



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

Distr.: General
3 October 2008

Original: English

UNITED NATIONS POPULATION FUND

Final country programme document for Mauritania

Proposed indicative UNFPA assistance:	\$12 million: \$3 million from regular resources and \$9 million through co-financing modalities and/or other, including regular, resources
Programme period:	Two years (2009-2010)
Cycle of assistance:	Sixth
Category per decision 2007/42:	A

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

	Regular resources	Other	Total
Reproductive health and rights	1.5	2.5	4.0
Population and development	0.5	6.0	6.5
Gender equality	0.7	0.5	1.2
Programme coordination and assistance	0.3	-	0.3
Total	3.0	9.0	12.0

I. Situation analysis

1. Mauritania has been experiencing political changes since 6 August 2008. The new authorities have reiterated their commitment to the UNFPA programme. The country is facing many challenges, such as governance issues, poverty, high levels of infant and maternal morbidity and mortality, and humanitarian crises, such as floods, food shortages and drought.

2. Forty-six per cent of the population lives on less than \$1 per day, a figure that the Government wishes to reduce to 35 per cent by 2010. Disparities exist between rural and urban areas, regions, men and women, and socio-economic groups. In 2007, the gross domestic product annual growth rate was 4.7 per cent. Unemployment, estimated at 32.5 per cent, is higher among women (50.7 per cent) than among men (23.7 per cent).

3. The population was estimated at 3.1 million in 2007. The population density, three persons per square kilometre, is one of the lowest in the world. The annual population growth rate is 2.4 per cent. Young people aged 15-24 represent 20 per cent of the population, while women aged 15-49 represent 24 per cent. Over 50 per cent of the population lives in rural areas. With respect to migration, Mauritania is a country of origin, transit and destination. Inflows of transit migrants increased from 250 in 2004 to 11,637 in 2006.

4. The Government adopted a population policy in 1995, but the lack of coordination and the absence of an operational plan of action and a resource mobilization strategy hindered its implementation. The current process of reviewing the poverty reduction strategy paper provides an opportunity to better integrate population dynamics into the next programme cycle.

5. The total fertility rate was 4.6 children per woman in 2007. Fertility levels are lower among urban and educated women, and among those

with higher incomes. The contraceptive prevalence rate among married women is 9 per cent. The unmet need for family planning is 63 per cent among married women and more than 76 per cent among adolescents. Rural, poor, illiterate and adolescent women have difficulty accessing information and contraceptive services due to: (a) a lack of information; (b) a lack of family planning services; and (c) negative attitudes on the part of some medical personnel and some men towards family planning.

6. The maternal mortality ratio decreased from 747 to 686 deaths per 100,000 live births from 2001-2007. The infant mortality rate is 77 deaths per 1,000 live births, and the child mortality rate is 122 deaths per 1,000 live births. The skilled birth attendance rate increased from 57 to 61 per cent during the same period, with disparities among urban residents (90 per cent) and rural residents (39 per cent). Skilled birth attendance has not increased significantly due to: (a) a lack of skilled personnel in rural areas; (b) difficult access; (c) cost; and (d) a lack of awareness among rural, illiterate and poor women.

7. The HIV prevalence rate is estimated at 0.57 per cent. The number of people living with HIV/AIDS is increasing among women and youth. In order to attain universal access to reproductive health services, the Government must improve the health system and scale up successful reproductive health initiatives.

8. Despite a 98 per cent primary school enrolment rate for girls, many girls drop out of secondary school. The illiteracy rate is higher among women (50.5 per cent) than among men (33.5 per cent). The incidence of female genital mutilation/cutting decreased from 71 to 65 per cent from 2001-2007. The reported incidence of sexual violence is increasing in urban areas.

II. Past cooperation and lessons learned

9. The fifth country programme (2003-2008) helped the Ministry of Economy and Finance to update the population policy in 2005, and raised

awareness about population issues. It supported mechanisms to design, implement and monitor the national policy at regional and district levels, which have been duplicated in other regions. The programme improved the availability and use of sociodemographic data for evidence-based programming and decision-making. UNFPA supported the in-depth analysis of the 2007 multiple indicator cluster survey as well as staff training in demography and statistics. The Government and UNFPA are implementing a customized database (*DevInfo*), in collaboration with the United Nations Children's Fund (UNICEF) and UNDP.

