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UNITED NATIONS POPULATION FUND
Country programme outline for Mauritania*

Proposed UNFPA assistance:	\$6.7 million, \$4.5 million from regular resources and \$2.2 million through co-financing modalities and/or other, including regular, resources.
Programme period	6 years (2003-2008)
Cycle of assistance	Fifth
Category per decision 2000/19:	A

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	2.4	1.5	3.9
Population and development strategies	1.5	0.7	2.2
Programme coordination and assistance	0.6	-	0.6
Total	4.5	2.2	6.7

* The transition to the new harmonized programming process called for in decision 2001/11 necessitated a period of adjustment to accommodate the new requirements for country outlines, and has delayed submission of the present document.

I. Situation analysis

1. The population of Mauritania was estimated at 2.6 million in 2000. The per capita gross domestic product is \$380 and 50 per cent of the population lives on less than \$1 per day. The population policy declaration adopted in 1995 gives priority to the fight against poverty; the Poverty Reduction Strategy Paper (PRSP) formulated in 2000-2001 aims to halve rural poverty by 2015.

2. Health and social indicators are generally poor. Maternal mortality is high, at 747 deaths per 100,000 live births, due partly to the lack of emergency obstetric care. The unmet need for family planning is 31.6 per cent. Female genital cutting (FGC) affects 71 per cent of women aged 15 to 49. Only 30 per cent of women are literate, compared to 50 per cent of men. HIV/AIDS prevalence is still low, and only 0.52 per cent of pregnant women are HIV-positive. However, the prevalence rate among blood donors rose from 0.4 per cent in 1997 to 1.7 per cent in 2000.

II. Past cooperation and lessons learned

3. The fourth UNFPA country programme (1998-2001) received \$7 million, of which \$4 million were from regular resources. The programme was extended by one year and achieved success in a number of areas.

4. In the area of reproductive health, the programme contributed to the implementation of the national reproductive health programme and to its acceptance as the framework for all reproductive health initiatives. Contraceptive commodities were supplied nationwide. Management training, service provision training, and the training of trainers helped to strengthen national capacity and to promote South-South cooperation, particularly with Tunisia. Partnerships between health professionals and patients were forged to improve the quality of health care. Controversial subjects such as FGC, early

marriage, reproductive health services for young people and HIV/AIDS are now publicly debated.

5. In the area of population and development strategies, the programme helped to update the population policy declaration and to sensitize local leaders to population issues. The programme also supported the third population and housing census and the first demographic and health survey. A strategy to institutionalize population education and family life education in schools was formulated and long-term partnerships were established with youth associations.

6. A multisectoral approach to incorporating gender into development programmes was developed with the support of an inter-ministerial gender group. The Convention on the Elimination of All Forms of Discrimination against Women was ratified and a personnel status code was adopted.

7. Important lessons were learned. It was recognized that providing reproductive health services within a health sector-wide approach contributed to the harmonious development of the entire health system. Because of similarities in experiences, South-South cooperation was useful in adapting training to address needs. The decentralization of activities helped to improve monitoring capacity and efficiency and encouraged the participation of rural populations. A concerted approach by United Nations agencies contributed to more effective advocacy strategies on issues such as HIV/AIDS, FGC, adolescent reproductive health and girls' education. Finally, closing the gap between knowledge and practice called for the intensification of advocacy activities and required community participation in information, education and communication (IEC) and behaviour-change communication strategies.

III. The proposed programme

8. The proposed programme will contribute to the national development objectives of poverty reduction and sustainable improvement in living standards by: (a) increasing the use of reproductive health services in programme areas; (b) promoting the integration of regional and gender-sensitive population issues into sectoral policies and development strategies; and (c) reducing inequalities in the social roles of men and women.

9. The programme is consistent with the common country assessment and the United Nations Development Assistance Framework (UNDAF). It will address maternal and child mortality; human rights, including gender inequalities; HIV/AIDS; youth-specific reproductive needs; and capacity-building through education and training.

10. The expected outcomes will be: (a) increased use of reproductive health services and improved access to reproductive health information; (b) integration of regional and gender-sensitive population issues into sectoral policies and development strategies; and (c) reduction of disparities between the social roles of men and women.

11. The programme will provide national coverage to strengthen management capacity, coordination, population education and family life education, information systems and reproductive health commodity security. For all other interventions, the programme will cover priority zones identified by the UNDAF and the PRSP.

