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**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for Mauritania**

Proposed indicative UNFPA assistance: \$15.0 million: \$5.0 million from regular resources and \$10.0 million through co-financing modalities and/or other resources

Programme period: Five years (2018-2022)

Cycle of assistance: Eighth

Category per decision 2013/31: Red

Proposed indicative assistance (in millions of \$):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	3.2	7.6	10.8
Outcome 3	Gender equality and women's empowerment	0.6	1.3	1.9
Outcome 4	Population and development	0.6	0.9	1.5
Programme coordination and assistance		0.6	0.2	0.8
<b>Total</b>		<b>5.0</b>	<b>10.0</b>	<b>15.0</b>



## I. Programme rationale

1. The Mauritanian population is estimated in 2017 at 3.9 million inhabitants, with 48.3 per cent living in urban areas. The population growth rate is 2.8 per cent; at this rate, the population doubles every 25 years. Mauritania ranked 156th out of 186 countries (0.506) in the 2015 Human Development Index. Poverty remains high – despite a decline from 42 per cent in 2008 to 31 per cent in 2014. With a young population (62.9 per cent aged less than 25 years), Mauritania has considerable potential for economic growth if conditions are met to enable the demographic dividend.
2. Despite government efforts, the maternal mortality ratio remains very high – 582 per 100,000 live births in 2013, compared to 686 per 100,000 live births in 2007. In 2012, only seven of the country's health facilities provided basic obstetric care, with only five providing comprehensive obstetric care. In 2015, the skilled birth attendance rate was 69 per cent, while the rate for home births was 31 per cent. Across the country, only 33 per cent of health facilities have 4 of the 13 lifesaving medicines.
3. Fertility remains high, despite a slight decline (from 5.0 children per woman in 2000 to 4.3 children in 2013). Modern contraceptive prevalence remains low (17.8 per cent); unmet need for family planning (birth spacing) are high (33.7 per cent in 2015); and only 62.9 per cent of health facilities offer three modern contraceptive methods.
4. Poor access to sexual and reproductive health (SRH) services is one of the major problems faced by young people. In 2015, only 32 per cent of health facilities offered adolescent and youth services; and the sociocultural context continues to have a decisive influence on adolescent and youth access to information and services.
5. The overall HIV prevalence rate – though less than 1.0 per cent in 2014 – hides disparities, particularly among high-risk groups.
6. Mauritania has made progress in promoting the status of women, including representation in the National Assembly (22.5 per cent) and the Senate (18 per cent). However, women face several forms of gender-based violence: female genital mutilation (66.6 per cent), child marriage (35.2 per cent) and adolescent pregnancy (21.5 per cent). Moreover, civil society organizations recorded a significant number of rape cases in Nouakchott between 2015 and 2016.
7. Despite the existence of a national statistical strategy, with major demographic data collection exercises, the capacity to produce, analyse and disseminate disaggregated data remains limited.
8. At the humanitarian level, Mauritania faces the risk of food and nutrition crises due to frequent rainfall deficits, the presence of more than 47,000 Malian refugees, recurrent floods and potential epidemics.
9. The previous country programme achieved a number of significant results: (a) capacity-building of 400 emergency obstetric and neonatal care (EmONC) service providers; (b) improved technical and material capacities of 99 health facilities; (c) repaired 100 cases of obstetric fistula; (d) establishment of a maternity ward at the Malian refugee camp, assisting in 1,700 deliveries; (e) increasing modern contraceptive prevalence rates, from 11.0 in 2011 to 17.8 per cent in 2015; (f) increased the proportion of family planning/birth spacing health facilities, from 25.0 per cent in 2013 to 62.9 per cent in 2015; (g) reduced contraceptive stock shortages; and (h) adoption of a reproductive health law.
10. Advocacy has allowed youth issues to be taken into account in national development policies and strategies, including an allocation of 1 per cent of customs revenue to youth promotion activities. The programme facilitated the conduct of the fourth population census, and helped to reduce the prevalence of female genital mutilation (from 72 per cent in 2007 to 66.6 per cent in 2015).
11. UNFPA leadership is recognized in: (a) promoting maternal health, including family planning, adolescent and youth reproductive health, and combatting obstetric

fistula; (b) prevention and management of gender-based violence, including female genital mutilation; and (c) data collection and analysis.

