EUROPEAN COMMISSION

Brussels, 16 December 2025
C(2025) 8951 final

COMMISSION IMPLEMENTING DECISION of

16 December 2025

on the financing of the annual action plan in favour of the Islamic Republic of Mauritania for 2025

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THE EUROPEAN COMMISSION,

Having regard to the Treaty on the Functioning of the European Union,

Having regard to Regulation (EU, Euratom) 2024/2509 of the European Parliament and of the Council of 23 September 2024 on the financial rules applicable to the general budget of the Union[1], and in particular Article 110(1) thereof,

Having regard to Regulation (EU) 2021/947 of the European Parliament and of the Council of 9 June 2021 establishing the Neighbourhood, Development and International Cooperation Instrument – Europe in the World, amending and repealing Decision No 466/2014/EU of the European Parliament and of the Council, and repealing Regulation (EU) 2017/1601 of the European Parliament and of the Council and Council Regulation (EC, Euratom) No 480/2009[2] , and in particular Article 23(1) and (2) thereof,

Whereas:

(1) For the purposes of implementing the annual action plan for the Islamic Republic of Mauritania for 2025, an annual financing decision should be adopted, which constitutes the annual work programme for 2025 in accordance with Article 110(2) of Regulation (EU, Euratom) 2024/2509 (hereinafter the 'Financial Regulation').

(2) The proposed assistance must comply with the conditions and procedures laid down by the restrictive measures[3] adopted in accordance with Article 215 of the Treaty on the Functioning of the European Union.

(3) Provision should be made for the payment of interest on late payments on the basis of Article 116(5) of the Financial Regulation.

(4) To allow for a degree of flexibility in the implementation of the action plan, it is necessary to specify which amendments should not be regarded as substantial for the purposes of Article 110(5) of the Financial Regulation.

(5) The actions provided for in this Decision should contribute to climate mainstreaming and gender equality, in accordance with the Commission Communication entitled 'The European Green Deal'[4] and the Interinstitutional Agreement of 16 December 2020 on budgetary discipline, cooperation in budgetary matters and

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1 OJ L 239, 26.9.2024, ELI: http://data.europa.eu/eli/reg/2024/2509/oj.

2 OJ L 209, 14.6.2021, p. 1, ELI: http://data.europa.eu/eli/reg/2021/947/oj.

3 See www.sanctionsmap.eu. Please note that the sanctions map is a digital tool used to determine sanctions regimes. Sanctions are based on legislative acts published in the Official Journal (OJ). In the event of any discrepancy, the OJ shall prevail.

[4] COM(2019) 640 of 11 December 2019.

sound financial management, as well as on new own resources, including a roadmap for the introduction of new own resources[5] .

(6) The Commission has adopted the national multi-annual indicative programme for the period 2021–2027[6] , as amended following the mid-term review[7] , which sets out the following priorities: 'governance', 'human development' and 'transition to a green and blue economy'.

(7) The annual action plan to be funded under the 'Sub-Saharan Africa' geographical programme of Regulation (EU) 2021/947 aims to strengthen the partnership between the European Union and the Islamic Republic of Mauritania by helping to enhance security, promote rural electrification and improve sustainable and equitable access to health services in the Islamic Republic of Mauritania.

(8) The action entitled 'Southern Borders' aims to strengthen the stabilisation and consolidation of the state's presence in remote areas of the south of the Islamic Republic of Mauritania and to promote rural electrification, thereby contributing to affordable access to clean and renewable energy.

(9) The initiative entitled 'Health Sector Support Programme – PASS IV' aims to ensure equitable, sustainable and high-quality access to health services for the entire population.

(10) The objective and design of all actions meet the criteria for official development assistance, as established by the Development Assistance Committee of the Organisation for Economic Co-operation and Development, in accordance with the requirements of Article 3, paragraph 4, of Regulation (EU) 2021/947, as the action contributes to the sustainable development of partner countries and to the implementation of the 2030 Agenda in the Islamic Republic of Mauritania. The beneficiary countries of the action, which appear on the list of Official Development Assistance (ODA) recipients, are set out in the relevant action document.

(11) Pursuant to Article 62(1), first subparagraph, point (c), of the Financial Regulation and Article 26(1) of Regulation (EU) 2021/947, the actions set out in the annexes shall be implemented under indirect management.

(12) The Commission must ensure an adequate level of protection of the Union's financial interests in relation to the persons and entities responsible for the implementation of Union funds under indirect management, in accordance with Article 157(3) of the Financial Regulation. To this end, and before a contribution agreement can be signed, those persons and entities must have their systems and procedures assessed in accordance with Article 157(4) of the Financial Regulation and, on

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5 Interinstitutional Agreement of 16 December 2020 between the European Parliament, the Council of the European Union and the European Commission on budgetary discipline, cooperation in budgetary matters and sound financial management, as well as on new own resources, including a roadmap for the introduction of new own resources (OJ L 433I, 22.12.2020, p. 28, ELI: http://data.europa.eu/eli/agree_interinstit/2020/1222/oj).

6 Commission Implementing Decision of 15 December 2021 on the adoption of the multiannual indicative programme for the Islamic Republic of Mauritania for the period 2021–2027 [C(2021) 9245].

7 Commission Implementing Decision of 31 October 2024 amending the 2021–2027 multiannual indicative programmes for sub-Saharan Africa, Asia and the Pacific, the Americas and the Caribbean, and the multiannual indicative programmes relating to civil society organisations, global challenges,

human rights and democracy [C (2024) 7502].

where appropriate, to appropriate monitoring measures in accordance with Article 157(5) of that Regulation.

(13) It is necessary to authorise the award of grants without a call for proposals and to lay down the conditions for the award of such grants, in accordance with Article 198(a) and (c) of the Financial Regulation.

(14) The action plan provided for in this Decision is in accordance with the opinion of the Committee on the Neighbourhood, Development and International Cooperation Instrument,

HAS DECIDED:

Article 1
Action Plan

The annual financing decision, constituting the work programme for the implementation of the annual action plan for the Islamic Republic of Mauritania for 2025, as set out in the annexes, is hereby adopted.

The action plan comprises the following measures:

(a) Southern borders, as set out in Annex 1;

(b) Health Sector Support Programme – PASS IV, set out in Annex 2.

Article 2
Union contribution

The maximum amount of the Union's contribution for the implementation of the Action Plan for 2025 is set at EUR 40 000 000, to be financed from the appropriations entered under budget line 14.020120 of the general budget of the Union.

The appropriations provided for in the first paragraph may also cover interest on late payments.

Article 3
Flexibility clause

Increases or decreases of up to EUR 10 000 000 not exceeding 20 per cent of the maximum amount of the Union's contribution set out in the first paragraph of Article 2, or cumulative changes to the appropriations allocated to specific actions not exceeding 20 per cent of that contribution, as well as extensions to the implementation period, shall not be considered substantial for the purposes of Article 110(5) of the Financial Regulation, provided that they do not have a significant impact on either the nature or the objectives of the actions.

The authorising officer responsible may implement the amendments referred to in the first subparagraph. Such amendments shall be implemented in accordance with the principles of sound financial management and proportionality.

Article 4
Methods of implementation and entities or persons responsible for implementation

The implementation of actions carried out under indirect management, as set out in the annexes, may be entrusted to the entities or persons mentioned in the annexes or selected

in accordance with the criteria set out in points 4.4.2, 4.4.3 and 4.4.4 of Annex 1 and in points 4.4.3 and
4.4.4 of Annex 2.

Article 5
Grants/Contracts

Grants may be awarded without a call for proposals under the conditions specified in the annexes. Grants may be awarded to the organisations listed in the annexes, selected in accordance with point 4.4.1 of Annexes 1 and 2.

Done at Brussels, 16 December 2025

For the Commission
Jozef SÍKELA
Member of the Commission

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THIS ACTION IS FUNDED BY THE EUROPEAN UNION

ANNEX 1

to the Commission Implementing Decision on the financing of the annual action plan for the Islamic Republic of Mauritania for the year 2025

'Southern Borders' Action Document

ANNUAL ACTION PLAN
This document constitutes an annual work programme within the meaning of Article 110(2) of the Financial Regulation, as well as within the meaning of Article 23(2) of Regulation IVCDCI – Europe in the World.

1. SUMMARY

1.1 Summary table of the action

1. CRIS/OPSYS title **Basic act**	Southern borders OPSYS operational reference: ACT-63173 Funded under the Neighbourhood, Development and International Cooperation Instrument (IVCDCI – Europe in the World)/the Overseas Association Decision/the Regulation establishing a European instrument for international cooperation on nuclear safety
2. 'Team Europe' initiative	No
3. Area covered by the action	The action will be carried out in the Islamic Republic of Mauritania Areas: the wilayas of Guidimakha bordering Gorgol, Assaba and Hodh el Gharbi (security network) and the wilaya of Assaba (energy network).
4. Programming document	Multi-annual Indicative Programme (MIP) for the Islamic Republic of Mauritania 2021–2027
5. Link to the objectives/expected results of the relevant MIP(s)	This action contributes directly to the following objectives of Mauritania's PIP: Specific Objective 3.2: Stability, security: Strengthen the stabilisation and consolidation of the State's presence in remote areas of southern Mauritania. Specific Objective 2.2: The energy sector provides affordable access to clean and renewable energy for the majority of the population. Specific Objective 3.3: Migration: Strengthen migration governance
PRIORITY AREAS AND SECTORAL INFORMATION	

6. Priority area(s), sectors	Priority area 3: Governance Priority area 2: Transition to a green and blue economy			
7. Sustainable Development Goals (SDGs)	Main SDG (only 1): SDG 16 – Peace, justice and strong institutions Other relevant SDGs (up to 9) and, where applicable, targets: SDG 7 – Affordable and clean energy SDG 10 – Reduced inequalities SDG 5 – Gender equality SDG 13 – Climate action			
8. a) DAC code(s)	DAC code 152 – Governance – 68% DAC code 232 – Energy – 32%			
8. b) Main channel of delivery	12001 – Central Government 20000 – Non-governmental organisations and civil society			
9. Expenditure objectives	☒ Migration ☒ Climate ☒ Social inclusion and human development ☒ Gender equality ☐ Biodiversity ☐ Education ☒ Human rights, democracy and governance			
10. Indicators **(Based on the DAC form)**	**General objective** @	**Not targeted**	**Significant objective**	**Main objective**
	Promoting participation/good governance	☐	☒	☐
	Environmental support @	☐	☒	☐
	Gender equality and the empowerment of women and girls	☐	☒	☐
	Reproductive, maternal, newborn and child health	☒	☐	☐
	Disaster risk reduction @	☒	☐	☐
	Inclusion of people with disabilities @	☐	☒	☐
	Nutrition @	☒	☐	☐
	Milestones of the Rio Convention	**Not targeted**	**Key objective**	**Main objective**
	Biological diversity @	☒	☐	☐
	Combating desertification @	☒	☐	☐
	Climate change mitigation @	☐	☒	☐

	Climate change adaptation @	☐	☒	☐
11. Internal markers and tags	**Strategic objectives**	**Not targeted**	**Important objective**	**Key objective**
	Digital transformation @	☒	☐	☐
	Digital connectivity Digital governance Digital entrepreneurship Digital skills Digital services	YES ☐ ☐ ☐ ☐ ☐	NO ☒ ☒ ☒ ☒ ☒	
	Migration @	☐	☒	☐
	Reducing inequalities @	☐	☒	☐
	COVID-19	☒	☐	☐
BUDGET INFORMATION				
12. Amounts involved	Budget line (line and budget item): 14.020120 Estimated total cost: EUR 32 000 000 Total contribution from the EU budget: EUR 25 000 000 This action is co-financed by the French Development Agency to the tune of EUR 7 000 000 (amount to be confirmed)			
MANAGEMENT AND IMPLEMENTATION				
13. Implementation arrangements	**Direct management** via: grants **Indirect management** with entities to be selected in accordance with the criteria set out in sections 4.4.2 and 4.4.4 Budgetary guarantees as set out in section 4.4.3			

1.2 Summary of the action

The action aims to address the increased fragility of the area along Mauritania's southern borders, which stretches along the Malian border and as far as the Senegalese border[1] . Tackling the fragility of this area is essential for maintaining the country's stability. Indeed, security threats are very real, with reports of an increasing number of incidents in the cross-border area (involving Wagner and/or the Malian Armed Forces (FAMA) and, more recently, the group Jama'a Nusrat ul-Islam wa al-Muslimin (JNIM)), and are exacerbated by the escalating violence in neighbouring Mali, as well as by the porous nature of the borders. The region is also the main gateway for Malians wishing to migrate to Europe (according to Frontex, by 2024 they had become the largest group of migrants transiting through Mauritania en route to the Canary Islands). In addition to migrants, the region is increasingly hosting displaced persons fleeing violence in the neighbouring country.

The initiative will support the security-development nexus through a strengthened territorial network of security forces, and will carry out activities via women's community networks to prevent all types of conflict and the risks of radicalisation. It will strengthen the State's tangible and positive security presence whilst promoting economic development. At the same time, the initiatives will help to create the conditions for local economic development by improving people's access to energy (electrification

[1] See map in paragraph 1.3

via small-scale photovoltaic networks and battery storage), coupled with the development of basic infrastructure and rural improvements (access to water, health centres, dykes, etc.) in remote areas. This will help to realise the sustainable potential of the agricultural and livestock sectors through the use of solar-powered pumps and boreholes, contributing to improved agricultural production that is more sustainable and resilient to climate change, to poverty reduction, and to greater food and nutritional security. A more stable security situation in the area, combined with favourable conditions for local development, will help to stabilise local populations and reduce irregular migration to the EU.

This initiative, which is aligned with the commitments on climate change mitigation and adaptation set out in the Nationally Determined Contribution (NDC)[2] , forms part of the integrated territorial approach by investing in the 'hotspot' on the southern border with Senegal and Mali, and aims to support the promotion of territorial equity, conflict prevention, the management of migration flows and enhanced social cohesion, whilst fostering local development. It is aligned with the commitments on climate change mitigation and adaptation set out in the Nationally Determined Contribution (NDC).

The action complements EU interventions in the neighbouring regions of Mali and Senegal, notably the cross-border actions under the Borderlands programme (Regional Call for Proposals 2025), and contributes to the Great Green Wall initiative.

It is carried out alongside other EU initiatives in the region supporting young people and civil society (2023 Call for Proposals), border management (2023 Call for Proposals) and local and agricultural development, thereby strengthening synergies between the various stakeholders to maximise impact. Finally, it integrates with and complements the various interventions by Member States in the region (DE, ES and FR), positioning Team Europe as a key player and leader in the region.

1.3 Area covered by the initiative

The action is being carried out in the south of the Islamic Republic of Mauritania, a country included on the list of recipients of official development assistance. The areas of intervention are the wilayas of Guidimakha, Gorgol, Assaba and Hodh el Gharbi (security network) and the wilaya of Assaba (energy network).

2. JUSTIFICATION

2.1 Background

The southern regions of Mauritania, stretching from Guidimakha through Assaba to Hodh el Gharbi, form the border with Mali to the south and with Senegal to the south-west. They are the main entry point for Malians wishing to migrate to Europe, but are also increasingly important reception areas for displaced people fleeing violence in Mali.

These regions are among the poorest in the country, with poverty rates well above the national average[3]. They are also among the most densely populated, and their combined population accounts for 35 per cent of Mauritania's population, excluding Nouakchott. Although Mauritania has been spared direct terrorist attacks in recent years, it remains exposed and vulnerable to regional destabilising factors, such as violent extremism and organised crime, exacerbated by the porosity of its borders, particularly those in the south, which are the focus of this initiative.

