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# Abbreviations and Acronyms

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<thead>
<tr>
<th>Acronym</th>
<th>Meaning</th>
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<tr>
<td>DD</td>
<td>Demographic Dividend</td>
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<tr>
<td>DHSM</td>
<td>Mauritania Demographic and Health Survey</td>
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<tr>
<td>EPCV</td>
<td>Permanent Survey on Living Conditions</td>
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<td>FTA</td>
<td>Fixed Term Appointment</td>
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<td>FGM</td>
<td>Female Genital Mutilation</td>
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<tr>
<td>FP</td>
<td>Family Planning</td>
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<tr>
<td>GBV</td>
<td>Gender-Based Violence</td>
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<td>ICPD</td>
<td>International Conference on Population and Development</td>
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<td>IGM</td>
<td>Income Generating Activities</td>
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<td>ISDB</td>
<td>Islamic Development Bank</td>
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<tr>
<td>MMR</td>
<td>Maternal Mortality Ratio</td>
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<td>MPDSR</td>
<td>Maternal and Perinatal Death Surveillance and Response System</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>OF</td>
<td>Obstetric Fistula</td>
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<td>NSO</td>
<td>National Statistics Office</td>
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<td>PD</td>
<td>Public Declaration</td>
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<td>PMU</td>
<td>Project Management Unit</td>
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<td>RH/FP</td>
<td>Reproductive Health/Family Planning</td>
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<td>RGPH</td>
<td>General Population and Housing Census</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>SDG</td>
<td>Sustainable Development Goals</td>
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<td>SCAPP</td>
<td>Strategy for Accelerated Growth and Shared Prosperity</td>
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<td>SRH</td>
<td>Sexual and Reproductive Health</td>
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<td>SWEDD</td>
<td>Sahel Women's Empowerment and Demographic Dividend</td>
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<td>TFP</td>
<td>Technical and Financial Partners</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<tr>
<td>VP</td>
<td>Vacant Post</td>
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<tr>
<td>UNV</td>
<td>UN Volunteers</td>
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In 2019, we achieved unprecedented progress in our efforts to achieve UNFPA’s three transformative results by 2030. I am convinced that Mauritania will build on these results to guarantee the health, dignity and rights of the people.

In Mauritania, UNFPA provides leadership in sexual and reproductive health, population issues and the women empowerment.

Active in Mauritania since 1979, UNFPA supports the country to ensure that every pregnancy is wanted, every birth is safe, and every girl and woman is treated with dignity to enable them to play their full role in society and achieve their fullest potentials on an equal footing with men.

2019, witnessed two major events, the 50th anniversary of UNFPA and the 25th anniversary of the International Conference on Population and Development (ICPD). The country office is proud of the various achievements recorded in support of the Government and for the benefit of the people of Mauritania.

These multifaceted accomplishments are the result of dynamic cooperation, based on the commitment of the State at the highest levels and on the relevance of the issues tackled, including sexual and reproductive health, family planning, the fight against gender-based violence, the women empowerment and the involvement of young people in harnessing the demographic dividend.

This report provides an overview of the efforts undertaken and the results achieved under the Government’s leadership, with the active participation of technical and financial partners (TFP) and civil society, which are all involved in implementing the eighth Cooperation Programme (CPD8 2018-2022).

I am convinced that, through the (i) implementation of the Strategy for Accelerated Growth and Shared Prosperity (SCAPP), (ii) successful collaboration with technical and financial partners, and (iii) the effective involvement of civil society, Mauritania will build on these results in order to achieve UNFPA’s three transformative results by 2030 (Zero preventable maternal deaths, Zero unmet need for family planning, and Zero gender-based violence and all harmful practices against women and girls), and thus contribute to the achievement of the Sustainable Development Goals.

I would like to thank the Government and all the technical and financial partners for their contributions and support without which we would be unable to achieve these results. Finally, I congratulate the UNFPA country team for their enthusiastic commitment to the efficient implementation of the office activities.

All those women and men who collaborated with UNFPA during 2019, sometimes in very difficult conditions, deserve a special mention. You are the wind in our sail. We would like to say a BIG THANK YOU to all of you.

KABORÉ Saidou
The UNFPA Resident Representative in Mauritania
Women and baby in postnatal consultation at the Kobeni Health Center (Hodh El Gharbi)
Delivery of computer equipment to the Association Traversées Mauritanides to support them in raising awareness against child marriage and dropout.

Prizes awarded to 12 women winners who received adequate funding for their project as part of the SWEDD project.

Presentation of the SDGs by students during the celebration of the United Nations International Day.

UNFPA Resident Representative in Mauritania welcoming the Executive Director to Nouakchott.
Women are the majority of the Mauritanian population (50.7%), which is predominantly young – 62.9% of Mauritanians are under the age of 25.

