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**UNFPA – Country programmes and related matters**

**UNITED NATIONS POPULATION FUND**

**Final country programme document for Mauritania**

Proposed indicative UNFPA assistance: \$16.5 million: \$7.5 million from regular resources and \$9.0 million through co-financing modalities and/or other, including regular resources

Programme period: Five years (2012-2016)

Cycle of assistance: Seventh

Category per decision 2007/42: A

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

	Regular resources	Other	Total
Reproductive health and rights	4.25	5.00	9.25
Population and development	1.25	2.00	3.25
Gender equality	1.25	2.00	3.25
Programme coordination and assistance	0.75	-	0.75
<b>Total</b>	<b>7.50</b>	<b>9.00</b>	<b>16.50</b>

## I. Situation analysis

1. The population of Mauritania was 3.2 million in 2010. 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. Women represent 50.5 per cent of the population; young people aged 15-24 account for 20 per cent. Over 50 per cent of the population lives in rural areas.

2. In 2009, the gross domestic product annual growth was approximately 3.7 per cent. Poverty prevalence decreased from 46 to 42 per cent between 2004 and 2008. Significant disparities exist between rural and urban areas. For example, the poverty prevalence rate is 60 per cent in rural areas and 21 per cent in urban areas. Unemployment affects 23.9 per cent of men and 44 per cent of women. Transit migrants, mostly African men in transit to Europe, are estimated at 200,000 per annum.

3. After the 2008 political crisis, presidential elections were held in 2009. The new Government has initiated administrative reforms to improve governance and enhance the living conditions of the poor. Humanitarian issues and terrorism are of great concern.

4. The national population policy, adopted in 1994, needs to be updated to integrate emerging issues such as high fertility rates, youth migration and unemployment, urbanization and the environment, and to ensure alignment with the poverty reduction strategy, 2011-2015. There is a critical need for in-depth research and reliable data.

5. The total fertility rate is high, at 4.6 children per woman, partly due to early marriages. Over 11 per cent of women marry before the age of 15. Although contraceptive prevalence increased from 5 per cent in 2001 to 9 per cent in 2007, unmet need stands at 24.6 per cent. This situation is fuelled by: (a) a preference for large families (high-parity preference); (b) a lack of awareness about modern contraceptives; (c) limited access

to family planning services; and (d) resistance to contraceptive use due to sociocultural barriers and illiteracy.

6. The maternal mortality ratio is high, despite a decline from 686 maternal deaths per 100,000 live births in 2007 to 550 in 2010. Contributing factors include: (a) the low percentage of births attended by skilled birth attendants; (b) the poor quality of services; (c) difficulties in accessing services; (d) the cost of services and medicines; and (e) a lack of awareness about reproductive health services among rural, illiterate and poor women. Health services account for only 4 per cent of the national budget.

7. HIV prevalence among the general population is estimated at 0.7 per cent. The number of new cases doubled between 2001 and 2009, mainly because of limited access to and use of condoms, and a lack of knowledge about HIV transmission. The Government is seeking to stabilize HIV prevalence.

8. Women account for 20 per cent of parliamentarians. The prevalence rate for female genital mutilation/cutting decreased from 71 to 65 per cent between 2001 and 2007. However, the incidence of sexual violence is increasing in urban areas, due to a lack of awareness of and weak enforcement of laws.

## II. Past cooperation and lessons learned

9. Achievements of the sixth country programme included: (a) increased access to and utilization of reproductive health services; (b) the integration of population issues into the national strategies; and (c) reduced gender disparities in the political, economic and social domains.

10. The population and development component contributed to: (a) the integration of population issues, especially gender and maternal mortality, into the national poverty reduction strategy, 2011-2015; (b) capacity strengthening of the staff of the Ministry of Economic Affairs and

Development; (c) the mobilization of 50 per cent of the budget to prepare for the fourth population census; (d) in-depth analysis and dissemination of the multiple indicators cluster survey; (e) research studies and the dissemination of their results; and (f) training in demography and data management for coordinating ministry staff.

11. The programme consolidated the integration of population issues into the secondary school curriculum, promoted life-skills programmes and supported the efforts of secondary school clubs to promote girls' education. There is a need to generalize the integration of population education into the national education curriculum.

12. Constraints encountered in implementing the population and development component include: (a) weak coordination mechanisms; (b) insufficient funding; (c) inadequate decentralization of activities; (d) a shortage of skilled staff and high turnover among those trained; and (e) insufficient use of sociodemographic data.