The intensification of the conflict in Mali, the growing presence of armed groups such as JNIM along the borders, and cross-border military operations have increased security pressures in this tri-border area. These vast

[2]https://unfccc.int/sites/default/files/NDC/2022-06/CDN-actualis%C3%A9%202021_%20Mauritania.pdf

[3] According to the 2020 EPCV, the poverty rate stands at 48.6 per cent in Guidimaka, making it the poorest region in the country, 39.4 per cent in Brakna and 34.2 per cent in Hodh el Guarbi – well above the national average of 28.2 per cent.

These regions are difficult to control, and the territorial coverage provided by the security forces is insufficient to enable them to cover the full extent of the areas concerned. Added to this is a genuine issue of trust and communication between local communities and the defence and security forces (FDS), due to the lack of mechanisms for regular dialogue and the perception that the state lacks authority. This situation undermines the effectiveness of prevention efforts and reinforces a sense of abandonment, particularly amongst rural populations.

The lack of economic opportunities is glaringly obvious, making development a crucial and essential issue for the stability of these regions. Areas such as Assaba have significant agricultural potential and vast solar resources (1,980 kWh/m²/year). However, the lack of access to energy, particularly in rural areas, hinders the development of agro-pastoral production and limits inclusive economic growth, especially the economic empowerment of women. The EU strongly supports economic development in the region through various programmes such as PRADEP, SECURALIM, SYSALIM and Borderlands, which support agricultural production, the pastoral economy and local development mechanisms. However, the lack of access to affordable, high-quality energy services, particularly for the most remote communities, prevents the full potential of these sectors from being realised.

Access to water is another major challenge, which has a significant impact on quality of life and local economic development. The region also appears to be particularly vulnerable to the effects of climate change, which has a severe impact on communities in economic and food security terms, and fuels competition for access to and control over wetlands. The frequency and intensity of natural disasters, such as droughts, floods, bushfires and extreme heatwaves, are constantly increasing. Bushfires, exacerbated by higher temperatures and increasingly prolonged dry seasons, pose a major threat to livestock farming, damaging pastures and jeopardising the livelihoods of pastoralist communities. In 2024, the river region (in the 'Three Borders' area) was also hit by severe flooding, causing forced displacement and the destruction of agricultural land, which had a significant impact on food security. Consequently, around 33 per cent of the Mauritanian population finds itself in a situation of extreme vulnerability, exacerbated by the effects of climate change. Desertification is all the more severe as it results from a combination of climate change and human activity, and has direct consequences for an environment that is already highly fragile.

Furthermore, young people account for nearly half of the country's population, and 44.2 per cent of Mauritanians are under the age of 15. Nearly a third of young people aged between 15 and 35 are neither in employment nor in education and find themselves outside the education system. This population faces high rates of school drop-out, unemployment and social marginalisation. According to the 2024 report on the state of the national education system, Assaba, Guidimakha and Hodh el Gharbi are among the five regions with the lowest gross enrolment rates in lower secondary education[4] . Enrolment rates have fallen over the last decade, marking a sharp decline compared with the rest of the country, and many of these young people face complex life circumstances (abandonment by their families, dropping out of school, early exposure to violence, lack of guidance, extreme poverty, living in multiple households, etc.). This situation increases the risk of them embracing radical ideologies or being recruited into criminal networks, particularly in remote areas where the state has little presence. The lack of economic opportunities and the search for identity leave these idle and vulnerable young people at risk of joining armed groups.

The rapid expansion of access to the internet and social media is boosting young people's civic engagement and their openness to the world. However, these tools also serve as prime channels for the dissemination of hate speech, violent propaganda and disinformation. The lack of digital literacy and critical thinking skills when it comes to online content makes young people easy prey to ideological manipulation and digital radicalisation, contributing to the rejection of others and to hatred.

2.2 Lessons learnt

Lessons learnt from past EU interventions have helped to identify certain key factors that must be taken into account to achieve the objectives of stability and prosperity.

[4] Hodh el Garbi: 34 per cent; Guidimakha: 37 per cent; Assaba: 43 per cent. National average: 51 per cent.

This initiative forms part of an integrated approach to addressing the multidimensional challenges facing the areas concerned. This comprehensive EU response is appropriate as it strengthens the link between the various sectors of intervention (such as security, socio-economic development based on agriculture and pastoralism, youth, etc.) and all stakeholders (security forces, local authorities, civil society, religious authorities, young people, women, decentralised state services, etc.). It is also complementary to and consistent with EU interventions in the border regions of neighbouring countries (Mali and Senegal). This comprehensive approach aims to pool efforts and increase the impact of our response with a view to maintaining stability in the region and the country whilst strengthening the social contract between the state and its citizens.

It is essential to integrate the interventions into existing government activities to ensure the effectiveness and sustainability of the actions. The initiative will build on regional initiatives and approaches led by the authorities, in line with existing development plans and roadmaps. Local and central authorities, as well as civil society, will be involved in all phases of the initiative, thereby creating the conditions for ownership and strengthening the sustainability of the intervention. Finally, it should be emphasised that in 2025, the authorities undertook to define their new national conflict prevention strategy, to which this initiative will make a significant contribution. Building trust and the legitimacy of institutions by bringing the security forces closer to local communities is another key element that the initiative will support in order to improve collective security.

Despite the EU's significant contribution to the development of the electricity sector, as highlighted in the final report of the strategic evaluation of EU cooperation with Mauritania for the period 2014–2020, major disparities remain between urban areas and rural agro-pastoral areas. The development cooperation strategy for agro-pastoral production areas implemented during the[11th]EDF was considered relevant, as it combined governance, infrastructure and key facilities for the agro-sylvo-pastoral sectors at household and community levels. However, the interventions faced numerous challenges, both internal and external, such as the difficulty in finding competent implementing partners, a lack of consultation at local level, as well as frequent institutional changes delaying the implementation of certain reforms and, finally, the Covid-19 pandemic. The detailed feasibility study (for the energy component of the programme to strengthen productive and energy investments in Mauritania for the sustainable development of rural areas, 'RIMDIR') confirmed that, given the country's vast size, the scattered nature of its settlements, and the economic situation of the country and its rural populations, the development of rural electrification via mini-grids remains dependent on subsidies to reduce the investment burden and attract private investors. Given the growth of the rural electrification market, particular attention is being paid to the possible use of the National Sector Regulatory Fund by public electricity service concessionaires to ensure the financial equilibrium of these services' operating accounts.

The initiative will also be subject to particular scrutiny with regard to respect for human rights, particularly those of women, in accordance with the principles set out in the Guidance Note on Human Rights and Security, as well as in the Guidance Note on Human Rights and Migration adopted by the European Commission. Existing monitoring mechanisms will be strengthened to ensure respect for human rights, particularly in activities involving law enforcement agencies. Personnel from the supported security forces will receive awareness-raising training. Finally, the women's community representatives who will be supported play a vital role in protecting women and children from violence. Women's access to energy will also be facilitated.

2.3 Analysis of the issues

The initiative will provide a targeted response to three key areas to contribute to the stability of the country and the region: (1) a strengthened territorial network of security forces; (2) conflict management and the prevention of radicalisation amongst disengaged young people; (3) access to energy to promote socio-economic development.

- **Territorial coverage – a protective state presence, serving local development**

The limited presence of the state across vast swathes of the country and the porous nature of its borders are factors that can facilitate the establishment of rear bases for violent groups, as well as the presence of criminal organisations and an increase in all manner of illegal trafficking (human beings, arms and narcotics), as highlighted in a report published by the Timbuktu Institute in March 2025. This is particularly the case in the

southern border area, the security of which is the focus of this initiative. This area is also the main point of entry into Mauritania for many West Africans, bypassing official border posts, who are seeking to reach the EU. This context creates a heightened migration and security challenge for a country with limited economic and technological resources, requiring tailored responses. Living conditions in the area are particularly precarious, with limited access to water and basic social services. The effects of climate change are evident, with an increase in bushfires (a major concern for herders, leading to the destruction of pastureland and significant economic losses), as well as heightened tensions between herders and farmers. In late 2024, the region was also hit by severe flooding, causing forced displacement and the destruction of homes and agricultural plots.

Key stakeholders and institutional and/or organisational issues[5] :

- The Ministry of the Interior (MIDEC), which coordinates the activities of the National Guard and Civil Protection, two bodies under its authority. MIDEC coordinates border control and organises the work of the National Border Management Commission, as well as that of the regional commissions.
- The National Guard is capable of mobilising forces in this area (primarily Hodh el Gharbi and Assaba – where the terrain is well-suited to mobile brigades covering large parts of the territory). The deployment of these troops ensures a presence amongst the local population and helps to maintain security. The National Guard also has the capacity to carry out infrastructure projects (water points, market gardens, health centres, etc.) that facilitate economic, social and health development in remote areas.
- Civil Protection: able to deploy personnel in the area, it aims to strengthen the State's presence (with a remit extending beyond civil protection alone) across the territory and to improve the safety and resilience of the affected populations, including the construction of firebreaks against bushfires and protective and crossing structures to prevent flooding and facilitate traffic flow. Through the training and mobilisation of volunteers, it also helps to engage local young people.
- The Office of the High Commissioner for Human Rights (OHCHR), the National Human Rights Commission (CNDH) and other human rights organisations are key actors that provide training for the security forces and, more generally, monitor the situation in the country.
- Deconcentrated local authorities (Wali, Hakem, deconcentrated services) and decentralised local authorities (regional councils, mayors), as well as civil society, are essential for local development. These bodies are also members of the regional border commissions.
- Sectoral ministries, which ensure consistency and manage human resources to enable the appropriate use of available infrastructure and equipment.
- The European Team (notably AFD, GIZ and AECID): active in the area, they strengthen synergies and develop complementarities.
- Technical and financial partners active in the field.

- **Conflict management and prevention of radicalisation**

Increased pressure on scarce natural resources is a major source of conflict. Traditional drivers of resilience (resource sharing, pastoral and transhumant mobility, mutual aid and historical alliances) appear insufficient, exacerbating structural vulnerabilities characterised by persistent socio-economic precariousness and a youth in search of guidance and inclusion. These conditions leave idle young people vulnerable and

[5] To ensure compliance with a human rights-based approach, it is important to distinguish between stakeholders who are duty-bearers (governments, public institutions and independent organisations defending human rights and equality) and rights-holders (individuals and groups) and their representatives (in particular CSOs). Similarly, it is essential to assess their capacities in order to identify which capacity-building initiatives could support the intervention, ensure their inclusive and meaningful participation, and facilitate consultation with rights-holders. For further information: webgate.ec.europa.eu/intpa-academy/mod/scorm/player.php?a=582&currentorg=articulate_rise&scoid=1784&sesskey=qRDx2hfRoN&display=popup&mode=normal

who are at risk of embracing violent ideologies or joining armed groups, such as JNIM, which attracts followers by promising community protection and a sense of belonging. In this context, the Mourchidates – women from local communities, recognised for their religious, social and moral commitment – play a vital role. They act as mediators and social mentors, stepping in to identify signs of vulnerability and the risks of radicalisation or adherence to violent rhetoric, to support vulnerable individuals – particularly women who are victims of violence and young people who have gone off the rails – as well as to contribute to the peaceful resolution of conflicts and refer cases to the security or justice services. Their unique position places them at the heart of building inclusive security and community resilience.

Identification of the main stakeholders and the corresponding institutional and/or organisational issues (mandates, potential roles and capacities) to be addressed by the initiative:

- The Mourchidates, who act as mediators, social counsellors and trusted intermediaries, playing an essential role in conflict management and resolution, as well as in the prevention of extremism.
- The Ministry of Islamic Affairs and Traditional Education, as the body that formally recognises the Mourchidates, thereby incorporating their role in the prevention of extremism.
- The United Nations Office on Drugs and Crime (UNODC), which is involved in the prevention of religious extremism and conflict management, alongside the Mourchidates.
- State services (gendarmerie, police, National Guard, judiciary, basic social services, USPEC[6]) to which the Mourchidates refer cases of dispute, where necessary.
- The Muslihs, who facilitate pre-legal conciliation of civil disputes, often with the support of the Mourchidates.
- Civil society, in particular the Association of Female Heads of Households (AFCF), which supports the network of Mourchidates, as well as other women's and youth organisations.
- Local authorities, who are frontline actors in conflict management and prevention through devolved (Wali, Hakem, devolved services) and decentralised (regional councils, mayors) structures.
- Team Europe (AFD, GIZ and AECID), to strengthen synergies and complementarities.
- Technical and financial partners active in this field.

- **Rural electrification**

The percentage of households with access to electricity in Mauritania rose from 22 per cent in 2009 to 57 per cent in 2023. However, significant disparities remain between urban areas (93 per cent on average in 2022 according to the MPME) and rural areas (6 per cent on average), whilst nearly 49 per cent of the population lives in rural areas. Specifically, in rural areas, due to low population density and the considerable distances between urban and semi-urban centres, the extension of centralised electricity grids is not always the most cost-effective option for electrification. Consequently, despite its ambition to become a net energy exporter in the region, Mauritania is struggling to provide clean, abundant and affordable electricity to rural communities. This situation is hampering the development of agro-pastoral activities and inclusive economic growth, particularly the economic empowerment of women and youth employment. To address this situation, Mauritania is exploring decentralised solutions in remote areas, notably through public-private partnerships (PPPs), where the private sector not only operates and manages mini-grids but also contributes to their financing.

Key stakeholders and institutional and/or organisational issues:

- The Ministry of Petroleum and Energy, responsible for formulating energy and regulatory policies in conjunction with the Electricity Sector Regulatory Authority.
- SOMELEC, a state-owned group comprising SPT (Electricity Generation and Transmission), SDC (Distribution and Sales for the interconnected grid) and SER (Rural Electrification).
- The Multisectoral Regulatory Authority (ARE), which regulates the water, telecommunications, postal and energy sectors in relation to pricing and the granting of operating licences. It is a member of the observatory of the ECOWAS Regional Electricity Regulatory Authority.

[6] Specialised units providing care for victims of violence, particularly gender-based violence (GBV)

- The Ministry of Economy and Finance, in particular the Directorate-General for Strategies, which is responsible for formulating the SCAPP, the Directorate-General for Public-Private Partnerships and the Mauritanian Investment Promotion Agency.
- Other technical ministries involved in rural investments requiring electricity, such as those responsible for water resources, livestock, agriculture, and the environment and sustainable development.
- Private companies specialising in renewable energy, which may develop projects in the form of PPPs in rural areas.
- Public service concessionaires responsible for the day-to-day management of mini-grids in rural areas.
- Local authorities (regional and municipal) which oversee the roll-out of solar mini-grids in agro-pastoral areas.
- Users – both women and men – who are subscribers to SOMELEC or to public service concessionaires.
- Technical and financial partners who (1) support the government in implementing its development strategy, particularly in the energy sector; (2) finance energy infrastructure; and (3) promote private sector involvement.
- Team Europe (AFD)

3. DESCRIPTION OF THE INITIATIVE

3.1 Objectives and outputs

The overall objective of the action is to contribute to the stability and prosperity of the southern border region. The specific objectives are:

- **Objective 1**: To strengthen an effective and coordinated state presence along the southern border, whilst fostering closer ties with local communities, controlling migration flows and improving conditions for local development
- **Objective 2**: To prevent conflicts and the risks of radicalisation
- **Objective 3:** To facilitate rural electrification in the area in support of the development of green economic activities and the improvement of living conditions for local communities, including the most vulnerable

The outputs to be delivered under this action, contributing to the corresponding specific objectives, are as follows:

Output 1:

1.1. The territorial network and the response capabilities of the security forces, which are better coordinated in the area, are strengthened in order to protect and ensure the safety of local communities and reduce irregular migration flows

1.2. Appropriate basic infrastructure (water, healthcare, market garden plots) and rural development projects in response to climate change are implemented for the benefit of the population

Output 2:

2.1. Women's community liaison officers (Mourchidates) are supported and social cohesion is strengthened

2.2. The prevention of violent extremism and gender-based violence (GBV), as well as the resilience of young people, are strengthened

Output 3:

3.1. In the agro-pastoral production areas of Assaba, rural communities' access to electricity is improved through systems based on renewable energy sources (solar and wind)

3.2. Green electricity generation contributes to achieving climate change adaptation and mitigation targets in Mauritania

3.3. The private sector contributes to investment in renewable energy

3.2 Indicative activities

Activities related to Output 1.1:

- Deploy nomadic National Guard units capable of covering large areas within the zone
- Strengthen the Civil Protection Service's response capabilities and establish alert and operations management systems
- Strengthen relations of trust between the security forces and the local population
- Ensure regular monitoring and the reduction of irregular migration flows, with enhanced coordination amongst stakeholders, particularly in support of border management mechanisms

- Activities related to Output 1.2:
- Develop appropriate, resilient and sustainable basic infrastructure (drinking water, healthcare, market gardens)
- Strengthen the Civil Protection Service's capacities in the areas of combating bushfires, floods, pollution and aerial reconnaissance
- Support initiatives in human capital development and promote volunteering, particularly amongst young people, in the implementation of rural development projects.

