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**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for Mauritania**

Proposed indicative UNFPA assistance:	\$16.96 million: \$4.47 million from regular resources and \$12.49 million through co-financing modalities or other resources
Programme period:	4 years (2024-2027)
Cycle of assistance:	Ninth
Category:	Tier I
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2024-2027

## I. Programme rationale

1. In 2023, Mauritania, with a size of 1,030,000 km<sup>2</sup>, has an estimated population of 4.5 million, or a density of 4.5 inhabitants/km<sup>2</sup>; 41 per cent of the population lives in rural areas. The population growth rate has declined slightly, from 2.9 per cent per year in 1988 to 2.4 per cent per year in 2021.

2. During 2017-2019, the gross domestic product growth averaged 5.5 per cent annually. However, the real economic growth rate fell from 5.9 per cent in 2019 to 1.2 per cent in 2020. The decline by the COVID-19 pandemic affected both the national economy and the health system, which left a large portion of the population at risk of being left behind. Despite the setback, a remarkable growth momentum is noted, as the prevalence of extreme poverty has declined from 16.6 per cent in 2014 to 12.8 per cent in 2020. Yet the prevalence of extreme poverty is overall volatile and the decline insufficient to reduce existing inequalities, eradicate poverty, provide opportunities for women, girls and youth to realize their potential, and create high-quality jobs. Moreover, in 2019, an analysis of poverty (Permanent Survey of Household Living Conditions, 2019-2021), shows that poverty remains a serious rural, youth and female issue, with an incidence rate of 41.2 per cent in rural areas, compared to 14.4 per cent in urban areas.

3. The country's population is predominantly young, with 61 per cent of the population under the age of 25; 51.6 per cent of the population is female; and 4 per cent of the total population is over the age of 65. Young people are an indispensable asset for harnessing the demographic dividend if adequate actions are taken to develop the country's human capital, in terms of gender equality, creation of decent jobs and good governance in all its forms.

4. The country experienced a peaceful transition during the last presidential elections, and the political climate remains calm. However, in October 2022, the instability in the Sahel region and cross-border issues led to its peak, with a large influx of refugees exceeding 100,000 for the first time. In addition, 10,037 Mauritanian nationals returned to their country and settled in the same region. These returnees arrived with a herd of 91,785 animals, which is half that of the host population, posing a problem of access to pasture and water, already scarce in this area of extremely low rainfall, and posing a risk of conflict between farmers and herders. The presence of refugees – being settled in an already structurally fragile area and representing 90 per cent of the population of the host locality – must be managed carefully to prevent social instability and the resulting negative consequences for the health and well-being of women and girls, including gender-based violence.

5. The socio-economic aspects of vulnerability draw attention to the specific situation of women. It is evident that women live in even more precarious conditions than men and are considerably more vulnerable to climate change, especially in rural areas. This has a negative impact on their access to education and health. In Mauritania, approximately six in ten people experience poverty at many multidimensional levels. The rural areas are a breeding ground for poverty, which requires government attention, as nearly four in five people (77.1 per cent) living in these areas are poor.

6. Like the other Sahelian countries, Mauritania faces chronic and recurrent food and malnutrition crises, aggravated by the impact of the COVID-19 pandemic and the consequences of the geopolitical shocks. Climate change affects the country, which is subject to cycles of flood and drought. This has a negative impact on the lives of families and especially regarding the access to reproductive health and gender-based violence services of the most vulnerable. One indication of how climate change has impacted women negatively is in a recent DHS study that shows that 8 per cent of women (aged 15-49 years) have a body mass index of less than 18.5 and are therefore too thin, causing many health-related issues.

7. Mauritania has ratified all international conventions and covenants related to human rights, the country regularly submits periodic reports to treaty bodies, including the Universal Periodic Review and the Committee on the Elimination of Discrimination against Women, which have made recommendations to strengthen the protection of human rights, access to health and education and the integration of a human rights-based approach to the environment, among others. An action plan to implement the recommendations on access to reproductive health and the prevention and response to gender-based violence has been developed. The Mauritanian Constitution of 1991 guarantees rights and freedoms; however, important legislative reforms remain to be ratified, particularly in the prevention and response to violence against women.