In 2019, according to the NSO, the population was projected to reach 4,077,347 inhabitants.

The urban population is 2,120,859 people, that is 52% of the country’s total population. The rural population therefore represents 48% (source: WHO demographic projections).

The demographic growth rate is 2.8%. At this pace, the population doubles every 25 years. Mauritania is ranked 156 out of 186 countries (0.506) on the 2015 Human Development Index.

Despite the Government’s efforts, the maternal mortality ratio is still very high: according to the general population and housing census (RGPH) carried out in 2013, the maternal mortality ratio is 582 for every 100,000 live births, one of the highest ratios in the African region.

The fertility rate is high; 4.3 children per woman in 2013. The contraceptive prevalence rate is 17.8%.

The poverty level remains very high (31% of the population live on less than USD 100 per day, 2014 EPCV).

Socio-health indicators need to be improved, and women continue to be subjected to several forms of gender-based violence: female genital mutilation (66.6%), child marriage under the age of 18 (35.2%) and teenage pregnancy (21.5%).

The adoption of a new strategy for accelerated growth and shared prosperity (SCAPP 2016-2030) is a strong signal of the Government’s commitment, with support from technical and financial partners, to improve people’s living conditions. The Government’s support for ICPD25 reflects a real determination to achieve the UNFPA’s three transformative results.
GOALS OF THE EIGHTH PROGRAMME (CPD2018-2022)

PRIORITIES OF THE EIGHTH PROGRAMME

• Contribute to reduce maternal mortality by increasing modern contraceptive prevalence, by combating gender-based violence and by facilitating the generation and use of data aimed at supporting evidence-based planning;
• Reap the benefits of the demographic dividend, as set out by the Strategy for Accelerated Growth and Shared Prosperity (SCAPP 2016-2030);
• Provide support to the Government, in partnership with the United Nations Funds and Agencies in order to achieve the Sustainable Development Goals (SDGs) on health and gender equality, in accordance with the SCAPP 2016-2030.

EXPECTED OUTCOMES

SEXUAL AND REPRODUCTIVE HEALTH

• National capacity-building aimed at developing and implementing policies and strategies to promote universal access to high-quality sexual and reproductive health services (SRH) for adolescents and young people and to combat violence against women and girls;
• Increase the contraceptive prevalence rate from 17.8% in 2015 to 28.0% in 2022;
• Promotion and supply of modern contraceptive methods to 80,000 new female users (from 15 to 49 years of age) between 2018 and 2022.
GENDER EQUALITY AND WOMEN EMPOWERMENT

The capacities of State institutions and civil society will be strengthened in order to provide prevention and protection services for women and teenage girls who are victims of gender-based violence, in particular for the most vulnerable, including those in humanitarian crisis situations, through: (i) advocacy for the adoption and implementation of GBV laws; (ii) support for civil society organizations to increase women’s empowerment; (iii) support for the development of a gender-based violence information system, including rape; (iv) promotion of the involvement of men and boys in sexual and reproductive health, gender and human rights initiatives.

POPULATION AND DEVELOPMENT

National policies will be strengthened to position the demographic dividend as the foundation for sustainable development, through:

- Political commitment and national capacities to develop and implement sectoral policies, and regional development plans to take full advantage of the demographic dividend;
- The establishment of a demographic dividend observatory, to review national population policy, and to capitalise on the project achievements for women’s empowerment;
- Strengthening the national statistics system and research centres to generate demographic data and evidence, and to prepare the population survey in 2023;
- Promotion of the leadership and participation of young people with a youth policy aimed at taking advantage of the demographic dividend.
INTERVENTION AREA OF THE 8TH PROGRAMME

MAPS OF MOUGHATAAS

Nouakchott

* UNFPA provides the whole country with contraception.
2019

ACHIEVEMENTS
UNFPA helped to make the Ecole Nationale Supérieure des Sciences de la Santé (Higher National Institute of Health Sciences) in Nouakchott the first Centre of Excellence for Training Mentors for the Clinical Mentoring of Midwives for West and Central Africa. A sub-regional workshop, bringing together nine countries, provided the opportunity to validate pedagogical tools for training on clinical mentoring of midwives. An 2020-2023 action plan for clinical mentoring and a strategic guidance note were drafted. A multi-annual strategic action plan for the period 2020-2023 for the midwife profession was prepared as well as an advocacy booklet on reducing maternal mortality in Mauritania.