10. The programme helped to reduce maternal morbidity and mortality by: (a) increasing the access of the poor to reproductive health services and rights in Aftout; and (b) meeting the reproductive health needs of female victims of floods in Tintane. The programme also helped the Ministry of Health to design and implement a fistula strategy. UNFPA procures contraceptives and has partnered with professional associations and civil society organizations to promote access to reproductive health and rights.

11. The programme built strategic alliances with religious leaders, political leaders, the media, young people and women's associations, and also promoted girls' education at secondary schools. The programme reinforced the capacity of the Government and non-governmental organizations (NGOs) to prevent gender-based violence and treat its victims. Key achievements of the gender component were national capacity-building, data dissemination and gender mainstreaming.

III. Proposed programme

12. The proposed programme builds on the priorities in the poverty reduction strategy (2006-2010), the national health policy (2006-2015), the national fistula eradication strategy (2005-2015), the national youth policy (2004-2010), the family code law (2001), the national HIV/AIDS strategic plan (2004-2008), the HIV

law (2007) and the United Nations Development Assistance Framework (UNDAF), 2009-2010.

13. In order to achieve the Millennium Development Goals, the programme seeks to reduce poverty among the most vulnerable populations by promoting reproductive health services and rights, gender equality and equity, and sustainable development. The programme will: (a) develop the national capacity to address national priorities in reproductive health, gender, migration, urbanization and humanitarian issues; (b) expand and strengthen strategic alliances; and (c) promote integrated action in areas affected by poverty, with attention to former slaves, refugees and people displaced by floods.

14. The programme includes three components: (a) reproductive health and rights; (b) population and development; and (c) gender equality. Although the programme will focus on four regions (Assaba, Gorgol, Nouadhibou and Nouakchott), activities in gender, data collection, research, behaviour change communication and reproductive health commodity security will be carried out nationwide.

Reproductive health and rights component

15. The outcomes of this component are: (a) advancement towards universal access to high-quality health services, including those focusing on reproductive health; and (b) strengthening the national response to HIV and AIDS. This component has three outputs.

16. Output 1: Increased access to reproductive health services and rights, including in humanitarian crises, for the most vulnerable groups, such as women and young people. This will be achieved by implementing the national road map to accelerate the reduction of maternal mortality, in accordance with the Maputo Plan of Action. This will involve support for: (a) revising, disseminating and implementing the minimum package of reproductive health services; (b) developing service models for women suffering from obstetrical fistula and for

victims of gender-based violence; (c) training health workers in obstetric care; (d) increasing access to, and the availability and use of, contraceptive methods; (e) implementing comprehensive reproductive health service models at subnational and local levels; (f) reinforcing reproductive health commodity security with condom programming; (g) strengthening maternal health surveillance systems; and (h) strengthening institutional and national capacity to manage reproductive health services and programmes.

17. Output 2: The Government, civil society organizations and community-based organizations recognize, promote, demand and advance reproductive health services and rights, with a focus on women, adolescents, youth and those affected by humanitarian crises. The programme will: (a) increase the visibility of and commitment to addressing maternal and neonatal mortality and morbidity issues; (b) promote social mobilization and strengthen maternal health social networks; (c) promote demand for reproductive health services; (d) develop adolescent and youth-friendly reproductive health services in health facilities and youth counselling centres; (e) strengthen the capacity of health institutions to address the needs of women, adolescents, youth and refugees; (f) develop behaviour change strategies and strategies to increase male involvement; (g) strengthen the capacity of women, adolescents and youth organizations to demand sexual and reproductive health services; (h) support the provision of reproductive health services to people affected by humanitarian crises, women in rural areas, and former slaves and refugees; and (i) strengthen the national capacity for emergency preparedness.

18. Output 3: Strengthened national response to prevent HIV and AIDS. The programme will: (a) support the adoption of models that integrate prevention, detection and care for HIV and AIDS into reproductive health services; (b) develop behaviour change communication activities for groups vulnerable to HIV; (c) promote access to

and the consistent use of condoms, especially among women, adolescents, youth and vulnerable groups; and (d) reinforce reproductive health commodity security.