8. At the institutional level, Mauritania has established several national human rights mechanisms, including a national mechanism for the prevention of torture, a court specialized in the fight against contemporary forms of slavery, and a national observatory for women's and girls' rights.

9. Mauritania faces many demographic and health challenges that have negative consequences for the country's social and economic development. In the area of family planning, access to and use of services by young people remain insufficient. The unfavourable environment, insufficient awareness of reproductive health among young people, and the difficulty of access and unsuitability of the services offered are major problems. These various elements are the result of certain socio-cultural norms, religious misinterpretation, lack of community dialogue on family planning, and weak political advocacy on behalf of youth. This is aggravated by the frequency with which reproductive health and family planning products are stocked out, especially at 'the last mile.' This programme will make sure that products are available at 'the last mile.'

10. The maternal mortality ratio is high, despite a significant decline between 2013 and 2020, when it fell from 582 per 100,000 live births (2013 census) to 424 per 100,000 live births (DHS 2020). The direct causes of maternal mortality are mainly: pre-partum and post-partum haemorrhage (24 per cent); pre- and eclampsia (16 per cent); sepsis (10 per cent); complications from abortion (9 per cent); embolisms (2 per cent); while indirect causes account for 29 per cent of maternal deaths. According to the 2020 stockout survey, only three health facilities in the country provided basic emergency obstetric and newborn care (two in Nouakchott and one in Trarza) and 12 were equipped for emergency obstetric and newborn care (two in Nouadhibou; five in Nouakchott; and one in each of the localities). The availability of basic emergency obstetric care facilities is crucial to reducing the maternal mortality ratio in the country because they are often the first referral point for those furthest left behind.

11. The fertility rate among women aged 15-49-years is high, with a significant increase from 4.5 children (DHS 2000) to 5.2 children per woman (DHS 2020). It is higher in rural areas (6.4) than in urban areas (4.1). Modern contraceptive prevalence decreased from 15.6 per cent in 2015 (Multiple Indicator Cluster Survey (MICS), 2015) to 12.8 per cent in 2020 (DHS 2020). It is higher (20 per cent) in urban areas than in rural areas (7 per cent). The causes of this decline in contraceptive prevalence are not yet known. The difference in the methodology used in the two surveys might be the source. However, a knowledge, attitudes and perceptions (KAP) survey will be scheduled in the new programme to try to identify the causes. The survey will also take into account social and traditional behaviours of men, boys and community leaders that affect decision-making on family planning and reproductive health. The unmet need for family planning is high, despite a slight decrease (from 33.7 per cent in 2015 to 31.5 per cent in 2020); and 76.1 per cent of health facilities offer at least three modern contraceptive methods. According to the DHS 2019-2020, the unmet need for family planning is 30.4 per cent for adolescents aged 15-19 years versus 23.3 per cent for adults aged 40-45 years. Information on the specific SRH needs of people with disabilities are not available; therefore, it will be captured in the KAP survey so that interventions can be designed accordingly.

12. Mauritania has ratified most of the international and regional conventions on women's rights and the promotion of gender equality and has adopted new national laws favourable to women's rights. Despite this, customs and traditions remain rooted in discriminatory social norms that persist, and many women continue to experience several forms of discrimination and gender-based violence. According to the DHS 2019-2020, 18.9 per cent of women aged 15-49 years have experienced physical, and emotional violence. Female genital mutilation (FGM) practices persist, despite the adoption of laws and legal texts. The prevalence of FGM has declined from 71.3 per cent (DHS 2000) to 63.9 per cent in 2021 (51.6 per cent among girls aged 0-14 years and 37 per cent among girls aged 0-5 years). Child marriage is high, despite the existence of a law that sets the age of marriage at 18 for both boys and girls; 15.5 per cent of women aged 20-24 years were married before the age of 15 and 36.6 per cent before the age of 18. Adolescent fertility is 18 per cent. An already precarious situation of women and girls was exacerbated by the COVID-19 pandemic, according to 94 per cent of the respondents to the 2020 survey on the impact of the COVID-19 pandemic on gender-based violence (GBV). The focus during the next country programme will be on the emergence of new, more equitable social norms, transforming harmful practices that fuel FGM and gender inequalities. The joint programme on FGM, implemented jointly with UNICEF, will allow strategic intervention to scale up best practices regarding FGM prevention and response.