Activities related to Output 2.1:

- Strengthen the capacity of the Mourchidates network and the institutional framework
- Integrate and train new Mourchidates in the relevant regions
- Support the establishment of a multi-stakeholder dialogue forum (local elected representatives, civil society, authorities, decentralised services, security forces, etc.) including the Mourchidates and aimed at facilitating networking
- Strengthen links between the work of the Mourchidates and paralegals (Muslihs)

Activities related to Output 2.2:

- Contribute to strengthening social cohesion by running youth centres and providing support to vulnerable people, particularly minors in conflict with the law
- Strengthen the role of the Mourchidates as key actors in protecting women from violence, and in conflict prevention and management;
- Strengthen the capacity of the Mourchidates and young people to combat disinformation, in particular by supporting the production of alternative discourses and digital counter-narratives

Activities related to outcome 3.1:

- Make the necessary investments for the construction or extension of off-grid networks in rural areas powered by renewable sources (solar/wind) by private operators
- Provide technical assistance to strengthen the capacity of the Mauritanian Electricity Company (SOMELEC) and deploy technical assistance to the selected private concessionaires
- Organise community-level information sessions on the processes, costs and responsibilities of electricity operators regarding connection (transparency and access to information), specifically targeting women and vulnerable groups (ensuring the participation of people with disabilities)

-

Activities related to Output 3.2:

- Provide advisory support to the Project Owner in the recruitment and monitoring of contractors responsible for constructing solar and wind power generation units
- Participate in working groups relating to the implementation and monitoring of the Nationally Determined Contributions (adaptation and mitigation), with a view to 'green' local development

Activities related to outcome 3.3:

- Contribute to the carrying out of specific studies and/or to supporting the setting up of blending operations to mobilise guarantees from the European Fund for Sustainable Development Plus (EFSD+), in particular with the European Investment Bank (EIB) and other development finance institutions
- Contribute to the development of the legislative and regulatory framework
- Support the establishment and/or improvement of an incentive mechanism for rural electrification to make the scheme attractive to private partners

3.3 Integration of cross-cutting issues

Environmental protection and climate change

Results of the preliminary review of the Strategic Environmental Assessment (SEA)

The SEA emphasises that environmental and climate considerations must be systematically integrated into infrastructure design. The impact assessment, carried out in consultation with local communities, will support the specific planning of each infrastructure project (primarily decentralised mini-grids) and will be based on the recently approved national electrification strategy.

Results of the preliminary review of the Environmental Impact Assessment (EIA)

The EIA classified the project as Category C (no further assessment is required), although specific EIAs are required for feasibility studies in Mauritania for infrastructure projects in the energy sector.

Results of the preliminary review of the climate risk assessment (CRA)

According to the latest assessment reports from the Intergovernmental Panel on Climate Change (IPCC), Mauritania is one of the ten countries most vulnerable to climate change and ranks among those with the most degraded environments in the world. Nevertheless, the ERC has concluded that this action poses little or no risk (no further assessment is required). However, this aspect will be taken into account in the feasibility studies and during the implementation of the project. Furthermore, the Action will help to reduce deforestation and greenhouse gas emissions by promoting the adoption of agroecology, agroforestry and climate-smart agriculture practices, thereby contributing to the restoration of degraded land and carbon sequestration, as part of the Great Green Wall initiative (in particular Pillar 3 of its Accelerator[7]). More broadly, the terms of reference for the various projects should include waste management, particularly of batteries and solar panels, taking into account the durability of equipment in the face of climatic conditions, specialised supply chains, and human resources to ensure the upkeep and maintenance of the installations. Furthermore, vocational training will include skills related to new technologies.

[7] Pillar 3: Climate-resilient infrastructure and access to renewable energy to reduce rural poverty and youth unemployment, and to support prosperity and security. But also Pillar 1: Investment in small and medium-sized farms, promotion of agroecological approaches resilient to climate change, and strengthening of value chains, local markets and the organisation of exports; and Pillar 2: Land restoration and sustainable management of ecosystems, in order to improve livelihoods directly dependent on natural resources and to increase stability and climate resilience.

Gender equality and the empowerment of women and girls

This initiative is classified as G1 under OECD codes, focusing on the empowerment of women and their protection against violence. It supports women's empowerment through their involvement in local governance bodies, access to services and economic opportunities, and their role as community liaisons. In particular, the Mourchidates play a crucial role as community liaisons, addressing the challenges faced by young people and supporting efforts to combat radicalisation. In the energy sector, the initiative aims to ensure equitable access to high-quality, reliable and affordable energy, enabling women to strengthen their role in agro-pastoral value chains and to diversify food sources for their families.

The initiative contributes to the implementation of the EU Gender Action Plan (GAP III), particularly in the thematic areas of promoting economic and social rights and ensuring the empowerment of girls and women; promoting equality in participation and accountability; and integrating the Action Plan on Women, Peace and Security.

Human rights

Training and awareness-raising activities will be carried out with the security forces to ensure strict respect for human rights. The risks of human rights violations are real, as evidenced by recent incidents involving the security forces in relation to migrants deported from the country. Furthermore, access to energy is a fundamental human right and a driver of socio-economic transformation. The initiative will also support gender equality and the United Nations principles on human rights and business, for example by incorporating specific human rights clauses into calls for tenders.

The initiative adopts a human rights-based approach (HRBA), ensuring the universality, indivisibility and interdependence of rights. Accountability mechanisms are built in through community monitoring groups and regular dialogue between the security forces, national human rights institutions and civil society. Particular attention will be paid to groups at risk of exclusion, notably women, children, displaced persons, marginalised young people, people with disabilities and ethnic minorities. Monitoring data will be disaggregated according to these different variables and will form the basis for regular operational adjustments.

The initiative ensures the active participation of local communities at all stages of the project (design, implementation, monitoring). Tailored participation mechanisms will be put in place (groups for women, people with disabilities, young people), supported by the Mourchidates and village committees. Local governance will be strengthened by involving decentralised authorities and community representatives in the steering structures. Community feedback mechanisms will be put in place to enable local people to raise their concerns or complaints regarding access to services, safety or the practices of service providers.

Disability

Although disability is not a priority objective, the initiative ensures the inclusion of people with disabilities by guaranteeing, for example, adapted access to basic infrastructure.

The initiative is committed to applying the principles of the Convention on the Rights of Persons with Disabilities (CRPD). An inclusive approach will be adopted, incorporating universal accessibility into all infrastructure, energy services, community spaces and information materials. Local planning will include consultations with organisations representing people with disabilities, and indicators will be used to measure this group's actual access to the benefits of the initiative.

Reducing inequalities

In accordance with the inequality marker, this action document has been classified as I-1. Reducing inequalities is a key objective. The action aims to mitigate regional disparities by facilitating access to energy and enhancing security, thereby enabling more equitable development in the regions concerned. It supports inclusive growth and combats energy poverty, a key driver of inequality and deforestation. The Mourchidates' interventions specifically target gender inequalities.

Democracy

Strengthened governance in the area of security and a contribution to peace and stability are major objectives of the initiative.

Conflict sensitivity, peace and resilience
The main objective is to contribute to enhanced security, conflict management and the prevention of radicalisation, and to foster the conditions for local economic development.

Disaster risk reduction
Through civil protection activities (Objective 1), the initiative will help prevent floods and bushfires, which are major causes of natural disasters in the region.

Other considerations, where applicable
The transition to renewable energy is crucial for Mauritania in order to meet its targets for reducing greenhouse gas emissions and increasing the share of renewable energy to 50 per cent by 2030. Although the country is a low emitter of greenhouse gas (GHG) emissions, it has significant potential in renewable energy, which is essential for addressing the food insecurity crisis exacerbated by climate change.

3.4 Risks

Category	Risks	Probability (High/ Medium/ Low)	Impact (High/ Medium/ Low)	Mitigation measures
Category 3	Human rights violations by security forces	High	High	Training, awareness-raising, close monitoring and the involvement of all relevant national stakeholders (CNDH, Instance, etc.) and international bodies (notably OHCHR)
Category 3	Insecurity in the area, limited state presence	High	High	Strengthening the territorial network and the presence of the state and community stakeholders to prevent a deterioration in security and contribute to conflict prevention
Category 3	Challenges in fostering closer ties between local communities and the security forces	Medium	Medium	The security forces carry out local development initiatives and take part in forums for dialogue with community representatives, thereby fostering closer ties with the local population and building trust
Category 3	Low capacity and involvement of local stakeholders in governance and decision-making	High	High	These stakeholders are involved in all activities, including identifying local development needs and participating in conflict management and prevention

Category 2	Lack of a long-term strategic vision for electrification to ensure the optimal mix between different energy sources and means of production, and between public and private funding	Medium	High	Studies on the country's energy transition Capacity building for the Directorate-General for Electricity to plan and implement its energy policy Monitoring of the national electrification strategy
Category 2	Signing of contracts with private operators (concessionaires, independent power producers) that do not sufficiently benefit the country and its development without proper competitive tendering	Medium	High	Support for the institutions responsible for steering and regulating the electricity sector
Category 4	Insufficient appetite on the part of the private sector to invest in the energy sector, particularly in rural areas	Medium	High	Support for the establishment of a transparent legal and regulatory framework conducive to private investment (legislation, rural electrification funds) Support for investors through appropriate financial instruments (blending, guarantees)
Category 2	Slowing of the pace at which fossil fuels are being replaced by clean and renewable energy	Medium	High	By increasing access to clean energy in rural areas and helping to integrate renewable energy into the grid, the initiative helps to reduce greenhouse gas emissions and the country's climate vulnerability to external shocks, particularly those related to oil. The most significant mitigation efforts are based on the country's substantial renewable energy potential and its capacity to increase the share of clean energy in the energy mix[1] .

[1] Updated Nationally Determined Contribution for Mauritania – NDC 2021–2030

3.5 Intervention rationale

The underlying intervention logic for this action is:

IF the territorial coverage of security forces across the entire area is strengthened (National Guard, civil protection);

IF the security forces are better coordinated to protect the population and support border management; IF relationships of trust with the population are strengthened and basic services improved;

IF the security and civil protection forces are able, in accordance with their mandate, to carry out essential infrastructure works for the well-being of the population and to implement measures in response to disaster risk and climate change;

IF civil protection forces are better able to assist disaster-stricken or vulnerable populations;

IF state and local actors in the region are able to monitor the movements and flows of migrant populations;

IF women's community networks are able to play their full role in maintaining social cohesion, preventing conflicts and raising awareness of gender-based violence, in collaboration with state services;

IF young people benefit from a more inclusive environment that is resilient to factors of vulnerability linked to exclusion and marginalisation, and the influence of extremist groups is reduced;

IF rural populations have greater access to affordable, clean and high-quality energy sources, enabling them to develop income-generating agro-pastoral activities;

THEN the risks of radicalisation, illicit activities and community tensions will be sustainably reduced, and the creation of economic opportunities and jobs will be scaled up, all of which will contribute to the promotion of human security, social cohesion and, more generally, to stabilisation and prosperity in the intervention regions and, beyond that, throughout the country. Irregular migration flows to the EU from this area will be reduced.

> On the **security** front, the initiative relies on the National Guard and Civil Protection to ensure effective territorial coverage and support local development. The approach will support a more extensive territorial network, the response capabilities of the security forces and coordination with other forces in the area (gendarmerie, army and police), in order to guarantee **enhanced border** security**.** The increased state presence in these areas through which irregular migration passes – and through which many Malians transit – will enable better monitoring and more effective management of population movements, including those of forcibly displaced people. The Mourchidates, female community representatives, will play a key role in managing local conflicts and preventing radicalisation, whilst providing social protection for families.

This security focus will be complemented by support for **socio-economic development.** The initiative will support access to clean, sustainable and renewable electricity by developing energy infrastructure (Global Gateway) to electrify agro-pastoral areas using solar and wind power. This will promote social cohesion and stability, and support economic activities linked to agriculture and livestock farming, thereby increasing local employment. Synergies and complementary programmes: the initiative is linked to various EU initiatives in the region, notably the Borderlands regional programme for cross-border development, and the SEMAH and ECOSOC programmes for youth and the prevention of radicalisation, in collaboration with civil society. It is also aligned with the ongoing border management programme (AAP 2023) and the PRADEP, SECURALIM and SYSALIM programmes, which operate in these same wilayas with a view to developing the agricultural and livestock sectors, thereby contributing to improved production, poverty reduction and food and nutritional security in the region.

Finally, the intervention is coordinated with the activities of the Europe Team (GIZ, AFD, AECID) to maximise synergies. These efforts position the EU as a leader in a particularly vulnerable area, which is essential to national stability.

3.6 Logical Framework Matrix

This indicative logical framework forms the basis for the design of a more detailed logical framework matrix (or matrices) at contract level, which will be used for monitoring, reporting and evaluation. The logical framework matrix at contract level must include the relevant indicators identified in this section. The expected outputs and corresponding indicators (with baselines and targets) may be updated during the implementation of the action, without the need to amend the financing decision.
Where baseline values and target values are not available for the action at the time the financing decision is adopted, these must be provided for each indicator upon signature of the contract(s) relating to that financing decision, or at the latest in the first progress report. New columns may be added to define interim targets for the indicators relating to expected outputs and outputs, if necessary.

