



**Convention on the
Rights of the Child**

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COMMITTEE ON THE RIGHTS OF THE CHILD

**CONSIDERATION OF REPORTS SUBMITTED BY STATES PARTIES
UNDER ARTICLE 44 OF THE CONVENTION**

Initial reports of States parties due in 1993

MAURITANIA

[18 January 2000]

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I. GENERAL MEASURES OF IMPLEMENTATION

A. Measures taken to harmonize national law and policy with the provisions of the Convention

1. With a view to bringing its legislation into line with the provisions of the Convention on the Rights of the Child (hereinafter, the Convention), the Mauritanian State has taken the following measures:

The draft family code, which is about to be adopted, contains provisions to protect children, including those on parental responsibility for the education of the child, child support, and the primacy of the child's interests in childcare;

The establishment of appropriate treatment of children under criminal law by the judiciary and the police. In this connection, a criminal code and a code of criminal procedure for juveniles are about to be finalized;

The development of the education system in such a way that it guarantees the right of the child to free education and concerns the whole population. The right of the child to education also includes the right to vocational training.

B. Mechanisms established

1. National Plan of Action for the Survival, Protection and Development of Children

2. Pursuant to the adoption of the World Declaration on the Survival, Protection and Development of Children by the World Summit for Children, held in New York on 29-30 September 1990, in June 1992 Mauritania, with the support of the United Nations Children's Fund (UNICEF), prepared a national programme of action for the period 1992-2001 to contribute to improving the situation of children in Mauritania. This National Plan of Action (NPA) comprises an analysis and diagnosis of the situation of children on the basis of which the main goals to be achieved have been determined. These ambitious goals have been reviewed and updated by the Master Plan on Health and Social Affairs for the period 1998-2002 prepared by the Ministry of Health and Social Affairs:

(a) Overall goals

To reduce by half the morbidity and mortality rates for children under five by the year 2002;

To reduce the infant mortality rate from 118 to 80 per 1,000, the neonatal mortality rate by 50 per cent and the infant and child mortality rate from 182 to 90 per 1,000;

To improve the nutrition of the population, especially the most vulnerable groups (children, women, people facing hardship): severe and moderate protein-energy malnutrition should be reduced by 25 per cent in children from 0 to five years;

To reduce by a third the maternal mortality rate by the year 2002. The maternal mortality ratio will decrease from 940 to 600 per 100,000 live births;

To ensure universal drinking water supply and sanitation coverage and food quality control;

To improve and develop the education system.

(b) Sectoral goals

Women and child health

To pay particular attention to the health and nutrition of girls, pregnant women and nursing mothers;

To ensure that all couples have access to the information and services they need to prevent premature, too closely-spaced, late or frequent childbearing;

To ensure that all pregnant women have access to prenatal care, to trained attendants during childbirth and referral facilities for high-risk pregnancies or obstetrical emergencies;

To step up the fight against poliomyelitis, neonatal tetanus, measles and hepatitis B;

To increase immunization coverage to 98 per cent for BCG, 80 per cent for diphtheria, whooping cough and tetanus and 90 per cent for measles and for poliomyelitis in infants from 0 to 11 months, 75 per cent of whom should be vaccinated before one year of age;

To reduce by 50 per cent deaths due to diarrhoea in children under five years and by 25 per cent the incidence of diarrhoea;

Also to reduce by a third deaths due to acute respiratory infections in children under five years.

Nutrition

Using the 1990 rate as the base, to reduce by 50 per cent severe and moderate malnutrition in children under five;

To reduce to less than 10 per cent the proportion of infants with low birth weight (less than 2.5 kg);

To reduce to two thirds of the 1990 level the proportion of anaemic women;

To eliminate vitamin-A deficiency and its effects, including blindness;

To encourage all women exclusively to breastfeed their children for four to six months and to continue breastfeeding while giving them supplementary food well into the second year;

To spread knowledge of the means of increasing food production and to provide the necessary support services to guarantee food security for households.

Water and sanitation

To increase access to drinking water;

To develop sanitary means of excreta disposal;

To eliminate dracunculiasis (Guinea-worm disease) by the year 2000.

Basic education

To achieve 100 per cent school enrolment for any given age group;

To ensure completion of basic studies by 80 per cent of each cohort;

To reduce the illiteracy rate by 50 per cent.

3. The implementation of the Plan of Action is the responsibility of the Ministries of Economic Affairs and Development, Health and Social Affairs and National Education.

2. Institutions with competence in areas covered by the Convention

(a) Secretariat of State for the Status of Women

4. Decree No. 025-93 defining the powers of the Secretariat of State for the Status of Women and the organization of its central administration assigns to it, inter alia, the tasks of:

Promoting the rights of women and children with respect for family values and increasing awareness about this in society;

Preparing an early-childhood policy in accordance with the family policy;

Promoting the rights of the child and of young girls in particular;

Participating in the implementation of the national mother and child health policy;

Developing the network of public and private kindergartens, and monitoring the quality of their programmes and the training of their staff.

(b) National Council for Children

5. An advisory body to the Secretariat of State for the Status of Women has been set up with the title of National Council for Children. Its task is to assist the State Secretariat in devising general government policy relating to children.

6. The National Council for Children is presided over by an adviser to the Prime Minister and is composed of representatives of the chief ministries concerned with children's issues, as well as representatives of major organizations of civil society. Its functions are to:

Help to make known the situation and needs of children;

Contribute to the preparation of an integrated plan for the advancement of children and the satisfaction of their needs regarding health, affection and education and for creative and social outlets;

Propose a policy for the training of professionals specialized in working with children, especially children in difficulties;

Identify any activity that may develop a child's faculties and contribute to his growth, the achievement of his ambitions and his independence;

Propose measures to protect children from neglect, exploitation and the different forms of handicap and to strengthen the capacity of families to meet the needs of their children;

Propose measures to promote the care of disabled children and/or delinquent or abandoned children, and to strengthen the role of development associations in taking care of such children and furthering their education and training in cooperation with the departments concerned;

Further consolidate media efforts to sensitize the various sectors of society (municipal councils, local elected officials, NGOs, etc.) to the needs of children, the factors conducive to their development and the various moral and social risks they run;

Propose any legal or judicial measures and any programmes likely to contribute to the achievement of the goals set for the advancement of children.

7. The National Council for Children holds two sessions a year and has three working committees, on survival, development and protection. At the end of each year the Council submits a report to the Secretariat of State for the Status of Women in which it assesses the situation of children and puts forward proposals for their advancement.

(c) Other relevant ministries

8. The other ministries with competence in areas covered by the Convention are:

The Ministry of Foreign Affairs and Cooperation;

The Ministry of Justice;

The Ministry of the Interior, Postal Services and Telecommunications;

The Ministry of National Education;

The Ministry of the Civil Service, Labour, Youth and Sports;

The Ministry of Health and Social Affairs;

The Ministry of Culture and Islamic Orientation;

The Ministry for Communications and Relations with Parliament;

The Secretariat of State for Literacy and Traditional Teaching;

The Office of the Commissioner for Human Rights, the Fight against Poverty, and Integration.

C. Information and awareness-raising concerning the Convention on the Rights of the Child

9. A series of conferences designed to familiarize administrators, teachers, legal staff and civil society with the Convention was launched in 1997.

10. The first seminar, held in March 1997 attracted the participation of about 60 administrative heads, elected officials, religious and academic figures, lawyers and representatives of national and international non-governmental organizations. The participants discussed the contents of the Convention and the obstacles to its implementation in Mauritania. A second national seminar on the theme of "Children and development", was held in February 1998. It gave an opportunity for gauging progress in the drafting of the initial report on the implementation of the Convention. More than 70 persons from various institutions and from civil society took part. The debates were given wide media coverage in Arabic and French.

11. In January 1999 the Secretariat of State for the Status of Women also held an information seminar on the Convention for NGOs working with children. It asked those organizations to submit programmes of action for the year 1999.

12. Several dozen mayors have created an association called the "Mauritanian Mayors in Defence of Children Initiative". The members of this association have been trained in the preparation of situation analyses and communal plans of action to promote the rights of the child.

13. Parliament has set up a parliamentary group to promote children's rights. On 8, 9 and 10 June 1999 that group, in cooperation with UNICEF, held parliamentary days to publicize the Convention.

14. Youth mobilization days have been held on themes related to children's rights (Days of the African Child, Week of Friendship and Fraternity at Sélibaby, etc.).

D. Stages in the preparation of the initial report

15. A national commission was formed to coordinate the preparation of the initial report. It is composed of representatives of the ministerial departments concerned with the Convention (see para. 8 above) and the following bodies:

The University of Nouakchott;

The National Bar Association;

The Mauritanian Journalists' Association;

The General Confederation of Mauritanian Employers;

The Mauritanian Workers' Union;

The Mauritanian Human Rights League.

16. At a seminar held in July 1997 the commission decided that, in order to carry out its mandate, it should set up thematic working groups, on survival, development, participation, the general framework and protection. Following a predetermined calendar of meetings, each group studied and analysed data connected with its theme and produced a report. The totality of the working groups' reports constituted the first outline, which was submitted to the seminar on "Children and development in Mauritania" (28 February-2 March 1998) for study, analysis and amendment.

17. After revision and harmonization, the provisional version of the initial report was subjected to a second examination on 25 and 26 November 1998, days that were set aside for reflection. Several representatives of ministerial departments and the National Council for Children, as well as parliamentarians, academics, journalists, members of civil society and UNICEF took part in that process. Finally, the provisional version of the report, enhanced by all these contributions, was approved by the National Council for Children.

II. DEFINITION OF THE CHILD

A. Age of majority

18. According to the Convention a child means "every human being below the age of eighteen years unless, under the law applicable to the child majority is attained earlier". In this regard Mauritanian legislation is in perfect accord with the Convention and the precepts of Muslim law. Article 15 of the Code of Obligations and Contracts stipulates that:

“Any person in possession of his mental faculties and not having been forbidden so to do is fully capable of exercising his civil rights.

The age of majority is set at eighteen years.”

19. In accordance with the principles of Malekite Muslim law applicable in Mauritania, the prohibition on grounds of youth is applicable to individuals who have not attained the age of majority. Absolute incapacity is the attribute of individuals lacking the faculty of discernment because they have not reached the age of 12 years. They do not have the right to dispose of their property and all their acts are considered legally null and void. Limited capacity is the attribute of children over 12 and up to 18 years of age. Such children are considered to possess the faculty of discernment. The acts of a person who has reached the age of discernment are valid only with the authorization of a legal guardian (art. 25 of the Code of Obligations and Contracts).

B. Consent to marriage

20. There is no legal minimum age for consent to marriage. The minimum age for marriage is the nubile age.

C. Expert counselling

21. Under Mauritanian law, a minor who has entered into a contract without the authorization of his father or guardian is not bound by the commitments he has undertaken and can call for their rescission. However, these commitments may be rendered valid if the father or guardian gives his approval of the minor's act (art. 25 of the Code of Obligations and Contracts). Nevertheless, a minor may act when he “benefits” from his acts (art. 30, para. 2, of the Code of Obligations and Contracts). Thus a minor, regardless of age, may consult a doctor.

D. Minimum age for admission to employment

22. Article 1 of Book II, First Title, Chapter I, of the Labour Code sets the minimum age for admission to employment at 14 years. Below that age children may be admitted as employees or apprentices only with a waiver granted by an order of the Minister of Labour, on the advice of the National Labour Council and having regard for the local circumstances and the tasks that may be required of them.

E. Sexual relations of minors

23. Sexual relations are envisaged solely in the context of marriage. Article 293 of the Criminal Code penalizes anyone who induces or attempts to induce an abortion. However, a doctor may carry out a therapeutic abortion when the mother is in danger.

F. Consumption of alcoholic beverages by children

24. The importation and the sale of alcoholic beverages are banned throughout the territory of Mauritania. The consumption of such beverages is forbidden to Muslims, whether children or adults.

G. Penalties imposed on juveniles

Non-responsibility

25. Article 61 of the Mauritanian Criminal Code states that: “When the accused is under 16 years of age and it is determined that he acted without discernment, he shall be acquitted.” In that case Mauritanian law provides for the juvenile to be handed over to his parents or to an honourable citizen who will care for him for the number of years specified in the judgement.

Diminished responsibility

26. Article 61 of the Criminal Code sets forth the principle of an excuse on the ground of minority: if it is determined that the minor acted with discernment, the following penalties shall be imposed:

“If he has incurred the penalty of a term of hard labour or imprisonment, he shall be sentenced to imprisonment for a period equal to at least a third and at most a half of the term to which he would otherwise have been liable under one of those penalties;

If he has incurred a deprivation of civil rights, he shall be sentenced to a prison term of from one to five years.”

27. The criminal law provides that a juvenile under the age of 16, with no accomplices over that age, who is charged with crimes other than those which the law punishes by the death penalty, hard labour for life or imprisonment, shall be tried by the correctional courts.

