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## Country note**

### Mauritania

*Summary*

The Executive Director presents the country note for Mauritania for a programme of cooperation for the period 2003 to 2008.

## The situation of children and women

1. The population of Mauritania in 2001 is estimated at 2,548,000. An increasingly sedentary population and rapid urbanization (accounting for 95 per cent and 61 per cent of the total population respectively) are bringing about profound changes in society. Moderate economic growth and a high population growth rate (2.7 per cent) mean that the country's per capita income has increased by only 0.9 per cent a year in real terms, reaching $US 380 in 1999. Half of the population lives in poverty and since January 2000 Mauritania has been eligible for the Heavily Indebted Poor Countries (HIPC) debt initiative. Consolidation of democratic institutions and human rights is continuing. The Convention on the Elimination of All Forms of Discrimination against Women was ratified in May 2000 and a Personal Status Code in 2001. The creation in 1998 of a Secretariat for Civil Registration means that the birth registration rate is increasing (currently 55.2 per cent). HIV/AIDS presents a growing challenge, with a marked increase in the infection rate among blood donors (1.7 per cent in 1998 compared to 0.3 per cent in

* E/ICEF/2002/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2002.

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1993). Mauritania has not managed to achieve the objectives set out at the World Summit for Children; however, it is close to achieving them for basic education (the net school enrolment rate rose from 45.5 per cent in 1990 to 83.4 per cent in 2000, and from 39.3 per cent to 81.3 per cent for girls), poliomyelitis eradication (although there was one confirmed case in 2001) and dracunculiasis eradication (136 cases in 2000 compared to 8,300 in 1990).

2. There are still significant disparities in the level of access to and in the quality and use of essential social services (particularly in rural and peri-urban areas). The infant mortality rate fell from 144 per 1,000 live births in 1991 to 118 in 1995. The maternal mortality rate remains very high (estimated at 930 per 100,000 live births in 1997). Vaccination cover of children under 1 year old is increasing slowly: cover for tuberculosis (BCG), measles and diphtheria, and whooping cough and tetanus vaccines (three doses) increased from 65 per cent, 32 per cent and 29 per cent respectively in 1990 to 75 per cent, 62 per cent and 40 per cent in 2000. The Nutricom survey (2001) shows that 27.5 per cent of children under 5 are underweight and 32 per cent suffer from growth retardation. Only 2 per cent of households consume iodine-enriched salt. Rates of access to drinking water and sanitation remain low. Waste management has become an urgent and major environmental challenge for urban authorities. Pre-school education is at an embryonic stage, with an enrolment rate of 3.6 per cent. The quality of primary education is a priority but repetition and drop-out rates remain high (14 per cent and 9 per cent). The rate of access to secondary education is 36 per cent (38 per cent for boys, 33 per cent for girls), but only 73 in every 1,000 girls enrolled in secondary school obtain their baccalaureate, and there are marked regional disparities. About one third of children go to traditional schools ("mahadras"), which account for 8 per cent of the total school enrolment. However, limited capacity to provide supervision and remedial teaching for young people who have dropped out of school remains a cause for concern. In 2000, 48 per cent of adults were literate (64 per cent of men but 45 per cent of women) compared to 35 per cent in 1990. Female genital mutilation persists across the country (73 per cent) but the practice of force-feeding is becoming rarer (11 per cent of girls aged 15 to 19). The social impact of rapid urbanization is that more children and young girls need special protection measures and female heads of household (39 per cent) are more vulnerable.

## Lessons learned from past cooperation

3. The mid-term review called for the rapid incorporation of the programme in national planning and monitoring mechanisms, the strengthening of partnerships with civil society and increased community participation, particularly of young people and vulnerable groups. The review also recommended increased efforts to concentrate on certain geographical areas. Greater attention should be paid to the integrated development of young children, decentralized structures and the special problem of young people in urban areas.

4. A combination of factors accounts for the imminent success of most of the objectives of the World Summit for Children: mobilization of decision makers at the highest level, sustained funding, strong partnerships and coordination mechanisms that take into account the comparative advantages of each party. Conversely, where there has been less success in achieving results (a routine Expanded Programme on Immunization, nutrition, salt iodizing, etc.), this is partly because insufficient

importance is attached to communication as a means of promoting changes in behaviour.

5. Sectoral reforms and debt relief are tangibly impacting assistance mechanisms and the level of funding for social sectors, making it necessary for UNICEF to review its strategic position. The Government's widespread use of experimental approaches initiated under the current cooperation programme (community schools, fire hydrants in towns, microcredit for women) demonstrates the role UNICEF can play in guiding and validating national policies through decentralized action that is better targeted and regularly evaluated. The results of the external evaluation by Nissa Banks confirm that UNICEF has a role to play.

## Proposed country programme strategy

6. The Framework strategy for the 2003-2008 cooperation programme forms part of the national drive to promote, respect and protect the rights of children and women. It is the result of a participatory process involving the Government, development partners, civil society and non-governmental organizations, and is backed up by the results of the Common Country Assessment and analysis of the situation. It was approved at the strategy meeting on 17 September 2001. A sustained effort has been made to integrate it into the poverty reduction strategy and the health and education sector reforms, which are specifically aimed at reducing disparities, ensuring universal access to basic social services, proceed with decentralization and increase the involvement of civil society. Moreover, the United Nations Development Assistance Framework (UNDAF) plan drawn up in 2001 improves complementarity among agencies, particularly with regard to school enrolment of young people, action to combat HIV/AIDS and harmful traditional practices, child and maternal health and the development of a social database. The duration of the programme (six years) represents an attempt to coordinate agencies' cycles and the Government's triennial plans. The targeting and content of the programme will be further enhanced by the results expected from several surveys, including the survey of households' living conditions, the population and health survey and the HIV/AIDS survey.