PROJECT AND BUDGET SUPPORT ARRANGEMENTS						
Outcomes	**Results chain (@): Main expected results (maximum 10)**	**Indicators (@): (at least one indicator per expected result)**	**Baseline values (values and years)**	**Target values (values and years)**	**Data sources**	**Assumptions**
Impact	Ensuring human security at individual and community levels	1. Number of security incidents 2. Security perception index 3. Economic development statistics (household surveys) 4. Reduction in the number of conflicts and incidents of violence against women 5. Reduction in irregular migration flows to the EU from this region			1. MIDEC / ACLED statistics 2. Perception surveys 3. SCAPP, ANSADE 4. Ministry of Justice and MASEF statistics 5. Official statistics on mi grant arrivals in the EU	*Not applicable*
OUTCOMES (for an initiative implemented as a project)						
Outcome 1	1. The territorial network and the capacity of the security forces have been strengthened and are better coordinated in the region. These forces are able to monitor migration flows and carry out local development initiatives.	1.1 Number of security forces deployed in the area 1.2 Number of patrols, number of interventions 1.3 Monitoring of information on cross-border across borders			MIDEC statistics (National Guard and DGSC)	

Outcome 2	2. Conflict prevention and social cohesion are strengthened.	2.1 Number of times the Mourchidates are called upon by communities and government departments (security, justice) 2.2 Number of pieces of content/messages promoting social cohesion broadcast			Activity reports (AFCF)	
Outcome 3	3. Rural electrification is being implemented in the area, in support of the development of green economic activities and the living conditions of the population, including the most vulnerable	3.1 Number of people with access to electricity: a) new access, b) improved access (GERF 2.3), broken down by income level, gender, age, disability, ethnicity, area of residence and type of connection (including social tariff) 3.2 New installed of renewable energy installed (MW) (GERF 2.4)	3.1: 0 3.2: 0 MW	3.1: 50,000 people in 2027[14] (approximately 8,300 households) 3.2: 3.1 MW in 2027	3.1 SCAPP, MPE 3.2 MPE	
OUTPUTS (for an action implemented as a project)						

Output 1 **related to output 1**	1.1 The territorial coverage and operational capacity of the security forces are strengthened	1.1.1 Number of security force patrols 1.1.2 Number of villages benefiting from security patrols 1.1.3 Number of meetings between the security forces and local communities 1.1.4 Number of human rights training sessions for the security forces 1.1.5 Number of National Guard personnel deployed in the area 1.1.6 National Guard equipment (drones, vehicles, etc.) 1.1.7 Civil defence equipment (motorised pumps, fire-fighting equipment, vehicles, drones, etc.) 1.1.8 National Guard camps 1.1.9 Civil defence rescue centres 1.1.10 Number of civil protection volunteers trained and equipped 1.1.11 Number of ORSEC and PCS civil protection contingency plans	To be determined	To be determined		

Output 2 **linked to output 1**	1.2 Security forces are able to construct basic infrastructure and rural facilities to support local development, and to assist the population when necessary	1.2.1 Water points (boreholes) 1.2.2 Health centres built or refurbished 1.2.3 at least three (03) developed market-gardening plots 1.2.4 Number of fire-fighting operations 1.2.5 Number of firebreaks constructed 1.2.6 Number of displaced persons or victims of natural disasters receiving assistance (income level, gender, age, disability, ethnicity, area of residence)	To be specified	1.2.1 : 10 boreholes constructed 1.2.2 : 10 health centres 1.2.3 : 3 market gardens established The remainder, to be determined		

Output 1 **linked to the implementation of 2**	2.1 The network of Mourchidates and social cohesion within communities are strengthened	2.1.1 Number of Mourchidates integrated and trained 2.1.2 Institutional recognition of the role of the Mourchidates 2.1.3 Number of referrals (by Mourchidates, security forces or Muslihs) to the referral system put in place 2.1.4 Number of women victims of violence assisted by the Mourchidates and receiving support, by age, ethnicity and disability status. 2.1.5 Number of campaigns and awareness-raising initiatives on the prevention of violent radicalisation carried out in schools, madrasas, secondary schools and youth organisations 2.1.6 Number of activities/events offered in spaces dedicated to young people 2.1.7 Number of young people for whom the referral/monitoring process has facilitated a return to school, broken down by gender, age, disability status, income level and ethnic background	2.1.1 28 in the regions concerned (0 in Gorgol, 13 in Guidimakha, 6 in Assaba, 9 in Hodh El Gharbi) – 2025 2.1.2 Recognised as a network by the Ministry of Islamic Affairs and Traditional Mauritanian Education, but without formal status (2025) 2.1.3 to to be determined 2.1.4 to to be determined 2.1.5 to be determined 2.1.6 to be determined 2.1.7 to be determined	2.1.1 to be determined 2.1.2 to to be determined 2.1.3 to be determined 2.1.4 to be determined 2.1.5 to be determined 2.1.6 to be determined 2.1.7 to be determined	Activity reports	

Output 2 **linked to output 2**	2.2 The prevention of violent extremism and the resilience of young people are strengthened, including through social media	2.2.1 Number of young people for whom referral/support has led to employment, broken down by gender, age, disability status, income level and ethnicity. 2.2.2 Number of pieces of content/messages promoting social cohesion created and shared on social media 2.2.3 Number of participants in training courses/seminars on combating disinformation, broken down by gender, age, disability status, income level and ethnic background.	%0.2.1 to to be determined %0.2.2 to to be determined %0.2.3 to to be determined	%0.2.1 to to be determined %0.2.2 to to be determined %0.2.3 to to be determined	2.2.1 Activity Activity 2.2.2 Publication of content/messages 2.2.3 Activity reports	
Product 1 **related to output 3**	3.1 In agro-pastoral production areas along the southern border, rural communities' access to electricity is being improved through systems based on renewable energy sources (solar and wind)	3.1.1 Number of agro-pastoral production processing/preservation units established through EU support for rural access to electricity (linked to GERF 2.6), broken down by gender 3.1.2 Number of people/households newly connected to the grid, broken down by gender, disability status and income level	3.1.1 0 (2025)	To be determined during implementation, based on the detailed feasibility study which will identify the selected areas	2.1.1 Programme surveys and national organisations	

Output 2 **linked to the implementation of 3**	3.2 Green electricity generation has contributed to the achievement of Mauritania's adaptation and mitigation targets.	3.2.1 Information on GHG emissions from the sector is reported annually 3.2.2 Rate of reduction in GHG emissions from the electricity sector	3.2.1 : no data 3.2.2 : 0% (2025)	3.2.1 Annual report 3.2.2 to to be determined during the course of the project, based on the detailed feasibility study, which will determine the selected areas	3.2.1 MSMEs, MEDD 3.2.2 MSMEs, MEDD	
Product 3 **linked to output 3**	3.3 The private sector has contributed to investment in renewable energy	3.3.1 Number of mini-grids funded with private sector support (excluding self-generators)	3.3.1: 0 (2025)	3.2.1 Greater than or equal to 2	3.2.1 MSMEs, DG-PPP	

4. IMPLEMENTATION ARRANGEMENTS

4.1 Funding agreement

In order to implement this action, it is envisaged that a funding agreement will be concluded with the Islamic Republic of Mauritania.

4.2 Indicative implementation period

The indicative period for the operational implementation of this action, during which the activities described in Section 3 will be carried out and the corresponding contracts and agreements implemented, is 84 months from the date on which the financing agreement enters into force. An extension of the implementation period may be approved by the competent authorising officer of the Commission, who will amend this Decision, as well as the relevant contracts and agreements.

4.3 Implementation of the budget support component

Not applicable

4.4 Implementation arrangements

The Commission will ensure compliance with EU rules and procedures for the provision of funding to third parties, including review procedures where applicable, as well as the action's compliance with EU restrictive measures[8] .

4.4.1 Direct management (grants)

a) Purpose of the grant

A grant will be awarded to implement part of the outputs 1.1 'the territorial network and response capabilities of better-coordinated security forces in the area are strengthened in order to protect and ensure the safety of the population' and 1.2 'appropriate basic infrastructure (water, healthcare, market-gardening plots) as well as rural development projects in response to climate change are implemented for the benefit of the population' of the action – **National Guard component.**

b) Target applicants

Legal entities, natural persons or unincorporated groups; local authorities, public bodies, international organisations, NGOs, and economic operators such as SMEs.

c) Justification for a direct grant

Under the responsibility of the competent authorising officer of the Commission, the grant may be awarded to a selected entity on the basis of the following criteria:

- Experience with projects strengthening the security–development nexus
- Experience of cooperation with the National Guard in Mauritania
- Experience in implementing initiatives in the crisis-affected region of the country
- Expertise in gender equality and/or commitment to gender equality

Under the responsibility of the competent authorising officer of the Commission, the award of a grant without a call for proposals is justified in accordance with Article 198(a) of the Financial Regulation, as the area concerned

[8] See www.sanctionsmap.eu. Please note that the sanctions map is a digital tool used to list sanctions regimes. Sanctions result from legislative acts published in the Official Journal (OJ). In the event of any discrepancy between the published legal acts and the updates on the website, the version in the OJ shall prevail.

is in one of the crisis situations[9] referred to in Article 2(22) of the Financial Regulation on the date of the financing decision, the crisis situation being such as to justify the direct award of grants for the entire duration of that crisis.

The part of the action covered by the budget allocation for grants may, in whole or in part – including where an entity is designated to receive a grant without a call for proposals – be implemented through indirect management with an entity to be selected by the Commission's services using the criteria set out in point (c) of section 4.4.1 above.

4.4.2 Indirect management with an entity responsible for implementation

Part of this action may be implemented through indirect management with an entity to be selected by the Commission's services on the basis of the following criteria:

Civil Protection strand

Part of this action may be implemented through indirect management with an entity to be selected by the Commission's services on the basis of the following criteria:

- Expertise in the sector and capacity to carry out projects, in particular in providing institutional support to the Ministry of the Interior (civil protection)
- Capacity to set up multidisciplinary teams
- Specific and recent (within the last 5 years) expertise in Mauritania and the sub-region in the civil protection sector
- Expertise in gender equality and/or a commitment to gender equality

Implementation by this entity involves part of deliverables 1.1 'the territorial network and the response capacities of the security forces, which are better coordinated in the area, are strengthened in order to protect and ensure the safety of the population' and 1.2 'appropriate basic infrastructure (water, health, market gardens) as well as rural development projects in response to climate change are implemented for the benefit of the population' of the action – civil security component.

Conflict Prevention Component

Part of this action may be implemented through indirect management by an entity to be selected by the Commission's services on the basis of the following criteria:

- Expertise in the sector and the capacity to carry out projects in support of civil society and community representatives for conflict prevention
- Capacity to set up multidisciplinary teams
- Specific and recent (within the last 5 years) expertise in Mauritania and the sub-region in the field of conflict prevention and radicalisation
- Expertise in gender equality and/or a commitment to gender equality

Implementation by this organisation involves Output 2.1 'female community representatives (Mourchidates) are supported and social cohesion is strengthened' and part of Output 2.2 'the prevention of violent extremism and gender-based violence (GBV), and the resilience of young people are strengthened' of the action – conflict prevention component.

Energy Component

Part of this action may be implemented through indirect management with the French Development Agency (AFD). This implementation involves the following outputs: 3.1 'In the agro-pastoral production areas of Assaba, rural communities' access to electricity is improved through systems based on renewable energy sources (solar and wind)', 3.2 "the production of green electricity contributes to achieving climate change adaptation and mitigation objectives in Mauritania" and 3.3 "the private sector contributes to investment in renewable energy".

[9] Crisis Declaration for Mauritania with partial geographical coverage in the regions of Hodh El Garbi, Hodh El Chargui, Guidimaka and Assaba.

The proposed entity was selected on the basis of the following criteria:

- Specific sector expertise, particularly in providing institutional support to the MPE and SOMELEC (vocational training college)
- Ability to set up multidisciplinary teams
- Specific and recent (within the last 5 years) expertise in Mauritania and the sub-region in the electricity sector, and more specifically in improving access to renewable electricity in rural areas
- Effective financial, strategic and operational contribution
- Expertise in gender equality and/or a commitment to gender equality

Should negotiations with the aforementioned entity fail, this part of the present action may be implemented under direct management, in accordance with the implementation arrangements set out in section 4.4.4.

4.4.3 Indirect management with a mandated entity (EDF+ operations covered by budgetary guarantees)

Part of this action could be implemented through budgetary guarantees under indirect management. Budget guarantees fall under the second priority area, 'Transition to a green and blue economy', of the 2021–2027 Multi-annual Indicative Programme for Mauritania, and more specifically under specific objective 2.2: 'The energy sector provides affordable access to clean and renewable energy for the majority of the population'. The guarantees will have a positive impact on all investments in the sector, whether they are funded under the national or regional multi-annual indicative programme for the energy sector.

This section 4.4.3 is included for information purposes only. A comprehensive action plan covering all EDF+ budgetary guarantees and the financing decision for the entire annual commitment under the EDF+ budget line are adopted separately.

4.4.4 Transition from indirect to direct management (and vice versa) due to exceptional circumstances (a second alternative option)

4.4.4.1 From direct management (grant) to indirect management

In the event that the part of the action falling within the budget allocation reserved for indirect management (as provided for in section 4.4.1) cannot be implemented, either in part or in full, due to circumstances beyond the Commission's control, the transition to indirect management could be carried out with an entity to be selected by the Commission's services on the basis of the criteria set out in section 4.4.1.

4.4.4.2 From indirect management to direct management (grant)

In the event that the part of the action covered by the budget allocation reserved for direct management (as set out in section 4.4.2) cannot be implemented, either in part or in full, due to circumstances beyond the Commission's control, the transition to direct management in the form of a grant or grants may be implemented.

Purpose of the grant(s):

The grant(s) will contribute to achieving all or some of the objectives/outputs set out in section 4.4.2.

(a) Type of applicants targeted:

Legal entities, natural persons or unincorporated groups; local authorities, public bodies, NGOs, economic operators such as SMEs.

4.5. Geographical eligibility criteria for procurement and grants

Geographical eligibility with regard to the place of establishment for participation in procurement and grant award procedures, and with regard to the origin of the supplies purchased, as laid down in the basic act and set out in the relevant contractual documents, shall apply subject to the following provisions.

The competent authorising officer of the Commission may extend geographical eligibility on the grounds of urgency or the unavailability of services on the markets of the countries or territories concerned, or in other duly justified cases

where the application of the eligibility rules would make it impossible or excessively difficult to carry out the action (Article 28(10) of the IVCDCI Regulation – Europe in the World).

4.6. Indicative budget

Indicative budget components	**EU contribution (in EUR)**	**Indicative third-party contribution (in EUR)**
Implementation arrangements – see section 4.4		
SO 1 – Territorial coverage and capacity of the security forces to intervene for the benefit of the population	**12 700 000**	**5 000 000**
Grant (direct management) – see Section 4.4.1, National Guard component	6,400,000	0
Indirect management with an implementing body – see Section 4.4.2, civil protection strand	6,300,000	5 000 000
OS 2 – Conflict management and prevention of extremism	**4,000,000**	**0**
Indirect management through an implementing body – see Section 4.4.2, mourchidates	4,000,000	0
OS3. – Rural electrification	**7,400,000**	**2,000,000**
Indirect management through an implementing body – see Section 4.4.2	7,400,000	2,000,000
Grants – total budget for Section 4.4.1	6,400,000	
Evaluation — see Section 5.2 **Audit** — see section 5.3	300,000	0
Provision for unforeseen expenditure	600,000	0
Totals	**25,000,000**	**7,000,000**

4.7 Organisational structure and responsibilities

Under the financing agreement to be signed with Mauritania, three separate steering committees will be set up and/or utilised to oversee the implementation of the actions, chaired by the Mauritanian authorities and with the participation of the relevant departments of the European Commission, represented by the Delegation of the European Union to Mauritania. The steering committees will, in principle, meet annually. As part of its powers relating to budget implementation and the protection of the Union's financial interests, the Commission may participate in the aforementioned governance structures set up to manage the implementation of the action.

With regard to the security component, the steering committee will comprise representatives of the Ministry of the Interior, in particular representatives of the National Guard and Civil Protection, and other relevant state actors, the target populations, technical and financial partners active on the ground – notably EU Member States – civil society organisations representing migrants, as well as the implementing partners. The European Commission, with the agreement of the Presidency, may invite EU agencies (e.g. Frontex) to participate in the work. The committee will, as far as possible, integrate itself into the mechanisms to be established by the Mauritanian authorities for steering the actions under the Action Plan of the National Migration Management Strategy. The activities to be carried out by the project partners may be identified during participatory workshops open to the various stakeholders and confirmed by the steering committee. A technical monitoring committee, comprising the beneficiary Mauritanian authorities, the implementing partners and the Delegation of the European Union, will meet every three months to provide technical oversight of the project.

The steering committee for the 'prevention of extremism and conflict management' component will be responsible for providing technical and strategic guidance for the implementation of the project. In particular, it will be tasked with validating the methodology for identifying needs as well as the annual action plans. It will be open to participation by representatives of EU Member States based in the country. Technical partners supporting any other relevant initiatives, whether or not funded by the EU, may also be invited to attend meetings as observers, if this is deemed necessary during the implementation of the project. Alternatively, coordination meetings with these other stakeholders should be considered within the framework of existing local coordination mechanisms. A technical monitoring committee, comprising the relevant authorities, the implementing partner and the European Union Delegation, will meet every three months to carry out technical monitoring of the action.