28. If a juvenile under 16 years of age has committed only a minor offence, the penalty imposed on him cannot be greater than that to which he might have been sentenced had he been 18 years old.

H. Conscription and voluntary enlistment in the armed forces

29. Act No.62-132 of 29 January 1962 organizing recruitment into the army provides in article 1 that:

“Every Mauritanian citizen must perform military service in person, except where his physical incapacity has been duly established.

Recruitment into the army shall be:

1. By call-up of the annual contingent;
2. By enlistment and re-enlistment.

Under articles 13, 14, 15, 17 and 18 of Act No. 61-112 of 12 June 1961 containing the Mauritanian Nationality Code, only Mauritanian citizens or naturalized Mauritanians may enlist in the army, whether as conscripts or as volunteers.”

III. GENERAL PRINCIPLES

A. Non-discrimination

30. Under article 1 of the Constitution, all citizens, irrespective of origin, race, sex or social circumstances, are equal before the law and any anti-racial or anti-ethnic propaganda is punishable. Accordingly, all statutory rules and measures to assist children are applicable to all Mauritanian children. The children of foreigners and refugees enjoy the same rights, including the right to freedom, education and health.

31. Against this background, the Government has directed its development programmes towards regional and grassroots development to reduce regional disparities, especially those between urban and rural areas.

32. There are some shortcomings in terms of education (low school enrolment rates among girls as compared with boys, sharp regional disparities in school enrolment), the mother and child situation, and assistance to the disabled and to children in difficulties.

33. Measures specifically for women and children, notably in rural areas, have been taken under the National Programme of Action for Implementing the World Declaration on the Survival, Protection and Development of Children in the 1990s. The Programme seeks to provide better health, nutrition, water supply and sanitation conditions and basic education for disadvantaged groups.

34. The Government has established a service for the disabled within the Department of Social Affairs of the Ministry of Health and Social Affairs that looks after four categories of disabled persons (the blind, the deaf and dumb, the motor and mentally disabled, and persons cured of leprosy). The service coordinates assistance for the disabled with a number of local non-governmental organizations.

35. Similarly, a programme known as the “Girls’ School Enrolment Support Fund” has been set up under Education Programme 5 and is designed to promote schooling for girls and to combat educational wastage.

36. A department of the Secretariat of State for the Status of Women has been responsible for affairs concerning children and the family since 1996. Considerable progress has been made since that date, especially in education and communication.

B. Best interests of the child

37. The best interests of the child are duly taken into account both in government policies and in legislation. For example, article 32 of the Code of Obligations and Contracts specifies:

“A father administering the property of a child who is a minor or lacks legal capacity, a guardian or in general any administrator appointed by law can dispose of the property under his administration only with the special authorization of the court. Such authorization shall be granted only in a case of need or obvious advantage for the minor or person lacking legal capacity.”

38. Again, article 34 of the Code of Obligations and Contracts stipulates: “The legal representative of a minor or a person who is deprived of legal capacity may continue to engage in commerce with him only if so authorized by the competent authority, which shall issue authorization only in the case of obvious advantage for the minor or person deprived of legal capacity.”

39. Childcare consists in raising the child, looking after his interests and, to the extent possible, protecting him from anything liable to harm him. Care of the child is part of the obligations of the mother and father, as long as they are united by the bonds of matrimony. If the marriage is dissolved, custody of the child shall preferably be assigned to the mother. In order to be fit for such duties, the mother must be:

Of sound mind;

Free of any disease that is contagious or likely to prevent her from looking after the child;

Capable of raising the child and providing for his health and education;

Of good morals;

Fit to administer properly the maintenance allowance for the child;

Deemed not to be violent in character to the extent of harming the child;

Living in a Muslim environment;

Accommodated in housing capable of affording the requisite safety for the child, in the light of the child's situation.

40. It should be noted that a woman who has custody of a child and marries a man who is not related to the child to a degree that precludes marriage, or is not the child's testamentary guardian, loses her right of custody unless she is at the same time the child's testamentary guardian or the only nursing woman that the child accepts.

41. Furthermore, a man who wishes to have custody must have a wife to look after the child. It should be pointed out that custody is automatically granted to the mother or the mother's parents. This may sometimes be against the child's interests. The father can also play this role judiciously.

42. As to the institutional machinery, the principle of the child's best interests underlies the activities of such bodies as the Family and Child Department, the National Council for Children, and the rehabilitation centres.

43. Children's needs are also defined as priorities in the various social development sectoral policies and strategies. These needs relate particularly to maternal and child health, education, drinking water, hygiene, income-generation, and so on.

C. The right to life, survival and development

1. Right to life

44. The right to life is enunciated in the Constitution and also protected by the criminal law:

Article 393 of the Mauritanian Criminal Code penalizes anyone who has arranged or tried to arrange an abortion;

The Criminal Code penalizes infanticide (art. 276) and acts of negligence, brutality, violence and sexual abuse (arts. 285, 326, 332 and 334).

2. Right to survival

45. The struggle waged against poverty, children's diseases and harmful traditional practices lies at the core of the Government's concerns.

3. Right to development

46. The child's right to education, including vocational training (arts. 28 and 29 of the Convention), and the right to leisure and to cultural and recreational activities (art. 31) underlie Mauritania's various sectoral policies.

D. Respect for the views of the child

47. The weight of tradition is still important, particularly respect for one's parents and for the elderly. Children nonetheless have a large place in the family and in society.

48. Parents are increasingly taking into account children's views, particularly with regard to education and leisure, and so on. Similarly, children and the young play a part in schools and universities as members of class and faculty councils and in university assemblies. They are able to express their views freely in these institutions.

IV. CIVIL RIGHTS AND FREEDOMS

A. Name and nationality

49. Article 12 of the Code of Obligations and Contracts specifies: “Legal personality starts with the birth of a child and ends upon death. A child when conceived enjoys civil rights, provided he is born alive.”

50. Under the Code of Civil Status and the Code of Nationality, a child is guaranteed a name and a nationality.

1. Right to a name

51. Act No. 96-020 of 19 June 1996, instituting a patronymic name system, stipulates in article 1: “This law introduces a patronymic or family name system ... The patronymic name is every citizen’s heritage, property and right. It is one of the constituent elements of civil personality and a means of distinguishing individuals and families.” Under this law, every Mauritanian is required to have a patronymic name (art. 2). However, the patronymic name should not be incompatible with Islamic values and good morals and must not have a pejorative or degrading connotation or be liable to derision (art. 4).

52. For the purpose of removing any potential discrimination against abandoned children, article 48 of Act No. 96-019, establishing the Code of Civil Status, specifies: “Anyone discovering a foundling is required to report this immediately to the officer of the local judicial police, (who) shall draw up a detailed report. In the light of that report, the officer or agent of the civil registry shall make out a certificate giving a first name for the child and the family name shall be chosen in accordance with the law relating to patronymic names.”

53. Article 49 of the Act stipulates: “Registrars shall not, either in birth certificates or in copies, reproduce the statements: of an unknown father or mother, father or mother not named, or any similar particulars”. Accordingly, every child’s birth must necessarily be declared, whatever the place of birth. The declaration must be made within three months after the child is born. A child’s birth must immediately be entered in the special registers of hospitals, maternity hospitals and public or private health units. Health personnel (doctors, midwives, etc.) are required to fulfil this obligation.

54. A stillborn child must be entered in the register of deaths and not the register of births. A special procedure has been established for a child who has not been declared within the requisite time limit. It is a ruling supplementing a birth certificate.

55. Failure to declare the birth of a newborn child within the statutory time limit is an offence under articles 323 and 324 of the Criminal Code. Similarly, anyone who is made responsible for a child and fails to present the child to the persons entitled to claim it is liable to imprisonment.

56. Emphasis should be placed here on the difficulties experienced in registering, organizing and keeping civil registry records in Mauritania. To remedy the situation, the authorities reformed civil registration by establishing the Secretariat of State for Civil Registration. This organization has rearranged such records in Mauritania by adopting the Code of Civil Status and a law on patronymic names.

57. Access to civil registration services has become easier and births can be registered by assistant registrars. This has prevented, or at least limited, false declarations of birth. Registrars follow training courses, and computerization and the purchase of computer and other equipment for registration centres should make the centres better able to perform their task.

58. It should also be noted that public awareness campaigns have been conducted to publicize the usefulness of reliable registration for the country's economic development and the population census in September 1998.

2. Right of the child to Mauritanian nationality

59. Act No. 61-112 of 12 June 1961 regulates the right to Mauritanian nationality. Under article 8 of the Nationality Code:

“The following are Mauritanian:

- (a) A child born of a Mauritanian father;
- (b) A child born of a Mauritanian mother and a father who is stateless or of unknown nationality;
- (c) A child born in Mauritania of a Mauritanian mother and of a father who is an alien, but entitled to reject that status in the year before he attains his majority.”

Under article 9 of the Mauritanian Nationality Code:

“The following are Mauritanian:

- 1. A child born in Mauritania of a father himself born in Mauritania;
- 2. A child born in Mauritania of a mother herself born in Mauritania but entitled to reject that status in the year before he attains his majority.”

60. Under article 10, “A newborn child found in Mauritania and of unknown parents is Mauritanian. He shall, however, cease to be Mauritanian if, while he is a minor, his filiation is established with regard to a foreign father and he has the father's nationality pursuant to the foreigner's national law.”

61. In all cases of attribution of Mauritanian nationality, the right is acquired as from birth. Article 11 states:

“A child who is Mauritanian under the terms of this chapter is deemed to have been Mauritanian from birth even where the statutory conditions for the attribution of Mauritanian nationality are established only after his birth.

“However, in the latter case, the attribution of Mauritanian nationality from birth does not prejudice the validity of contracts entered into by the person concerned and the rights acquired by third parties on the basis of the child’s apparent nationality.”

B. Preservation of identity

62. Mauritanian law recognizes everyone’s right to preserve his identity. This right includes the individual’s ability to preserve his nationality. In Mauritania, nationality is acquired in all cases as from birth (Nationality Code, art. 11). Cases of loss or withdrawal of nationality are strictly defined in the Nationality Code (arts. 30-34).

63. Preservation of identity also involves the right to preserve one’s name and family relations. Under Mauritanian law, any child born in wedlock bears his father’s name. Article 4 of Act No. 96-020 also specifies that “No one may bear the name of a family with which he has no legal tie”. The wrongful assumption of a maiden name is also penalized by law (Act No. 96-020, art. 13). A married woman keeps her maiden name.

C. Freedom of expression

64. Freedom of expression is enunciated in article 10 of the Constitution, whereby it is guaranteed to all citizens.

65. Special magazines have emerged in recent years. For example, the Secretariat of State for the Status of Women publishes the magazine “Hadiya”. A number of associations support this endeavour by publishing cultural and sports magazines (“Soumboula”, etc.). Foreign publications are also available on the market and play a part in children’s educational development. A small children’s library has been opened at the Maison de la culture, as have cultural and reading centres. A policy to build cultural centres in the various regional capitals has been initiated.

D. Freedom of thought, conscience and religion

66. The Constitution states in article 5 that Islam is the religion of the people and of the State. Freedom of thought, and therefore of opinion, is also guaranteed by article 10 of the Constitution. Non-Muslim aliens benefit from Islam’s tradition of tolerance. They freely practise their religion.

E. Freedom of association and of peaceful assembly

67. Article 10 of the Constitution guarantees freedom of association and assembly under the terms of the law. This general provision applies both to children and to adults. Children are entitled to assemble and to join or form associations. Act No. 64-098 of 9 June 1964, on associations, and the amendments thereto set out the practical terms and conditions for forming and organizing such bodies. Mauritanian children are therefore free to assemble or associate, and to form clubs, associations and other movements.

68. For example, there are a number of youth movements (scouts, holiday camps, clubs and even "age groups") that are appropriate settings for the emancipation of children and the young. Cultural and sports associations exist in secondary schools and are designed to channel the child's efforts so as to fulfil all his potential.

69. The scout movement includes 2,200 scouts, both children and young people, in seven administrative regions of the country. Backed by "leaders" (who include many teachers), the scouts take part in community development action in the fields of health, reforestation, social activities and protection of the environment. In partnership with UNICEF, they are managing the improvements to the Water Park in Nouakchott and a community development centre by a standpipe in Nouadhibou. They also maintain regular contact with the scout movements in other countries.

70. A municipal council for children was recently established in Nouakchott.

F. Protection of privacy

71. Under article 13 of the Constitution every citizen, regardless of age, is guaranteed protection of his privacy. The article stipulates: "No one may be prosecuted, arrested, held or punished except in the cases specified by law. A citizen's honour and privacy, the inviolability of the human person, his domicile and his correspondence are guaranteed by the State." However, the law places restrictions on this principle in exceptional cases. For example, under the Criminal Code an individual is held liable for breaching the inviolability of the home, as is anyone who violates the confidentiality of correspondence.