13. The reproductive health and rights component helped improve the quality of and access to sexual and reproductive health services by: (a) building the material and technical capacity of health institutions and service providers; (b) supporting efforts to increase the access of poor people to reproductive health services and to ensure their rights; (c) combating sociocultural practices affecting the health of women and girls; (d) upgrading prevention and response mechanisms for the reproductive health of women in humanitarian and emergency settings; (e) ensuring the timely availability of reproductive health commodities by formulating and implementing a national strategy; and (f) increasing the number of fistula cases treated. The proposed country programme will scale up support to sustain these efforts.

14. Lessons learned in the area of reproductive health and rights have shown that strategic alliances with stakeholders have helped to promote access to reproductive health and rights

and have contributed to the assessment of culturally sensitive issues. UNFPA will expand this partnership to include new partners, such as the private sector and academia.

15. Results achieved in the area of gender equality contributed to: (a) the formulation and implementation of the gender strategy, 2009-2011; (b) the emergence of a socio-political and institutional environment favourable to gender equity and equality; (c) gender sensitivity within the poverty reduction strategy document; (d) the enhancement of the national capacity to coordinate responses to gender-based violence; and (e) the successful organization of gender-related studies and data dissemination. Constraints included: (a) ineffective enforcement of adopted laws; (b) weak implementation of strategies; (c) community reluctance, due to sociocultural beliefs, to halt female genital mutilation/cutting; and (d) insufficient institutional and technical capacity to address gender-related issues.

16. In view of lessons learned in implementing the sixth country programme, the seventh country programme will focus on: (a) repositioning UNFPA within the United Nations country team, including through the 'delivering as one' initiative; and (b) strengthening national coordination in national execution modalities, and improved national ownership and accountability, with regular consultations between the UNFPA country office and its implementing partners.

### **III. Proposed programme**

17. The proposed programme builds on the priorities in the national poverty reduction strategy, and the United Nations Development Assistance Framework (UNDAF), 2012-2016. The programme goal is to contribute to poverty reduction and the improvement of the well-being of the most vulnerable populations of Mauritania by: (a) improving reproductive health services and rights, including HIV prevention; (b) promoting gender equality and equity, including women's empowerment; and

(c) improving the utilization of available sociodemographic data for development planning.

18. The programme has three components: (a) reproductive health and rights; (b) population and development; and (c) gender equality.

#### *Reproductive health and rights component*

19. This component seeks to achieve the following outcome: by 2016, women of childbearing age in 39 rural and suburban districts use more high-quality reproductive health care. Three outputs will contribute to the achievement of this outcome.

20. Output 1: People from the 39 districts, specifically women of childbearing age, adolescents, youth and those in humanitarian situations, have access to comprehensive, high-quality reproductive health care. The programme will: (a) support the implementation of a comprehensive reproductive health package (that addresses obstetric and neonatal care, family planning, obstetric fistula, HIV and AIDS, gynaecological cancers, youth and adolescent reproductive health services, and gender-based violence) at regional and local levels by strengthening the technical capacity of health providers, upgrading health facilities equipment and ensuring commodity security; (b) reinforce the referral system for obstetric emergencies by facilitating the communication between health facilities; (c) strengthen institutional capacity by providing management tools and training to the coordination team and service providers; (d) support the establishment of links between health and youth facilities to enable them to better respond to the needs of young people; and (e) support the provision of reproductive health services in humanitarian situations.

21. Output 2: Civil society organizations promote demand for and the use of reproductive health services, especially in rural and suburban areas. The programme will: (a) promote social mobilization and social networks on maternal health through non-governmental organizations

(NGOs), including faith-based organizations and local and national elected officials; (b) provide training to community-based organizations to strengthen their technical capacity in information, education and communication, behaviour change, project management, implementation and monitoring; and (c) support advocacy to increase national budget allocation to reproductive health.

22. Output 3: Groups at high risk for HIV and AIDS transmission, especially women, youth, displaced persons and sex workers, have access to prevention services and care. The programme will support: (a) the integration of HIV and AIDS and reproductive health activities at all levels of the health system by providing services that prevent the mother-to-child transmission of HIV, raise awareness, and offer counselling and referrals to family planning services; and (b) activities, including condom provision and advocacy, to prevent HIV among high-risk groups.

#### *Population and development component*

23. The outcome for this component is: by 2016, the national planning, monitoring and evaluation system is enhanced. The component seeks to integrate population issues into the national development plans through two outputs.

24. Output 1: Strengthened capacity of the Ministry of Economic Affairs and Development to coordinate and implement policies and programmes integrating the Programme of Action of the International Conference on Population and Development. The programme will: (a) provide training on population and development linkages; (b) support the implementation of three subregional planning mechanisms, providing results-based management training and equipment; (c) support the updating of the population policy; and (d) assist in the formulation of resource mobilization and communication strategies.