Reproductive health subprogramme

12. The first output in reproductive health is to improve the availability of high-quality reproductive health services in programme areas. This output will be achieved through two strategies. The first strategy will be to improve geographical accessibility to reproductive health services by: (a) implementing the

minimum reproductive health services package according to norms; (b) ensuring the availability of comprehensive emergency obstetric care in two regional hospitals and basic obstetric care in 13 health centres; (c) supporting training on capacity-building for five non-governmental organizations (NGOs); and (d) supporting the development of community-based services.

13. The second strategy will be to improve the quality of reproductive health services by: (a) training health providers in standards and procedures; (b) equipping health centres according to standards; (c) supplying reproductive health commodities; (d) supporting supervision activities; (e) developing operational research; (f) evaluating users' satisfaction; (g) reinforcing the partnership between health providers and patients; (h) implementing cost-recovery schemes in reproductive health; and (i) improving the availability of IEC materials.

14. The second output -- improved incorporation of adolescent reproductive health needs into core programme areas -- will be achieved by: (a) introducing reproductive health units into youth centres; (b) reinforcing population education in schools through the establishment of population and family-life education clubs in secondary schools and, in the non-formal sector, through NGOs; (c) improving the use of information on responsible sexuality and sexually transmitted infections (STIs), including HIV/AIDS; (d) reinforcing central and regional institutional capacity; (e) strengthening the health information system; and (f) supporting efforts in reproductive health commodity security.

Population and development strategies subprogramme

15. The first output in the area of population and development strategies is to strengthen implementation, at the central and regional levels, of the population policy declaration and

the sectoral programmes. This output will be achieved through efforts to reinforce institutional and technical capacity by: (a) developing follow-up and coordination mechanisms, including databases disaggregated by sex, age and area; (b) decentralizing to improve the monitoring of interventions; and (c) promoting community participation.

16. The second output -- the establishment of an information system for the implementation and monitoring of population policy sectoral programmes -- will be achieved by: (a) supporting population data research and analysis; (b) contributing to the elaboration of a sociodemographic and environmental framework; (c) supporting the dissemination of data on population issues; (d) reinforcing the health information system; (e) developing complementary research according to identified needs; and (f) conducting advocacy for the mobilization of resources, in particular for the next demographic and health survey.

17. The third output -- providing equitable access to population and reproductive health information -- will be achieved through two strategies. The first strategy will be to improve access to information at the central level by: (a) supporting the establishment of population education and family life education clubs in secondary schools; and (b) mobilizing resources to reduce sexist stereotypes in textbooks.

18. The second strategy will improve access to population and reproductive health information in designated programme areas by: (a) educating people about their reproductive rights; (b) sensitizing parents to the need to keep girls in school; (c) updating and implementing IEC and population strategic frameworks; (d) supporting participatory research on sexist behaviour and stereotypes in popular culture; and (e) reinforcing communication skills and channels, including rural radio.

19. The fourth output is an improved sociocultural environment for the implementation of the population policy and increased support for the policy from local leaders. The leaders will be encouraged to adopt positive attitudes towards family planning, the education of adolescent girls and the fight against HIV/AIDS and FGC. A targeted advocacy strategy will be formulated based on an analysis of the leaders' perceptions. Media campaigns will be developed and partnerships formed with NGOs active in advocacy.

20. The fifth output -- better application of the women's legal status framework -- will be achieved by supporting the application of the personnel status code. This will be accomplished by: (a) improving knowledge of civil rights and responsibilities through the broad dissemination of the code in local languages to administrative authorities, members of civil society and local communities; (b) increasing legal support for the application of the code; and (c) strengthening the central and regional capacities of the State Secretariat for Women's Status and of civil society.

21. The proposed programme assumes the existence of strong political will to wage the battle against maternal mortality and HIV/AIDS; a continued supply of reproductive health commodities nationwide; the coordinated support of partners; and the participation of the country in the Heavily Indebted Poor Countries' Initiative. Possible obstacles to the programme include delays in developing the government infrastructure; the weak decentralization of human resources; and deficient management and monitoring capacities.

IV. Programme management, monitoring and evaluation

22. The programme will cover the period 2003-2008, so that it will be harmonized with the cycle of the economic and social

programme of the Government. The programme will be nationally executed by various ministries and their regional offices as well as by civil society organizations. The UNFPA Country Technical Services Team in Dakar, Senegal, will provide technical support. The Ministry of Economic Affairs and Development will be responsible for coordinating the programme.