13. UNFPA has facilitated exchanges and sharing of best practices with other countries in reproductive health and census as part of South-South and triangular cooperation. For example, three surgeons were trained in Mali in the repair of obstetric fistulas; and contraceptive products and life-saving drugs, including oxytocin, were donated by Liberia at the request of the Mauritanian Ministry of Health. In this new programme, emphasis will be placed on tele-medicine to cover as many remote and isolated areas as possible and an exchange of experiences with other countries will be considered.

14. The previous country programme supported the Mauritanian government in improving reproductive health, promoting gender equality, realizing the rights and choices of young people, and strengthening the production and use of population data for development. This is done primarily by contributing to the national strategic priorities of

‘human capital and basic social services’ and ‘governance’ while placing a cross-cutting emphasis on the humanitarian dimension to contribute effectively to the response to any crisis.

15. In family planning, UNFPA supported the government in enrolling 16,062 new users, compared to the 15,000 planned, and a strong advocacy campaign has led to strengthening of the State’s commitment, through the financial allocation of a budget line for securing reproductive health products, ranging from \$100,000 (2021) to \$500,000 (2026).

16. Youth and adolescents’ reproductive health concepts have been integrated into the curricula of six key secondary school subjects. The long-term objective is to introduce these concepts in the initial training of teachers and professors.

17. In maternal health, UNFPA achieved the following: (a) 26 delivery points were equipped to offer high-quality services in emergency obstetric and neonatal Care, (b) five health schools were supported in initial midwifery training, (c) the capacities of 2,223 midwives were strengthened in continuous training; (d) clinical mentoring has been institutionalized by the Ministry of Health to strengthen high-quality-of-service delivery; and (e) the programme has enabled the surgical management of 198 women and the social reintegration of 126 women to eliminate obstetric fistula.

18. In response to the COVID-19 pandemic, the country office reoriented the programme to support the national response and maintained the continuum of care in reproductive health for women, especially those living with disabilities.

19. In gender equality and women’s empowerment, the programme established 15 multisectoral platforms to combat gender-based violence. As a result of the advocacy to fight FGM, 600 communities have declared the voluntary abandonment of female genital mutilation and 946 women victims of gender-based violence received protection and care services. Beyond what the programme has been doing in the Mberra refugee camp, UNFPA will focus on making operational and structural shifts to integrate preparedness, risk reduction and conflict prevention in development programming; linking immediate life-saving service delivery with longer-term action on advancing human rights and resilience; and on advancing local ownership and investing in capacity strengthening of national actors.

20. In population and development, the programme supported the following results: (a) seven national and sectoral development plans integrated the demographic dividend; (b) two technical and financial partners committed to integrating the demographic dividend into their cooperation programmes with the Government; and (c) 190 civil servants trained to produce data and evidence related to demographic issues.

21. The country office supported the National Agency for Statistics and Demographic Analysis (ANSAD) in joining the Statistics Modernization Platform and the training of its senior staff as part of South-South cooperation through study trips in Morocco and participation in the censuses of Ghana, Algeria and Ivory Coast.

22. The evaluation of the country programme noted the following findings: (a) improve the health situation of women and vulnerable people; (b) establish an information system to ensure documentation of the process (c) ensure more substantial support for adolescents and youth and vulnerable groups; (d) maintain support for ANSAD, the national health information system and other institutions responsible for data collection to generate disaggregated data integrating the gender aspect; and (e) it is necessary to involve local authorities in the prevention and response to gender-based violence and in reproductive health activities to better reach the most vulnerable populations.

23. UNFPA is recognized for its leadership in: (a) promotion of reproductive health, including family planning, reproductive health of women, adolescents and youth, and the fight against obstetric fistula; (b) prevention and response to gender-based violence and harmful practices, including female genital mutilation; and (c) collection and analysis of socio-demographic data.

## **II. Programme priorities and partnerships**

24. The new country programme is aligned with the Government’s Accelerated Growth and Shared Prosperity Strategy (SCAPP), 2016-2030, which embodies the global vision of both the Government and UNFPA of ‘leaving no one behind’. It will support the national voluntary ICPD25 commitments as well as those for the Universal Periodic Review, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child.