G. Access to appropriate information

72. With the adoption of the 1991 Constitution and democratic institutions, access to appropriate information is guaranteed. The advances in this field should be emphasized. Order No. 91.023, on freedom of the press, adopted on 25 July 1991, affirms that information is an essential tool in economic and social development, cultural enrichment, intellectual advancement and civic, political and democratic education.

73. Newspapers, political analyses and special magazines on children are available in shops. Mauritanian television, in cooperation with the Ministry of Health and Social Affairs, the Secretariat of State for the Status of Women and UNICEF, produces and broadcasts a weekly

programme on topics connected with the survival, protection and development of women and children. Moreover, more than 10 per cent of weekly programmes are set aside for education, health, agriculture and the war on illiteracy, etc.

74. Television has also played a very large part in making the public and the authorities aware of the major objectives of the Convention and the Plan of Action resulting from the Declaration of the World Summit for Children. It has also allotted airtime for a number of documentaries on the Summit, the greeting card operation (GCO 97) and the Day of the African Child.

75. Radio Mauritania is the only station that covers the whole of Mauritanian territory. Programmes are broadcast in all the national languages and in French. There is one radio per 2.3 inhabitants. A high percentage of women, including women in rural areas, have a radio - 83 per cent in Brakna, 84 per cent in Trarza, 75 per cent in Adrar, 78 per cent in Guidimakha and 87 per cent in Nouakchott.

Programme schedule	
Topics	Airtime
Health, environment, rural world	50 per cent
Culture and entertainment	35 per cent
News	15 per cent

76. Regional radios. Radio Aftout FM in Barkéol is the first experiment in ongoing local broadcasting under the Mauritania/UNICEF Memorandum of Understanding. Designed as a UNICEF contribution to the work of public awareness for the eradication of dracunculiasis in the endemic area in Barkéol (Assaba), Radio Aftout FM quickly proved to be a powerful tool in social mobilization. It broadcasts 1,456 programmes a year over an area of 300 km². The broadcasts are in four categories:

- (a) Education and outreach (health, literacy, environment, agriculture, society);
- (b) News (local news, communiqués);
- (c) Entertainment (local music, games, music on request, etc.);
- (d) Other.

77. The populations in Barkéol have shown their interest in the station and their desire for it to continue by organizing an independent listeners' committee for better participation in the functioning of the station by their modest contributions but also by regularly following up programmes. The success of Radio Aftout FM has induced the Government and UNICEF to consider extending the radio decentralization programme to the main towns in the regions. Nouadhibou radio, "Radio Jeunesse", helps in the mobilization, education and entertainment of the young in Nouadhibou (90,000 inhabitants).

78. From radio programmes, young people gain a better knowledge of disease prevention, particularly prevention of sexually transmitted diseases. The young are not only the people for

whom these broadcasts are intended - they also produce them. In this way, the radio is a vehicle for constructive exchange in which young people develop a feeling of independent responsibility and integration because they are entitled to speak out with adults.

79. Radio Aleg (Brakna), or "Women's Radio", broadcasts health programmes and affords women in cooperatives an opportunity to exchange their views and experience about health, nutrition and management problems and the use of tools and agricultural inputs, mill maintenance, and the struggle against the encroaching desert and crop predators.

80. The radio spreads innovative ideas such as the introduction of savings and loan associations, the creation of information and training networks for women, and so on.

81. The radio takes part in community endeavours and training services to combat illiteracy and to increase school registration in general, and of young girls in particular. Every Tuesday at 3.30 p.m., Women's Radio becomes Children's Radio since it is the children's day off.

82. A group of girls and boys aged 10 to 15 are preparing with community leaders a 40 minute programme on a topic of concern to them and they have chosen the title "The Generation of Tomorrow". Moreover, people are wholly free to receive television programmes by using individual or collective dish antennas.

83. Women's radio and development. This radio station was set up by the Secretariat of State for the Status of Women in the town of Rosso (Trarza) with UNFPA/UNESCO/Mauritanian Government funding. It widely publicizes the Convention and works to bring about public awareness of education for young children.

H. The right not to be subjected to torture or other cruel, inhuman or degrading treatment or punishment

84. The principle of protecting children against ill-treatment and attacks on their freedom and physical and moral integrity is embodied in the Constitution, which recognizes that everyone has the right to life, freedom, safety and physical integrity and education. Article 13 of the Constitution states: "Any form of moral or physical violence is proscribed".

85. The criminal law severely punishes ill-treatment. Article 285 of the Criminal Code punishes any form of violence, whether against an adult or a child, without specific provisions for children.

86. Furthermore, children still suffer frustration as a result of separation from their parents, early marriage of young girls and problems experienced in a polygamous family.

87. Particularly in the rural areas, young girls suffer from the traditional practice of force-feeding and genital mutilation. A number of measures had been taken or are in the process of being taken by the Government to ensure protection of children and young girls against any form of violence, ill-treatment and abuse. By way of example:

The campaign against traditions harmful to health (force-feeding, obesity, etc.) was included in the Plan of Action of the Secretariat of the State for the Status of Women in 1997. The Secretariat has engaged in the following activities: creating and equipping sports facilities, information in the media about the dangers of harmful practices, developing sports, women's health;

School enrolment for young girls has become a major priority in education objectives for all in the year 2000;

The draft Family Code provides a suitable legal framework for the safety and well-being of young girls and children;

Support for children's and women's rights associations.

88. It should be emphasized that harmful traditional practices are to some extent on the decline. It is important, however, to conduct thorough studies into such ill-treatment, which is harmful to development.

V. FAMILY ENVIRONMENT AND ALTERNATIVE CARE

A. Parental guidance

89. The family is the basic unit of society, in which children can develop and fulfil their personality. The family gives the child appropriate advice and guidance.

90. The authorities help by engaging in activities designed to protect children's health, provide them with an education and eliminate all forms of discrimination (need for school enrolment for girls).

B. Parental responsibilities

91. Parents are duty bound to raise and educate their children. This responsibility is jointly shared by husband and wife, but is incumbent more particularly on the husband, who is responsible for the family and must act in its best interests. The wife helps her husband in running the family.

92. A wife may, under court supervision, act as the person responsible for the family whenever it is impossible for the husband, if he has no legal representative, to take on that responsibility. Boys must be supported until they attain their majority and girls until they are married. The father is still subject to this obligation if the child continues his studies or is physically or mentally handicapped. The authorities assist parents in regard to the health, education and development of the character of their children, for instance, with health and school nutrition programmes, particularly in rural areas.

C. Separation from parents

93. In Mauritania, a child's relationship with his family often goes beyond the basic family unit. A child is sometimes entrusted to grandparents or voluntarily placed with close relatives or in a mahadra (school) for his religious education. Should the child be separated from one of his parents for reasons of a civil nature, that parent has visiting rights, unless the court decides otherwise in the best interests of the child. Mauritanian law does not provide for cases of forcible separation from the parents when a child is ill-treated.

D. Family reunification

94. There are no legal restrictions imposed on the family reunification of foreigners who live regularly in Mauritania. Citizens obviously enjoy the right to move freely within the country and to leave it.

E. Illicit transfer and non-return

95. The problems of illicit transfer and non-return of children have not yet arisen in Mauritania, although mixed couples do exist.

F. Recovery of maintenance for the child

96. Where a marriage breaks down, the mother is normally given custody of the child. In this case, the father must pay maintenance to cover food, clothing, safe accommodation for the child and everything usually considered necessary. The amount of maintenance is determined in the light of the assets of the person who is to pay it, the needs of the person to whom it is to be paid, the cost of living and other current requirements.

97. It should be noted that, in practice, for psychological reasons (pride), the maintenance is not always claimed. Women then find themselves in financial difficulty, a situation which could lead to social imbalances and problems, and particularly because Mauritania has a high number of mothers who are the head of the household. This situation is inconsistent with the requirements of Muslim law. It should nonetheless be emphasized that the court, where a case is brought before it, always requires the father to pay the child's maintenance to the person who has the actual custody.

98. To find solutions to maintenance problems, the Family Litigation Division has been established in the Family and Child Department, in the Secretariat of State for the Status of Women. Every year it deals with about 100 requests for recovery of maintenance. If a woman brings a complaint for recovery of maintenance, a meeting is then held with her former husband by the Family Litigation Division. On the date in question and after the parties have been heard, an agreement to pay a particular amount is signed and certified by the court. The amount fixed is paid to the Family Litigation Division, which passes it on to the wife, who gives a receipt. In extreme cases of tension that fail to produce an agreement, the file is transmitted to the courts.

99. Where a request for recovery of maintenance concerns someone living outside Nouakchott, the files are dealt with in the same way by the regional offices of the Secretariat of State for the Status of Women. Family allowances are also directly deducted from wages and salaries and paid to the person who has custody of the child.

G. Children deprived of a family environment

100. This highly vulnerable group receives special protection. The Department of Social Affairs, supported by national and international NGOs, is responsible for protecting such children (orphans or abandoned children).

101. The solution favoured by the public authorities is family placement by kafalah.¹

102. The other solution is to place a child in an institution. A number of institutions of this kind exist and are mostly run by non-governmental organizations, associations or, in some instances, by private individuals.

H. Adoption

103. Adoption does not exist in Mauritanian law. It has no legal value and has no consequences in terms of filiation.

104. Muslim law nonetheless provides for a form of adoption known as kafalah or legally taking the child into one's home.

105. The only legal consequence under Muslim law is that the "foster" father ranks higher than a judge in the list of a woman's matrimonial guardians.

106. Anyone who wishes to apply for kafalah must fulfil the following conditions:

He or she must be married;

He or she must be of Mauritanian nationality;

He or she must have a permanent source of income and be from a social environment that will favour the child's education and development;

He or she must accept and fully assume responsibility for the child.

Priority is given to childless couples.

107. Kafalah is not very widespread and is used essentially for orphans and abandoned children.

¹ This means taking in a child and providing him with education, accommodation and food. No relationship is created between the child and "foster" father, and there is no actual entitlement or, indeed, any impediment to inheritance.

108. The reasons for abandoning children are numerous and complex. They are both social, economic and material. First of all, society rejects children born out of wedlock, but in all likelihood a mother's financial situation and destitution cause her to give up her children. Other factors include:

Poor level of education;

Lack of information about contraception;

Absence of family planning (frequent pregnancies);

Poor social assistance facilities for families.

109. Children abandoned in Nouakchott are generally taken in by the Children's Education Centre in the Sebkhata Moughataa. This centre has limited funds and will have to be strengthened.

I. Periodic review of placement

110. Periodic review of placement is part of the duties of the Department of Social Affairs under the Ministry of Health and Social Affairs. The Department's experts make frequent visits to the new family after the placement and help the family (taking charge of medical care, psychological monitoring, financial assistance, etc.).

J. Abuse and neglect

111. Mauritanian law guarantees children protection against any neglect involving physical or moral harm. Neglect may be either passive or negative. Negative acts, or more specifically adverse attitudes, consist for instance of depriving the child of food or care and seriously jeopardizing his health.

112. Abandonment can take two criminal forms: exposure and abandonment of a child or incitement to abandon him (Criminal Code, art. 326).

113. Anyone is punishable under the Criminal Code if he or she exposes or causes the exposure or abandons or causes the abandonment of a child or someone without legal capacity or unable to protect himself because of his physical or mental state. The law also punishes incitement to abandonment.

114. This offence has been introduced in order to limit any potential abuses under kafalah. Article 331 of the Criminal Code stipulates 10 days to 6 month's imprisonment for anyone who, for the purpose of gain, abandons a child or one about to be born or assists in taking in or adopting a child. The adverse socio-economic environment may be the root cause of cases of neglect, as well as abandonment.

VI. BASIC HEALTH AND WELFARE

115. The State has taken a number of legislative and policy measures to comply with the provisions of the Convention. Various pieces of Mauritanian legislation take account of the general interests of the child. To be sure, the legal norms relating to children are not as yet consolidated in a specific code on minors, but some general instruments already reflect this concern. The Constitution of 20 July 1991, for example, provides that “the State and society shall protect the family” (art. 16).

116. In articles 329 and 378, the Mauritanian Criminal Code sets forth provisions serving to promote the child’s right to life.

117. Act No. 67-039 of 3 February 1967 establishing a social security scheme in Mauritania grants insured workers with dependent children and their spouses social benefits which article 29 of the same Act divides into prenatal allowances, a maternity benefit, family allowances and benefits for the mother and newborn child.

118. Decree No. 009.98 of 10 October 1998 setting out the responsibilities of the Ministry of Health and Social Affairs entrusts this Ministry with several tasks related to child health and survival. These tasks concern maternal and child health, education for health and hygiene in schools and universities, the protection of disinherited children, the advancement of disabled persons and the enforcement of national and international health regulations.

119. Concerning the State’s responsibility to ensure the survival and development of the child, government action has involved the elaboration and implementation of several policies and strategies. This has made it possible to bring the relevant indicators down to much lower levels. For example, the infant mortality rate, which had been 201 per 1,000 in 1971, was reduced to 105.5 per 1,000 in 1998 and the infant and child mortality rate declined from 225 per 1,000 in 1989 to 181 per 1,000 in 1995.