23. The programme will reflect a sector-wide approach to health that will consolidate the current partnership with the World Bank to support the national reproductive health programme, reproductive health commodity security and South-South cooperation. The programme will be implemented in collaboration with United Nations agencies and will mainstream gender into development programmes, promote girls' education and develop social indicator databases. Partnerships on safe motherhood will be developed with the United Nations Children's Fund, French Cooperation and the World Health Organization. UNFPA will also lead a coalition of organizations to improve the quality of reproductive health services.

24. Programme monitoring will be conducted in accordance with annual plans based on the logical framework indicators as well as on UNDAF monitoring requirements. The midterm review of the programme will involve all United Nations agencies. Data availability will be facilitated by the publication of the final results of the primary health care survey and the establishment of a social database at the National Bureau of Statistics. Regional surveys will be conducted to provide baseline data.

25. The UNFPA country office in Mauritania consists of a Representative, two national programme officers, one junior professional officer and support staff. National project personnel may be recruited to assist with the programme. Three national United Nations volunteers will be assigned to areas covered by the programme.

ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR MAURITANIA

UNDAF OBJECTIVE: To contribute to poverty reduction by combating maternal and child mortality, promoting good governance and human rights, and reinforcing education and training				
UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
To support the national goal of poverty reduction and sustainable improvement of living standards	1. Contribute to increased use of and access to high-quality reproductive health (RH) services by target groups in programme areas	By 2008: * The national average of assisted childbirths rises from 57% to 62% * The percentage of women and men knowledgeable about at least one method of AIDS prevention rises from 34% to 60% for women, and from 65% to 80% for men	Output 1: Availability of high-quality RH services Output Indicators: <ul style="list-style-type: none"> 50% of the population has access to high-quality RH services, including family planning All health structures offer a high-quality minimum package of RH services 2 regional hospitals offer comprehensive emergency obstetric care and 13 health centres offer basic emergency obstetric care 	\$2.7 million
			Output 2: Improved incorporation of adolescent reproductive health needs Output Indicators: <ul style="list-style-type: none"> 14 youth centres introduce adolescent RH services 14 youth associations offer RH peer education The percentage of youth in areas covered having benefited from RH services increases by 33% 	\$1.2 million
	2. Promote the integration of regional and gender-sensitive population issues in sectoral policies and development strategies	By 2008: * The extent to which the integrated information system regularly supplies sociodemographic data disaggregated by gender * The support given by local leaders to the goals of the population policy declaration	Output 1: Population policy declaration and sectoral programme implementation capacity strengthened at central and regional levels Output Indicators: <ul style="list-style-type: none"> Programme activity database created Proportion of execution carried out by civil society and Government and at central and regional levels Percentage of activities executed in relation to the activities planned is close to 100% 	\$0.3 million
			Output 2: Operational information system for the implementation and follow-up of the population policy declaration sectoral programmes, integrating gender issues and regional data, in place Output Indicators: <ul style="list-style-type: none"> Number of institutions and NGOs having incorporated gender into their programmes and strategies Sociodemographic database providing reliable follow-up indicators, disaggregated by gender and area 	\$0.6 million

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
			<p>Output 3: Equitable reinforcement of access to population and RH information</p> <p>Output Indicators:</p> <ul style="list-style-type: none"> • 30% rise in the target population that has improved knowledge of RH rights and gender issues • 20% rise in men in age of procreation having participated in sensitization sessions on RH • % of trained secondary school teachers increases by 50% 	\$0.7 million
	<p>3. Disparities between the social roles of men and women reduced in programme areas</p>	<p>By 2008:</p> <ul style="list-style-type: none"> * The boy to girl ratio in secondary schools decreases from 1.4 to 1.2 * 20% drop in the disparity between male and female literacy * 25% drop in prevalence of FGC with women under 15 * Improvement in the registration of civil status, marriages and divorces * Reduction of female-headed households from 36% to 25% 	<p>Output 1: Improve the sociocultural environment for the implementation of the population policy declaration; local leaders' support increased</p> <p>Output Indicators:</p> <ul style="list-style-type: none"> • 50% reduction in negative attitudes of local leaders towards family planning, HIV/AIDS, FGC, keeping teenage girls in school and gender issues • Increase in the number of favourable public stances on the population policy document adopted by local leaders • The number of community leaders who develop sensitization actions on RH, HIV/AIDS, FGC, women's rights and schooling of girls in the community <p>Output 2: Better application of the legal status framework for women</p> <p>Output Indicators:</p> <ul style="list-style-type: none"> • 50% rise in men and women who know their rights according to CEDAW and the family code • The percentage of people who call upon those rights in case of need rises by 25% 	<p>\$0.3 million</p> <p>\$0.3 million</p> <p>Programme coordination and assistance: \$0.6 million</p>

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