25. The programme is aligned with the UNFPA strategic plan, the ICPD Programme of Action, the 2030 Agenda for Sustainable Development and the African Union Agenda 2063, highlighting Sustainable Development Goal (SDG) 3 as an entry point in full complementarity with SDGs 5, 10, 13, 16 and 17. With regard to the second five-year action plan of SCAPP, the programme will contribute to pillar 2 (basic social services for human capital development) and pillar 3 (strengthening governance in all its dimensions); corresponding to the above-mentioned pillars to which the programme contributes are UNSDCF outcomes 2 and 3.

26. The new programme will place greater emphasis on rural communities to generate and improve demand for high-quality family planning and reproductive health services. Interventions will be structured around networks of community actors to change social norms to increase attendance at health facilities and thus improve reproductive health and family planning indicators, through youth associations, women's groups, men's associations, traditional communicators, community leaders and local elected officials. These networks will develop mechanisms to question existing customs and establish new norms related to reproductive health decision-making, birth spacing and demand for high-quality reproductive health services.

27. The country programme is aligned with the UNFPA strategic plan under outcome 1 (accelerated reduction of unmet need for family planning by 2025). The programme will use three accelerators to implement the three outputs and contribute to the achievement of the three transformative results: (a) human rights and gender-based approaches that improve access to services, while challenging some of the social norms and practices that perpetuate inequalities, targeting the most vulnerable and remote populations; (b) leaving no one behind and reaching those who are furthest behind, where the indicators are the worst; (c) creating and strengthening partnerships with civil society, academia, the private sector, organized groups and networks, the United Nations and others coalitions to promote human rights, influence policymaking, ensure accountability and monitor the implementation of policies that address stigma and discrimination.

28. The country programme will apply the following modes of engagement to achieve comprehensive results: advocacy and policy dialogue; capacity development for an enabling environment; partnership and coordination; service delivery and knowledge management.

29. Behaviour and social norms change are at the heart of the programme. The proposed approach will address the challenges of social norms focusing on the participation of the population throughout the planning, implementation and evaluation of the programme. It will create a space for dialogue between the community and service providers based on the reproductive health needs of the communities and the ability of the providers to offer high-quality health services. The objective of this process is for the communities to put in place mechanisms to challenge the harmful norms.

30. The main objective of the approach is to increase the demand for integrated reproductive health, family planning and the medical dimension of gender-based violence services by improving the quality of service delivery. The focus on family planning will also lead to a reduction in maternal mortality and improve women's health.

31. Community and service provider engagement is essential to the success of the approach, therefore the strategy is (a) to identify the reproductive health needs of the communities; (b) understand the perception of high-quality services for both the community and the providers; (c) identify the needs of the providers to offer high-quality reproductive health services; (d) establish consensual action plans between the providers and the communities; (e) provide the providers with the means to improve the high-quality of the services; (f) maintain and promote the quality of the services through joint monitoring and formative supervision; and (g) support the utilization of high-quality services through sensitization and community mobilization activities.

32. The programme will contribute to increasing universal health coverage through equitable access to reproductive health services and an appropriate response to gender-based violence. This access is based on a human right-based approach, which includes gender equality principles and the inclusion of those furthest left behind. Within this framework, the programme will undertake strategic actions to focus on reducing unmet need for family planning and gender-based violence to reduce preventable maternal deaths.

33. To achieve the expected results, the programme will intervene at national and decentralized levels. At the national level, this will be achieved through the provision of contraceptives across the country, strategy and policy development, and data collection and analysis activities, including support for the census. At the decentralized level, it will offer an integrated package of services, including tools to help communities question certain harmful social norms, improve the demand for family planning, fight maternal morbidity and mortality, improve the reproductive health of young people, and prevent and manage the medical and psycho-social aspects of gender-based violence. The programme will focus on the most vulnerable population groups, particularly in rural areas, including women,

youth, adolescents, people with disabilities, migrants, displaced persons and refugees, while maintaining the continuum of care, including in humanitarian areas. The integrated package of services will be offered in the following regions: Guidimakha, Hodh El Gharbi and the suburban areas of Nouakchott.