120. Growth and development is monitored by health centres and health posts, which are provided with material and human resources capable of detecting and correcting birth disorders in the child. This practice is sometimes undertaken irregularly in certain health posts.

121. Since the age groups most affected by growth retardation are those of between 16 and 30 months, corresponding to the weaning period, some feeding stations, managed, *inter alia*, by the Mauritanian Red Cross, have been created to mitigate the effects of child malnutrition.

122. With regard to prevention, the Expanded Programme on Immunization, which most particularly targets children, has helped to improve the immunization coverage rate.

123. The Master Plan on Health and Social Affairs for the period 1998-2002 aims, firstly, to ensure the best possible health for the population as a whole by 2002 and, secondly, to lay the foundations for sustainable health development.

124. To achieve this goal, the State is relying on a strategy for primary health care as the basis of its health policy. It also follows the Bamako Initiative (1987) and pursues other international commitments in the field of health and related areas, deriving in particular from the Convention on the Rights of the Child, the United Nations Conference on Environment and Development (Rio de Janeiro, 1992), the International Conference on Population and Development (Cairo, 1994), the Fourth World Conference on Women: Action of Equality, Development and Peace (Beijing, 1995), the World Summit for Social Development (Copenhagen, 1995) and the Final Acts of the World Food Summit (Rome, 1996).

125. The basic aim of primary health-care policy is to make essential quality care available and accessible to the majority of the population which needs it, in a spirit of fairness and solidarity. The priority targets are women and children, as well as people in remote rural and peri-urban areas, the disabled and persons and families at risk.

A. Survival and development

126. Children's survival and development are the State's major concern. Several programmes have been developed in this regard.

1. Maternal and child welfare

127. The issue of maternal and child welfare is addressed by the public authorities at four levels:

Prenatal surveillance;

Assisted childbirth, systematic care and neonatal reanimation;

Post-natal surveillance;

Birth planning.

128. The increased geographical accessibility of health services, the institution of a policy on essential drugs and cost recovery and the mobility of doctors within their health districts help to cater for high-risk pregnancies and reduce the mortality rate and incidence of serious diseases among women of childbearing age.

129. Prenatal and post-natal care is provided in the various health facilities around the country. It is, however, mostly requested by women living in urban areas. The rate of assisted childbirth is still low in the interior of the country and midwives are concentrated in Nouakchott (60 per cent) and to a lesser extent in the regional capitals.

130. The analytical report providing reproductive health/family planning statistics for 1994 indicates that 19 per cent of high-risk pregnancies were diagnosed among monitored pregnancies, 22.5 per cent of children are born in health units, 4 per cent of all births in the health services are dystocic deliveries, 7.5 per cent of babies are delivered by Caesarean section, 92.3 per cent of them in the National Hospital Centre, and the abortion rate

is 26.6 per 1,000 diagnosed pregnancies. The prevalence of modern contraception is 2.6 per cent in rural areas and more than 10 per cent in urban areas. Immunization coverage, according to the UNICEF multi-indicator cluster survey (MICS) conducted in 1996, is as follows: BCG 93 per cent, measles 67 per cent, DTP3 56 per cent, poliomyelitis 56 per cent, and 2 or more anti-tetanus vaccine doses 27.5 per cent. National immunization days helped to achieve and maintain immunization coverage rates for poliomyelitis at more than 90 per cent in 1995 and 1996, and at 95 per cent for measles in 1995.

131. Following an analysis of the situation concerning maternal and child welfare, the public authorities set themselves the following objectives:

(a) To reduce neonatal mortality: measures include pregnancy surveillance and assisted child birth, the control of hypoglycaemia, hypothermia, asphyxia and infections of the newborn child, and monitoring of the prevalence of premature births and low birth weight. Training for all health personnel, information and education for families, the equipment of health units and the promotion of exclusive and immediate breastfeeding are some of the other measures to be undertaken in this framework.

(b) To reduce maternal mortality: the obstetric maternal mortality rate should be reduced by half. Non-obstetric maternal deaths are to be reduced by 60 per cent. The prevalence of nutritional anaemia in pregnant women (iron and folic acid deficiencies) is to be reduced by 33 per cent, and must be no higher than 25 per cent among pregnant women. The incidence of malaria is to be reduced significantly.

132. At the operational level the aim is to ensure that 80 per cent of women in rural areas and 100 per cent of women in urban areas have access to good quality pre-natal and post-natal care near their places of residence and that 60 per cent can be assisted by qualified personnel during childbirth or in the case of a high-risk pregnancy or obstetrical emergency.

2. Control of acute respiratory infections

133. Acute respiratory infections (ARI) are among the ailments responsible for the great majority of child deaths. In 1994 they accounted for 26 per cent of the caseload for under one-year-olds and 19 per cent of that for children aged 1 to 4 years. A resurgence of tuberculosis has been noted in the last few years.

134. Access to essential drugs for the treatment of acute respiratory infections has been facilitated for more than 75 per cent of the population, but these lethal infections remain a serious public health problem for children.

3. National Programme to Combat AIDS and Sexually-Transmitted Diseases

135. The first AIDS case was detected in 1987. There were 31 reported cases in 1996 and 532 HIV/AIDS cases in 1997. The HIV virus is estimated to be present in more than 5,000 individuals and its prevalence in the general population is about 0.5 per cent. A disturbing increase is noted among unemployed persons: 0.3 per cent in 1992, 0.5 per cent in 1995, 0.9 per cent in 1996 and 1 per cent in 1997.

136. The National Programme to Combat AIDS and Sexually Transmitted Diseases (STDs) relies essentially on prevention and correct and early STD treatment. Public knowledge of the modes of HIV transmission improved significantly after the first awareness-raising campaigns focusing on the values of Islam and the modes of transmission and dangers of the disease.

137. The public authorities have taken a range of measures that will help to revitalize efforts to combat STD/AIDS by creating a favourable environment.

138. Furthermore, national NGOs are playing a key role in combating STD/AIDS. These NGOs regularly conduct information, education and communication campaigns involving the religious authorities, young persons, women's cooperatives and others.

4. Control of dracunculiasis

139. Guinea-worm disease mainly affects rural areas characterized by poverty and illiteracy, entailing high maternal and child morbidity/mortality rates. Since 1992 Mauritania has joined in the medical effort to eradicate the disease.

140. The strategy chosen to ensure community-based epidemiological surveillance involves training a health worker specialized in Guinea-worm disease for each endemic village. These health workers are responsible for treatment, education and awareness-raising among the population and the collection of relevant health information.

141. It should be noted that dracunculiasis is in the process of being eradicated.

5. Promotion of breastfeeding and nutrition rehabilitation

142. Malnutrition remains a worrying cause of infant mortality. The National Plan of Action to Combat Malnutrition, the School Canteens Project, action by the Office of the Food Security Commissioner and the Support Programme of the Development Partners of the Mauritanian Government contribute to reducing the effects of malnutrition. Despite these efforts, however, growth retardation, premature births, low birth weight and cases of nutritional anaemia and vitamin deficiency remain quite frequent.

143. The detection of cases of malnutrition on the basis of anthropometric parameters is undertaken by only 67 per cent of health centres and 17 per cent of health posts. Community-based nutritional surveillance has not as yet been organized, although a warning system mainly geared to the monitoring of harvests has been put in place in some localities following earlier droughts.

144. The care and recovery of malnourished children is affected by the stoppage of operations at rehabilitation and nutritional education centres on account of shortages in the supply of foodstuffs, especially in the interior of the country. The establishment of a cost recovery system for these centres to resume their activities is at the experimental stage in the city of Nouadhibou and this may be extended to other regions.

145. It should be pointed out that the Secretariat of State for the Status of Women is in charge of a major project to combat malnutrition known as the Taghdhia-Nutricom project. This project is financed by a \$5 million International Development Association (IDA) loan following the World Bank's new "learning and innovation loan" (LIL) approach, which consists in granting funds for pilot innovative and ongoing experiments. The project has three components:

A nutrition component, which consists in providing nutrition education to mothers, monitoring children's growth and ensuring the recovery of malnourished children;

A social mobilization/communication component, which will involve raising awareness concerning the need to adopt appropriate eating habits;

A micro-project component, which involves increasing women's income to have a direct and immediate impact on nutrition (information-education-communication, literacy, technical guidance, etc.).

146. Breastfeeding is widely practised in Mauritania, with a higher rate in rural areas. Exclusive breastfeeding for the first eight months of life is not the rule, however, and other foods are often introduced at an early stage. Campaigns have been undertaken to promote exclusive breastfeeding for babies under six months of age.

6. Health education

147. Several health services are raising public awareness and conducting outreach campaigns designed particularly for children and parents and focusing on child health and nutrition, the advantages of breastfeeding and environmental health. The practice is to organize periodic information meetings or campaigns through interpersonal communications channels or via the mass media in cooperation with the Ministry for Communications and Relations with Parliament. Messages are designed and transmitted in all national languages through various audio, written and visual media. National radio and television stations regularly broadcast programmes dealing with health education. It should also be noted that nutritional education is included in school curricula and the subject is taught at schools.

7. Expanded Programme on Immunization

148. The Expanded Programme on Immunization (EPI) concerns under-five-year-olds and aims at the eradication of six transmissible diseases: whooping cough, diphtheria, tetanus, measles, poliomyelitis and tuberculosis.

149. Three immunization strategies are currently being implemented: an integrated fixed strategy for maternal and child health centres, a mobile strategy in rural areas and a strategy to accelerate immunization coverage through national and Maghreban immunization days.

150. Of the six diseases, whooping cough, diphtheria and tetanus have shown a marked decrease. Immunization coverage for women of childbearing age has markedly reduced neonatal tetanus. Measles is now receding with ever greater immunization coverage.

151. Mauritania has made great efforts in recent years to eradicate poliomyelitis through several national campaigns. The real impact of these campaigns has still to be fully evaluated, but no case of poliomyelitis has as yet been reported. There has, however, been a resurgence of tuberculosis, despite the efforts of the health services.

8. Combating harmful practices

152. The various practices harmful to health include the force feeding of young girls, smoking, tattooing, the use of beauty products based on corticoids and female genital mutilation.

153. Such practices are declining and information and awareness-raising campaigns are regularly held by the relevant departments to point out their adverse affects.

154. These activities are directed by a national committee on combating traditional practices harmful to the health of mothers and children, which was established in 1997 and comes under the responsibility of the Secretary of State for the Status of Women.

B. Disabled children

155. The Department of Social Affairs deals with the situation of disabled children and has adopted a strategy for their integration and development. This strategy involves an overall approach, referred to as community-based rehabilitation (CBR), the purpose of which is to enable disabled children to find locally the basic essential services they need to become autonomous and lead a full and decent life. Measures have thus been taken to provide access to education, training and health services.

156. With regard to special care and measures to guarantee the availability of resources to help children in difficult situations, the following action has been taken:

Department of Social Affairs coverage of the costs of hospitalization, the provision of appliances and medical treatment;

The creation of small occupational training units (sewing and embroidery for girls, carpentry for boys);

Free services under the Community-based Rehabilitation Programme for rehabilitation and the making of prosthetic appliances;

In addition, the Community-based Rehabilitation Programme takes ad hoc measures to help the parents of disabled children in need to provide for their schooling and health care.

C. Health and health services

1. Administration of the health system

157. The administration of the health system is governed by Decree No. 009/98, of 10 October 1998, on the responsibilities of the Minister of Health and Social Affairs and the organization of the central administration of his department, and Decree No. 86-064 on the organization of regional health units. The organization is pyramidal.

(a) At the central level

158. The Minister of Health and Social Affairs is entrusted with the elaboration of a national health policy and a policy of assistance and social welfare.

(b) At the regional (wilaya) level

159. At the decentralized level the Minister of Health and Social Affairs is represented by a regional director for health and social welfare, who is responsible for regional health and social services and depends administratively on the wali (governor).

(c) At the departmental (moughataa) level

160. The chief medical officer of the moughataa is responsible for supervising health services in his district. He depends administratively on the hakem (prefect) and directs the moughataa health centre.

2. Budget of the Ministry of Health and Social Affairs

161. Budgetary appropriations for and expenditures of the Ministry of Health and Social Affairs: appropriations for the Ministry of Health and Social Affairs increased from 5.5 per cent of the State budget in 1992 to 7.85 per cent in 1996. There has been a considerable increase in the rate of utilization of appropriations, which rose from 46 per cent in 1991 to 89 per cent in 1995.

162. The ratio of actual operating expenditures increased from 6.88 per cent in 1993 to 8.77 per cent in 1995. Public spending on health per capita increased in nominal terms from UM 982 to UM 1,626 between 1993 and 1995.

163. The share of the health sector in the State budget is still relatively low, but increased between 1991 and 1994 from 7.2 per cent to 8.1 per cent as regards the general operating budget and from 1.1 per cent to 5 per cent for the consolidated investment budget.

