



REPOSITIONING FAMILY PLANNING IN MAURITANIA

Status of Family Planning Programs
in Mauritania

Brief

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Overview

Since 2001, the United States Agency for International Development (USAID), the World Health Organization (WHO), the William and Flora Hewlett Foundation, and other partners have collaborated with African governments on an initiative to raise the priority of family planning (FP) in their national programs by strengthening political commitment and increasing resources. This concept is known as “repositioning family planning” (RFP). In 2011, the RFP initiative gained momentum when national leaders from eight francophone West African countries approved the Ouagadougou Call to Action, a commitment to take concrete actions to increase FP use.

This brief summarizes the key findings and recommendations from a 2012 assessment of Mauritania’s RFP initiative.

Mauritania’s economy has steadily improved over the past two decades. Nevertheless, two in five

Mauritanians live below the poverty line. Despite recent progress in reducing child and maternal mortality rates, health indicators remain poor.

Since independence, Mauritania’s population has quadrupled in size. Its current population of 3.6 million people is projected to double by 2050. The main factors driving rapid population growth are (1) the large proportion of young people, with 40 percent of people under age 15; and (2) large family size, with an average of 4.5 children per woman.

About 11 percent of married women are using modern contraceptive methods. Unmet need for family planning has risen sharply in recent years. About three in seven (37%) married women would like to space or limit births but are not using any contraceptive method.

Key policies, guidelines, and action plans supporting FP/RH are in place.

These include the

- National RH Strategy
- Policies, Norms and Standards for RH
- FP Action Plan

To strengthen the FP program, the government needs to

- Improve the capacity of the MOH staff
- Increase funding for FP programs
- Make FP services universally available
- Strengthen multisectoral coordination

Enabling Policies

Since the mid-1980s, national strategic and socioeconomic development plans have included FP within the context of reproductive health (RH). RH is included in the Strategic Framework for Poverty Reduction (2001–2005 and 2006–2010), which supports increased and equal access to primary healthcare for all within a 5 km radius of a health facility. In 1997, the Ministry of Islamic Affairs and Religious Education authorized FP under the category of “birth spacing.”

In the past decade, increased awareness of FP among policymakers has been reflected in new policy documents, including the National Health and Social Development Policy (2005–2015); National Gender Strategy (2008); National Health Development Plan (2011–2020); and Road Map for the Acceleration of the Reduction of Maternal, Newborn, and Child Mortality (2006–2015). In March 2012, the Strategic Framework for the Acceleration of Achieving the Millennium Development Goals (MDGs) gained traction when President Mohamed Ould Abdel Aziz created a high-level committee to oversee implementation and allocated more funds to reach the targets quickly,

including funds for long-term FP methods and health staff training in FP/RH.

Several plans and strategies support FP/RH programs. The National Population Policy, first adopted in 1995 and updated in 2005, states that couples should have the freedom to make decisions regarding the size of their families. The National RH Strategy Documents (1999–2002, 2003–2010, and 2011–2015) set strategic priorities, including safe motherhood, FP, and youth and adolescent sexual and reproductive health. The 2009 revision of the Policies, Norms, and Standards for RH incorporates best practices such as the promotion of long-term FP methods at service delivery points, the introduction of injectables in community outreach services, and male involvement. The Strategic Plan for RH Products Security (2009) supports logistics systems. Plans and guidelines for youth RH services are the Youth and Adolescent Reproductive Health Strategy (2005) and the Policies, Norms, and Standards for Youth RH Services. The consolidated Family Planning Action Plan (2011–2015) integrates national, regional and district plans and those of partners.

The RH Law drafted in 2007 has not yet been approved by the National Assembly. Adoption of this law would facilitate a stronger government response to the needs of individuals and couples to access affordable, equitable, and high-quality FP services and information.

Program Implementation

Two validated measures have rated Mauritania’s FP program as very weak. In 2009, its Family Planning Program Effort score, which rates 30 indicators reflecting policies, services, evaluation, and access to contraceptives in national FP programs, was 20.1 out of a possible score of 100.¹ Similarly, its 2006 Contraceptive Security Index was 47.0 on a scale of 100, indicating a relatively low level of contraceptive security.²

The National Reproductive Health Program (PNSR), housed in the Ministry of Health (MOH), is the government-led entity that oversees and manages the national FP/RH program. It is responsible for the development, coordination, and monitoring of FP policies. The PNSR is placed at a high level in the MOH structure, but its level of autonomy and funding is not reflected in the strength of the FP program. It



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has insufficient technical staff and requires capacity building in many areas.