34. These integrated services will be supported through digitalization, telemedicine, e-learning, mobile clinics and advanced strategies. The programme will build on the Ministry of Health's community health strategy to reach hard-to-reach populations.

35. The programme was developed in consultation with the Government, civil society organizations, in coordination with United Nations agencies and all stakeholders operating in the intervention areas. The programme will also rely on the contribution of existing partnerships to accelerate the achievement of results, which involves local initiatives.

36. The Sahel Women's Empowerment and Demographic Dividend (SWEDD) regional initiative will contribute financially to the programme to better operationalize the UNFPA strategic plan. This will be a way to mobilize domestic funds for implementation within a context of limited opportunities for resources mobilization, as the budget of the SWEDD project comes from a World Bank loan to the country. UNFPA will work with the Government to develop an integrated resource mobilization strategy for the programme, in partnership with traditional and non-traditional donor community, the private sector, and multilateral organizations. The approach will leverage public-private sector financing and scale up Zakat (Islamic philanthropy) financing for development.

**A. Output 1. By 2028, the skills and opportunities of women, girls and youth, particularly in rural areas and humanitarian settings, are improved to ensure their empowerment and participation in reproductive health decision-making**

37. UNFPA will work closely with civil society organizations, youth groups and networks, traditional communicators, community leaders, women's associations, socio-professional organizations and scholars, United Nations agencies and government structures to empower women, girls and young people to exercise their autonomy over their reproductive health.

38. This output focuses on demand generation for change in social norms and change through empowerment of communities in the intervention areas: (a) promotion of innovative family planning behaviour-change strategies; establishment of high-quality care contracts between communities and health services; (b) development of strategic partnerships for reproductive health behaviour change with community leaders, women's groups, youth groups, traditional communicators and people with disabilities, including in humanitarian situations; (c) development of strategies involving men and boys in reproductive health, family planning and GBV issues; (d) capacity building of adolescents and youth for the promotion of family planning and high-impact practices, empowerment of women and youth to provide leadership on reproductive health rights issues and prevent gender-based violence; (e) strengthen partnerships with the media to reach a wider audience, involving the target population of youth- and women-led organizations, religious and traditional leaders, to foster gender equitable attitudes and support girls' rights, engage communities to publicly declare the abandonment of FGM and monitor the commitments made; (f) strengthen the capacities of gender-promotion accountability mechanisms (National Observatory for Women's and Girls' Rights, gender units, platforms for the prevention and response of GBV); (g) establish a community early warning system for conflict prevention and management; and (h) strengthening capacities at the community level for resilience and adaptation to climate change.

**B. Output 2. By 2027, the capacities of systems, institutions and communities are strengthened to provide comprehensive, high-quality reproductive health information and integrated services, including in humanitarian settings**

39. To achieve output 2, UNFPA will work closely with national and international non-governmental organizations (NGOs) and community-based organizations and will consult with other United Nations organizations and development partners working in the same domain.

40. Output 2 is complementary to output 1, which focuses on the provision of integrated services in intervention areas, including in humanitarian settings. Comprehensive and integrated reproductive health, family planning and GBV services will be implemented by: (a) strengthening the integration of reproductive health, family planning and GBV services at all health service delivery points of the intervention regions; (b) strengthening the provision of family planning services with mobile and advanced strategies, in collaboration with the civil society organizations in each intervention area; (c) strengthening the community-based distribution of products to increase the supply of

high-quality family planning services, including injectables; (d) improving the information on reproductive health and family planning services in safe spaces dedicated to adolescents; (e) strengthening family planning services for people living with disabilities and GBV survivors, including in humanitarian situations; (f) supporting the development and introduction of SRH concepts in pre-service secondary school teacher training programmes; (g) strengthening the strategies for provision of reproductive health, family planning and GBV services in the intervention zones; and (h) increasing the availability of contraceptives and life-saving products throughout the country and to ‘the last mile’ in the intervention zones.