3. Health units

(a) Public health units

164. The health-care system is organized on a pyramidal basis corresponding to the administrative structures of the country.

165. At the top there are the referring hospitals (the National Hospital Centre, the Neurological and Psychiatric Centre, the Orthopaedic and Functional Rehabilitation Centre and the National Public Health Centre at Nouakchott).

166. The National Hospital Centre has a theoretical capacity of 450 beds, which represents a ratio of one bed per 1,535 inhabitants of the city of Nouakchott. In 1995, the average rate of occupancy was 59 per cent and the average length of stay was 6.36 days. This hospital not only functions as a tertiary referring centre but also admits patients directly because of the shortage of capacity at the intermediary levels.

167. The Neurological and Psychiatric Centre has a capacity of 60 beds. It is the only centre specializing in neurology and psychiatry.

168. The National Public Health Centre serves as a national public health laboratory. Laboratory equipment was installed in 1978 and the capacities for research and monitoring of epidemics are very limited (shortage of competent staff and technical facilities and lack of decentralized facilities).

169. The Orthopaedic and Functional Rehabilitation Centre has orthopaedic, physiotherapy, monitoring and repair services.

170. At the regional level there are 10 regional hospitals out of the 13 planned to cover all the wilayas. They have very different situations and potentialities.

171. Some hospitals have infrastructure and equipment enabling them to play a regional referring role at the medical and surgical level (Néma, Aïoun, Kiffa, Tidjikja, Sélibaby, Atar, Kaédi), while others perform this role only for internal medicine (Rosso, Nouadhibou). Because of their small population, two regions (Inchiri and Tiris Zemour) have no regional hospital but instead some B-type health centres with a capacity of at least 20 beds (Akjoujt, Zouérate).

172. Most of these hospitals do not operate properly because of the lack of qualified medical and paramedical staff (surgeons, paediatricians, gynaecologists and obstetricians, laboratory technicians, radiologists, midwives, etc.) and a shortage of medicines, consumable products and equipment.

173. These various factors have a negative influence on performance and the quality of care provided by such hospitals. Their average rate of occupancy was 39 per cent and the average length of stay was 5.2 days in 1995. These figures point to a general underutilization of these health units.

(b) Other public and parapublic facilities

174. The military health services, consisting of a military hospital at Nouakchott and garrison infirmaries in all the military camps, are intended to provide care for military personnel and members of their families. In urgent cases, they can admit other categories of patients.

175. Other parapublic institutions have health facilities:

The clinics of the National Industrial and Mining Company (SNIM) at Nouadhibou and Zouérate, where most specialized services are provided;

The dispensaries of the National Labour Medicine Service currently attached to the National Social Security Fund.

176. There are, however, no sports medicine facilities.

(c) Private health facilities

177. The exercise of private medicine, which is governed by Order No. 88-143 of 18 October 1988, has helped to increase the coverage of the population with the opening of:

12 medical clinics with several specialities and on average 10 hospital beds;

22 doctors' offices for external consultations;

15 offices with care provided by nurses;

14 dentists' offices.

These figures refer to open and functioning facilities.

4. Primary health-care policy

178. The strategy adopted by the Ministry of Health and Social Affairs continues to be focused on primary health care. Basic health-care coverage is 64.9 per cent for the population as a whole. Two social groups are the principal beneficiaries of the services provided by health centres and posts. These are under-five-year-olds and women of childbearing age. The overall level of accessibility of health units, within a radius of 10 kilometres, was 79 per cent in 1998.

179. Mauritania has since 1988 been implementing a programme for the supply and distribution of essential drugs inspired by the Bamako Initiative, which provides for a system of cost recovery involving all levels of health care.

180. Follow-up and monitoring of the system are affected by the Technical Committee on Primary Health Care referred to as the "PHC Cell".

181. At the regional, departmental and local levels, the management committees are made up essentially of locally-elected representatives, administrative officers, representatives of the health services and community officials.

D. Social security and childcare services and facilities

1. Social security

182. Article 26 of the Convention enshrines the right of every child to benefit from social security. The Government has taken a range of appropriate measures to promote this right. Several facilities at different levels have been entrusted with the formulation and execution of social welfare measures in the country.

183. The Secretariat of State for the Status of Women, the Office of the Food Security Commissioner and the National Social Security Fund, as well as the Department of Social Affairs within the Ministry of Health and Social Affairs are working in this direction, together with local communities, NGOs and associations.

184. The National Social Security Fund is the body responsible for dealing with children whose parents are workers affiliated with the social security system. Such workers regularly receive family benefits including prenatal allowances, maternity benefits and allowances and benefits for the mother and newborn child.

185. The benefits are paid to any employed women or spouse of an employed person. The only requirement to have access to such benefits is the registration of the child's civil status or the production of a certificate of school attendance or of inability to attend school.

186. Family allowances are payable to the mother. The maternity benefit, under Act No. 67.039 of 3 February 1967 on the social security system, is sometimes transformed in part or in whole, by ministerial decision, into an allowance for the upkeep of the newborn child.

187. Where it is found that family allowances might not be used for the child's benefit, the National Social Security Fund has always decided that they should be paid to the person responsible for and actually having custody of the child. In addition to these allowances, child dependants of an insured person who has died as a result of an accident at work or an occupational illness receive, in accordance with the law, the following survivors' benefits:

Pensions: receipts and disbursements
(in millions of ouguiyas)

Pensions	1993	1994	1995	1996	1997
Disbursements	227	234	264	284	324
Receipts	260	266	264	263	259
Difference	+33	+32	0	-21	-65

Occupational risks: receipts and disbursements
(in millions of ouguiyas)

Occupational risks	1993	1994	1995	1996	1997
Disbursements	90	88	110	123	131
Receipts	36	236	237	238	241
Difference	-54	+148	+127	+115	+110

Family allowances: receipts and disbursements
(in millions of ouguiyas)

Family allowances	1993	1994	1995	1996	1997
Disbursements	353	330	341	327	340
Receipts	596	576	575	575	590
Difference	+243	+246	+234	+248	+250

188. It should be noted, furthermore, that similar family allowances are paid by the State to public servants with dependent children.

189. A health fund set up as part of the National Social Security Fund serves for the creation of health and social welfare centres, in particular with a view to providing maternal and child health services.

190. The National Social Security Fund contributes to meeting the costs of treating sick children and the acquisition of prosthetic appliances or orthopaedic materials.

191. In the social sphere, too, the Department of Social Affairs takes action on several levels with respect to children.

2. Childcare services and facilities

192. The efforts of the Government of Mauritania remain limited to the opening, installation of equipment for and management of a number of pre-school institutions (kindergartens), which are still little developed.

E. Standard of living

193. The Government helps parents and persons with dependent children to ensure that the children have an adequate standard of living.

194. In addition to the provision of education free of charge and the policy of primary health care, which ensures coverage of treatment costs for needy children, the Office of the Food Security Commissioner is implementing a number of programmes, including the "Food for Work" programme and the national micro-projects programme in rural areas, which have helped to reduce malnutrition.

195. With regard to the supply of drinking water, various national urban and village water supply programmes have contributed to setting up 2,453 hydraulic facilities, including 398 motor-powered wells, 615 wells with manual pumps and 1,082 cemented wells. However, the unhealthy water supply system in some rural and peri-urban areas remains a cause of concern.

196. The Government has already taken several public health measures in the most affected urban and peri-urban areas, in particular through the communes and with subcontracting agreements for waste collection and disposal concluded with the Mauritanian Agency for Public Works and Employment (AMEXTIPE).

197. The level of coverage of sanitation is, however, still quite weak. As regards housing, the Real Estate Construction and Management Company (SOCOGIM) has helped, with its rental and sales scheme and the construction of medium-standard accommodation and development of plots in the three large cities, to facilitate access to decent housing for a number of families.

198. A housing bank was established recently. It has participated in the financing of medium and high standard houses in Nouakchott and provides services to facilitate access to home ownership.

199. The public authorities regularly distribute land to the inhabitants of peri-urban areas. However, the housing problem is still quite marked in peri-urban and rural areas.

1. Progress achieved

200. As a result of action by the Government and support from its development partners, considerable progress has been made.

201. The mortality rate per 1,000 live births fell from 124 in 1988 to 105.5 in 1998.

2. Difficulties and constraints

202. Despite the efforts made for the benefit of children, some difficulties persist at various levels and hamper the improvement of the health and social situation of Mauritanian children. With regard to laws and regulations, further instruments will be needed to take greater account of this vulnerable category.

203. Concerning health and social welfare, difficulties remain at several levels. The period 1992-1996 saw the implementation of various programmes aimed at improving the population's standard of health. The implementation of the Master Plan on Health and Social Affairs and a number of specific measures have helped to raise the level of operation of the health system and improve the population's standard of health.

204. However, health coverage at the primary and secondary levels still does not guarantee full access for mothers and children to a range of essential health-care services. Specialized staff (paediatricians, MCH officers, etc.) are not yet able to meet all needs.

205. The policy on essential drugs has been a success, but regular distribution by the Department of Pharmaceuticals and Medicines to regional stores is not yet well established.
206. Deficiencies are noted in the intervention and management capacities of the pharmaceutical administration and in the procedures for the acquisition and supply of devices when ordered.
207. The referral system is still not very efficient despite the efforts made with regard to renovation and equipment.
208. The health information and research system remains inadequate.
209. While it is too early for the effects of the measures taken over the past few years to be reflected in the state of children's health, we may already note a reduction in the incidence and prevalence of dracunculiasis, a decrease in the incidence of poliomyelitis and tetanus and in measles epidemics, and an increase in life expectancy at birth. The battle has not yet been won, however, and major efforts will need to be made.
210. There is a multitude of facilities for addressing and dealing with social problems in various sectors of the State, local communities and associations, but coordination is not well established. In the Ministry of Health and Social Affairs, the services are not integrated and do not have sufficient human, material and financial resources. Many constraints related to the economic, social and cultural environment also play a part and hinder a more rapid improvement of the maternal and child health situation.

3. Priorities

211. On the basis of studies and analyses of the situation, the Government proposes to consolidate the positive results achieved and to remedy, within available resources, any gaps or deficiencies noted. Thus, action has already been initiated under the Master Plan on Health and other sectoral programmes.
212. With regard to health and social welfare, the programme currently in effect is the Master Plan on Health and Social Affairs (1998-2002). The priority of this plan is to strengthen health coverage at the primary and secondary levels in order to guarantee access to a range of curative and preventive treatments and essential health services of acceptable quality. Children are a particular concern in this regard, with integrated coverage being provided for children's diseases, control of the diseases targeted by the conventional immunization programme (EPI), the prevention of malnutrition and vitamin or other deficiencies and the continuity of all the activities aimed at reducing infant and child mortality rates.
213. The programme also aims to strengthen the performance of the health-care system and the control of disease and disabilities. Mothers and children will be the priority targets of this programme.

214. Further to the implementation of four maternal and child health programmes, a new national reproductive health programme has been drawn up for a period of five years (1998-2002).

215. A recent restructuring (1997) provides the Ministry of Health and Social Affairs with facilities that include ones dealing with children or activities related to children:

The Maternal and Child Health Service and the Health Education and School and University Health Service of the Department of Health Planning;

A service responsible for the protection of disinherited children and a service catering inter alia, for disabled children, under the Department of Social Welfare.

216. The new national programme in the social sphere calls for the elaboration of a national policy and guidelines on social welfare. The facilities providing coverage will be developed, management and coordination capacities strengthened and knowledge about social change improved.

217. To prevent and combat situations of risk and exclusion, the programme calls for the promulgation of appropriate legislation, including for the protection of children and the disabled. Cases of exclusion and situations of risk are identified and treated through the reintegration of children in difficult circumstances and assistance to poor families with child dependants. The control of poverty as a known scourge of development is relatively recent in Mauritania. It was only in 1994 that a strategy to combat poverty was formulated. This concern will certainly contribute to development at the grassroots level and strengthen action by the various sectors having a significant impact on poverty reduction.

218. As part of its master programme on health, the Ministry of Health and Social Affairs intends to monitor the quality of the water and food supplied to the population and issue public health and hygiene standards.

VII. EDUCATION, LEISURE AND CULTURAL ACTIVITIES

A. Education, including vocational training and guidance

1. Formal pre-school education

219. This type of education comes under the Secretariat of State for the Status of Women (SECF). There are 84 formal pre-school establishments, including 12 public kindergartens, 60 private kindergartens and 20 community crèches. The latter have developed over the past two years and have been organized into networks run by under-qualified staff. They have been set up in some cases by communities with very limited means.

220. It can be seen that the numbers enrolling in pre-school establishments are very low. Kindergartens and community crèches take in only a tiny proportion of pre-school-age children

and this can basically be explained by the fact that the parents are unaware of the importance of pre-school education for the young child's development. The annual cost per child of such schooling is double that for basic education.