25. Output 2: Enhanced capacity of the national statistical system for disaggregated data collection, analysis and dissemination. The

programme will: (a) support the National Statistical Office in implementing a strategy for the development of statistics; (b) provide technical assistance to mobilize resources and conduct the population census; (c) support demographic and health surveys; (d) support the vital statistics system and the gathering of gender-sensitive data; and (e) support research and monographs on gender, migration, youth and employment.

#### *Gender equality component*

26. The outcome of this component is: by 2016, women are better protected against discrimination, abuse, and physical and psychological violence in eight high-risk regions. Three outputs will contribute to the achievement of this outcome.

27. Output 1: Enhanced technical and institutional capacity of the administration to implement the national gender strategy by 2016. The programme will support: (a) gender training for line ministries; (b) advocacy on the rights of women and girls; (c) the establishment of coordination mechanisms in the Ministry of Women's Affairs; (d) the implementation of a gender-budgeting approach; and (e) the use of gender-related data.

28. Output 2: Enforced legal and political instruments that promote gender equity, prevent sexual and gender-based violence, and protect and guarantee reproductive rights by 2016. The programme will: (a) advocate the implementation of legal and regulatory frameworks on reproductive rights and gender equity; (b) adapt regional and international mechanisms to the national context; (c) build alliances with stakeholders addressing the status of women; and (d) enhance the capacity of community-based organizations and NGOs to promote women's rights.

29. Output 3: Improved operational systems are in place to prevent and treat the victims of gender-based violence. The programme will:

(a) support four centres that provide gender-based violence counselling and treatment; (b) provide training to medical personnel on the treatment protocols for gender-based violence; (c) organize sensitization campaigns to prevent gender-based violence; and (d) provide medical and hygiene kits to victims.

#### **IV. Programme management, monitoring and evaluation**

30. The Ministry of Economic Affairs and Development will coordinate the country programme. Technical ministries and NGOs will implement programme components according to the harmonized approach to cash transfers. UNFPA and the Government will formulate and implement a monitoring and evaluation plan in line with the UNDAF plan. The programme will consolidate partnerships within the United Nations system with development agencies, donors and national partners, including the private sector.

31. UNFPA and the Government will implement the seventh country programme using a results-based management approach. UNFPA and the Government will also undertake a midterm review and end-of-programme evaluation to assess achievements, and to identify constraints and steps for future action.

32. The UNFPA country office in Mauritania consists of a representative, an assistant representative, an operations manager, four national programme officers, two programme assistants and five support staff. UNFPA will recruit additional national and international staff to support country programme implementation. The country office will seek technical assistance, when necessary, from the Africa regional and subregional offices, as well as from UNFPA headquarters, and through South-South cooperation.

## RESULTS AND RESOURCES FRAMEWORK FOR MAURITANIA

<b>National priority:</b> poverty reduction strategy paper strategic priority: access to basic social services <b>UNDAF strategic priority:</b> (a) combat maternal and infant mortality; (b) protect women and child victims of violence, abuse and discrimination; and (c) achieve Millennium Development Goals 1, 4, 5 and 6				
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><b>Outcome:</b> By 2016, women of childbearing age in 39 rural and suburban districts use more high-quality reproductive health care</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Percentage of births attended by qualified health personnel in rural and suburban areas Baseline (2007): 61% Target: 75%</li> <li>• Contraceptive prevalence rate Baseline (2007): 9% Target: 15%</li> <li>• HIV-prevalence rate stabilized at less than 1%</li> </ul>	<p><b>Output 1:</b> People from the 39 districts, specifically women of childbearing age, adolescents, youth and those in humanitarian situations, have access to comprehensive, high-quality reproductive health care</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Number of health facilities offering a comprehensive package of reproductive health services Baseline: 332; Target: 450</li> <li>• Number of family planning centres offering at least three contraceptive methods Baseline: 284; Target: 350</li> <li>• Number of emergency obstetric and neonatal care facilities (basic and comprehensive) Baseline (2005): basic, 4; comprehensive, 13 Target: basic, 55; comprehensive, 25</li> <li>• Unmet family planning needs Baseline (2007): 25%; Target: 10%</li> <li>• Antenatal care Baseline: not available; Target: 40%</li> <li>• Caesarean-section rate Baseline: 1.31%; Target: 5%</li> </ul> <p><b>Output 2:</b> Civil society organizations promote demand for and the use of reproductive health services, especially in rural and suburban areas</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Number of civil society organizations involved in networks on maternal health Baseline: 1; Target: 5</li> <li>• Number of network members trained in behaviour change communication and information Baseline: not available; Target: 20</li> <li>• Number of communities in which people report behaviour change related to sexual and reproductive health Baseline not available; Target: 50</li> <li>• Percentage of national budget allocated to health Baseline: 4%; Target: 15%</li> </ul> <p><b>Output 3:</b> Groups at high risk for HIV and AIDS transmission, especially women, youth, displaced persons and sex workers, have access to prevention services and care</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Percentage of health facilities integrating HIV and reproductive health services Baseline: not available; Target: 60%</li> <li>• Percentage of pregnant women included in programme that seeks to prevent mother-to-child transmission of HIV Baseline: not available; Target: 50%</li> <li>• Percentage of young people who know how HIV is transmitted Baseline: 5% girls, 14% boys; Target: 40% girls, 60% boys</li> <li>• Percentage of targeted people from vulnerable groups with access to condoms</li> </ul>	<p>Ministries of: Health; Economic Affairs and Development; Youth; and other technical ministries; regional health directorates</p> <p>Civil society networks; community-based organizations; national and international NGOs</p> <p>United Nations Children's Fund (UNICEF); UNDP; World Bank; World Health Organization</p> <p>Governments of France and Spain</p>	<p>\$9.25 million (\$4.25 million from regular resources and \$5.0 million from other resources)</p>

