 years were married before the age of 18.
- > 8 of 10 children under 14 years have been subjected to violent disciplinary methods within their own family.
- > More than a third of children aged 5–17 years work, a quarter of them in dangerous conditions.



## TARGETS

Between now and 2022, the **UNICEF Mauritania Country Programme** aims to achieve the following results:

- > **Abandonment of FGM/C and early marriage by 300 new target communities, enabling around 46,000 girls aged up to 14 years to avoid FGM/C;**
- > **Care for around 14,000 at-risk children and child victims of violence, including 500 girls who have been subjected to sexual violence.**

FINANCING NEEDED  
TO SUPPORT  
PRIORITY ACTIONS IN  
PROTECTION FOR THE  
PERIOD 2018–2022

**US\$4,580,000**

## PROGRAMME OBJECTIVES

UNICEF is assisting the government to strengthen child protection systems to identify and take care of boys and girls at risk of violence, in the following main areas:

### Early marriage and FGM/C

- > Strengthening partnerships with religious leaders;
- > Building government capacity to develop and implement strategies and policies to eliminate such practices;
- > Encouraging community dialogue to generate public statements of collective abandonment of early marriage and FGM/C.

### Abuse, exploitation and violence

- > Developing and implementing a national child protection strategy, with full budgetary allocations;

- > Improving the life skills of adolescents to help them protect themselves;
- > Strengthening social work mechanisms to enable early detection and response in cases of violence, abuse and exploitation;
- > Supporting psychosocial, medical and legal assistance to victims of abuse and sexual violence.

### Birth registration and justice

- > Improving access to birth registration for children;
- > Supporting the creation and strengthening of justice services adapted to children with the aim of putting in place diversion measures or alternatives to the detention of children.





# EDUCATION



## [ Mauritania ]

**The effort to achieve universal access to basic education in Mauritania faces a number of challenges, despite progress made on improving primary school attendance, particularly in rural zones.**

An estimated 45% of school-age children are currently out of school – that is, around 455,000 children. For this huge number who have dropped out of or never accessed school,

the country's education system has limited opportunities in terms of professional training or alternative education that could provide them with a certificate or diploma.

Among the main problems facing the education sector in Mauritania are limited funding, a shortage of qualified teachers, a lack of preschool education facilities and inadequate pedagogical materials. There are thus mixed perceptions of the benefits of schooling, in particular given the lack of employment opportunities. This has significant consequences for the education of girls.

### KEY STATISTICS

- > Only 1 of 10 children attends preschool.
- > 45% of children of school age are out of school.
- > Only 39% of primary schools offer a complete curriculum.
- > Only 1 of 10 baccalaureate students passes the exam.
- > 1 of 5 teachers does not have the basic pre-service training or the required standard of teaching skills.
- > In the fifth year of primary school, only 40% of children achieve the necessary standard in Arabic, 14% in French and 9% in mathematics.





## TARGETS

- > **15,000 out-of-school children benefit from programmes that work towards getting them back to school.**
- > **300 madrasas take part in the pilot project to ensure a protective environment for children and opportunities to take part in formal education.**
- > **125,000 children study in schools that offer a complete curriculum.**
- > **Communities collaborate in 1,150 school projects to ensure the effective functioning of such schools and the supply of quality education.**
- > **2,500 primary school teachers have improved language and teaching skills.**
- > **100 preschools meet quality standards and norms within the framework of early childhood education, consistent with the basic education induction programme.**
- > **At least 40,000 parents benefit from parental education programming.**

FINANCING NEEDED  
TO SUPPORT PRIORITY  
ACTIONS IN EDUCATION  
FOR THE PERIOD 2018–2022  
**US\$ 5,200,000**

## PROGRAMME OBJECTIVES AND UNICEF ACTIONS

UNICEF is working with Mauritania's government to implement the National Education Sector Development Plan 2011–2020, with the aim of achieving Sustainable Development Goal 4. In this regard, UNICEF is providing technical and financial assistance to a number of sector partners, including the Ministry of Education and Professional Training, the Ministry of Social Affairs, Children and the Family and the Ministry of Islamic Affairs and Traditional Education. Actions carried out in this endeavor include the following:

- > Promoting early childhood development through parental education and support to quality learning;
- > Developing operational standards in new preschool centres;

- > Creating a multi-sectoral coordination framework to assist with the rehabilitation and reintegration of out-of-school children;
- > Promoting traditional education in Koranic schools (madrasas) that ensures a protective learning environment and dovetails with the formal education system;
- > Improving learning conditions to guarantee improved education quality;
- > Reducing school dropout rates by improving the complete schools ratio by regrouping those with an incomplete cycle under those with a complete cycle;
- > Improving the quality of learning and teachers' competencies by strengthening pre- and in-service training.



# SOCIAL INCLUSION



## [ Mauritania ]

**Despite much hard work and progress made in the fight against poverty, more than a quarter of children in Mauritania still live in absolute poverty (measured as being deprived of at least two basic rights: education, water, hygiene, shelter, health and access to information) and at least a third of these children are exposed to food insecurity or acute malnutrition.**

The development of child-sensitive policies and strategies requires analysis that is focused on inequality and deprivation. Meanwhile, budgetary challenges and a shortage of coordination and monitoring mechanisms are hindering the execution of multi-sectoral programmes, in particular those related to early life.