12. Lessons learned from the past programme show that: (a) establishing reproductive health commodity regional warehouses contributed to the reduction of stock-outs (proportion of health facilities with no stock-outs of contraceptives increased from 16 per cent in 2013 to 37.2 per cent in 2015); (b) involvement of religious leaders contributed to progress on sensitive topics (female genital mutilation and promotion of birth spacing); and (c) elaboration of the country's demographic dividend profile was instrumental in advocating for inclusion of the demographic dividend in the new national development strategy of Mauritania.

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

13. The proposed country programme will build on the Government's commitment to reducing maternal mortality and to reaping the demographic dividend, as outlined in the national development strategy for 2016-2030, and will address the following challenges: low utilization and non-integration of reproductive health services; inadequate delivery of reproductive health supplies to the peripheral level; lack of high-quality reproductive health services for young people; poor access of key populations to HIV information and prevention; lack of community-based distribution of contraceptives; lack of domestic resources available for contraceptives; continued influx of Malian refugees; and non-adoption of the gender-based violence law.

14. The programme was developed jointly with the Government, civil society, United Nations organizations, beneficiaries (women and youth) and bilateral cooperation agencies, and contributes to achievement of the Sustainable Development Goals (SDGs), particularly those related to health and gender equality. The programme supports national priorities, in line with the accelerated growth and shared prosperity strategy 2016-2030, and contributes to building national capacities for coordination and monitoring of socioeconomic policies to harness the demographic dividend.

15. The new programme aims to accelerate the reduction of maternal mortality by increasing the prevalence of modern contraception, combating gender-based violence and facilitating the generation and use of data to support evidence-based programming. Its focus on adolescents and youth will contribute to realization of the demographic dividend. Direct beneficiaries are the most vulnerable, particularly women and young people in peri-urban and rural areas. The programme targets the districts with the poorest SRH indicators, and humanitarian preparedness and response is taken into account in order to contribute to strengthening community resilience.

16. The programme will be implemented in a policy environment conducive to family planning and birth spacing, and the fulfilment of women and young people's reproductive health and reproductive rights. However, the frequency of climate change-related crises and the risk of insecurity in the Sahel region are vulnerabilities that may affect programme implementation.

### **A. Outcome 1: Sexual and reproductive health**

17. *Output 1: Strengthened national capacities to develop and implement policies and strategies to promote universal access to high-quality SRH services for adolescents and youth, including in humanitarian situations.* This will be achieved through: (a) sensitization on the new reproductive health law and advocacy for its implementation; (b) development of community-based distribution of contraceptives and promotion of men's involvement in reproductive health; (c) development of partnerships through initiatives such as Women's Empowerment and the Demographic Dividend in the Sahel project, the Family Planning 2020 initiative and Health6; (d) support for the integration of a reproductive health education module into the secondary education curriculum; (e) support to youth networks to promote access to sexual and reproductive health information; (f) mainstreaming volunteerism in youth programming to strengthen participation and ownership and promote adolescents and youth sexual and reproductive health; and (g) involvement of religious and community

leaders in social communication to overcome sociocultural barriers to adolescent and youth access to reproductive health services.

18. *Output 2: Strengthened national capacities to provide comprehensive and integrated sexual and reproductive health services, including family planning and birth spacing, especially for adolescents and youth, including in humanitarian situations.* Its main components are: (a) support to a coordinated EmONC network and the holistic management of obstetric fistula; (b) support to the institutionalization of maternal and perinatal mortality surveillance and response; (c) promotion of midwifery; (d) strengthening national capacity to respond to priority sexual and reproductive health needs in humanitarian situations; (e) promotion of assisted deliveries in peri-urban and rural areas with a focus on adolescents and first-time young mothers; (f) strengthening reproductive health commodities supply chains up to the last mile; (g) strengthening family planning/birth-spacing services, particularly in rural areas; (h) strengthening information and counselling services to adolescents and young people; and (c) support for the prevention of HIV infection among high-risk populations.

### **B. Outcome 3: Gender equality and women's empowerment**

19. *Output 1: Strengthened state institutions and civil society capacities to provide prevention, protection and services for women and adolescent girls who are victims of gender-based violence, particularly the most vulnerable, including in humanitarian situations.* Its main components are: (a) advocacy for the adoption and enforcement of laws on gender-based violence and female genital mutilation; (b) strengthening national capacities for monitoring the implementation of the universal periodic review recommendations; (c) strengthening national systems for a multisectoral response to provide comprehensive services to survivors of violence; (d) support to civil society organizations to build women's capacity to make informed choices about sexual and reproductive health; (e) supporting the development of an information system on gender-based violence, including rape; and (f) promotion of men's and boys' involvement in sexual and reproductive health, gender and human rights interventions through community-based organizations.