221. According to the analysis of the situation of public kindergartens carried out by SECF in cooperation with UNICEF in 1996, the chief shortcomings are:

Widely scattered institutions;

Shortage of teaching staff and specialized supervisors;

Lack of adequate infrastructure and equipment;

Poor content of teaching programmes;

Lack of regulation.

222. The following table shows the distribution of public kindergartens by region:

Place	Number of pupils	Number of classes
Kiffa	100	4
Kaédi	42	4
Rosso	115	5
Atar	90	3
Nouadhibou	195	5
Nouakchott	420	15
Total	962	36

Source: Analysis of the situation of public kindergartens, 1996. SECF/UNICEF, Chronos DFE.

223. Despite the importance the Government attaches to early childhood, the funds allocated to it are insufficient.

224. To ensure the promotion of this sector SECF has made several studies on early childhood education that have led to the devising of a national early childhood strategy. Its aims are the promotion, development and well-being of the child and it takes the following directions:

Diagnosis of the situation;

Protection;

Survival;

Education;

Advocacy.

225. In implementation of this strategy several early childhood activities are planned for the short term, among them the creation of a centre for training in early childhood education.

2. Basic education

226. Article 28 of the Convention urges States parties to recognize the right of the child to education and Act No. 75-023 of 20 January 1975 stipulates in article 1 that: "Basic public education aims to provide an elementary education (teaching and initiation in civics and ethics) to the entire school-age population." Equality of opportunity is thus guaranteed to all in public education, which is free of charge at all levels.

227. As to its compulsory nature, Act No.75-023 of 20 January 1975 provides in article 3 that: "Subject to places being available, basic public education is compulsory."

228. As is clear from Act No. 75-023 of 20 January 1975, article 2 (b), one of the aims of basic education is to provide general instruction and teacher-training for teaching staff in teachers' training schools and the National Pedagogical Institute. Each year 600 teachers are trained in the training schools for primary-school teachers. Between 1990/91 and 1995/96 there was an average annual growth in numbers of teaching staff of 9.1 per cent. Tenured primary-school teachers, who at present represent 96 per cent of total staff, are recruited with the baccalaureate and after a year of specialized training.

229. With a view to making education universal and raising the rate of school enrolment to 100 per cent by the year 2000, the Ministry of National Education has had to resort, in the case of many of the measures mentioned above, to strategies to ensure the rational management of the material and human resources available to it. Thus classes grouping together several grades, double shifts and double sessions have been introduced wherever there was a need. In general the Mauritanian Government devotes a large part of the State budget to education: 25.8 per cent in 1996/97 for the Ministry of Education alone (not counting support to pre-school and traditional teaching). This budget allocation was UM 6,684,658,500 for the year 2000, or about 12 per cent of the State budget. Developments in recent years in the general budget have favoured basic education.

Education budget	1991/92	1992/93	1993/94	1994/95	1995/96	1996/97
Basic	35.6	37	39.2	40.4	39.4	40.0
General secondary	34.1	34.5	32.9	31.4	30.5	30.5
Technical secondary	2.8	2.7	2.5	2.9	2.0	2.9
Teacher training	2.3	2.2	2.1	2.0	2.7	1.8
Higher	21.4	19.6	19.4	20.4	21.1	20.5
Other	2.8	0	2.9	1.9	3.3	3.3
Total	100	100	100	100	100	100
Education budget (millions of UM)	3 648.2	4 187.4	4 650.7	4 861.9	5 265.5 ^a	5 798.8 ^a
State education	21.3	22.1	24.3	34.2	24.9	25.8

Source: Department of Planning and Cooperation/Ministry of National Education.

^a Budget voted.

230. These efforts have made possible the following results:

(a) Progress in numbers attending school: the average growth recorded between 1990/91 and 1995/96 was 13.4 per cent or five times the natural growth of the population.

(b) Gross admission rate in 1995/96: the large numbers being enrolled in the first year of basic education in recent years, particularly from 1990/91 onwards, have brought the gross admission rate in four years up from 45 per cent to 91 per cent in 1996/97, representing relative growth of 62 per cent. The gross admission rate for 1997/98 is 87 per cent.

(c) Gross attendance rate in 1995/96: 76.4 per cent for girls; 87.8 per cent for boys, or an average of 82.1 per cent. This rate has increased considerably, from 46.8 per cent in 1990/91 to 82.1 per cent in 1995/96, which means an average annual increase of 11.8 per cent. For 1997/98 it is 86 per cent.

(d) Net attendance rate in 1995/96: 58.7 per cent for girls; 66.4 per cent for boys; for both, 62.6 per cent. This rate is only available for a period of three years, during which it rose on average 12 per cent a year, from 50.1 per cent to 62.6 per cent between 1993/94 and 1995/96. The net attendance rate in 1997/98 is 64 per cent. In 1997/98 the difference between gross attendance (86 per cent) and net attendance (64 per cent) in Mauritania, for both sexes, is 22 percentage points.

(e) Gradual reduction of disparities between regions: the rate of progression in school attendance has gradually corrected disparities in favour of those wilayas which in 1990/91 had a gross attendance rate below the national average.

(f) Growth of attendance rate for girls: between 1990/91 and 1995/96 the school attendance rate for girls rose on average by 13.4 per cent. The gap between the rate for boys and that for girls, which was 18.6 percentage points, has shrunk today to 11.4 percentage points. Over the same period girls rose from 42 per cent of the total to 48 per cent in 1998.

(g) Increasingly reliable indicators, allowing better human resources management: the planning and management of education has witnessed great improvements in recent years, as can be seen from the figures available from the statistical census carried out each year by the Department of Planning and Cooperation.

(h) A schools printing house contributes to the publication of schoolbooks prepared by the National Pedagogical Institute. Regional institutes have opened in all the chief regional towns. Thanks to these measures the distribution network has been expanded and the ratio of books to pupils has increased from 0.17 to 0.9. The number of books distributed to pupils in basic education rose from 26,982 to 81,918 between 1990/91 and 1994/95. The purchase price of the books is less than the cost price. Books cost approximately UM 100 at the primary level and UM 180 at the secondary level.

231. For an assessment of quality the rates of graduation and of success in the end-of-sixth-year examination are the main indicators we have.

232. Average rates of graduation, without being outstanding, nevertheless exceed 50 per cent: 76.6 per cent of pupils move up to the fifth year of primary school.

233. About 16 per cent of pupils repeat their year, except in the sixth year, where the rate is 35 per cent, owing to limited access to the first year of secondary school.

234. Drop-out rates vary between 7 and 9 per cent. Thus out of 1,000 pupils admitted to the first year, 636 enter the fifth year, a rate of 63.6 per cent. This rate is lower for girls (61 per cent) than for boys (65.7 per cent). The performance ratio is 62.5 per cent. The success rate at the end of the sixth year is 37 per cent.

235. Two things have been done in recent years to improve quality by making the content of the instruction more relevant:

(a) A new system of reference was adopted in 1995 for the training of student teachers geared to their role as agents of community development, a role which they are necessarily called upon to play;

(b) Training was instituted in 1997 for the teaching staff in primary-teacher training schools (until then they had been recruited from among secondary school teachers without any initial qualifications for the training of adults).

236. The number of schools has increased from 1,309 in 1991/92 to 2,392 in 1996/97, a growth rate of 82.73 per cent in five years. For 1997/98 the figure is 2,716 schools.

237. Over the same period the number of classes or divisions has risen from 3,606 to 7,142, a 98 per cent increase. For 1997/98 there are 8,143.

238. Pupil numbers have grown as follows:

Period	Numbers		
	Boys	Girls	Total
1992/1993	121 409	96 806	218 215
1996/1997	165 841	146 813	312 654
1997/1998	172 502	157 697	330 199

Source: Department of Planning and Cooperation/Ministry of National Education reports.

239. Private education was institutionalized in 1981 by Order No. 81-212 determining the status of private education. Several private schools and other establishments appeared after the adoption of Decree No. 82-015 bis of February 1982 setting the conditions for the opening and supervision of private teaching establishments.

3. Education of certain special groups

240. The Mauritanian State has initiated an education policy aimed at eliminating all forms of discrimination and allowing the entire population to enjoy the benefits of education. In that context several steps have been taken with regard to certain groups.

(a) Promotion of national languages

241. To promote national cultures, the State has created the Institute of National Languages (Decree No. 348 of 10 December 1979), which has 48 classes providing instruction in all the national languages. The Institute has published educational studies concerning, for example, health or the environment, in the different national languages. It includes several research workers (sociologists, linguists, etc.) among its staff.

242. Act No. 99-012 of 26 April 1999 on the reform of the national education system sets up a new framework one of whose essential aims is to unify the national education system. The reform also gives great importance to the preservation of Mauritanian cultural identity, an essential feature of which is the development of the country's national languages.

243. With that in mind the Institute of National Languages has been transformed into a Department of National Languages within the University of Nouakchott. While preserving the achievements of the Institute in the area of research, the Department will have the task of continuing to foster Mauritania's national languages: Pulaar, Soninke and Wolof.

(b) Advancement and development of the disabled

244. Joint decision No. 096/MSAS/MEN of 13 June 1985 of the Ministry of Health and Social Affairs and Ministry of National Education set up an experimental basic education school for blind children. The school has recently been upgraded to an institute and now caters not only for the blind but also for the deaf and dumb. The Institute is under the aegis of the Ministry of Health and Social Affairs, and more particularly the Programme for the Community-based Rehabilitation of the Disabled. Teachers seconded by the Ministry of National Education to the Ministry of Health and Social Affairs teach in that establishment. The Institute has problems with training and materials.

245. In 1996 the Association for the Mentally Handicapped opened a training centre for mentally handicapped children and adolescents. The Centre is active in several areas (child guidance, plastic arts, sewing and embroidery, cookery and activities involving psychomotor skills) and is embarking on vocational training activities with a view to restoring these children first to their family environment and then, after completing their training, to society and the workplace, where they can hold down jobs commensurate with their mental and physical capacities. There are at present 32 mentally handicapped young people (8 girls and 24 boys) at the Centre and training is provided by six specialized Mauritanian educators.

(c) The fight against low school attendance by girls and poverty

246. For some years now attention has been directed where schooling is concerned to the disadvantaged sectors and to girls in general. To promote school attendance for girls a national commission on girls' schooling has been set up.

247. A Girls' School Enrolment Support Fund has been created under Education Programme V. As its title indicates, it aims to encourage girls' school enrolment and to combat educational wastage. It helps communities to identify the existing obstacles and find solutions to the problems posed by low school attendance by girls.

248. In addition, since 1996 SECF has run a programme emphasizing girls' school enrolment (education and information campaigns, prizes for the top girls at the end of the year).

249. The purpose of parents' associations is to work to improve the material conditions and morale of the children. They help to provide tables and benches and assist in building classrooms. But they also work to win respect for children and give remarkable support to the fight to prevent them from dropping out of school.

250. The Department for School Canteen Assistance Projects, in an attempt to improve their schoolwork, offers children, particularly in rural schools, conditions enabling them to stay at school for half a day, often far from their homes, or even to board there.

4. Secondary education

251. Access to secondary education is one of the goals of basic education. Act No. 75-023 of 20 January 1975 states, in article 1, that basic education has as its aim "to prepare the child to enter the first cycle of secondary education: general, technical and vocational".

252. To enter secondary school one is required to pass the competitive examination for admission to the first year of the secondary cycle. The places being competed for are generally granted on the basis of available space (42 per cent in 1996/97), and this is uniform throughout the territory. However, the admission threshold does vary from one region to another. To help with the schooling of children from needy families the State grants them scholarships.

253. Thanks to the efforts of the State and local communities, first-cycle secondary schools (collèges) have been created in recent years wherever the need was felt to bring education services to the population and thus discourage a rural exodus, as well as to open up schooling for girls and reduce their high drop-out rates.

254. Thus the number of passes in the BEPC examination and the baccalaureate has increased over the last five years.

255. In the BEPC examination the number of passes rose from 107 in the bilingual option and 2,110 in the Arabic option in 1991/92 to 871 bilingual passes and 4,893 Arabic passes in 1996. In the baccalaureate, out of 8,698 candidates there were 1,964 passes in 1991 and 2,207 out of 12,251 candidates were successful in 1996.

5. Technical and vocational teaching

256. According to article 4 of Act No. 98-007 of 20 January 1998 on technical and vocational training, “technical and vocational training is the responsibility of the State. The State guarantees equal access for all to vocational training. Special arrangements shall be made for disabled persons”. Technical and vocational training is now provided in five establishments situated in the main economic areas of the country and covers 18 branches of specialization.

Establishments	Numbers enrolled	Females	Males	Percentage F	Percentage M
MEN (Ministry of National Education) technical education	1 218 ^a 1 344 in 1998	323	895	27	73
SEAEO technical education	60 ^a	15	45	25	75
National School of Public Health	323 ^a				
National Maritime and Fisheries School	40 ^b				
Sonelec Trade School	50 ^b				
Vocational Training Centre	800 ^b				
Total	46 930				

Source: Mid-decade Progress Report on Education for All. Ministry of National Education (MEN)/Department of Planning and Cooperation (DPC)/UNICEF/UNESCO, 1995 and DPC databases.