41. Results will be strengthened through the integrated provision of a package of essential reproductive health services, including the management of morbidities related to pregnancy and childbirth. To this end, efforts will be directed towards: (a) supporting a decentralized and operational high-quality emergency obstetric and newborn care network, (b) improving the quality of the initial and ongoing training of midwives; (c) regulating the profession and strengthening the clinical mentoring of midwives; (d) developing the capacity of medical personnel in the clinical management of rape survivors and the medical dimensions of gender-based violence, including psychosocial care of survivors; (e) supporting the use of telemedicine to expand the provision of health services and contribute to universal access to health services for vulnerable people in remote areas; (f) conducting a Minimum Initial Service Package for SRH in crisis situations readiness assessment survey and related training; (g) strengthening the capacity of communities and service providers to improve resilience to shocks and readiness to humanitarian, development and peace continuum.

42. UNFPA will work with sector ministries and United Nations agencies, as well as national and international NGOs, including coordination with all entities involved in implementing the SWEDD project.

### **C. Output 3. By 2027, disaggregated data systems and high-quality evidence that reflect population dynamics and the needs of the most vulnerable in terms of development policies are strengthened**

43. This product aims to improve the availability, access and use of high-quality disaggregated data to measure progress towards the Sustainable Development Goals through the achievement of the three transformative results. It will enable informed, evidence-based policy and programme decision-making.

44. This output will support: (a) strengthening the capacity of the National Agency for Statistics and Demographic Analysis to collect, analyse and disseminate data on population, reproductive health, GBV, humanitarian and other related areas; (b) implementation of the general population and housing census; (c) monitoring of the indicators of Mauritania’s voluntary ICPD25 commitments and the generation of high-quality data on maternal mortality and on harnessing the demographic dividend; (d) strengthening the national health information system; (e) research and analysis on emerging issues such as the impact of the COVID-19 pandemic on reproductive health, population dynamics and GBV as well as the links between climate change and other megatrends.

45. South-South and triangular cooperation will be leveraged to promote best practices in data systems modernization, with a focus on the geo-referenced electronic census in 2023.

46. UNFPA will promote the integration of issues related to reproductive health, population dynamics, gender-transformative approaches and human rights into sustainable development policies.

## **III. Programme and risk management**

47. UNFPA, in collaboration with the funds and programmes of the United Nations agencies and the Government, under the overall coordination of the Ministry of Economic Affairs and Promotion of Productive Sectors, will implement, monitor and evaluate the programme, in accordance with UNFPA guidelines and procedures. It will use a results-based management approach and ensure national leadership, sustainability, and full engagement with implementing partners.

48. Potential programmatic risks include: (a) lack of adequate physical infrastructure or human and financial resources to ensure access to safe, high-quality services for women and youth, especially girls; (b) inadequate livelihood opportunities for women and youth; and (c) inadequate prioritization of and investment in data and related capacities.

49. To mitigate these risks, UNFPA will: (a) work closely with the Government, bilateral and multilateral entities and NGOs; (b) work closely with parliamentarians, civil society, community-based organizations and United

Nations agencies for more joint programming focused on supporting the empowerment and resilience of women and youth, especially the most vulnerable; and (c) improve the availability of high-quality disaggregated data.

50. Socio-political risks includes political instability in the subregion and terrorism in the Sahel, which could lead to an increase in the influx of refugees, with a risk of violence against women and girls and straining basic social services. Risks related to climate change and epidemics must be taken into account. To mitigate these risks, UNFPA will (a) continue to collaborate with United Nations agencies to ensure coherent approaches on resilience to shocks related to political instability; (b) integrate safety and security measures to protect programme beneficiaries; and (c) strengthen national and regional humanitarian emergency preparedness and disaster risk reduction through the availability of high-quality reproductive health services and gender-based violence prevention and response services.

51. The programme will be implemented using the harmonized approach to cash transfers, in coordination with other United Nations agencies, to manage financial risks and strengthen national capacities. UNFPA direct implementation will safeguard accountability in complex programming situations, backed by systematic data collection and analysis, aligned with effective risk management, evidence generation and adaptive programme implementation.

52. UNFPA has sufficient capacity and expertise to lead the implementation of the programme. The country office will work with the United Nations country team, as the inter-agency coordination and oversight mechanism for the UNSDCF, under the guidance and leadership of the United Nations Resident Coordinator. The office will operate with programme managers, support staff and national and international United Nations volunteers. The Regional Office and UNFPA headquarters will provide additional technical support for the efficient implementation of the programme.