### **C. Outcome 4: Population and development**

20. *Output 1: Strengthened national policies to position the demographic dividend as the basis for sustainable development.* This will be realized through: (a) strengthening political commitment and national capacity to develop and implement sectoral policies, and regional development plans to harness the demographic dividend; (b) advocacy for inclusion of the demographic dividend in programmes and strategies of technical and financial partners; (c) support for establishment of the demographic dividend observatory, revision of the national population policy, and the capitalization of the achievements of the Women's Empowerment and the Demographic Dividend in the Sahel project; (d) strengthening the capacity of the national statistical system and research institutions to generate population data and evidence, and to prepare for the 2023 population census; and (e) promotion of youth leadership and participation through a youth policy aimed at harnessing the demographic dividend.

21. To achieve these results, the programme will build on the partnerships developed over the past cycle, with an integrated resource mobilization and strategic partnership plan having been developed that will be implemented jointly with key ministries, including the ministries of economy and finance; health; social affairs; and youth. It will guide the strategic alliances established with technical and financial partners, civil society and the private sector.

22. The programme will support the new United Nations country team approach to mainstreaming humanitarian and development interventions. It will also take into account humanitarian preparedness and response, and contribute to improving community resilience to shocks, especially among displaced populations and the most vulnerable populations in rural areas. In the event of a major crisis, UNFPA, in collaboration with its partners, will reorient the objectives and results of the programme, based on national priorities.

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

23. The Ministry of Economy and Finance will be responsible for the coordination of the country programme. Sectoral departments and civil society organizations will implement the programme based on the national execution modality, in accordance with the harmonized approach to cash transfers, which includes a risk management plan.

24. In order to mobilize additional resources for the programme, partnerships and strategic alliances will be established with a range of United Nations organizations and international financial institutions, such as the Islamic Development Bank, the African Development Bank and the World Bank, as well as bilateral donors, the European Union, humanitarian donors, foundations and the private sector.

25. Sufficient human resources will be made available to the programme, and the staffing profile will be established according to the needs of the proposed programme. To this end, a human resources plan has been developed. The technical assistance required will be sought from UNFPA headquarters, the regional office and country offices, as well as through South-South cooperation.

26. Programmatic risks mainly relate to weak capacities in programme and financial management of staff and implementing partners, as well as challenges in mobilizing resources at the country level. The implementation of a joint resource mobilization strategy and a programme management capacity-building plan will address these risks.

27. 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**

28. A monitoring and evaluation plan will be developed and implemented in collaboration with key national partners. The programme will support annual reviews and a final evaluation of the joint United Nations programming framework.

29. To monitor and evaluate the programme, joint field missions, studies and surveys for data collection will be organized or supported. These operations will feed into annual reviews as a framework for informing and adjusting the implementation of the programme. A budgeted evaluation plan has been developed to produce evidence in support of the programme.

30. Appropriate mechanisms will be put in place to strengthen collaboration with United Nations and other partners to strengthen national data collection capacities and systems. This will allow monitoring of programme indicators and those related to the SDGs.

31. In a situation of insecurity, the programme will rely on the regional units of the Ministry of Economy and Finance, non-governmental organizations and sub-offices of the United Nations organizations to monitor activities in the field.