7. The new country programme is one of the priorities of the medium-term strategic plan and will help to achieve the national objectives for the survival, development, protection and participation of children in Mauritania. In the context of programming according to the rights of the child, three objectives will be pursued: (a) to ensure that all young children have a good start in life through integrated care and an environment favouring a balanced development; (b) to offer each child the opportunity for a quality education; (c) to promote the participation of children, adolescents and women, particularly the most vulnerable, in the life of their society.

8. There will be a particular focus on children and the most vulnerable groups and on reducing disparities and discrimination. The integrated development of young children, HIV/AIDS prevention, attention to the gender variable and the updating of social data relating to children and women will be incorporated into all components of the programme. In response to Government guidelines, but also in order to ensure the continuity of current activities and coordination with other agencies of the United Nations system, the programme will be implemented mainly

in four of the poorest regions (Brakna, Asaba, Gorgol and Guidimakha), covering about 925,000 people, and in several disadvantaged outlying areas in the cities of Nouakchott (Dar Naim, El Mina) and Nouadhibou, which are home to 220,000 people. Some activities will apply nationwide, others, particularly those relating to community development, will target more limited priority areas in the programme regions ("wilayas"), depending on measurable complementary criteria (poverty, disparities, etc.). Nationwide programmes, sectoral reforms, the involvement of civil society (non-governmental organizations, associations, local authorities) and a fund-raising strategy will strengthen coordination and alliances. The contingency plan for emergencies will be updated regularly in the light of existing inter-agency cooperation to cope with the major known risks in Mauritania.

9. The country programme will be made up of five programmes: (a) health and nutrition; (b) education for all; (c) promotion of rights and special protection; (d) support for local development and community participation; and (e) social planning, follow-up and evaluation. The last two will be cross-sectoral programmes. Cross-sectoral funds will cover part of the recurring costs of support section staff and operating costs.

10. The health and nutrition programme will form part of reform of that sector, helping to achieve the national targets for reducing infant and child mortality and maternal mortality, preventing child disabilities and capitalizing on the achievements of the Bamako Initiative. At the national level, it will support the Expanded Programme on Immunization, poliomyelitis and dracunculiasis eradication and efforts to combat iodine deficiency. In the target regions, it will support health services, non-governmental organizations and communities to implement minimum activity packages at different levels for integrated treatment of childhood illnesses, the reduction of malnutrition and micronutrient deficiencies, family and community health, action to combat malaria, and reproductive and neonatal health, including the prevention of mother-to-child transmission of HIV/AIDS.

11. The Education for All programme will help to implement the ten-year education development plan and national early childhood policy in the target regions. It will (a) promote and create a parental and pre-school environment favourable to the integrated development of the young child; (b) improve the quality and effectiveness of basic education by consolidating the sanitary, hygienic and green community schools approach, supporting traditional education ("mahadras"), expanding the apprenticeship curriculum (particularly life skills) and training teachers; (c) increase the rate of enrolment of adolescent girls in the lower level of secondary education; (d) increase the involvement of pupils and parents' associations; and (e) create remedial mechanisms for children who have never attended or have dropped out of school.

12. The programme on the promotion of rights and special protection will focus on advocacy and action for the effective implementation of the rights of children and women. It will support the development of the national movement for children and strengthen the capacity of institutions and civil society to fulfil their role of promoting and participating in the implementation and monitoring of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. It will promote a political and legal environment conducive to the protection of all children. In the target regions, it will

identify children needing special protection and improve the services provided for them. Particular attention will be paid to children deprived of parental care, children in conflict with the law and those who are disabled or victims of abuse and exploitation.

13. The programme on support for local participation and community development will play a key role in coordinating decentralized activities. It will (a) help improve regional and local planning capacities and the implementation of urban development measures (particularly with regard to water and sanitation), making children a central priority; (b) support youth associations in identifying and meeting young people's needs and implementing activities that concern them (educational leisure activities, using *Savoir pour Sauver*, HIV/AIDS prevention, etc.); (c) empower women's groups and enhance their status by providing access to microcredit combined with targeted training and information activities; and (d) promote and encourage communication as an instrument for changing behaviour, particularly by combating harmful traditional practices.

14. The programme on social planning, follow-up and evaluation will help consolidate the mechanisms for collecting information on basic social indicators and analysing and monitoring it, maintain a georeferenced social database ("Childinfo") and ensure follow-up of the 20/20 Initiative. It will strengthen the periodic evaluation of the poverty reduction strategy and will ensure that the specific needs of children are adequately addressed. The programme coordination unit, housed in the Directorate for Social Development, will support the planning and monitoring mechanisms. The logical framework and integrated plan for monitoring and evaluation will make it easier to measure results and efficiency.

## Estimated programme budget

### Estimated programme cooperation, 2003-2008[a]

(In thousands of United States dollars)

| | *Regular resources* | *Other resources* | *Total* |
|---|---|---|---|
| Health and nutrition | 2 050 | 4 650 | 6 700 |
| Education for all | 1 810 | 4 200 | 6 010 |
| Promotion of rights and special protection | 1 170 | 1 500 | 2 670 |
| Support for local development and community participation | 1 260 | 1 500 | 2 760 |
| Social planning, follow-up and evaluation | 720 | 150 | 870 |
| Intersectoral costs | 656 | – | 656 |
| **Total** | **7 666** | **12 000** | **19 666** |

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.