Population and development component

19. The outcome for this component is: the national planning, monitoring and evaluation system is strengthened to strategically position population, reproductive health and gender issues in development frameworks. This programme outcome, in line with the UNFPA strategic plan, will contribute to the UNDAF outcome of supporting the design and implementation of strategies that seek to reduce poverty and achieve the Millennium Development Goals. This component has two outputs.

20. Output 1: National, regional and local development planning capacity is strengthened to include population, reproductive health and gender issues in the poverty reduction strategy paper. The programme will: (a) provide technical assistance to mainstream and implement reproductive health and gender in the regional poverty reduction strategy paper and local plans; (b) support the implementation of coordination, planning, monitoring and evaluation systems at national and regional levels; (c) provide technical assistance to mobilize resources and conduct the 2010 round of censuses; and (d) strengthen the national capacity of the National Statistics Office to collect, analyse, disseminate and use disaggregated and gender-sensitive data.

21. Output 2: Improved understanding of population dynamics and its relationship to poverty eradication and the achievement of the Millennium Development Goals. The programme will: (a) support the formulation and implementation of a training strategy in population and development; (b) support research and policy formulation in the areas of gender, urbanization, migration, youth, refugees and former slaves; and (c) conduct evidence-

based studies and evaluations in the area of reproductive health and gender.

Gender equality component

22. The outcome of this component is to promote a sociocultural and legislative environment that leads to gender equity and equality and reduces gender-based violence. This component has two outputs.

23. Output 1: An improved socio-economic and cultural environment to promote the rights of women and adolescents, in conformity with international conventions. This will involve working with men, religious leaders, policymakers, parliamentarian networks, community leaders and civil society organizations to: (a) promote an environment that reduces the vulnerability of women and girls; (b) advocate the rights of women and girls among stakeholders; (c) sensitize stakeholders, including medical, police and social workers, on gender-based violence and female genital mutilation/cutting; and (d) reduce the vulnerability of women and girls by promoting their inclusion in decision-making and economic activities.

24. Output 2: Strengthened national capacity to design and implement legal and regulatory initiatives that promote gender equity, prevent sexual and gender-based violence, and protect and guarantee reproductive rights. The programme will: (a) develop legal and regulatory frameworks on reproductive health and rights and gender equity, including implementation of the recommendations of the Committee on the Elimination of Discrimination against Women; (b) strengthen the capacity of public ministries and their ability to provide oversight at national, subnational and local levels; (c) promote, in cooperation with civil society organizations, respect and support for reproductive rights; (d) develop alliances with stakeholders to address the status of women, and with the judicial sector to promote reproductive health and rights and gender equity; (e) build the capacity of NGOs

and local development agencies to prevent and manage gender-based violence, especially among poor women, former slaves and refugees; and (f) promote the availability and use of standardized information on gender-based violence among institutions.

IV. Programme management, monitoring and evaluation

25. The Ministry of Economy and Finance will coordinate the programme. Technical ministries and NGOs will implement the programme components, using the United Nations harmonized approach to cash transfers.

26. The programme will consolidate partnerships within the United Nations country team and with development agencies, donors and national partners, in particular the private sector. UNFPA and the Government will formulate resource mobilization and communication strategies to support programme implementation and visibility. In addition, the Government and UNFPA will implement joint programmes in the areas of gender-based violence, sociodemographic data, humanitarian issues, culture and development, and reproductive health commodity security.

27. Baseline and end-line surveys will also be conducted. The Government and UNFPA will regularly monitor baselines. The programme calls for quarterly reports, annual reviews, field trips and evaluations, in accordance with the poverty reduction strategy paper and the UNDAF monitoring and evaluation plans. The UNFPA regional and subregional offices in Africa will provide technical support.