With regard to energy, two levels of monitoring will be put in place:

- A strategic monitoring committee for the project, which will meet annually as part of the monitoring of sectoral policy, chaired by the ministry responsible for the MSME intervention areas;
- A sectoral technical monitoring committee, which will meet regularly, once or twice a year, with the participation of all relevant bodies and representatives of the beneficiaries.

Deconcentrated local authorities (Wali, Hakem and other relevant services) and decentralised local authorities (regional councils, mayors) will be involved in the initiative, including at the level of governance structures, as has been the case in the past, with a view to fostering ownership and accountability. Civil society will be extensively involved through relevant activities. Links with local communities, particularly women – including for monitoring and evaluation – can be maintained through the involvement of village committees.

As part of its budget implementation powers and in order to safeguard the Union's financial interests, the Commission may participate in the aforementioned governance structures set up to monitor the implementation of the action and may sign or commit to joint declarations, with the aim of enhancing the visibility of the Union and its contribution to this action and ensuring effective coordination.

5. PERFORMANCE MEASUREMENT

5.1 Monitoring and reporting

The day-to-day technical and financial monitoring of the implementation of this action is an ongoing process and forms an integral part of the implementing partner's responsibilities. To this end, the implementing partner shall establish a permanent system for the internal technical and financial monitoring of the action and shall draw up regular progress reports (at least annually) and final reports. Each report shall provide a detailed account of the implementation of the action, the difficulties encountered, the changes made, and the extent to which its results (outputs and direct outputs) have been achieved, as measured by the relevant indicators, using the logical framework matrix (for project-based funding) and the partner's strategy, policy or action plan (for budget support) as a reference.

The Commission may carry out further project monitoring visits, either through its own staff or through independent consultants directly recruited by the Commission to carry out independent monitoring checks (or recruited by the competent agent engaged by the Commission to carry out these checks).

Roles and responsibilities regarding data collection, analysis and monitoring:

Security and conflict prevention: the Ministry of the Interior is responsible for data and information relating to programme progress indicators. Implementing partners will be responsible for collecting and compiling data and for developing information systems within their respective sectors of intervention. The data and information to be produced will be specified in the grant agreements and delegation agreements to be signed under this decision.

Energy: the Ministry of the Environment and Energy (MEP) is responsible for data and information relating to the programme's progress indicators.

All monitoring and reporting must assess the extent to which the initiative takes into account the reduction of inequalities. The implementing partners shall ensure that indicators and monitoring tools based on gender equality, human rights and the inclusion of people with disabilities are incorporated. Data must be systematically disaggregated by sex, age and disability status.

5.2 Evaluation

Given the nature of the action, a final evaluation may be carried out for this action, or one of its components, by independent consultants under a contract with the Commission. It will be carried out for the purposes of accountability and learning at various levels (including policy review), taking particular account of the integrated territorial approach and interactions with other ongoing EU actions in the area.

If an evaluation commissioned by the Commission is planned, the Commission shall inform the implementing partner at least 60 days before the dates envisaged for the evaluation missions. The implementing partner shall cooperate efficiently and effectively with the evaluation experts, in particular by providing them with all necessary information and documents and ensuring they have access to the project's premises and activities.

All evaluations must assess the extent to which the action takes into account the reduction of inequalities, as well as its impact on the most vulnerable (the poorest 40 per cent and socio-economically disadvantaged individuals). Expertise in the field of reducing inequalities will be included within the evaluation teams.

Evaluation reports may be shared with partners and other key stakeholders, in accordance with best practice on the communication of evaluation findings. The implementing partner and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, make the necessary adjustments.

In this context, one or more contracts for evaluation services may be concluded [under a framework contract].

5.3 Audit and verification

Without prejudice to the obligations applicable to contracts concluded for the implementation of this action, the Commission may, on the basis of a risk assessment, commission independent audits or expenditure verification missions for one or more contracts or agreements.

6. STRATEGIC COMMUNICATION AND PUBLIC DIPLOMACY

For the 2021–2027 programming cycle, a new approach to the pooling, programming and deployment of resources for strategic communication and public diplomacy will be adopted.

In accordance with the document 'Communicating and raising the EU's profile – Guidelines on external actions', published in 2022, EU communication and visibility remain a legal obligation for all external actions funded by the Union, in order to publicise the European Union's support for their work amongst the relevant audiences, in particular by using the Union emblem and a brief funding statement on all communication materials relating to the actions concerned. This obligation applies equally whether the actions concerned are implemented by the Commission, partner countries, contractors, grant beneficiaries or implementing entities such as United Nations agencies, international financial institutions and agencies of EU Member States.

However, action documents for specific sectoral programmes are, in principle, no longer required to provide for communication and visibility activities relating to the programmes concerned. These resources will be provided for in cooperation facilities established by action documents for accompanying measures, enabling

delegations to plan and implement multi-annual strategic communication and public diplomacy activities with sufficient scale to be effective at national level.

EN

THIS ACTION IS FUNDED BY THE EUROPEAN UNION

ANNEX 2

to the Commission Implementing Decision on the financing of the Annual Action Plan for the Islamic Republic of Mauritania for 2025

Action Document 'Health Sector Support Programme – PASS IV' AAP 2025 – ACTION PLAN

This document constitutes the annual work programme within the meaning of Article 110(2) of the Financial Regulation, as well as within the meaning of Article 23 of the IVCDCI Regulation – Europe in the World.

1 SUMMARY

1.1 Summary table of the action

1. CRIS/OPSYS title **Basic act**	'Health Sector Support Programme – PASS IV' OSPYS operational reference: ACT-63167 Funded under the Neighbourhood, Development and International Cooperation Instrument (IVCDCI – Europe in the World)
2. 'Team Europe' initiative[1]	'Strengthening Human Development'
3. Area covered by the action	The action will be carried out in the following location: Islamic Republic of Mauritania
4. Programming document	Multi-annual Indicative Programme (MIP) for the Islamic Republic of Mauritania 2021–2027
5. Link to the objectives/expected results of the relevant MIP(s)	**For sub-Saharan Africa:** Specific Objective 1.1: to strengthen the health security architecture, pharmaceutical systems and public health capacities in Africa, in order to contribute to the strengthening of health systems and the improvement of health, including sexual and reproductive health (SRH). **The action also contributes to Mauritania's PIP:** Specific Objective 1.3 – Health: To improve and make access to quality healthcare more equitable for the entire population, particularly the most vulnerable, in line with the National Health Policy and to achieve universal health coverage by 2030.
PRIORITY AREAS AND SECTORAL INFORMATION	
6. Priority area(s), sectors	Priority area 1: Strengthening human development
7. Sustainable Development Goals (SDGs)	Main SDG (1 only): SDG 3 – Good health and well-being

	Other relevant SDGs (up to 9) and, where applicable, targets: SDG 5 – Gender equality SDG 10 – Reduced inequalities SDG 17 – Partnerships for the Goals			
8. a) DAC code(s)	DAC code 120 – Health – 100 per cent: 12110 – Health policy and administrative management 12191 – Medical services 12196 – Health statistics and data 12220 – Basic health care and services 12230 – Basic health infrastructure 12261 – Health education 12281 – Training of health personnel			
8. b) Main delivery channel	12004 – Other public bodies in the recipient country 13000 – Third-country government (delegated cooperation)			
9. Expenditure objectives	☐ Migration ☐ Climate ☒ Social inclusion and human development ☒ Gender equality ☐ Biodiversity ☐ Education ☐ Human rights, democracy and governance			
10. Indicators **(Based on the DAC form)**	**General objective** @	**Not targeted**	**Significant objective**	**Main objective**
	Promoting participation/good governance	☐	☒	☐
	Environmental support @	☒	☐	☐
	Gender equality and the empowerment of women and girls	☐	☒	☐
	Reproductive, maternal, newborn and child health	☐	☐	☒
	Disaster risk reduction @	☒	☐	☐
	Inclusion of people with disabilities @	☐	☒	☐
	Nutrition @	☐	☒	☐
	Key points of the Rio Convention	**Not targeted**	**Key objective**	**Main objective**
	Biological diversity @	☒	☐	☐
	Combating desertification @	☒	☐	☐
	Climate change mitigation @	☒	☐	☐
	Climate change adaptation @	☒	☐	☐
11. Internal markers and tags	**Strategic objectives**	**Not targeted**	**Key objective**	**Main objective**
	Digital transformation @	☐	☒	☐

	digital connectivity, digital governance, digital entrepreneurship, digital skills, digital services	YES ☒ ☒ ☐ ☒ ☒	NO ☐ ☐ ☒ ☐ ☐	
	Migration @	☐	☒	☐
	Reducing inequalities @	☐	☐	☒
	COVID-19	☐	☒	☐
BUDGET INFORMATION				
12. Amounts involved	Budget line (line and budget item): 14020120 Estimated total cost: EUR 15 000 000 Total amount of the contribution from the EU budget: EUR 15 000 000 This action is co-financed in parallel by: – The Government of the Islamic Republic of Mauritania, contributing EUR 1,500,000; – AECID, to the tune of EUR 4,395,000, which is implementing complementary programmes under the Team Europe 'Human Development' Initiative			
MANAGEMENT AND IMPLEMENTATION				
13. Implementation arrangements	**Direct management** by: – grants – public procurement **Indirect management** with entities to be selected in accordance with the criteria set out in section 4.4.3			

1.2 Summary of the action

This action, dedicated to strengthening human development, aims to promote integrated and sustainable development in Mauritania by supporting the strengthening of the national health system. The overall objective is to ensure equitable, sustainable and high-quality access to health services for the entire population. Indeed, if the population can benefit from high-quality, affordable healthcare provided by functional healthcare facilities, equipped with qualified staff, essential medicines, the necessary equipment and efficient digital management systems, then the population's health will improve, thereby strengthening its contribution to the country's socio-economic development.

The initiative contributes to the country's efforts to achieve universal health coverage by 2030 and builds on the momentum created by the EU since 2017. This includes strengthening the voluntary health insurance scheme, rolled out with EU support in 2023, and improving healthcare provision. It also supports the consolidation of the Special Care Units for victims of gender-based violence (USPEC), which have been supported by Spanish cooperation (AECID) since 2017.

It combines support for central and regional health governance, targeted investments in improving healthcare provision, the development of a digital health strategy, the protection of victims of gender-based violence, and the extension of the voluntary health insurance scheme to cover the majority of the country. In this way, the initiative contributes to establishing an equitable, resilient and inclusive health system.

The initiative is fully in line with the government's priorities (PNDS, SCAPP), aligns with the Sustainable Development Goals (primarily SDG 3 and, in particular, SDG 5, SDG 10 and SDG 17), and is consistent with the multi-annual programming of the European Union and Mauritania. It forms part of the Team Europe 'Strengthening Human Development' and is in line with the Global Gateway strategy, which aims to develop smart, clean and secure digital connections and to strengthen health systems. The initiative also contributes to the implementation of the EU Gender Action Plan (GAP III), particularly in the thematic areas of 'Ensuring freedom from all forms of gender-based violence' and 'Promoting sexual and reproductive health and rights'.

Building on previous support in the health sector (11th EDF and NDICI), it aims to improve the availability and quality of care, enhance the efficiency of health services and strengthen mechanisms for solidarity in health, thereby addressing major health needs.

1.3 Area covered by the initiative

The initiative is being implemented in the Islamic Republic of Mauritania, which is included on the list of ODA recipients. The areas of intervention are notably in the regions where the health insurance scheme – currently voluntary and administered by the National Health Solidarity Fund (CNASS) – is in operation, as well as at central government level.

2 JUSTIFICATION

2.1 Background

The Islamic Republic of Mauritania is a vast Sahel-Saharan country covering more than one million km², characterised by a desert environment (80 per cent of its territory) and a low population density. In 2023, the population was estimated at around 4.9 million, of whom 60 per cent are under 25 and 61.2 per cent live in urban areas. This young and urban demographic is placing increasing pressure on basic social services, particularly healthcare. With a Human Development Index (HDI) of 0.540 in 2022, Mauritania ranks 164th globally[2] and around 6.5 per cent of the population lives below the extreme poverty line[3] . The International Monetary Fund (IMF) forecast economic growth of 5.2 per cent in 2024 (higher than the initial projection of 4.6 per cent), although this is expected to slow to 4.0 per cent in 2025 due to the contraction of the extractive sector. The debt-to-GDP ratio stood at 48.1 per cent in 2023[4] , with the risk of over-indebtedness assessed as moderate by the IMF and the World Bank.

In Mauritania, inequalities remain pronounced despite progress in human development. The Gini coefficient is estimated at around 32 per cent, reflecting an unequal distribution of income. The Human Development Index (HDI) stood at 0.540 in 2022, placing the country 164th in the world. However, when adjusted for inequality (IHDI), this index falls to 0.374, revealing a loss of more than 33 per cent due to disparities in access to healthcare, education and income. Inequalities in the field of healthcare are of particular concern. Access to healthcare services remains heavily dependent on place of residence and income. In rural areas, many communities lack access to functioning health centres or qualified staff, leading to much higher maternal and infant mortality rates than in urban areas. Against a backdrop of limited economic diversification, growing climate vulnerability and persistent ethnic divisions, reducing inequalities — including in health — remains a key challenge for Mauritania's inclusive development.

The Mauritanian health system faces persistent epidemiological and structural challenges. Rates of maternal, neonatal and child and adolescent morbidity and mortality remain high. According to the Demographic and

[2] UNDP: The 2023/2024 Human Development Report – *Breaking the gridlock. Reimagining cooperation in a polarised world* - https://report.hdr.undp.org/the-reasons-behind-the-current-gridlock

[3] EPCV 2019.
[4] Ibid.

Health Survey (EDS), maternal mortality is estimated at 424 deaths per 100,000 live births[5] . The infant and child mortality rate is 41 per 1,000, of which 33 deaths occur before the age of one and 22 within the first month of life. Furthermore, 86 per cent of women aged 15 to 49 do not use any form of contraception, and 31 per cent report unmet family planning needs[6] . Female genital mutilation (FGM) still affects 66.6 per cent[7] of women in certain regions.

The SARA survey (2018) revealed that only 27 per cent of health facilities had all the essential equipment[8] and that only 5 per cent of health facilities offered basic amenities. The shortage of qualified healthcare staff and infrastructure maintenance issues exacerbate these shortcomings. Health posts are particularly vulnerable, with only 33 per cent coverage of basic amenities, compared with 65 per cent in health centres and 80 per cent in hospitals. Despite a government initiative to build and refurbish 32 health centres[9] in Nouakchott, and to build hospitals outside Nouakchott[10], the need remains great. In terms of funding, the share of the state budget allocated to health between 2018 and 2024 was only around 5.7
per cent, far short of the 15 per cent target set by the Abuja Commitments. In 2021, out-of-pocket payments by households still accounted for 45.1 per cent[11] of health expenditure, amounting to approximately 6.01 billion MRU, according to the National Health Accounts, making access to care particularly difficult for poor households.

In response, the National Health Development Plan (PNDS) 2022–2030 aims to strengthen governance, improve the quality and accessibility of services, support regional planning, develop human resources and digitise the health system. The DHIS2 health information system has now been rolled out nationwide, and regional action plans have been drawn up in several wilayas. The consultation framework (CCMP) has also been relaunched to better coordinate public bodies and partners.

A digital transformation has also been undertaken, under the auspices of the Ministry of Digital Transformation and Administrative Modernisation (MTNMA), established in 2021, with a view to modernising the country's infrastructure and improving its competitiveness. This cross-cutting ministry is tasked with designing, coordinating and evaluating national policies on digitalisation and innovation, including providing technical support to sectoral ministries such as the Ministry of Health.

Since 2017, the USPECs have been offering free and comprehensive care (medical, psychosocial and legal) to all victims of gender-based violence (GBV). There are currently eight USPECs, which are managed by civil society organisations (NGOs) under the coordination and supervision of the Ministry of Health. Between 2018 and 2023, 3,550 cases were handled, the majority involving women and girls (95.1 per cent), of whom 78.7 per cent were under 18 and 21.9 per cent were under 12. All male victims (172) were children. Sexual violence accounted for 79.8 per cent of cases, early marriage and pregnancy for 10.4 per cent, domestic violence for 7 per cent and FGM for 0.7 per cent.