53. Based on the investment case and the costing of the three transformative results, additional resources for the programme, partnerships and strategic alliances will be established with various United Nations agencies and international financial institutions.

54. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

## **IV. Monitoring and evaluation**

55. The formulation of the UNSDCF requires UNFPA, along with the United Nations country team, to follow a regulated reporting mechanism to ensure the contribution to the UNSDCF and the UNFPA Strategic Plan as well as the action plan agreed with the Government for the entire programme cycle.

56. The United Nations country team, including UNFPA and the Government, will put in place a monitoring and evaluation framework for the implementation of the UNSDCF. The monitoring and evaluation system will rely primarily on UNInfo to monitor the results framework used to prepare the United Nations system annual reports. UNFPA will use its internal reporting system to actively participate in the implementation of the annual workplans, as well as monitoring and evaluation of the UNSDCF. The monitoring mechanism will strengthen the system for better accountability through supervision, performance contracts between communities and service providers, and community involvement in monitoring.

57. UNFPA, in collaboration with its implementing partners, is committed to promoting national ownership and alignment with national priorities, the country's development strategies, the outcomes of the UNFPA Strategic Plan, 2022-2025, results-based management and mutual accountability. Monitoring of the programme will be done jointly with the different actors involved, using thematic evaluations, regular joint monitoring visits and spot checks during the implementation to help achieve the expected results. A budgeted monitoring and evaluation plan, consistent with the principles of the evaluation policy, will be developed and implemented to support the country programme and the UNSDCF.



## RESULTS AND RESOURCES FRAMEWORK FOR MAURITANIA (2024-2027)

<b>NATIONAL PRIORITY:</b> SCAPP 2030: Strategic Lever 2: Human capital development and access to basic social services				
<b>UNSDCF OUTCOME(S):</b> 2. By 2027, the population in Mauritania, particularly vulnerable populations, have access to quality, inclusive and sustainable basic services. 3. By 2027, girls and women are empowered, resilient and able to actively participate in dialogues and decision-making at all levels for the development of Mauritania.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<p><u>UNSDCF Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Number of laws and regulations enacted to ensure full and equal access to sexual and reproductive health care, information, and education for women and men aged 15 years and older <i>Baseline: 02; Target: 03.</i></li> </ul> <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods <i>Baseline: 76,8% (2021); Target: 77,2% (2025)</i></li> </ul>	<p>Output 1. By 2027, the skills and opportunities of women, girls and youth, particularly in rural areas and humanitarian settings, are improved to ensure their empowerment and participation in reproductive health decision-making</p>	<ul style="list-style-type: none"> <li>Number of initiatives established with community leaders, women's groups, youth, communicators, people living with disabilities for behaviour change and practical norms change in reproductive health, family planning and GBV and empowerment of women and girls <i>Baseline: 0 (2023); Target: 50 (2027)</i></li> <li>Number of communities that have made a public declaration to abandon FGM and have established a community-based monitoring system to track compliance <i>Baseline: 670 (2023); Target: 900 (2028)</i></li> <li>Number of local quality-of-care contracts between rural health services and community representatives to reduce inequalities in access to health care, including family planning. <i>Baseline: 0 (2023); Target: 50 (2028)</i></li> </ul>	<p>Ministry of Economic Affairs and Promotion of Productive Sectors; Ministry of Health; Ministry of National Education; Ministry of Culture, Youth, Sports, and Relations with Parliament; Ministry of Social Action and the Family; Ministry of Islamic Affairs and Original Education; WHO, UNICEF; UNDP; UNHCR; WFP; national and international NGOs</p>	<p>\$7.4 million (\$2.0 million from regular resources and \$5.4 million from other resources)</p>
<p><u>Related UNFPA Strategic Plan Proportion of countries in which at least half of the government-led health facilities provide the comprehensive package of sexual and reproductive health.</u></p> <ul style="list-style-type: none"> <li><u>Baseline: 36% Target : 55% (2024)</u></li> </ul> <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Proportion countries with at least 50 per cent of the</li> </ul>	<p>Output 2. By 2027, the capacities of systems, institutions, and communities are strengthened to provide comprehensive, high-quality reproductive health information and integrated services, including in humanitarian settings.</p>	<ul style="list-style-type: none"> <li>Number of fully functional basic emergency obstetric and newborn care facilities that have integrated a complete package of reproductive health services, in particular family planning and GBV <i>Baseline: 3; Target: 10</i></li> <li>Percentage of service delivery points offering at least three modern contraceptive methods without stockouts in programme intervention area <i>Baseline: 76.6%; Target: 100%</i></li> <li>Number of midwifery technical schools using curriculum aligned with ICM competencies and standards <i>Baseline: 0; Target: 5</i></li> </ul>	<p>Ministry of Economic Affairs and Promotion of Productive Sectors; Ministry of Health; Ministry of National Education; Ministry of Culture, Youth, Sports and Relations with Parliament; Ministry of Social Action and the Family; Ministry of Islamic Affairs and</p>	<p>\$5.7 million (\$1.0 million from regular resources and \$4.7 million from other resources)</p>