The country's Strategy for Accelerated Growth and Shared Prosperity for 2030 acknowledges these challenges and proposes a number of reforms and programmes in response. The main areas of focus are reforms to the financial constitution of the country; administrative decentralization; and strengthening public accountability and monitoring and evaluation mechanisms. In 2018, Mauritania enacted the new Organic Budget Law, adopted the Law on Regions and organized elections. The National Strategy for the Development of Statistics was also adopted.

### UNICEF ACTIONS

UNICEF is supporting the Mauritanian government to plan, implement and monitor and evaluation social policies that work towards ensuring the rights of children, in particular the most deprived.

The programme works alongside the government to:

- > Produce and analyse robust data on inequality and the causes of child deprivations;
- > Set up strategic partnerships to encourage political dialogue and strengthen social budgeting in favour of children;
- > Improve coordination mechanisms in relation to social protection initiatives;
- > Assist with decentralized planning in areas of convergence of the UN system.

### KEY STATISTICS

- > 27 departments are in a situation of nutritional emergency.
- > 1 child of 10 dies before their fifth birthday.
- > Mauritania ranks 159th out of 189 countries on the Sustainable Development Index.
- > The country ranks 40th out of 54 countries on the Ibrahim Index of African Governance.



## PROGRAMME OBJECTIVES

UNICEF and its partners will work with the government to:

- > Regularly collect and analyse data on child poverty and well-being, so as to be able to influence national programming and budgeting in favour of children;
- > Develop decentralization planning approaches with the participation of women and children;
- > Ensure an adequate response to the most vulnerable children, through an integrated system of social protection and appropriate social services.

FINANCING NEEDED FOR  
THE SOCIAL INCLUSION  
PROGRAMME FOR THE  
PERIOD 2018–2022

**US\$1,600,000**

## TARGETS

Between now and 2022, the UNICEF Country Programme aims to implement:

- > **Advocacy actions that ensure the needs of the more than 470,000 children living in absolute poverty are better addressed;**
- > **A national mechanism to monitor multidimensional child poverty;**
- > **A national real-time monitoring mechanism on supply and demand relative to education, health and WASH services in pockets of poverty;**
- > **Decentralized planning mechanisms to identify and support the implementation of the required intervention package to break the circle of intergenerational poverty for more than 38,800 children living in extreme poverty;**
- > **An inter-sectoral coordination mechanism in place to implement an integrated social protection system for the most vulnerable.**



# COMMUNICATION FOR DEVELOPMENT



[ Mauritania ]

## Harmful traditional practices remain common in Mauritania, and act as a brake on child survival, development and protection.

Communication for development (C4D) aims to engender a change in behaviour and social norms towards the promotion of child rights. UNICEF hopes to approach this through dialogue with the various key stakeholders (in particular families and communities), accompanying this with information and sensitization campaigns.

A number of factors hinder the effective implementation in Mauritania of a communication policy that targets the more vulnerable sections of society.

- > Limited access to the information needed to improve child survival, education, development and protection;
- > High rates of illiteracy and persistent challenges in terms of schooling;
- > A shortage of qualified staff;
- > Limited financial resources, which poses problems with regard to the supervision and motivation of community relays;
- > Limited coverage by the media of the issues related to child survival, education and protection.

## UNICEF ACTIONS

To encourage the necessary behavioural changes to improve the living conditions of children and women in Mauritania, UNICEF aims to strengthen C4D in public policy and support large-scale information campaigns in various regions of the country, with particular attention to the peri-urban areas of Nouakchott and the regions of Hodh Chargui, Guidimakha and Assaba.

UNICEF will also work with the government and civil society to encourage community participation, develop institutional communication/C4D capacity and diversify the means of communication used, including in emergencies.



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for every child



## TARGETS

**Between now and 2022, UNICEF will assist with the following initiatives:**

- > **Setting up an operational national coordination mechanism to support communication/C4D strategies and results;**
- > **Establishing interactive communication platforms to facilitate the active participation of children and adolescents;**
- > **Building the implementation capacity of government staff and partners at both national and local levels;**
- > **Creating a social and behavioural database to inform and adapt C4D strategies in the Country Programme's priority zones.**

FINANCING NEEDED  
TO SUPPORT PRIORITY  
ACTIONS IN C4D FOR  
THE PERIOD 2018–2022  
**US\$2,200,000**

## PROGRAMME OBJECTIVES

As its central approach to guaranteeing children the full enjoyment of their rights, the C4D component will support:

- > A process of continued dialogue with the different target groups, backed up by large-scale information campaigns;
- > Working with religious leaders to disseminate positive messages related to child rights, in sermons in mosques and in the community;
- > The development of messages and communication tools adapted to the cultural context of the target populations;
- > Interventions that aim to promote youth, in collaboration with the Ministry of Youth and Sports and youth associations.