The Regional Directorates of Health oversee implementation by the district health offices. The PNSR's annual action plans are guided by the strategic plan and integrate the regional and district plans and those of the civil society organizations (CSOs) involved in FP programs. Increasingly, local communities are contributing to the funding of primary healthcare, including FP.

Mauritania's government offers FP services as an integrated component of the minimum package of services. However, fewer than half of the service delivery points provide FP services. The government provides contraceptives free of charge in its facilities and also gives free contraceptive supplies to NGOs and parastatal agencies providing FP services. In 2011, the MOH established a budget line item for contraceptive commodities, but it has not yet allocated any funds. Contraceptive products are not integrated into the formal drug distribution system. The role of the Central Purchasing agency is limited to the storage of contraceptive products.

Key factors limiting access to FP services are the sparse services in rural and urban poor areas, staffing and equipment shortages in remote regions, and frequent stockouts. To address these issues, the PNSR has introduced IUDs and implants, tested community-based provision of contraceptives, and encouraged task shifting.

Besides the government health system, FP services are available at facilities run by the military, the National Social Security Agency, and the National Mining Industry Agency. Private for-profit facilities—clinics, healthcare stations, and pharmacies—are located in urban areas or near mining sites.

The three major NGOs that provide FP services and information are the *Association Mauritanienne pour le Bien Etre Familial* (AMPF), founded in 1989 and an affiliate of the International Planned Parenthood Federation (IPPF); SOS Peer Educators; and *Santé sans Frontières*. These NGOs have strong capacities to plan and implement FP programs and mobilize resources. Two professional associations have integrated FP into their activities: the *Association des Sages-Femmes de Mauritanie* (ASFM) and *Association Mauritanienne des Gynécologues et Obstétriciens* (ASMAGO).

Key National FP Policies and Plans

- Declaration of National Population Policy (1985 and 2005)
- Strategic Framework for Poverty Reduction (2006–2010)
- National RH Strategy Documents (1999–2002; 2003–2010; 2011–2015)
- Policies, Norms, and Standards in RH (2009)
- Strategic Plan for RH Products Security (2009–2015)
- FP Action Plan (2011–2015)
- Youth and Adolescent RH Strategy (2005)
- Policies, Norms, and Standards for Youth RH Services

Key professional networks that have been active in advocacy and raising awareness of FP are: the Mayors' Association for Reproductive Health, Network of Parliamentarians for Population and Development, Imams/Ulemas Network for Family Planning/Birth Spacing, and Network of Journalists for Population and Development. Other NGOs involved in FP campaigns are *Association Mauritanienne d'Aide aux Malades Indigents*, *Association Mauritanienne pour la Santé de la Mère et de l'Enfant*, *CARITAS*, *Association pour le Développement Communautaire*, and *Santé sans Frontières*.

Various multisectoral groups work on FP issues. The FP Multisectoral Working Group has organized a week-long FP campaign every year since 2003. The Thematic Group on FP, created after the 2011 Ouagadougou FP conference, was very active in developing the FP Action Plan. The PNSR hosts a technical committee that prepares FP/RH plans and guidelines. It also hosts the newly established RH Commodity Product Security Committee. The National Population Committee is hosted by the Ministry of Economics and Development.

The main partners providing funding and technical assistance to the MOH for FP programs are UNFPA, *Agence Française de Développement* (AFD), the Spanish Cooperation, and WHO. UNFPA provides most of the funds to support FP activities and procures all contraceptive commodities. Other partners that have pledged funding for the FP Action Plan are IPPF/AMPF, *Medicus Mundi*, and *Medicos del Mundo*. AFD has made a major commitment under its bilateral Forfait Obstétrical Project. Nevertheless, additional resources will be needed to support technical assistance in policy and strategy development, capacity building, contraceptive logistics and management, behavior change communication, supervision, and operational research.