^a Enrolled in 1995.

^b Places available.

257. The authorities attach great importance to vocational training. Campaigns have been mounted to encourage young people to enrol in the various vocational training centres, because there is a shortage of qualified personnel in the technical field and a range of employment opportunities.

6. Traditional teaching and the fight against illiteracy

258. The fight against illiteracy has always been one of the priorities of the Mauritanian State. The body responsible for it has been upgraded from a section within the Department for Primary Education to a Secretariat of State for Literacy and Traditional Teaching (SEAEO). It has concentrated its efforts particularly on the rural areas where widespread illiteracy is a real handicap in any cultural, economic or social advancement.

259. In addition to literacy training the State Secretariat has the task of supervising and assisting traditional education. This form of teaching, which is as old as Mauritanian society itself, is provided by traditional schools and universities called “mahadras”,² which take in students of all ages and transmit knowledge at all levels in such disciplines and areas of specialization as theology and literature.

260. Aware of the need to modernize traditional teaching, the Government has embarked on a policy aimed at:

Guaranteeing greater participation by the “mahadras” in the literacy effort;

Introducing certain scientific disciplines into traditional teaching.

261. Since 1994 a training centre has been offering technical training to students graduating from the “mahadras”. This “Mahadras” Training Centre and Finishing School takes in about 60 students from the “mahadras” for a two-year study course in the following subjects: electricity, welding, car mechanics, plumbing, building, carpentry, computer science and hotel management.

262. In 1995 the Secretariat of State for Literacy and Traditional Teaching counted 1,728 “mahadras” throughout the country, attended by 78,920 students, broken down as follows:

Jamia (university level) mahadras	Specialized mahadras	Koranic mahadras	Number	Students	Literate students
151	246	1 331	11 130	13 781	54 000
Total	1 728		78 920		

Source: Secretariat of State for Literacy and Traditional Teaching, Activity report, 1996.

263. The number of students enrolled and the number of “mahadras” recorded average growth rates of 23.6 per cent and 9.7 per cent, respectively, between 1990 and 1995. It is possible to transfer back and forth between traditional teaching and formal education at any level.

264. A number of students sit for the entrance examination to the secondary cycle after a traditional education complemented by some scientific courses.

Difficulties and obstacles

265. Despite these important achievements, it must be stressed that the education system is subject to major constraints.

² “Mahadras” are traditional schools and universities which provide instruction essentially based on the Koran, the different religious disciplines and the Arabic language.

266. The population of Mauritania is very young, a fact which intensifies the need to address the issue of education. More than 50 per cent of Mauritians are under 18 years of age and thus require education and training, which in turn necessitates large investments that the country's resources cannot supply.

267. The number of places available, although having increased significantly, is still insufficient, despite the huge effort made by the State in its budget. Parents are often called upon to contribute to the purchase of supplies and textbooks, and to participate in the building and upkeep of school premises.

268. The school curriculum is still very academic. Mauritania has not yet achieved the required balance between the aim of preparing students for the secondary cycle and providing those finally leaving the system after a few years with basic skills in essential areas. The dual training system (in Arabic and in French), which was ended by the reform adopted last April, is costly to the State and the teaching staff are often not motivated.

B. Aims of education

269. Article 1 of Act No. 75-023 of 20 January 1975 reorganizing basic education states that:

“Basic education aims to:

- Provide an elementary education to the entire school-age population. That education must comprise teaching and initial instruction in civics and ethics;
- Ensure that Mauritanian children are brought up in devotion to and respect for the spiritual values of orthodox Islam;
- Offer curricula that are adapted to the physical and human environment of Mauritania;
- Make good citizens and speed up the technical, economic and social development of Mauritania.

“Technical and vocational training has the following specific aims:

- Meeting the needs of the labour market for qualified personnel;
- Improving workers' professional skills;
- Developing the potential of each individual with a view to achieving his professional ambitions;
- Promoting a spirit of enterprise for purposes of self-employment;
- Educational and vocational guidance, information and skills counselling.”

C. Leisure, recreation and cultural activities

270. Mauritania offers young people various ways of spending their leisure time. In youth clubs children engage in cultural activities (discussions, theatre productions, music, lectures, board games, films, reading, etc.) and in sports (tennis, football, volleyball, basketball, etc.).

271. Act No. 97-021 of 16 July 1997 governs the organization and development of physical education and sports in Mauritania.

272. Under article 2 of that Act, “physical education and sports are an important factor in human equilibrium, health and fulfilment and an essential part of education and life in society. It is in the general interest that they be promoted, and to practise them, in keeping with Islamic values, is the fundamental right of every citizen”.

273. The development of physical education and sports is the responsibility of the State, which guides the action of any undertaking whose purpose is the practice of physical education (art. 2). Act No. 97-021 also sets up a National Council for Youth and Sports, which must give its opinion on all questions submitted to it regarding the development of youth and sports.

274. The Government attaches particular importance to group sports. The practice of group sports is an active, free and organized form of leisure, whose purpose is the physical and cultural well-being of the individual. It also aims at the preservation and development of traditional games and sports that are part of the national cultural heritage.

275. Act No. 97-021 furthermore provides for a national fund for the promotion of physical activities and national sports. The Department of Physical Education and Sports in the Ministry of Youth and Sports has drafted a plan of action to encourage the practice of sports and to create modern sports infrastructures in the various regional capitals and in the moughataa of Nouakchott.

It also aims to develop sport in school by:

Logistic and regulatory support;

The training of qualified leaders;

The organization of local and national sports championships;

The development of physical and sports education and teaching.

276. Moreover, a body responsible for physical and sports education has recently been created under the Ministry of National Education.

277. Departmental and regional weeks, national youth festivals and school celebrations are regularly organized for children.

278. At the end of the school year, and even in the course of the year, special days are set aside in primary schools, when children from different classes compete in painting, calligraphy, music, singing and other activities. Similar occasions are also arranged for pre-school pupils.

279. Educational programmes are broadcast on television and radio once a week for children of all ages.

280. Several poetry and literature contests are regularly organized among secondary schools. Such contests particularly foster the capacity for discernment, help to form the child's identity and start children on the path of intellectual effort and the acquisition of general knowledge, while also being adapted to the social and cultural world of the child.

281. Certain magazines aimed at the cultural development and education of children are regularly published on the initiative of cultural associations.

282. Despite the commendable efforts of the authorities, the technical services that provide training and leadership for children are still faced with a number of difficulties and obstacles, among them a shortage of specialized staff and insufficient means made available to the sectors concerned.

283. A youth strategy is at present being devised by the Government.

284. Arrangements for young people and their care are being strengthened: 8 youth clubs are being built and 25 are already functioning, youth and sports leaders are being trained, a holiday centre has been built in Assaba and the construction of the Nouadhibou Plaine de la Jeunesse is going forward as planned.

285. Some associations are making great progress. The Mauritanian Scouts and Guides Movement recently built a new headquarters and the Mauritanian Youth Hostels Association has already opened two youth hostels.

VIII. SPECIAL PROTECTION MEASURES

A. Children in situations of emergency

1. Refugee children

286. Article 21 of the Mauritanian Constitution states that "any alien who resides legally in national territory enjoys the protection of the law for his person and his property."

287. Mauritania is furthermore a State party to the Convention relating to the Status of Refugees, the Protocol relating to the Status of Refugees and the Organization of African Unity (OAU) Convention governing the Specific Aspects of Refugee Problems in Africa of 10 September 1969.

288. In recent years Mauritania has been host to a population of several tens of thousands of refugees, 43 per cent of whom are children (0-18 years of age).

289. On the basis of the aforementioned legal instruments, the State of Mauritania has taken all necessary measures to protect and assist this population, and child refugees in particular. It has received support and assistance in this task from the Office of the United Nations High Commissioner for Refugees (UNHCR), national and international NGOs and other international organizations.

290. Refugee children have the same rights as Mauritanian children as regards health, education and nutrition. Through the efforts of the Ministry of National Education and foreign partners a proportion of these children has received some formal education. The voluntary repatriation of this refugee population was largely completed in 1997 with the cooperation of all parties concerned, including UNHCR.

291. It should also be mentioned that the Mauritanian Government, in collaboration with UNHCR, has provided accelerated training to persons responsible for supervising assistance to the refugees, who have thus been able to gain good experience in this field.

2. Children in armed conflicts

292. Mauritania enjoys civil peace and has good relations with its neighbours. It has never witnessed armed conflicts involving children.

293. All texts governing conditions of recruitment to the armed forces and police prohibit recruitment under the age of 18.

294. For some years, personnel in the armed forces and the police have been receiving training in international humanitarian law.

B. Children in conflict with the law

1. The administration of juvenile justice

295. The Mauritanian Code of Criminal Procedure provides for uniform treatment of adult and juvenile delinquents. While it guarantees the fundamental principles of justice (rights of defence, presumption of innocence, equality), it makes no provision for special treatment for juveniles. In order to fill this gap, the Government has established an office within the courts to handle juvenile cases. This is a major innovation, since hitherto the ordinary courts were responsible for dealing with juveniles. The draft code on the organization of the judiciary provides for the institutionalization of a juvenile division in the wilaya courts.

296. The Government is also in the process of drawing up a criminal code and a code of criminal procedure specific to juveniles. These two draft codes, based on the Convention, are already well advanced.

2. Children deprived of their liberty

297. The majority of children in conflict with the law are going through an adolescent crisis (22.9 per cent are 15 to 16 years old). Family instability (divorce) is one of the main causes since it deprives these young people of their natural family environment.

298. Judicial and prison personnel have for some years been receiving training to deal with juvenile delinquency. Encouraging results have been achieved with this training and applying a set of guidelines and measures including:

Awareness-raising among juvenile magistrates;

Improvement of conditions of detention;

Supervision and preparation of young people for their integration into society;

Review of cases in order to obtain the child's release, and follow-up after release through a vocational training project.

299. With the support of UNICEF and Caritas-Mauritania, the Government has set up a centre for the recovery and reintegration of children in conflict with the law. It is known as the "Beyla Centre" and includes, among its follow-up phase activities, apprenticeship placements and remedial school courses.

300. This facility is managed by a committee established by a ministerial order. It is supervised by the Prisons Department and comprises representatives of the Ministry of Health and Social Affairs, the District of Nouakchott, the School Health Service, UNICEF and Caritas-Mauritania. Its main purpose is to ensure the rehabilitation and reintegration of juvenile delinquents who are the subject of judicial proceedings.

Total numbers for the first half of 1998: 28

Number of leavers: 10

Numbers at 30 June 1998 18

Numbers in the Beyla Centre in 1997

Placement	No.	%
1st office	3	3.94
2nd office	3	3.94
3rd office	18	23.68
4th office	33	43.42
Government Procurator's office	19	25.00
Total	76	99.98

Age	No.	%
0-13 years of age	2	2.43
13-14 years of age	3	3.94
14-15 years of age	6	7.89
15-16 years of age	10	13.15
16-17 years of age	25	34.89
17-18 years of age	23	30.26
18-19 years of age	5	6.57
19-20 years of age	2	2.63
Total	76	100

Judicial status	No.	%
Accused	22	28.94
Convicted	1	1.31
Released	53	69.73
Total	76	99.97

Recidivists	No.	%
1st case	51	67.10
2nd case	18	23.66
3rd case	6	7.89
4th case	1	1.31
Total	76	99.96

Offences and motives	No.	%
Theft	56	73.68
Rape	4	5.16
Prostitution	2	2.63
Bodily harm	8	10.52
Immoral acts	4	5.26
Murder	1	1.31
Wrongful assumption of title	1	1.31
Total	76	99.87

Source: Prison Administration Department

Activities in the Beyla Centre

301. Vocational training workshops: The vocational training workshops are geared to the production of saleable objects. The children are, however, given a vocational initiation to instil in them a love of work. A third-party account is opened for the purpose so as to ensure the continuity and independence of the workshops.

Results: production of:

Chairs	Tables, benches	Wooden doors	Stoves	Windows
25	15	2	6	5

Production awaiting sale is stored in the Centre.