RESULTS AND RESOURCES FRAMEWORK FOR MAURITANIA

National priority: improved access to basic social services UNDAF outcome: improved survival, development and protection for the population, particularly for women and children, through access to adequate, permanent and equitable basic social services, in order to achieve the Millennium Development Goals				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p>Outcome: Advancement towards universal access to high-quality health services, including those focusing on reproductive health</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Maternal mortality ratio is decreased from 686 to 500 deaths per 100,000 live births • % of births attended by skilled personnel increased from 61 to 70 per cent • Modern contraceptive prevalence rate increased from 9 to 15 per cent • Caesarean section rate increased from 2 per cent to 5 per cent <p>Outcome: Strengthening the national response to HIV and AIDS</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> • HIV prevalence rate is stabilized at less than 1 per cent 	<p>Output 1: Increased access to reproductive health services and rights, including in humanitarian crises, for the most vulnerable groups, such as women and youth</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • % of health facilities offering basic and/or comprehensive emergency obstetric and neonatal care • Rate of unmet family planning needs • % of health facilities in rural and/or semi-urban settings offering a minimum package of reproductive health services <p>Output 2: The Government, civil society organizations and community-based organizations recognize, promote, demand and advance reproductive health services and rights, with a focus on women, adolescents, youth and those affected by humanitarian crises</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • % of people in rural and semi-urban areas who have expressed satisfaction with reproductive health-care providers • % of health facilities offering adolescent-friendly sexual and reproductive health services • Number of reproductive health policies and/or laws promulgated <p>Output 3: Strengthened national response to prevent HIV and AIDS</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • % of persons from vulnerable groups who have access to condoms • Number of male and female condoms distributed annually to vulnerable groups 	<p>Ministries of: Economy and Finance; Health; Youth; other sectoral ministries; Regional directorates in Assaba and Gorgol</p> <p>Community-based-organizations and networks; NGOs</p> <p>UNDP; UNICEF; World Bank; World Health Organization</p> <p>Bilateral assistance from France; Spain</p> <p>National and international NGOs</p>	<p>\$4 million (\$1.5 million from regular resources and \$2.5 million from other resources)</p>

National priority: improved governance and capacity-building UNDAF outcome: the state of law is consolidated and national capacity in planning, monitoring and evaluation is enhanced by 2010 in order to achieve the Millennium Development Goals				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p>Outcome 2: The national planning, monitoring and evaluation system is strengthened to strategically position population, reproductive health and gender issues in development frameworks</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> % of poverty reduction strategy paper and Millennium Development Goal indicators with baselines and targets disaggregated by gender and region is increased from 50 to 90 per cent Disaggregated, reliable and updated data from the census and sociodemographic surveys are available and used for planning 2010 census is conducted 	<p>Output 1: National, regional and local development planning capacity is strengthened to include population, reproductive health and gender issues in the poverty reduction strategy paper</p> <p>Output indicators:</p> <ul style="list-style-type: none"> % of programme indicators with baselines and targets Number of regions with implemented and operational coordination, planning, monitoring and evaluation mechanisms <p>Output 2: Improved understanding of population dynamics and its relationship to poverty eradication and the achievement of the Millennium Development Goals</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Number of stakeholders trained on population issues Number of studies conducted and disseminated Number of programmes and policies evaluated 	<p>Ministries of: Economy and Finance; Education; Family; Health; and Youth; National Statistics Office</p> <p>University and research centres</p> <p>Arab Fund for Socio-economic Development; Bilateral assistance from the European Union and France</p> <p>UNDP; UNICEF; World Bank</p>	<p>\$6.5 million (\$0.5 million from regular resources and \$6 million from other resources)</p>
Gender equality	<p>Outcome: To promote a sociocultural and legislative environment that leads to gender equity and equality and reduces gender-based violence</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> At least three gender-based laws are enforced (the family code, reproductive health law and gender-based violence law) Prevalence of female genital mutilation/cutting is reduced from 65 to 50 per cent 	<p>Output 1: An improved socio-economic and cultural environment to promote the rights of women and adolescents, in conformity with international conventions</p> <p>Output indicator:</p> <ul style="list-style-type: none"> % of gender-sensitive parliamentarians, community and religious leaders <p>Output 2: Strengthened national capacity to design and implement legal and regulatory initiatives that promote gender equity, prevent sexual and gender-based violence, and protect and guarantee reproductive rights</p> <p>Output indicators:</p> <ul style="list-style-type: none"> % of recommendations of the Committee on the Elimination of Discrimination against Women implemented Reported number of gender-based violence cases Prevalence rate of female genital mutilation/cutting 	<p>Committee on gender-based violence; German Agency for Technical Cooperation (GTZ); Ministries of: Education; Family; Health; Interior; Justice; Youth; NGOs; Parliamentarians; UNDP; UNESCO; UNICEF; UNIFEM; World Bank; Women's networks</p>	<p>\$1.2 million (\$0.7 million from regular resources and \$0.5 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.3 million from regular resources</p>