At the same time, the voluntary health insurance scheme, set up in partnership with the National Health Solidarity Fund (CNASS) in 2022 and operational since 2023, aims to cover 70 per cent of the uninsured population, mainly from the informal sector, given that the most vulnerable people are covered by a presidential programme. Since its operational launch in 2023 in the wilayas of Nouakchott and Brakna, more than 195,000 people have been registered, making use of over 60,000 healthcare services provided through partner organisations. The CNASS is based on the principles of local presence, affordability, digitalisation (CNASSI) and contractual arrangements with accredited providers. For 2025 and 2026, the CNASS is set to be extended to at least four new regions: Trarza, Nouadhibou, Gorgol and Assaba. Regional offices and departmental branches will be established, staff recruited and trained, and operational logistics put in place

[5] Mauritania Demographic and Health Survey 2019–2021 – https://dhsprogram.com/pubs/pdf/FR373/FR373.pdf
[6] Ibid.
[7] Executive summary: Female genital mutilation constitutes a violation of human rights: Let's end it by 2030, World Health Organisation, Integrated African Health Observatory, April 2030 https://files.aho.afro.who.int/afahobckpcontainer/production/files/iAHO_MGF_Regional_Factsheet-FR.pdf
[8] Key indicators: adult scales, children's scales, thermometer, stethoscope, blood pressure monitor, light source.
[9] Nouakchott Emergency Programme
[10] See December 2023: inauguration of the Atar hospital and laying of the foundation stone for the construction of three hospitals in Aioun, Aleg and Tidjikdja, and 23 health centres across the country
[11] CNS 2018–2021

(equipment, digital tools, transport) will be put in place. Large-scale awareness-raising and engagement campaigns will also be conducted.

Mauritania's updated Nationally Determined Contribution (NDC) for 2021–2030 places climate resilience at the heart of the health sector, by providing for adaptation measures to address health risks linked to climate change and by promoting the reduction of the carbon footprint of health services. This initiative forms part of this framework by strengthening the resilience of health infrastructure, ensuring the sustainable management of resources and integrating climate-related epidemiological surveillance, in line with national priorities on risk prevention and health security.

This initiative reflects the shared commitment of the EU and Mauritania to supporting structural reforms in the health sector and is fully in line with our comprehensive partnership.

2.2 Lessons learnt

This initiative builds on previous sustained interventions by the EU and other technical and financial partners in the health sector, notably the Health Sector Support Programme (PASS) 2020–2024 and support for the prevention and treatment of victims of violence, particularly gender-based violence. This programme, centred on strengthening the strategic functions of the Ministry of Health, a holistic approach to the treatment of victims of violence (health, police and justice) and the gradual operationalisation of the CNASS, has led to significant progress whilst also revealing major structural and operational constraints.

Several key lessons have emerged:

1. Decentralised planning: Regional action plans have fostered local ownership of health priorities, but their implementation remains hampered by insufficient mobilisation of resources, weaknesses in the technical chain of command and, at times, inadequate coordination between central and decentralised levels. The USPECs still rely heavily on funding from NGOs that tend to be hospital-centred and therefore require urgent institutionalisation and a more holistic approach to care.

2. Digitalisation and data governance: The nationwide roll-out of the DHIS2 system and the emergence of CNASSI represent concrete progress, but data quality remains inconsistent due to a shortage of qualified staff, a lack of connectivity, and a lack of interoperability between the Ministry's information systems and those of the CNASS. The potential of digital tools to improve management and accountability remains under-utilised.

3. Inequalities in access to services and geographical constraints: The low population density and vast size of the territory complicate geographical access to healthcare. Only 27 per cent of healthcare facilities have essential equipment, and 5 per cent have basic amenities. Emphasis must be placed on the coordination of investment, maintenance, staffing and logistics. The effects of climate change, such as desertification and the deterioration of infrastructure in rural areas, exacerbate these inequalities and require specific adaptation strategies, as set out in the National Strategy for Disaster Risk Reduction (SNRRC) 2025–2030 and the National Action Plan to Combat Desertification (PAN-LCD).

4. Funding and protection against health risks: Despite an increase in per capita public health expenditure (USD 75 in 2021 compared with USD 56 in 2018), the level remains well below the WHO recommendation (USD 112). Public funding for the health sector remains low, and out-of-pocket payments by households still account for 45 per cent of total health expenditure. The CNASS, whilst a key institutional framework, requires greater support for contractual arrangements, training and awareness-raising to enhance its visibility.

5. Specific health vulnerabilities: High rates of maternal, neonatal and infant mortality, and the prevalence of harmful practices (FGM, early marriage) highlight the importance of strengthening

, health education and the availability of emergency obstetric care; it also necessitates a multisectoral approach incorporating social change, advocacy and regulatory measures, and specifies specific treatment for victims of violence.

6. Sectoral digital transformation: The Digital Health Strategy 2024–2030 is crucial. Its success (roll-out through telemedicine, electronic health records and integrated management systems) depends on local capacity building, data governance and the MTNIMA's supportive role alongside the Ministry of Health.

In conclusion, these lessons have guided the design of this initiative, which is based on:

- greater consideration of local specificities;
- greater integration of digital solutions into planning, management and supervision;
- targeting of investments according to criteria of geographical and social vulnerability;
- institutional support for the CNASS as a pillar of universal health coverage;
- support for the institutionalisation of the USPECs and the allocation of a specific budget to them;
- ongoing dialogue with the government to ensure improved maintenance of infrastructure and equipment;
- enhanced coordination between central and decentralised levels of the health system, as well as with key stakeholders in social protection (justice and police).

This framework aims to maximise the achievements of the PASS programmes and previous interventions whilst addressing systemic constraints to bring about a sustainable transformation of the Mauritanian health system.

2.3 Problem analysis

Brief analysis of the issues:

The initiative aims to address the multiple structural failures that hinder equitable and sustainable access to quality healthcare for the Mauritanian population, particularly in rural areas, for vulnerable populations and marginalised groups. These failures relate to infrastructure, governance, service quality, affordability, and the management of human and logistical resources within the health system.

From an economic perspective, the very high level of out-of-pocket payments for healthcare by households (45.1 per cent of total health expenditure in 2021) is a major factor contributing to the exclusion and precarious situation of the most disadvantaged. The national system remains underfunded (5.7 per cent of the state budget on average between 2018 and 2021) compared with international standards (the Abuja target: 15 per cent). Support for the CNASS is therefore part of a strategy to consolidate a more equitable pooled funding mechanism.

From a social perspective, the high rates of maternal, infant and neonatal mortality, as well as unmet needs for family planning (31 per cent), highlight significant gaps in the provision of basic healthcare, particularly for women, girls and rural populations. The institutionalisation of the USPECs aims to address specific needs relating to sexual and reproductive health, whilst protecting the rights of women and children.

From an institutional perspective, the intervention is justified by: the need to strengthen regulatory, strategic steering, inspection and planning functions within the Ministry of Health; the consolidation of the reforms under the 2022–2030 National Health Development Plan (PNDS), particularly in terms of digitalisation and pharmaceutical policy; support for the consolidation of the USPECs and the CNASS, to enable their roll-out across the country and the scaling up of their services.

The available sectoral data reveal marked gender inequalities in health and access to healthcare. Women of childbearing age are particularly affected by the system's shortcomings in terms of antenatal care, contraception and exposure to HCVs. The initiative provides for specific measures through the USPECs and the CNASS, including awareness-raising campaigns, staff training on gender standards, and disaggregated monitoring of beneficiaries.

Environmental and climate issues are also taken into account, notably through systematic environmental impact assessments, the use of renewable energy (solar panels) and sustainable materials, and the responsible management of biomedical waste. Where possible, systematic climate risk assessments are also planned for all infrastructure, alongside the construction of resilient ('climate-proof') healthcare facilities. This ensures resilience to climate change in a context of advanced desertification.

The key stakeholders identified in the context of this initiative are:

- **The Ministry of Health**: responsible for strategic steering, sectoral regulation, planning, standardisation of care, and evaluation of the sector. Its role is to ensure the project is strategically aligned with the sectoral health strategy, the PNDS 2022–2030, to coordinate regional interventions, to ensure quality control of services and to oversee the implementation of health policies. The Ministry of Health's Directorate of Hospital Medicine (DMH) plays a special role, as the USPECs have, to date, been located within public hospitals.
- **The National Health Solidarity Fund (CNASS)**: an autonomous public administrative body responsible for establishing and extending the voluntary health insurance scheme nationwide. Its role is to manage the solidarity-based health cover scheme, enter into contracts with public and private healthcare providers, roll out information systems that are interoperable with the sector's public systems, and raise public awareness of health education and health insurance enrolment.
- **The Regional Health Directorates (DRS) and the Moughtaa Health District Management Teams (EC.CSM)**: responsible for the technical coordination and operational implementation of health policies at regional and departmental level. Their role is to contribute to the development of regional plans, ensure close supervision of healthcare facilities, communicate national health strategies and coordinate with local authorities.
- **The police and the judiciary** will be involved in the implementation of the USPEC-related measures. The holistic approach adopted (health-police-judiciary) ensures that victims of violence are received by the police and that their cases are dealt with by the judicial authorities in order to ensure justice is done regarding the violation of their rights.
- **Accredited public and private (not-for-profit) healthcare providers**: they ensure the provision of high-quality care in accordance with international standards. They participate in the negotiated pricing system, quality monitoring mechanisms and interoperability with the information systems of CNASS members.
- **Civil society, management committees and others**: they represent the interests of communities, ensure social accountability, and raise awareness and mobilise the population regarding health services; they provide health education and raise awareness of the voluntary health insurance scheme. Particular attention will be paid to organisations working for the rights of women, people with disabilities and young people.

The initiative will pay particular attention to the institutional and organisational capacities of the stakeholders mentioned above, particularly with regard to staff training, the improvement of internal procedures, specific technical support, and the development of sustainable skills. Special attention will be given to vulnerable groups (women who are victims of violence, poor households, children, people with disabilities, and isolated rural communities) in order to prevent any risk of exclusion or failure to access the health services offered by the initiative.

3 DESCRIPTION OF THE INITIATIVE

3.1 Objectives and outputs

The overall objective of this initiative is to support sustainable, equitable and high-quality access to health services for the entire resident population of Mauritania, particularly for women and vulnerable people.

The specific objectives of this initiative are:

1. To support improvements in the effectiveness of inclusive, resilient and affordable health services, thereby strengthening health coverage for the population.

2. To contribute to the establishment and expansion of gender-based care services for victims of violence (USPEC), to ensure holistic and specialised care for women, young people and children who are victims of violence.
3. To support the consolidation and expansion of the voluntary health insurance scheme rolled out by the government by facilitating coverage for women and vulnerable people.

The outputs to be delivered under this action, contributing to the corresponding specific objectives, are as follows:

Contributing to specific objective 1: *Output 1 – The health sector strategy is implemented efficiently*

1.1 Contributing to specific objective 1: Governance of the health sector has been strengthened, ensuring effective, transparent, equitable and decentralised management, including the private sector.
1.2 Contributing to Specific Objective 1: Healthcare provision has been improved and high-quality, well-equipped primary healthcare services are available to the population**.**
1.3 Contributing to Specific Objective 1: The supply chain for essential medicines has been strengthened to ensure their continuous availability and effective management in healthcare facilities.
1.4 Contributing to Specific Objective 1: Interoperable, secure and reliable digital solutions, which comply with security and confidentiality regulations and are owned by the Government, enable better management of patient care and the services provided by the Ministry and health institutions.

Contributing to Specific Objective 2: *Output 2 – Victims of gender-based violence have access to specific services*

2.1. Contributing to Specific Objective 2: Care for victims of gender-based violence has been improved through the institutionalisation, expansion, digitalisation and consolidation of the Special Care Units (USPEC) for victims of gender-based violence.
2.2. Contributing to Specific Objective 2: Public awareness-raising on gender-based violence contributes to the prevention of cases of violence
2.3. Contributing to Specific Objective 2: Healthcare professionals (both within and outside the USPECs) are trained in the management and reception of cases of violence and in better detection of such cases

Contributing to Specific Objective 3*: Output 3 – The population has access to a specific health insurance scheme*

3.1. Contributing to Specific Objective 3: Voluntary health insurance cover has been extended to new regions of the country
3.2. Contributing to Specific Objective 3: The population in the regions targeted by the health insurance scheme is made aware of the need to seek treatment and use health services, and receives health education.
3.3. Contributing to Specific Objective 3: The establishment of IT systems that are interoperable with the central system and with healthcare facilities (centres, health posts, hospitals) – which are secure, reliable, compliant with security and confidentiality regulations, and owned by the Government – enables better management and organisation of services.

3.2 Indicative activities

Output 1 – The sectoral health strategy is being implemented efficiently – Activities relating to Output 1

1.1.1 Institutional support provided to the Ministry of Health to strengthen its strategic, budgetary and operational functions, and to enhance the skills of health staff responsible for coordinating, monitoring and inspecting interventions.
1.1.2 Rehabilitation and/or construction of high-quality, climate-resilient health facilities meeting international standards in priority intervention areas, using suitable materials and renewable energy solutions (solar panels), together with the necessary equipment.
1.1.3 Support for improving the national system for the procurement, storage and distribution of essential medicines and medical supplies, including through the construction and equipping of warehouses at central and local levels Support for the implementation of the health sector's digitalisation strategy and digital governance, in collaboration with the MTNMA

Output 2 – Victims of gender-based violence have access to specific services - Activities related to Output 2:

2.1.1 Support for the institutionalisation and expansion of Special Units for the Care of Victims of Violence (USPEC) in the target regions.

2.1.2 Implementation of communication, community mobilisation and awareness-raising campaigns to prevent gender-based violence and publicise the existence of the USPECs.

2.1.3 Provision of appropriate equipment and working tools to the USPECs to enable their digitalisation and ensure a safe, confidential and respectful environment for victims

2.1.4 Multidisciplinary training for staff working with the USPECs (health, social services, justice) on the management of gender-based violence, including psychological, medical and legal aspects.

2.1.5. Strengthening multisectoral coordination between health, justice, security and social services to provide holistic support for victims.

Output 3 – The population has access to a specific health insurance scheme – Activities related to Output 3:

3.1.1 Technical support for consolidating and improving the functioning of the voluntary health insurance scheme, including governance, planning, financial management and monitoring and evaluation

3.1.2 Gradual roll-out of the voluntary health insurance scheme in the target regions through the establishment of regional offices, departmental branches and local service points.

3.1.3 Training and support for staff responsible for the voluntary health insurance scheme to ensure the management of enrolments, benefits and operational supervision.

3.1.4 Implementation of communication, community mobilisation and awareness-raising campaigns to encourage public uptake and improve health education.

3.1.5 Deployment and installation of IT systems, as well as training for staff using the systems

3.3 Integration of cross-cutting issues

Environmental protection and climate change

Results of the preliminary review of the Strategic Environmental Assessment (SEA) (relevant to budget support and interventions at the strategic level)
The SEA emphasises that environmental and climate issues must be integrated at the design stage, particularly in relation to the construction or refurbishment of centres.

Findings of the preliminary review of the Environmental Impact Assessment (EIA) (relevant to specific projects and/or interventions within a project)
The EIA has classified the action as Category B, indicating that it does not require further assessment, but that environmental aspects will be integrated during the design phase. The construction works will be subject to an environmental impact analysis, and solutions such as the installation of solar panels and the use of renewable energy will be explored and considered to minimise the environmental impact of the action. Climate-appropriate materials will also be used in the construction works.