<b>National priority:</b> improving governance and capacity-building <b>UNDAF strategic priority:</b> (a) by 2016, building the capacity of democratic institutions and public administration and enhancing social cohesion; (b) protecting women and child victims of violence, abuse and discrimination; and (c) achieving Millennium Development Goals 1, 2, 3, 4, 5, 6 and 7				
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><b>Outcome:</b> By 2016, the national planning, monitoring and evaluation system is enhanced</p> <p><b>Outcome indicator:</b></p> <ul style="list-style-type: none"> <li>Percentage of poverty reduction strategy paper and Millennium Development Goal indicators with baseline and target data disaggregated</li> </ul> <p>Baseline: 70%; Target: 95%</p>	<p><b>Output 1:</b> Strengthened capacity of the Ministry of Economic Affairs and Development to coordinate and implement policies and programmes integrating the Programme of Action of the International Conference on Population and Development</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Number of regions with operational coordination mechanism</li> </ul> <p>Baseline: 3; Target: 6</p> <ul style="list-style-type: none"> <li>Programme implementation rate</li> </ul> <p>Baseline: 0%; Target: 90%</p> <p><b>Output 2:</b> Enhanced capacity of the national statistical system for disaggregated data collection, analysis and dissemination</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Percentage of programme indicators with baseline and target</li> </ul> <p>Baseline: 80%; Target: 100%</p> <ul style="list-style-type: none"> <li>Number of studies conducted and disseminated</li> </ul>	<p>Ministries of: Economic Affairs and Development; Education; Family; Health; and Youth; National Statistical Office</p> <p>Arab Fund for Economic and Social Development; European Union; Government of France; UNDP; UNICEF; World Bank; university and research centres</p>	<p>\$3.25 million (\$1.25 million from regular resources and \$2.0 million from other resources)</p>
Gender equality	<p><b>Outcome:</b> By 2016, women are better protected against discrimination, abuse, and physical and psychological violence in eight high-risk regions</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>Percentage of reported gender-based violence victims treated</li> <li>Prevalence rate of female genital mutilation/cutting among girls aged 0-5 years</li> </ul>	<p><b>Output 1:</b> Enhanced technical and institutional capacity of the administration to implement the national gender strategy by 2016</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Number of gender-mainstreaming mechanisms in place. Baseline: 1; Target: 5</li> </ul> <p><b>Output 2:</b> Enforced legal and political instruments that promote gender equity, prevent sexual and gender-based violence, and protect and guarantee reproductive rights by 2016</p> <p><b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>Number of gender-based laws adopted with enforced mechanisms</li> </ul> <p>Baseline: 0; Target: 4</p> <p><b>Output 3:</b> Improved operational systems are in place to prevent and treat the victims of gender-based violence</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Number of governmental and non-governmental institutions able to provide services that address gender-based violence</li> </ul> <p>Baseline: 2; Target: 8</p> <ul style="list-style-type: none"> <li>Percentage of the target population that favours abandoning female genital mutilation/cutting. Baseline: 38%; Target: 65%</li> </ul>	<p>Committee on gender-based violence; Ministries of: Education; Family; Health; Justice; Interior; and Youth; Parliamentarians</p> <p>German Technical Cooperation; UNDP; UNICEF; UNESCO; UN-Women; World Bank; NGOs; women's networks</p>	<p>\$3.25 million (\$1.25 million from regular resources and \$2.0 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.75 million from regular resources</p>