<p>population covered by functioning emergency obstetric and newborn care health facility within two-hour travel time <i>Baseline: 10%; Target: 20%</i></p>			<p>Original Education; WHO; UNICEF; UNDP; UNHCR; WFP; national and international NGOs</p>	
<p><b>NATIONAL PRIORITY:</b> SCAPP 2030: Strategic Lever 3: Strengthening Governance in all its aspects</p>				
<p><b>UNSDCF OUTCOME(S):</b> By 2027, the population in Mauritania, particularly the most vulnerable, fully enjoys its rights in a safe, peaceful and environmentally sound environment.</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.</p>				
<p><b>UNSDCF outcome indicators, baselines, targets</b></p>	<p><b>Country programme outputs</b></p>	<p><b>Output indicators, baselines and targets</b></p>	<p><b>Partner contributions</b></p>	<p><b>Indicative resources</b></p>
<p><u>UNSDCF Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>• Inclusion and Inequality Index <i>Baseline: 7,9% (2019); Target: TBD</i></li> <li>• Inclusion and inequality: Gini index: (Share of quintile 1: poorest 20% in total expenditure) <i>Baseline: 3,2% (2019); Target: TBD</i></li> <li>• Corruption Perception Index or Corruption Perception Index Score <i>Baseline: 29/100(2020); Target: 25/100(2027)</i></li> <li>• Percentage of women in elected positions (parliament; regions; municipalities) <i>Baseline: 35,49%; Target: 50%</i></li> </ul>	<p>Output 3. By 2027, disaggregated data systems and high-quality evidence that reflect population dynamics and the needs of the most vulnerable in terms of development policies are strengthened</p>	<ul style="list-style-type: none"> <li>• Number of statistical yearbooks produced integrating all the data related to the monitoring of the three transformative results <i>Baseline: 0 (2023); Target: 4 (2028)</i></li> <li>• The country has conducted vulnerability assessments, mapping or similar data collection to mitigate the potential impact of natural disasters or humanitarian crises on the achievement of transformative outcomes <i>Baseline: No (2023); Target: Yes (2028)</i></li> <li>• Number of reports produced on population change and diversity and on the impact of megatrends, including climate change, on the achievement of the three transformative results and the ICPD Programme of Action <i>Baseline: 1 (2023); Target: 3 (2028)</i></li> </ul>	<p>Ministries of Economic Affairs and Promotion of Productive Sectors; Ministry of Health; Ministry of National Education; Ministry of Culture, Youth, Sports and Relations with Parliament; Ministry of Social Action and Family; Ministry of Islamic Affairs and Original Education; National Agency for Statistics and Demographic and Economic Analysis; Health Information System. WHO, UNICEF, UNDP, UNHCR, WFP; national and international NGOs</p>	<p>\$3.5 million (\$1.1 million from regular resources and \$2.4 million from other resources)</p>

<p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>• Proportion of countries conducted population situation analysis on population changes and diversity and the impact of mega-trends, including climate change, on achieving the three transformative results and ICPD Programme of Action</li> </ul> <p><i>Baseline: 32%; Target:53</i></p>				
<p>Programme coordination and assistance</p>				<p>0.4 million from other resources</p>