- 73 maternal deaths and 7,139 unsafe abortions were prevented thanks to support from UNFPA. Also, 29 women victims of obstetric fistulas were repaired, 11 of whom received support for their social integration;
- 239 healthcare providers (of which 2/3 are midwives) were trained in midwifery practices, Emergency Obstetric and Newborn Care, the use of the obstetric suction cup of Manual Intra Uterine Aspiration and resuscitation of the newborn; 10 health centers reinforced with equipment to provide basic emergency obstetric and neonatal care;
- 10 health centers reinforced with equipment to provide basic Emergency Obstetric and Newborn Care.
- A national surveillance and response report to maternal and perinatal deaths was produced and 15 members and 05 MPDSR committees in Moughataa were trained and set up;
- a 2020-2023 midwifery strategic action plan for midwives has been drawn up;
- 3 surgeons and 2 midwives were trained in the surgical management of obstetric fistula cases and in the conduct of postoperative care;
- A broadcast campaign on social networks and radio spots on the free management of obstetric fistulas were broadcast for one month in the 04 national languages.
GOAL: “ZERO UNMET NEED FOR FAMILY PLANNING”

- **73,230** couple years of protection provided to the country covering **100%** of contraceptive needs, according to the country’s quantification,
- **2,223** female users reached by special events offering family planning supplies and services,
- **89** healthcare providers and **40** community healthcare workers were trained in introducing Sayana Press
- **98** religious leaders committed to promoting FP, raising awareness about the RH law and the fight against GBV during sermons and other religious events.
- **40** providers trained in Contraceptive Technologies received post-training follow-up visits at their respective sites.
Gender equalities persist and are still an obstacle to women’s empowerment. This situation prevents women (50.7% of the population) from playing a full role in the country’s inclusive and sustainable development process. In 2019, UNFPA supported the Government in implementing recommendations and guidance relating to the fight against gender-based violence. The achievements include:

- 5 Multisectoral platforms to combat GBV (Elmina, Dar Naim Sebkha, Kiffa and Bassikounou) established;
- 170 GBV survivors received care;
- 90 communities publicly declared that they were voluntarily abandoning FGM and formed surveillance committees for post-declaration monitoring;
- 40 marginalised girls received training in managing IGAs to build their socio-economic capacities;
- 22 actors in the fight against GBV/FGM were trained in using the UNICEF/UNFPA manual on changing social norms;
- 492 girls and women victims of FGM received prevention services and/or medical care;
- 22 Religious leader formally committed to continuing to raise awareness against FGM.
Delivery of A6 kits by PNSR and UNFPA to 10 health centers in the UNFPA intervention area.
With respect to advocacy on the Demographic Dividend and population issues, the following progress was achieved:

- The Islamic Development Bank (IsDB) committed to including the Demographic Dividend (DD) in its cooperation programmes following the advocacy meeting between the UNFPA, Ministry of the Economy and Industry and the IsDB in December;
- Government commitment to including the DD in the preparation of regional SCAPPs in 2020;
- 52 officials (11 women and 41 men) from the national statistics system and research institutions were trained in generating data related to population issues;
- 106 officials (including 21 women and 85 men) from central and regional levels were trained in using the DD Programming Guide.

Capacity-building

- 320 young people (50% girls) committed to promoting the demographic dividend at the National Youth Forum and the Pan-African Young Leaders Forum held in Nouakchott;
- A Community Register of Youth Civil Society Organizations was established
- 30 Young Leaders trained in project management
- 950 people (including 200 young people) benefited from free consultations on different RH topics, in particular family planning;
On behalf of Mauritania, the Minister for Social Affairs, Childhood and Family, the head of the delegation, made commitments to implement the ICPD25 Programme of Action at the Nairobi Summit.

17 paintings by Mauritanian artists were displayed to celebrate UNFPA’s 50th and the ICPD’s 25th anniversary at the national museum in Nouakchott and at the international youth conference in Cairo.

Documentaries were produced on the history of the cooperation between Mauritania and UNFPA as part of UNFPA’s 50th and ICPD’s 25th anniversary celebrations (films, interview, press articles).

14 journalists were informed about the ICPD, the demographic dividend and the SDGs.

Technical support for the implementation of the SWEDD project

- Local technical assistance for the PMU/SWEDD for the implementation of the SWEDD project;
- Technical support for the preparation of the second phase of SWEDD 2021-2023.
Visit from the UNFPA Executive Director and Regional Director in Mauritania

The Executive Director of UNFPA, Dr Natalia Kanem, accompanied by the Regional Director of UNFPA WCARO, Mr. Mabingué Ngom, proceeded to the closing of the Workshop for the elaboration of the action plan and the note of orientation of clinical midwifery mentoring in Nouadhibou which recorded the participation of 20 actors involved in clinical mentoring of midwives.

Previously, they were greeted by Afriyan at the headquarters of the NGO Jeunesse à Heure on their arrival in Nouakchott. This energetic meeting allowed the Director to sympathize and interact with young girls and boys. She explained to them the challenges around achieving the 3 transformative results for the most vulnerable populations, particularly girls and women, as well as the accelerating nature for sustainable development at the individual, family, national and global levels.