Recommendations

Based on suggestions from key informants, the assessment team made the following recommendations to the government of Mauritania and its partners:

- **Improve the institutional capacity and leadership of the PNSR.** The MOH should provide adequate staffing, capacity building, and financial resources to the FP program to improve coordination, advocacy, supervision, and monitoring and evaluation (M&E). The MOH should also strengthen the capacity of the Regional Directorates of Health and district offices in planning, management, and M&E.
- **Increase funding for FP programs in the national budget and from donors.** The MOH/PNSR should advocate for increased funding from development partners, international NGOs, and industrial and mining partners and companies. The MOH should allocate funds for contraceptives, integrate contraceptive products into the national drug distribution system, and reinforce this system.
- **Strengthen multisectoral coordination of repositioning family planning.** The MOH should set up a functioning multisectoral coordination mechanism to sustain enthusiasm among FP stakeholders. Regional Directorates of Health and district offices need to strengthen their capacity to coordinate various activities, mobilize more resources, and foster community participation.



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- **Strengthen staff capacity to manage and deliver FP services.** The MOH should revise its Policies, Norms, and Standards in RH to incorporate the latest best practices. Through continuing education, the MOH should seek to improve providers' attitudes toward FP and increase their knowledge of contraceptive technology.
- **Make FP services universally available.** The MOH should scale up successful FP approaches, including offering injectables in community-based programs, making long-term contraceptive methods available in all health facilities, providing FP services by mobile teams in rural areas, shifting some tasks from health professionals to trained paraprofessionals, educating males about FP and engaging them in FP programs, promoting public-private sector partnerships, and contracting with CSOs and the private sector.

The assessment team's recommendations for civil society organizations are to:

- **Advocate for adoption of the RH Law and funding increases.** FP stakeholders need to increase their advocacy to policymakers and

decisionmakers at all levels to secure passage of the RH Law and raise funding for FP programs. FP stakeholders also need to strengthen the various networks.

- **Cultivate and support FP champions at all levels.** FP stakeholders need to identify, train, and support additional champions—especially among women and youth—at the national, regional, and local levels. By documenting and disseminating declarations of champions and celebrating their accomplishments, FP stakeholders can make advocacy initiatives more effective.

Mauritania has significant opportunities to build support for FP programs. The active involvement of stakeholders in preparing the FP Action Plan reflects strong support for the RFP initiative. Still, the government faces the challenge of improving its institutional and financial capacity to sustain the momentum.

Assessment Report

During 2011–2012, Futures Group (with funding from the William and Flora Hewlett Foundation) conducted assessments in six francophone West African countries

to document the status of repositioning FP initiatives. The USAID-funded Health Policy Project conducted two additional assessments. These assessments can serve as a benchmark to highlight gaps in expanding access to FP and identify areas where challenges remain and more attention and resources are needed. The assessments used the Framework for Monitoring and Evaluating Efforts to Reposition Family Planning, developed by the MEASURE Evaluation project.³

Futures Group conducted the assessment in Mauritania during July 13–17, 2012. The process included collection of available data on FP programs and funding as well as interviews with 24 key informants, including government officials, CSOs, and donors.

For the full report including the sources for cited data, see

Maiga, Modibo and Aissatou Lo. 2012. *Repositioning Family Planning in Mauritania: A Baseline*. Washington, DC: Futures Group. Available at: www.futuresgroup.com

Resources

¹ Ross, John, and Ellen Smith. 2010. *The Family Planning Effort Index: 1999, 2004, and 2009*. Washington, DC: Futures Group, USAID | Health Policy Initiative, Task Order 1.

² The Contraceptive Security Index is based on ratings of 17 indicators related to the supply chain, finance, the health and social environment, access to FP, and use of FP. USAID | DELIVER Project, Task Order 1. 2009. *Contraceptive Security Index 2009: A Tool for Priority Setting and Planning*. Arlington, VA: USAID | DELIVER Project, Task Order 1.

³ Judice, N., and E. Snyder. 2012. *Framework for Monitoring and Evaluating Efforts to Reposition Family Planning*. Chapel Hill, NC: MEASURE Evaluation PRH. Accessed on July 15, 2013, from <http://www.cpc.unc.edu/measure/publications/SR-12-63>.

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