Results of the preliminary climate risk assessment (CRA) (relevant to specific projects and/or interventions within a project)

The ERC indicates a low or zero risk (no further assessment is required). However, the project provides, as far as possible, for potential climate risks to be taken into account in the construction or reconstruction of health infrastructure, in order to minimise exposure to extreme weather events. Furthermore, the project will strengthen climate-sensitive budgeting as planned by the Ministry of State for the Budget and promoted by the IMF.

Gender equality and the empowerment of women and girls

In accordance with the OECD DAC codes on gender equality referred to in section 1.1, this action is designated G1. This means that it takes into account the findings of the gender analysis and is consistent with the Gender Action Plan (GAP III) for Mauritania. In particular, the action seeks to eliminate gender-based violence and to promote sexual and reproductive rights.

Gender equality and the empowerment of women and girls will be addressed through the three outputs of the action and by the very nature of the action itself (support for the health sector). The action targets women through the USPECs, by training medical staff to identify and refer victims of violence. The specific needs of women and girls who are victims of violence, without discrimination on the grounds of nationality, will be fully taken into account, as will their positive role as key actors in raising the awareness needed to prevent and report violence. The indicators for the initiative and the health statistical yearbook will be disaggregated by gender to ensure accurate monitoring.

Human rights

The initiative will distinguish between stakeholders who are rights-holders and those who are duty-bearers. The human rights-based approach (HRBA) will be applied, safeguarding the right to equal access to quality health services for vulnerable groups, including women, migrants, refugees and people with disabilities. The initiative ensures that these populations facing exclusion, discrimination and vulnerability – particularly women and minors – have full access to their fundamental rights, notably the right to health, and adopts the principle of 'leaving no one behind'. Accordingly, awareness-raising activities will be organised to promote the right to health and to publicise the voluntary health insurance scheme amongst the entire population. The initiative includes a specific component on the protection of victims of violence, particularly the most vulnerable groups, forcibly displaced persons, women and young children.

Disability

In accordance with the OECD DAC codes on disability referred to in section 1.1, this initiative is designated as D1. The initiative ensures non-discriminatory access to health services for people with disabilities, with adapted infrastructure to facilitate access (including the provision of ramps and the layout of spaces to allow access for people with mobility impairments in newly built or refurbished centres). The initiative adopts an inclusive approach to disability, in line with the Convention on the Rights of Persons with Disabilities (CRPD), and ensures the adaptation of communication materials and the collection of disaggregated data. This approach aims to ensure that the specific needs of people with disabilities — women, children, older people or those living in rural areas — are systematically integrated into health sector interventions.

Reducing inequalities

In accordance with the Inequalities Indicator, this Action Document has been classified as I-2. Reducing inequalities is the main objective. The initiative contributes to reducing inequalities by improving access to health services and medicines for vulnerable people and migrants. Furthermore, the voluntary health insurance scheme that has been rolled out provides affordable access to care and medicines, thereby reducing inequalities compared with those who can afford private services.

Democracy

Although not directly targeted, the inclusion of all residents in Mauritania supports the consolidation of democracy in the country. Furthermore, the roll-out of the voluntary health insurance scheme incorporates mechanisms for citizen participation, thereby strengthening the accountability of the public health sector, supporting civil society's involvement in citizen oversight of the implementation of the national budget, and enhancing its participation in the preparation of the 'citizen's budget'.

Conflict sensitivity, peace and resilience
Non-discriminatory access to health services complements the government's efforts to promote social cohesion and civil society initiatives.

Disaster risk reduction
N/A

Other considerations, where applicable
The digitisation of services helps to prevent and combat corruption, ensuring greater transparency and efficiency in healthcare interventions.

3.4 Risks

The main risks, for which mitigation measures have been defined, are:

Category	**Risks**	**Probability (high/medium/ low)**	**Impact (high/ medium/ low)**	**Mitigation measures**
Institutional / Governance	Poor coordination between the central and regional levels of the Ministry of Health.	**Medium**	**High**	Strengthening the role of the Regional Health Directorates (DRS) and the National Policy Consultation Forums (CCMP), providing technical support to regional directorates, and supporting decentralised planning.
Human resources	Insufficient qualified staff to implement activities and a low level of skills affecting the quality of care provided.	**High**	**High**	Support for continuing professional development, capacity building, and the integration of specific modules (gender, human rights, digital health), particularly in the areas where the initiative is being rolled out.
Financial / Budgetary	Delays in the disbursement of funds or insufficient national funding. Lack of significant budgetary allocations for the maintenance of infrastructure and equipment.	**Medium**	**High**	Strengthening of political and health policy dialogue to ensure these elements are addressed at both government level and amongst other donors. Regular dialogue with the Ministry of Finance and the Ministry of Health, and technical support for aligning the budget with health priorities. Advocacy for the mobilisation of co-financing from PTFs.
Technology / Digital	Low interoperability between health information systems and those of the CNASS.	**Medium**	**Medium**	Development of common standards, strengthening of technical support from the MTNIMA, investment in

				equipment and connectivity in priority areas.
Security	Deterioration of the regional and national security situation, instability in certain areas (the East, border areas), hampering implementation.	**Medium**	**High**	Targeting of secure areas, coordination with local authorities, flexibility in the allocation of resources in line with developments in the situation. The DUE would advocate strongly for an increase in contributions from other donors
Socio-political	The political context could prevent access to healthcare for migrants and refugees, as well as the overall respect for human rights.	**Medium**	**Medium**	The DUE is promoting enhanced and specific policy dialogue on the integration of non-Mauritanians into the healthcare system which is also covered under the budget support programme.
Socio-cultural / Acceptability	Low community uptake of the voluntary health insurance scheme (CNASS).	**Medium**	**Medium**	Targeted communication campaigns, mobilisation of community representatives, and the involvement of elected representatives and religious leaders in raising awareness.

3.5 Intervention logic

The intervention logic for this action is: IF the three outputs and the resulting activities are effectively implemented, THEN the following three outcomes will be achieved: (1) improved efficiency of health services; (2) the establishment and expansion of gender-based care services for victims of violence (USPEC); (3) the consolidation and expansion of the voluntary health insurance scheme.

These achievements are the necessary building blocks for attaining the overall objective of ensuring sustainable, equitable and high-quality access to health services for the entire resident population of Mauritania, with a particular focus on women and vulnerable groups.

The outputs provide complementary responses to the main challenges facing the health system: weak governance, inequalities in care, limited access to medicines, inadequate management of GBV, and fragmented health coverage. The PASS programme has demonstrated that these levers (outputs), when improved in tandem, can have a multiplier effect on health outcomes, subject to the availability of resources, institutional coordination, and the mobilisation of logistical and financial resources.

This intervention approach is based on a coherent and well-substantiated logic chain linking the expected outputs to specific objectives (outcomes) and the desired impact.

In particular:

- IF the capacities of the ministry and decentralised structures are strengthened, IF digital governance is operationalised, AND IF consultations with PTFs are regular, THEN health governance will be able to effectively steer sectoral reforms.
- IF the infrastructure is functional, qualified staff are in place and equipment is available, THEN the population will have access to quality healthcare, particularly in underserved areas.
- IF the supply chain is secure, THEN equitable access to essential medicines will be guaranteed, which is a direct means of strengthening healthcare provision.
- IF the USPECs are institutionalised, resourced and coordinated with other sectors, THEN victims of violence will receive comprehensive support, helping to improve reproductive and psychosocial health.

- IF the CNASS is technically strengthened, geographically expanded and socially accepted, THEN universal health cover will gradually be ensured for the majority of the population.

Finally, IF the objectives are achieved, AND IF funding, political stability, community engagement and human resources are maintained, THEN the initiative will contribute to the desired impact, BECAUSE the supply and demand for healthcare will have been structurally strengthened, inequalities in access reduced, and the institutional mechanisms for health solidarity consolidated.

3.6 Logical Framework Matrix

This indicative logical framework forms the basis for the design of a more detailed logical framework matrix (or matrices) at contract level, which will be used for monitoring, reporting and evaluation. The logical framework matrix at contract level must include the relevant indicators identified in this section. The expected outputs and corresponding indicators (with baselines and targets) may be updated during the implementation of the action, without the need to amend the financing decision.
Where baseline values and target values are not available for the action at the time the financing decision is adopted, they must be provided for each indicator upon signature of the contract(s) relating to that financing decision, or at the latest in the first progress report. New columns may be added to define interim targets for the indicators relating to expected outputs and outputs, if necessary.

PROJECT AND BUDGET SUPPORT ARRANGEMENTS						
Outcomes	**Results chain (@): Main expected results (maximum 10)**	**Indicators (@): (at least one indicator per expected result)**	**Baseline values (values and years)**	**Target values (values and years)**	**Data sources**	**Assumptions**
Impact	Sustainable, equitable and high-quality access to health services for the entire resident population of Mauritania, particularly for women and vulnerable people.	1 Percentage of the population covered by health insurance (by sex, age, nationality, rural/urban) (SDG 3.8.2) 2 Reduction in the maternal mortality rate in Mauritania 3 Gini index	1 20% 2024 2 454 per 100,000 NV (EDSM 2019)	1 75% 2029 2 5% decrease % by 2029	1 CNASS/CNAM reports 2 MICS/EDS/HHFA surveys	*Not applicable*
ACHIEVEMENTS						
SO1 – Outcome 1	1. Improving the effectiveness of inclusive, resilient and affordable health services to strengthen health coverage for the population is accompanied by	1.1 Pentavalent vaccine coverage 3 (SDG 3.8.1) (by sex, age, rural/urban) 1.2 Overall operational capacity index of health facilities	1.1 85% (2022) 1.2 42 per cent (SARA 2018)	1.1 >90 per cent (2029) 1.2 > 10 per cent (2029)	1.1 Health Statistics Yearbook 1.2 HHFA Survey (formerly SARA)	Continuous availability of human and material resources, local political stability, community uptake of the health services provided, absence of major health crises
Outcome 2 – Output 2	2. The establishment and expansion of gender-based support services for victims of violence (USPEC), providing holistic and specialised care for women, young people and children who are victims of violence, is strengthened	2.1. Proportion of regions served by an operational and functional USPEC in accordance with standards 2.2. Percentage of budgetary funding allocated to USPECs in the Amending Finance Act for year n, committed as at 31/12/n	2.1. 61.5% (8/13 regions 2025) 2.2. 0	2.1. 100 per cent (2029) 2.2. 100 per cent (2029)	2.1. Health Statistics Yearbook 2.2. Extract from the Treasury – Settlement Act	Political commitment and ongoing funding, public engagement in awareness-raising and USPEC services
OS3 – Outcome 3	3. Support is provided for the consolidation and extension of the voluntary health insurance scheme rolled out by the government, by facilitating coverage for women and vulnerable people	3.1 Number of regions covered by the CNASS 3.2 Penetration rate in the new areas served by the CNASS's decentralised services.	3.1 4 (2024) 3.2 0.67% (2024)	3.1 13 (2029) 3.2 To be determined (2029)	3.1 CNASS Annual Activity Report 3.2 CNASS Annual Activity Report	Political commitment and continued funding for the CNASS, effective cooperation from regional and local authorities, maintenance of a favourable social climate, absence of major economic disruptions

OUTPUTS (for an action implemented as a project)						
Output 1 **linked to Output 1:** *The health sector strategy is being implemented efficiently*	1.1 Governance of the health sector has been strengthened, ensuring effective, transparent, equitable and decentralised management, including the private sector	1.1. Rate of births attended by qualified personnel	1.1 To be completed (2024)	1.1 To be defined (2029)	1.1 Statistical yearbooks	Cooperation between local authorities, mobilisation of healthcare staff, acceptability of services, stability of the healthcare system
	1.2 Healthcare provision has been improved and high-quality, well-equipped primary healthcare services are available to the entire population.	1.2 Utilisation/attendance rates for primary healthcare services (SDG 3.8.1)	1.2 To be completed % (2024)	1.2. >5% (2029)	1.2 Statistical yearbooks	
	1.3. The supply chain for essential medicines has been strengthened to ensure their continued availability and effective management in healthcare facilities.	1.3 Availability rate of essential medicines in health centres	1.3 To be completed % (2023)	1.3 To be defined % (2029)	1.3. CAMEC reports	
	1.4 Interoperable, secure and reliable digital solutions, which comply with security and confidentiality regulations and are owned by the Government, enable better management of patient care and better management of care	1.4. Number of interoperable digital services	1.4 0 (2024)	1.4 5 (Information system, patient records, human resources, medicines, CNASS)	1.4 Ministry of Health report	
Output 2 **related to the achievement of 2** *Victims of gender-based violence have access to*	2.1. Support for victims of gender-based violence has been improved through the institutionalisation, expansion, digitisation and consolidation of the Special Support Units (USPEC) for victims of gender-based violence.	2.1. Number of USPECs operational and functioning in accordance with standards	2.1 8 (2024)	2.1 13 (2029)	2.1 USPEC reports – Health Statistical Yearbook	Institutional recognition of USPECs, ongoing staff training, social acceptance of the scheme

for specific services	2.2. Raising public awareness of gender-based violence helps to prevent incidents of violence	2.2 Number of victims supported by USPECs (by gender, age, nationality, region)	2.2. To be completed (2024)	2.2. To be defined (2029)	2.2. USPEC registers – Health Statistics Yearbook	
	2.3. Healthcare professionals (both within and outside USPEC units) are trained in the management and reception of cases of violence and in better detection of such cases	2.3. Number of healthcare staff trained in GBV (by gender, age, nationality, region)	2.3. To be specified (2024)	2.3. A 50 per cent increase compared with 2024	2.3 USPEC registers – Health Statistics Yearbook	
Output 3 **linked to output 3** *The population has access to a specific health insurance scheme health insurance scheme*	3.1. Voluntary health insurance cover has been extended to new regions of the country	3.1.1 Number of people enrolled in voluntary health insurance (by gender, age, nationality and region) 3.1. 2. Number of regions with coverage	3.1.1 172,000 (2024) 3.1.2. 4 (2024)	3.1.1 To be determined (2029) 3.1.2 13 (2029)	3.1.1 CNASS database 3.1.2 Database of organisations responsible for health insurance voluntary	Availability of the necessary technical and financial resources
	3.2. The population in the regions targeted by the health insurance scheme is made aware of the need to seek medical care, to use health services and are provided with health education.	3.2 Number of awareness-raising campaigns	3.2. To be completed (2024)	3.2. One campaign organised by each CNASS branch upon opening and upon renewal	3.2. Annual report by the body responsible for voluntary health insurance	
	3.3. The implementation of IT systems that are interoperable with the central system and healthcare facilities (centres, health posts, hospitals) – which are secure, reliable, compliant with security and confidentiality regulations, and owned by the Government – enable better management and organisation of services.	3.3. 1. % of branches interoperable with the central system 3.3.2. % of staff at branches trained in the IT systems	3.3.1. To To be completed (2024) 3.3.1. To to be completed (2024)	3.3.1 >60% 3.3.2. >50%	3.3.1. Annual report of the entity responsible for voluntary health insurance 3.3.2. Annual report of the body responsible for voluntary health insurance	

4 IMPLEMENTATION ARRANGEMENTS

4.1 Funding Agreement

To implement this action, it is envisaged that a funding agreement will be concluded with the partner country.

4.2 Indicative implementation period

The indicative period for the operational implementation of this action, during which the activities described in Section 3 will be carried out and the corresponding contracts and agreements implemented, is 48 months from the date of entry into force of the funding agreement.

An extension of the implementation period may be approved by the competent authorising officer of the Commission, who will amend this Decision, as well as the relevant contracts and agreements.

4.3 Implementation of the budget support component

Not applicable.

4.4 Implementation arrangements

The Commission will ensure compliance with EU rules and procedures for the award of funding to third parties, including review procedures where applicable, as well as the action's compliance with EU restrictive measures[12] .