302. Socio-educational activity: The principle of the acquisition of social references applies to all the Centre's work and underlies outreach activities. These activities are based on a calendar and include: group games, sketches as an activity in which the priority is to create awareness and a sense of responsibility in the child, discussions led by an instructor on the reasons for the child's placement, the conditions for regaining his freedom, awareness of sexually transmitted diseases, relations with his family and society, etc.
303. This work is supplemented by the role of the family, which continues to be an essential part of any educational operation. The families are associated with and involved in all decisions concerning their child. They are encouraged to visit their children, who are always in need of affection. The Centre receives visits from the children's families at least once a week.
304. Schooling: A teacher is assigned to the Centre to give literacy classes.
305. Islamic education: The teaching of the Koran and Islamic education play a leading role in all the activities. The changes observed in behaviour are proof that these activities are not without effect.
306. Review of cases: The review of cases permits the children's release. Ten out of the 28 children taken in during the first half of 1998 have been released. Of the 76 children placed in 1997, 54 were released that year and the others in 1998. The "Street children" project team follows the children who have been released.
307. Sports activities: The children have opportunities for engaging in sport on a daily basis.
308. Improvement of living conditions at Beyla: Living conditions at Beyla have improved as a result of the intervention of the development partners and the additional funding they have provided. Charitable NGOs also give assistance to the Centre.
309. Reactivating the management committee: The management committee of the Beyla Centre, which had become somewhat lethargic in the past, was reactivated in 1998 and began to hold regular meetings.
310. Halfway house: The Beyla Centre, a unique example of its kind in Mauritania, takes in all children who commit serious or minor offences. This situation has led to a discussion on the possibility of establishing a more appropriate structure for the rehabilitation of children who have committed minor offences. This structure will be a halfway house, meaning that the children will be able to leave to undergo vocational training and attend school; this is not the case at Beyla, where the child leaves only when he is released. Feasibility studies have already been completed.

3. The sentencing of juveniles

311. Article 285 of the Criminal Code stipulates that under-age children are not subject to capital punishment although they may be sentenced to life imprisonment. Article 288 of the Criminal Code punishes all forms of cruel, inhuman or degrading treatment of children.

312. The new provisions of the draft Criminal Code for Minors convert the death penalty and life imprisonment for young people under 16 years of age into 10 to 20 years' imprisonment.

4. Physical and psychological recovery and social reintegration

313. This concerns children in difficulty (children in conflict with the law and street children). Street children are generally children who have not been to or have dropped out of school. They spend most of their time on the streets looking for a job. They have not necessarily broken with their families but the families themselves are often suffering hardship and cannot compensate for any lack of school supervision.

314. Beggar children, comprising street children and other children surviving precariously, probably constitute the great majority of children in particularly difficult situations.

315. The children known as "talibés" are basically a product of the Muslim religious schools. They come from distant areas and live with their master, for whom they provide non-negligible support. There are no statistics on the "talibés" but the Secretariat of State for the Status of Women plans to carry out studies as part of a UNICEF/Mauritanian Government programme.

316. Street children generally work in the informal sector. Some survive through marginal activities like theft and begging. Others shine shoes, clean cars or work as caretakers or ticket-collectors on the minibuses, or else work in the markets, cleaning fish or carrying goods. Many are street vendors or sell newspapers, cheap household goods and food. Some are shop assistants or apprentices to small-scale mechanics or carpenters.

317. According to a recent survey (Department of Social Affairs/UNICEF, July 1996), most young people in the country's three major cities work as: apprentice garage mechanics (30.3 per cent), street vendors (26.7 per cent), carters (17 per cent), car-cleaners (12.2 per cent), pump attendants (5 per cent) or shoeshine boys (5 per cent).

318. It should be noted that very considerable risks relate to conditions of work. The most dangerous places are the workshops attached to the mechanical engineering, welding and transport sectors. The children are exposed to contact with scrap metal, petrol, oil and fuel gas. Another activity involving serious danger is the combing of refuse tips, where the children are in direct contact with toxic substances and broken materials (glass, metal, plastic, etc.)

319. The authorities have taken a number of measures to deal with the phenomenon of street children. The "Street children" project launched by the Department of Social Affairs has the following objectives:

To remove children from street violence;

To restore the link with adults and establish a relationship of confidence by listening to children and making them welcome so that they will return to their families.

In order to achieve its objectives, the project takes action on the following aspects: location, sleeping accommodation, listening, hostels, and upstream and downstream monitoring of all prevention activities.

320. Location and identification. The purpose of these activities is to build up a picture of flows of marginal children, their street movements, their numbers, their age and their original moughataa. This means that more can be known about them and action taken to bring them into closer contact with their families. The total number of children identified in 1998 was 243.

321. Reception centre. Its aim is to provide children who so wish with a safe place to sleep and a chance to wash and do their laundry, and to create an opportunity for encouraging contact between child and teacher. It has been calculated that, between 1 January and 30 June 1998, 1,276 nights' lodging were provided.

322. Family-type hostels. There are two family-type hostels at Nouakchott; on 30 June 1998 they were host to 22 children of ages ranging from 9 to 16. The children are given schooling in these hostels and vocational training is provided. The instructors also encourage them to go home to their families.

323. Follow-up. Some difficulties are encountered. There is frequently no type of partnership between the instructor in charge of the follow-up and the local associations in the district where the child lives. Follow-up has not achieved its aims despite the small number of children followed by each instructor. The follow-up sheets are not kept up to date on a regular basis.

324. Prevention. This is basically aimed at educating the parents. Since the religious dimension is very important in Mauritania, group prayers and the main Friday prayer are ideal times to transmit messages to fathers and remind them of their duty to their children. Prevention is also a matter for the school. In school the child is under the authority of the teacher, who must ensure that he is properly supervised.

325. Despite its considerable achievements, the "Street children" project encounters some difficulties:

Low level of awareness among the local partners;

Responsibility for activities taken by the associations is still at a low level;

Inadequate material and financial means.

C. Children in situations of exploitation, including physical and psychological recovery and social reintegration

1. Economic exploitation, including child labour

326. Mauritania has made an effort to adapt its legislation to international labour standards, particularly the ILO Minimum Age Convention (No. 138) of 1973. The Labour Code contains numerous provisions protecting children against economic exploitation and conforms overall to international standards. In Mauritanian society, children have always participated in the work of their parents, to the extent of their abilities.

327. The rural sector. In the rural sector there is often a progressive initiation into the parents' activities of stock raising and crop farming, and into domestic tasks. These working children are above all family workers. Children working in rural families are often shielded from abuses since they benefit from the protection and care of their parents and members of their extended family. However, the physical abilities of the children are sometimes strained beyond their limits and their general condition suffers. While there are no objective data concerning the number of children working and their needs, most experts agree that it is in rural areas, particularly in the agricultural sector, that this phenomenon is mostly found.

328. The urban sector. It is in the urban informal sector, which is rarely covered in the statistics, that children are employed. It is children working in the streets who are most visible and also attract most of the attention of national and international organizations.

329. The work of young female domestics is linked for the most part to the seasonal nature of agricultural activities. During slack periods, unemployed rural dwellers with no income go to the towns seeking employment and means of subsistence.

330. These young children for the most part have little formal education or even none at all. The average education of young rural dwellers overall, and of girls in particular, is below the national mean. In fact, it is the need to provide for their basic requirements and those of their families which drives these deprived children to work.

331. In order to deal with this situation, the Government has taken some important measures, including:

Revision of the Labour Code, which is now in the process of being adopted;

Implementation of the national employment policy adopted in 1997;

Implementation of a national plan to combat poverty, covering the period 1998-2001;

Initiative by the mayors as child defenders, who have just adopted a national children's plan.

2. Drug abuse

332. The use of drugs is formally prohibited in Mauritania. Act No. 93-37 of 20 July 1993, on the suppression of production, trafficking and unlawful use of drugs and psychotropic substances, defines a specific offence to sanction any trafficker who uses the services of a minor, it severely punishes any instance of handing over, selling or offering of drugs to a child and makes provision for mandatory care of reformed drug addicts to ensure their treatment and reintegration without being troubled by the law.

333. The Government has established institutional machinery to combat drugs. This includes:

The National Anti-Drug Commission, established by Decree No. 90.170 of 19 November 1990 and composed of 12 ministers. The Commission is responsible for

defining, activating and coordinating Government policy, in particular as regards education, information, punishment, social reintegration and all activities for combating drug addiction;

A central office for the suppression of illicit drug-trafficking, established in December 1992, which is responsible for identifying drug traffickers and consumers;

The Permanent Secretariat of the National Anti-Drug Commission, established by Interministerial Decision No. 77 of 9 March 1995, which is responsible for coordinating sectoral anti-drug activities;

The National Education Commission, established in 1996, which is responsible for introducing anti-drug abuse instruction into school curricula.

334. Mauritania has also ratified the three United Nations Conventions of 1961 concerning narcotic drugs and psychotropic substances and relating to judicial cooperation.

335. Since 1993, the Government has conducted several campaigns to make the public aware of the dangers of drugs. Civil society has taken part in these campaigns by targeting young people (organization of lectures and discussions in vulnerable towns). Young people's networks have been set up by the Ministry for Youth in order to create awareness of the damaging effects of drugs.

336. The imams in the mosques and major religious figures also play a considerable role in education to prevent drug abuse, to the extent that there have been instances in which some young drug consumers have reformed and have collaborated in dismantling networks of drug traffickers.

337. With the support of the United Nations International Drug Control Programme (UNIDCP) and the European Union, the Government has prepared a draft national plan to combat drugs and drug addiction. The plan has been submitted to other partners and stresses treatment, education and social rehabilitation and reintegration of groups at risk, and children in particular. Seminars to enhance awareness and other activities are included in the programme of government activities in this sphere. Practical measures have already been taken.

338. Several centres for the reintegration of street children in Nouakchott are intended to curb the phenomenon of drug dependence and juvenile delinquency (reception centres, child welfare centres, hostels for young unemployed workers, Beyla rehabilitation centre). They are all supervised by Department of Social Affairs and function with the support of charitable NGOs. These centres are 80 per cent successful in ridding children of drug addiction. Their activity is nevertheless limited by a lack of appropriate infrastructure and financial means.

339. Another scourge threatens children's health and development in Mauritania. This is smoking, which has been progressing alarmingly and is due, *inter alia*, to the fact that various

sporting events are financed by tobacco producers. Advertisements for smoking appear on the hoardings in the streets of Nouakchott. The authorities organize an information day on the ravages caused by smoking every year. An additional effort to inform people and increase their awareness, or even to regulate the sale and consumption of tobacco, should be envisaged.

3. Sexual exploitation and sexual abuse

340. It should be recalled that Islamic shari'a law, the main source of Mauritanian law, regulates sexuality strictly. Sexual relations can be envisaged solely in the context of marriage.

341. The Criminal Code, in article 307 *et seq.* severely punishes prostitution, rape, procuring, pornography and indecent behaviour. The punishment is increased if the victim is under age.

342. The authorities have initiated a series of measures to reduce sexual exploitation and violence. Mention may be made of:

The establishment of morals brigades in the cities;

The establishment of a national commission to combat harmful practices.

343. National education, awareness and information campaigns (sermons, media, NGOs) are conducted, as part of the National Plan to Combat AIDS, on the risks inherent in prostitution and sexual relations outside marriage.

344. It should be noted that Mauritania has approved the Naples Political Declaration adopted in 1994 by the World Ministerial Conference on Organized Transnational Crime.

4. Sale, trafficking and abduction

345. Article 332 of the Criminal Code stipulates a penalty of imprisonment for any person who uses fraud or violence to abduct minors or to have them abducted or kidnapped. Articles 333 and 334 classify the abduction or corruption of minors as crimes, and distinguish between an act committed with fraud or violence and an act in which such means are not employed.

5. Other forms of exploitation

346. No other forms of exploitation where the victims are children have so far been observed in Mauritania.

6. Children belonging to a minority or an indigenous group

347. Mauritania is comprised of an Arab majority and the Pulaar, Soninke and Wolof minorities.

348. Its cultural structure has Arab, Islamic and African sources; the synthesis it has made of these constitutes its specificity and moulds its personality.

349. Article 6 of the Constitution states: “The national languages are Arabic, Pulaar, Soninke and Wolof: the official language is Arabic.” In addition to Arabic, the language of the Islamic culture and tradition common to all components of the Mauritanian people and the language of education and government along with French, instruction in the Pulaar, Soninke and Wolof languages has been introduced into the education system. A university department has been made specifically responsible for promoting and teaching these national languages.

350. The Government’s education policy is to establish a system of education which favours the implanting of culture, ensures social emancipation and leads to the training of skilled labour and the constitution of a high level of national expertise.

351. The educational curricula include subjects with a human rights component, such as civic, moral and religious instruction; this is a compulsory subject which fosters ideals of tolerance, friendship, fairness and justice and promotes the strengthening of national unity and respect for human rights. It also cultivates citizenship in order to ensure closeness, harmony and cohesion among the different components of the Mauritanian people and between the latter and other communities and peoples.

352. The national languages are used on radio and television, where air time is reserved daily for programmes and broadcasts in those languages. More than 66 per cent of rural radio programmes are broadcast in Pulaar, Soninke and Wolof.

353. Various cultural associations for the promotion of the national languages, whose members are Pulaar, Soninke and Wolof speakers, also contribute to the development of other aspects of culture, such as theatre, music and folklore in general.

354. The authorities and the State governed by the rule of law thus ensure for all their citizens, and particularly the younger generations, conditions in which they can develop in freedom and diversity and which guarantee their just and equal access to health, education, employment and other rights.