## RESULTS AND RESOURCES FRAMEWORK FOR MAURITANIA (2018-2022)

<b>National priority:</b> Strategic pillar 2: Developing human capital and access to basic social services <b>Sustainable Development Goal 3:</b> Enabling everyone to live in good health and promote the well-being of all at all ages <b>UNDAF outcome:</b> Vulnerable populations have access to adequate and sustainable health, nutrition, safe water, basic sanitation and hygiene services, including in humanitarian situations <b>Indicator:</b> Caesarean rate : <i>Baseline:</i> 4.9%; <i>Target:</i> 10%				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<b>Outcome 1: Sexual and reproductive health</b> <u>Outcome indicator(s):</u> <ul style="list-style-type: none"> <li>Modern contraceptive prevalence rate <i>Baseline:</i> 17.8%; <i>Target:</i> 28%</li> <li>Skilled birth attendance rate <i>Baseline:</i> 69.3%; <i>Target:</i> 84.5%</li> </ul>	<u>Output 1:</u> Strengthened national capacities to develop and implement policies and strategies to promote universal access to high-quality sexual and reproductive health services for adolescents and youth, including in humanitarian situations	<ul style="list-style-type: none"> <li>Number of contraceptive users as a result of community-based distribution in districts <i>Baseline:</i>0; <i>Target:</i> 15,000</li> <li>Number of decision makers, elected officials and leaders involved in advocating for the implementation of the reproductive health law <i>Baseline:</i> 0; <i>Target:</i> 100</li> <li>A training module on comprehensive reproductive health education is introduced in the secondary education curriculum <i>Baseline:</i> No; <i>Target:</i> Yes</li> </ul>	Ministries of Health; Youth, Gender; Economy and Finance; Communication; Education; Islamic Affairs; Employment; youth-parent associations; professional associations; civil society organizations; United Nations organizations	\$3.6 million (\$1.1 million from regular resources and \$2.5 million from other resources)
	<u>Output 2:</u> Strengthened national capacities to provide comprehensive and integrated sexual and reproductive health services, particularly family planning and birth spacing, especially for adolescents and youth, including in humanitarian situations	<ul style="list-style-type: none"> <li>Number of health facilities strengthened to provide basic and comprehensive emergency neonatal and obstetric care <i>Baseline:</i>0; <i>Target:</i> 10</li> <li>Number of obstetric fistula cases repaired <i>Baseline:</i> 555; <i>Target:</i> 705</li> <li>Number of midwives who have been adequately trained in midwifery <i>Baseline:</i> 50; <i>Target:</i>150</li> </ul>	Ministries of Health; Gender; Economy and Finance; Communication; youth-parent associations; professional associations; civil society organizations; United Nations organizations	\$7.2 million (\$2.1 million from regular resources and \$5.1 million from other resources)
<b>Outcome 3: Gender equality and women's empowerment</b> <u>Outcome indicator(s):</u> <ul style="list-style-type: none"> <li>100% of reproductive health rights recommendations from the universal periodic review are implemented <i>Baseline:</i> No; <i>Target:</i> Yes</li> </ul>	<u>Output 1:</u> Strengthened state institutions and civil society capacities to provide prevention, protection and services for women and adolescent girls victim of gender-based violence, particularly the most vulnerable, including in humanitarian situations	<ul style="list-style-type: none"> <li>Number of multisectoral platforms to fight gender-based violence <i>Baseline:</i> 6; <i>Target:</i> 15</li> <li>Number of gender-based violence women survivors who received protection and care services <i>Baseline:</i> 368; <i>Target:</i> 868</li> <li>Number of communities that publically declare abandonment of female genital mutilation <i>Baseline:</i> 373; <i>Target:</i> 600</li> </ul>	Ministries of Gender; Health; Youth; Islamic Affairs; Justice; the Interior; parliamentary groups; non-governmental organizations; United Nations organizations	\$1.9 million (\$0.6 million from regular resources and \$1.3 million from other resources)
<b>National priority:</b> Strategic pillar 3: Strengthening governance in all its dimensions <b>Sustainable Development Goal 17:</b> Strengthen the means of implementation and revitalize the global partnership for sustainable development <b>UNDAF outcome 2:</b> People have access to enhanced livelihoods, decent jobs, increased economic opportunities and improved food security <b>Indicator:</b> Percentage of employed population with precarious employment: <i>Baseline:</i> 37%; <i>Target:</i> 30%				
<b>Outcome 4: Population and development</b> <u>Outcome indicator(s):</u> <ul style="list-style-type: none"> <li>The national statistical</li> </ul>	<u>Output 1:</u> Strengthened national policies to position the demographic dividend as the basis for sustainable development	<ul style="list-style-type: none"> <li>Number of national and sectoral development plans integrating the demographic dividend <i>Baseline:</i> 1; <i>Target:</i> 8</li> <li>Number of technical and financial partners who have integrated the demographic dividend in their</li> </ul>	Ministry of Economy and Finance; National Statistical Office; University of Nouakchott Ellassriya; Ministry of Islamic Affairs;	\$1.5 million (\$0.6 million from regular resources and \$0.9 million

<p>development strategy integrates studies in support of the demographic dividend <i>Baseline: No; Target: Yes</i></p>		<p>cooperation programmes <i>Baseline: 0; Target: 3</i></p> <ul style="list-style-type: none"> <li>Number of government officials trained to generate data and evidence related to population issues <i>Baseline: 40; Target: 90</i></li> </ul>	<p>Parliamentary Group on Population and Development; network of journalists; Oulémas; Imam networks and associations</p>	<p>from other resources) Programme coordination and assistance: \$0.8 million (\$0.6 million from regular resources and \$0.2 million from other resources)</p>
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