4.4.1 Direct management (grants)

Grants (direct management):

a) Purpose of the grant(s)

Direct grants will contribute to Objective 3: *'To support the consolidation and expansion of the voluntary health insurance scheme implemented by the government by facilitating coverage for women and vulnerable people*'.

b) Type of applicants targeted

The potential applicant will be a Mauritanian public body or national public entity.

c) Justification for a direct grant

Under the responsibility of the Commission's competent authorising officer, the grant may be awarded without a call for proposals to the national public entity or public body responsible for implementing the voluntary health insurance scheme.

Under the responsibility of the Commission's competent authorising officer, the award of a grant without a call for proposals is justified in accordance with Article 198(c) of the Financial Regulation, as this public administrative body (EPA) responsible for the voluntary health insurance scheme holds a de facto 'monopoly' in the roll-out of this scheme. The aim of the direct grant is to provide it directly with the means to implement its strategy for the roll-out and consolidation of agencies and structures, human and material resources, the digitalisation of services, as well as its awareness-raising and dissemination activities necessary for the consolidation of the voluntary health insurance scheme.

The part of the initiative covered by the budget allocation set aside for grants may, in whole or in part – including where an entity is designated to receive a grant without a call for proposals – be put into

[12] www.sanctionsmap.eu. Please note that the sanctions map is a digital tool used to list sanctions regimes. Sanctions result from legislative acts published in the Official Journal (OJ). In the event of any discrepancy between the published legal acts and the updates on the website, the version in the OJ shall prevail.

implemented under indirect management with an entity to be selected by the Commission's services using the following criteria:

- Specific experience in setting up public health insurance schemes;
- Specific experience in setting up funding systems for public health systems in Africa;
- Specific experience in setting up programmes funded by the European Union;
- Specific experience in supporting the activities of the Ministry of Health in Mauritania;
- Expertise in gender equality and/or a commitment to gender equality.

4.4.2 Direct management (public procurement)

Public procurement will contribute to Specific Objective 1 *'Supporting improvements in the efficiency of inclusive and affordable health services to strengthen health coverage for the population',* Specific Output 1.4 *'Interoperable,* secure and reliable *digital solutions*, which comply with security and confidentiality rules and are owned by the Government, *enable better management of patient care and the services provided by the Ministry and health institutions'*.

The nature of the consultancy services to be provided may be outsourced by the Commission provided that the outsourced tasks do not involve the exercise of public authority or discretionary powers of judgement. This contract will not make the Commission or the partner country overly dependent on the selected service provider. The services in question will be better provided by the service provider for the following reason: the high level of specialisation required is not available in-house.

The use of external consultancy services is necessary to meet the objectives and operational needs of the action because the development of digital health in the field of public health requires highly specialised expertise.

4.4.3 Indirect management with an implementing body

4.4.3.1 Specific Objective 1 *'Supporting the improvement of the effectiveness of inclusive and affordable health services to strengthen health coverage for the* population'

Part of this action may be implemented through indirect management with an entity to be selected by the Commission's services on the basis of the following criteria:

- Specific expertise in the health sector, particularly in the context of institutional support to public bodies, such as sectoral ministries, responsible for managing public health systems;
- Specific expertise in the field of establishing universal health cover systems and financing mechanisms for public health systems in Africa;
- Capacity to set up multidisciplinary teams with expertise at central level in public health, digitalisation in healthcare, and the construction and equipping of healthcare infrastructure; Knowledge of the socio-economic context in Mauritania and the Mauritanian health sector;
- Expertise in gender equality and/or a commitment to gender equality.

Implementation by this entity involves contributing to the achievement of Specific Objective 1 *'Supporting the improvement of the effectiveness of inclusive and affordable health services to strengthen health coverage for the* population', specifically the following specific outputs: 1.1 *'Governance of the health sector has been* strengthened', 1.2 *'Healthcare provision has been improved and high-quality, well-equipped primary healthcare services are available to the* population' and 1.3 *'The medicines supply chain has been strengthened*'.

Should negotiations with the implementing entity fail, this part of the present action may be implemented under direct management, in accordance with the implementation procedures set out in section 4.4.4.

4.4.3.2 Specific Objective 2: *'To contribute to the establishment and expansion of gender-based support services for victims of violence (USPEC), providing holistic and specialised care for women, young people and children who are victims of violence'*

Part of this action may be implemented through indirect management with an entity to be selected by the Commission's services on the basis of the following criteria:

- Specific expertise in the health sector, particularly in the context of setting up support services for victims of violence, notably those based on gender;
- Specific expertise in providing institutional support to public bodies, such as sectoral ministries, responsible for managing systems to protect victims of violence;
- Capacity to set up multidisciplinary teams with the active participation of civil society and community bodies;
- Knowledge of the socio-economic context in Mauritania and the Mauritanian health sector;
- Specific experience of working with the judiciary and the police to protect victims of violence.

Implementation by this entity involves contributing to the implementation of Specific Objective 2: *'To contribute to the establishment and expansion of gender-based care services for victims of violence (USPEC), providing holistic and specialised care for women, young people and children who are victims of violence*'.

Should negotiations with the implementing organisation fail, this part of the present action may be implemented under direct management, in accordance with the implementation procedures set out in section 4.4.4.

4.4.4 Transition from indirect management to direct management (and vice versa) due to exceptional circumstances (a second alternative option)

4.4.4.1 From direct management (grants) to indirect management

In the event that the part of the action covered by the budget allocation reserved for direct management – grants (section 4.4.1) – cannot be implemented, either in part or in full, as originally envisaged, the transition to indirect management may be carried out with an entity to be selected by the Commission's services on the basis of the following criteria:

- Specific expertise in the health sector, particularly in the context of institutional support to public bodies, such as sectoral ministries, responsible for managing public health systems;
- Specific expertise in the field of establishing universal health cover schemes and financing systems for public health systems in Africa;
- Capacity to set up multidisciplinary teams with expertise at central level in public health, digitalisation in healthcare, and the construction and equipping of healthcare infrastructure; Knowledge of the socio-economic context in Mauritania and the Mauritanian health sector;
- Expertise in gender equality and/or a commitment to gender equality.

4.4.4.2 Transition from direct management (public procurement) to indirect management

In the event that the part of the action falling within the budget allocation set aside for direct management – public procurement (section 4.4.2) – cannot be implemented, either in part or in full, as originally envisaged, the transition to indirect management may be carried out with an entity to be selected by the Commission's services on the basis of the following criteria:

- Specific expertise in the health sector, particularly in the context of institutional support to public bodies, such as sectoral ministries, responsible for managing public health systems;
- Specific expertise in the field of setting up digital systems and digitalisation for the health sector;
- Specific expertise in the field of establishing universal health cover schemes and public health system financing mechanisms in Africa;
- Ability to set up multidisciplinary teams with central-level expertise in public health, digitalisation in healthcare, and the construction and equipping of healthcare infrastructure;
- Knowledge of the socio-economic context in Mauritania and the Mauritanian health sector.

4.4.4.3 Transition from indirect to direct management (grant)

4.4.4.3.1 Specific Objective 1: *'Supporting improvements in the effectiveness of inclusive and affordable health services to strengthen health coverage for the* population'

In the event that the part of the action covered by the budget allocation reserved for indirect management (section 4.4.3) cannot be implemented, either in part or in full, as originally envisaged, a transition to direct management – grants – may be implemented.

a) Purpose of the grant(s)

The direct grant(s) will contribute to all or some of the objectives/outputs set out in section 4.4.3.1.

b) Type of applicants targeted

The potential applicant could be a public body or an NGO.

4.4.4.3.2 Specific Objective 2: *'To contribute to the establishment and expansion of gender-based support services for victims of violence (USPEC), providing holistic and tailored care for women, young people and children who are victims of* violence'

In the event that the part of the action falling within the budget allocation reserved for indirect management (as provided for in section 4.4.3.2) cannot be implemented, either in part or in full, due to circumstances beyond the Commission's control, a switch to direct management in the form of one or more grants may be implemented.

a) Purpose of the grant(s)

The direct grant(s) will contribute to all or some of the objectives/outputs set out in section 4.4.3.2.

b) Type of applicants targeted

Potential applicants may be public bodies, international organisations or NGOs.

4.5 Geographical eligibility criteria for contracts and grants

Geographical eligibility, in terms of place of establishment for participation in procurement and grant award procedures and in terms of the origin of the supplies purchased, as laid down in the basic act and set out in the relevant contractual documents, shall apply.

The competent authorising officer of the Commission may extend geographical eligibility on the grounds of urgency or the unavailability of services on the markets of the countries or territories concerned, or in other duly justified cases where the application of the eligibility rules would make it impossible or excessively difficult to carry out the action (Article 28(10) of the IVCDCI Regulation – Europe in the World).

4.6 Indicative budget

Indicative budget components	**EU contribution (amount in EUR)**
Implementation arrangements – see section 4.4	
Objective 1 – To support improvements in the effectiveness of inclusive and affordable health services to strengthen health coverage for the population, comprising	**10,900,000**
Public procurement (direct management) – see section 4.4.2	3,000,000
Indirect management through an implementing entity – see section 4.4.3.1	7,900,000

Objective 2 – To support the consolidation and expansion of the voluntary health insurance scheme rolled out by the government by facilitating coverage for women and vulnerable people, comprising	**1,500,000**
Indirect management through an implementing entity – see section 4.4.3.2	1,500,000
Objective 3 – To support the consolidation and expansion of the voluntary health insurance scheme implemented by the government by facilitating coverage for women and vulnerable people, comprising	**2,500,000**
Grants (direct management) – see section 4.4.1	2,500,000
Grants – total allocation for section 4.4.1	2,500,000
Public procurement – total budget under section 4.4.2	3,000,000
Evaluation – see Section 5.2 **Audit** – see Section 5.3	**100,000**
Totals	**15,000,000**

4.7 Organisational structure and responsibilities

The initiative forms part of the Ministry of Health's sectoral strategy and is directly integrated into the PNDS monitoring strategy. The organisational structure provides for:

- The Consultation and Coordination Committee between the Ministry of Health and the PTFs (CC-MP), which will meet at least once a year and ensure that the actions and interventions of the PTFs are aligned with the sectoral health strategy and the PNDS. The committee comprises the various departments of the Ministry of Health, agencies, other sectoral ministries involved in the implementation of the PNDS, the PTFs, as well as representatives from civil society and the private sector. The CC-MP will produce annual reports covering, amongst other things, progress in implementing the PNDS, challenges encountered, funding mobilised, support from the PTFs, and the achievement of indicators.
- The PASS Technical Committee, which will meet at least quarterly, will ensure close monitoring of the programme's progress and its ongoing alignment with the PNDS. The composition of the Technical Committee shall include, as a minimum, representatives of the Ministry of Health (including the Chair), a representative of the DUE and of the PTFs from Member States operating in the health sector, as well as a representative of the national ministry responsible for international cooperation and partnerships – the main point of entry for relations with the PTFs. Experts, as well as representatives of other partners and beneficiary organisations, may also participate in the Technical Committee at the request of its members. The secretariat will be provided by the action's focal point unit.

As part of its budgetary implementation powers and in order to safeguard the Union's financial interests, the Commission may participate in the aforementioned governance structures established to oversee the implementation of the action and may sign or commit to joint declarations, with the aim of enhancing the visibility of the Union and its contribution to this action and ensuring effective coordination.

5 PERFORMANCE MEASUREMENT

5.1. Monitoring and reporting

The day-to-day technical and financial monitoring of the implementation of this initiative is an ongoing process and forms an integral part of the responsibilities of the implementing partner. To this end, the department within the Ministry of Health responsible for this initiative will establish a permanent system for the internal, technical and financial monitoring of the initiative and will regularly produce progress reports that are sensitive to gender and people with disabilities (including at least quarterly summary reports, an annual report and a final report). In addition to the quarterly reports, each report provides a detailed account of the implementation of the action, the difficulties encountered, the

changes introduced, as well as the extent to which its results (direct outputs and outcomes) have been achieved, as measured by the corresponding indicators, using the logical framework matrix as a reference.

The distributional impact assessment (DIA) tool could be used as a data source whenever other sources (national, regional or local data) are unavailable to verify whether the expected results (as listed in the logical framework) have, to a large extent, benefited the poorest 40 per cent in terms of income or wealth, or socio-economically disadvantaged groups, socio-economically disadvantaged groups, households and individuals. The DIA can also be carried out at the start of the implementation phase to: a) locate where the most vulnerable people live and target them geographically; b) identify the main drivers of inequality (for example, the reasons why people lack access to certain services); c) reveal intersectionalities (for example, the 40 per cent of people with the lowest incomes who are women, children, etc.)

The Commission may carry out further project monitoring visits, either through its own staff or through independent consultants recruited directly by the Commission to carry out independent monitoring checks (or recruited by the competent officer appointed by the Commission to implement these checks).

Roles and responsibilities regarding data collection, analysis and monitoring: the Ministry of Health is responsible for providing the necessary data and for publishing the statistical yearbook on health. The collection and primary processing of data are the responsibility of health facilities and the body in charge of implementing the voluntary health insurance scheme. The specific department within the Ministry of Health responsible for the national health information system will be in charge of compiling and carrying out the final processing of the data.

5.2. Evaluation

Given the importance of the action, mid-term, final and ex-post evaluations may be carried out for this action, or one of its components, by independent consultants under a contract with the Commission. In any event, this action will be subject to at least one evaluation. An evaluation to assess the impact of health services and the coverage of the insurance scheme on vulnerable groups may be carried out.

In the case of a mid-term evaluation: This will be carried out for the purposes of problem-solving and learning, in particular with regard to the implementation of all activities, the mobilisation of funding, etc.

In the case of a final or ex-post evaluation: This will be carried out for the purposes of accountability and learning at various levels (including policy review), taking particular account of the fact that this action supports a sectoral strategy and that the European Union’s support for the health sector has been ongoing since 2017.

The Commission shall inform the implementing partner at least two months before the envisaged dates for the evaluation missions. The implementing partner shall cooperate efficiently and effectively with the evaluation experts, in particular by providing them with all necessary information and documents and by ensuring they have access to the project’s premises and activities.

Evaluation reports may be shared with partners and other key stakeholders, in accordance with best practice on the communication of evaluations. The implementing partner and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, make the necessary adjustments.

One or more contracts for evaluation services may be concluded under a framework contract.

The evaluation plan (or the planned evaluation component) must assess the distributional impact of the activities undertaken on socio-economically disadvantaged individuals, households or groups. This can be done using the Distributional Impact Assessment (DIA) tool. The DIA analysis examines the effective targeting of beneficiaries of development interventions, by determining whether more than 40 per cent of beneficiaries fall within the bottom two quintiles of the income or wealth distribution. It also makes it possible to assess whether effective targeting has been achieved in relation to women, children and young people, or other disadvantaged groups (such as ethnic minorities), or at the regional level. Expertise in reducing inequalities will be provided within the evaluation teams.

5.3. Audit and verification

Without prejudice to the obligations applicable to contracts concluded for the implementation of this action, the Commission may, on the basis of a risk assessment, commission independent audits or expenditure verification missions for one or more contracts or agreements.

6. STRATEGIC COMMUNICATION AND PUBLIC DIPLOMACY

For the 2021–2027 programming cycle, a new approach to the pooling, programming and deployment of resources for strategic communication and public diplomacy will be adopted.

In accordance with the document 'Communicating and raising the EU's profile – Guidelines on external actions', published in 2022, EU communication and visibility remain a legal obligation for all external actions funded by the Union, in order to publicise the European Union's support for their work amongst the relevant audiences, in particular by using the Union emblem and a brief funding statement on all communication materials relating to the actions concerned. This obligation applies equally whether the actions concerned are implemented by the Commission, partner countries, contractors, grant beneficiaries or implementing entities such as United Nations agencies, international financial institutions and agencies of EU Member States.

However, action documents for specific sectoral programmes are, in principle, no longer required to provide for communication and visibility activities relating to the programmes concerned. These resources will be provided for in cooperation facilities established by action documents for accompanying measures, enabling delegations to plan and implement multi-annual strategic communication and public diplomacy activities with sufficient scale to be effective at national level.