Ms. Kanem was also received by a large delegation made up of senior government officials including the Prime Minister, the Minister of Social Affairs, Children and the Family, the Minister of Economy and Industry, the Representatives Agencies of the United Nations System and Civil Society (women, young people, artists and the media).
In 2004, Marième Mint Abdi, who was 12 years old and already married, experienced abdominal pain. It was winter, the rainy season and the Oued which separates the village Teguel Weze, where the family live, and the nearest health centre was going to be impassable for three more days. When she was finally taken to Kankossa, and then to Kiffa, she gave birth, but suffered an obstetric fistula, which she had to live with for three years. This incident caused the family to move to Kemach, a less remote village closer to an urban area, 12 kilometres from the town of Kankossa and reachable by donkey. She was helped by the NGO AFVD, which is supported by UNFPA and provides care and post-operative follow-up for cases of obstetric fistula. Marième Mint Abdi is one of the most symbolic cases, as the young girl went on to give birth twice and had two caesarians. She received medical follow-up care for three years given her very young age. Today, Marième Mint Abdi has three children and remarried after losing her former husband and then her father one year apart. “I received treatment to permanently cure the fistula, and I received an allowance in the form of goods to set up a business”, she says. In her opinion, Marième Mint Abdi’s suffering taught her family a lesson, and she highlighted that none of her younger sisters got married before reaching puberty.

“I am lucky, I feel good, I am home” says Haby Sow, delighted, because she comes from Mbout where she works. Unlike Haby, some of her midwife colleagues complain about a difficult adjustment due to high rental costs, and they criticise that they have not received a distance bonus for a few months. Ms Haby, who estimates that she sees an average of between 25 and 30 patients per day with peaks in June and July, explains that patient flow on the maternity ward is low during winter as a result of road blockages and numbers in the fields. At other times of the year, this population, which has quite a nomadic lifestyle, travels in search of better pastures for livestock. When asked what midwives can do to cope with the worrying health situation for mothers and newborns despite the efforts of the Mauritanian Government and its partners in the health sector, she seems to be somewhat resigned.
We experience big problems in making these populations, which are often isolated, poor and illiterate, understand and providing them with access to contraception. They are generally only aware of the health centres, she states. She also said that during periods of heavy rainfall these areas are cut off, and these women have no means of transport, which is why they give birth at home.

GIVING BIRTH IN A HEALTH CENTRE AT ANY PRICE

Meyum, a resident of Daghveg, a hamlet located 25 kilometres from Barkéôle, appreciates the midwives' willingness to help and kindness. "We have a small health centre in the village, but there is no maternity ward. We have to pay MRU 300 (USD 8.30) to go to Barkéol, but it is worth the cost. Since we learned about the importance of giving birth at the Health Centre and family planning, we even come to see the midwife for pre-natal consultations."

I bled so much that I was close to death, according to my parents, who thought that it was the right thing to do. I am still living with the consequences, because each of my labours has been a very painful challenge.

I experienced a little relief after attending several sessions on awareness and training on the psychosocial and health consequences of female genital mutilation (FGM). They helped me to understand my situation, in particular the pain I feel during sexual relations.

I graduated with the class of 2015-2016 from the Centre for professional training and women's advancement (CFPPF) under the Ministry of Social Affairs, Childhood and Family Affairs (MASEF), in the catering department.

This provided me, and the girls in the network, with access to information about FGM during my training, which enabled us to hold awareness sessions on the consequences of this scourge with youth associations, particularly for young girls, many of whom acknowledged that they had experienced the same suffering as us. Those who are married all said that their married life was difficult. The explanations that we provided helped several of them to finally find an explanation to their dramatic situation at home.

In my neighbourhood, when a woman gives birth to a girl, I am always there to make the parents aware of the harmful effects of circumcision so that they do not ruin their child's life.

I don't know the exact number of young girls and young mothers who I have provided with information, but there have been dozens of them, since the first, in Nouakchott, in different departments or in my home region.

Despite this, I now feel like a fulfilled woman; I have been running the refreshment area at the Ministry of Social Affairs, Childhood and Family (MASEF) with two of my classmates since January 2020. I am fortunate to have a husband who understands and supports me."

This account was given by Mariata Ibrahima Ndiaye, age 32, from Boghé, in the region of Brakna. Having never met her father, who died while she was still a child, she can rely on an attentive mother, two older brothers and a younger sister, who is an artist.
The UNFPA office in Mauritania is made up of 21 staff, including 12 program officers, 6 operations and 3 representation. In addition, the office used the services of individual consultants on an ad hoc basis during 2019.