

Mauritania

Executive Summary

In recent years, Mauritania has faced a series of food crises, which have had a deep impact on the nutritional situation of children under five years of age. Geographic and climate-related factors such as drought and soil degradation, in combination with socio-economic causes, including a growing incidence of extreme poverty, declining access to basic infrastructure, good governance and rising inequalities, are responsible for this gradual deterioration. Living conditions for the Mauritanian population are precarious. Morbidity, as well as maternal, infant and child mortality rates, remains generally high despite efforts undertaken by the Government and its partners. Women, newborns and children are the most affected by these conditions; among children under five years of age acute respiratory infections, malaria and diarrhoea remain the three main causes of death.

The survey “Demography and Health”, conducted from 2000 to 2001, estimated that almost 13% of children under five years of age suffered from acute malnutrition, while more than one third were chronically malnourished. Between 2003 and 2005, the Mauritanian Government and its partners undertook further studies in areas regularly at risk of food insecurity. The results revealed a prevalence of acute malnutrition ranging from 10% to 25% depending on the region and the season – and exceeding the threshold set by the World Health Organization (WHO).

Total amount of humanitarian funding required (per reporting year):	\$2.018.711
Total amount of CERF funding received by window (rapid response/under-funded):	\$2.018.711
Total amount of CERF funding for direct UN/IOM implementation and total amount forwarded to implementing partners	\$2.018.711
Total number of beneficiaries targeted and reached with CERF funding (disaggregated by sex/age):	<p>WFP: 13,154 people assisted in the CFCs, including 8,287 children under five and 4,867 pregnant or lactating women. WHO: 150 health organizations identified and 413 health workers trained. 1,500 children under five treated in the CRNEs. FAO: 20,000 farmers including 3,000 women; 10,000 stock breeders (47% of which women).</p> <p>UNICEF: 104,000 children under five screened for malnutrition; 18,400 identified as suffering from moderate malnutrition, 8,651 identified as suffering from severe acute malnutrition; 14,290 referred to the CFCs, 1,600 to the CRNEs; 434,847 children between 6 and 59 months receiving Vitamin A supplements; 375,710 children between 12 and 59 months given anti-parasitic treatment.</p>
Geographic areas of implementation	Brakna, Gorgol, Guidimakha, Assaba, Hodh el Chargui, Hodh el Gharbi, Trarza, Tagant, Nouakchott

Decision-making

Implementation

The CERF allocated over \$2 million from funds allotted for under-funded emergencies to a joint project to fight infant malnutrition, implemented by four UN agencies. The UN Children's Fund (UNICEF) used the funding to help put in place a systematic monthly screening for severe and moderate acute malnutrition, by providing equipment and training for health officers. UNICEF partners included the Community Feeding Centers (CFCs) at the community level and department-level Centers for Rehabilitation and Nutritional Education (CRNE). CERF funding was used by WHO to implement training of trainers and to strengthen health capacities of national and local authorities. WFP provided food support and nutritional education in partnership with local NGOs running the Community Feeding Centres either supported or established under the project. FAO complemented these activities by supporting local livestock holders, while providing for veterinary care. Under the agricultural component of the CERF allocation, FAO also implemented training of local partners and conducted surveys to identify target beneficiaries.

Results

Some 225 kits for screening acute malnutrition were distributed to regional health authorities that conducted, between October 2006 and February 2007, three screening missions, covering 104,000 children aged between 6 and 59 months. After establishing a list of 401 villages eligible to open a Community Feeding Center (CFC), such facilities were set up in places where the World Food Programme (WFP) was not already present. In 2006, the 393 active CFCs cared for 14,290 children suffering from moderate malnutrition, representing 78 per cent of the target population. UNICEF provided each of the CFCs administered by a non-governmental organization (NGO) with an anthropometric assessment kit.

The department-level Centers for Rehabilitation and Nutritional Education (CRNE), as well as 346 other health facilities, were supplied with therapeutic foodstuffs. In 2006, 1,600 children suffering from severe malnutrition were treated in such centers. The CERF grant also made it possible to supply vitamin A supplements to 434,847 children aged five to 59 months, as well as anti-parasitic medicines to 375,710 children aged 12 to 59 months. Finally, based on two annual surveys, UNICEF set up a nutritional information system that proved to be very useful as an early warning tool, as well as for advocacy and as a priority-defining instrument.

The CERF allocation enabled WHO to establish a pool of 413 trainers, including doctors and skilled technicians, to be deployed to affected regions and to strengthen the capacity of 150 health service providers. WHO was able to establish a roster to supervise nutritional activities on a regional and national level. In addition, WHO acquired drugs and anthropometric equipment essential for screening processes and provided therapeutic food and micro-nutrients for 1,500 children aged 6 to 59 months. WFP used CERF funds to provide nutritional support for 8,287 children under 5 years of age, as well as for 4,867 pregnant and lactating women, under a programme established before the allocation of the CERF grant. Some 761 MT of food were purchased and distributed with CERF funding. In addition to twice-daily therapeutic feeding to children in CFCs, WFP offered sessions on nutritional and sanitary education as well as cooking lessons for their mothers. The nutritional recovery rate in the various centers was, on average, higher than 90 per cent.

The Food and Agriculture Organization (FAO) distributed assistance to vulnerable stock keepers and vaccinated animals against several diseases such as sheep and goat plague, sheep pox, Newcastle disease, pasteurellosis and botulism. The CERF grant was also used to establish a set of indicators, including clinical observations, birth and mortality rates and immunity status, and to prepare a system of follow-up. With regards to the agricultural aspect of the programme, FAO inspected the quality inputs, identified beneficiaries and partners – especially NGOs – prior to seed distribution, and established follow-up and assessment of the activities undertaken. In point of fact, the CERF allocation permitted FAO to start projects that had had to be postponed for budgetary reasons and allowed others short on funding to continue.

CERF in Action

Food Cluster

The December 2006 Nutrition Survey – a powerful tool for advocacy, early warning and program development

Prior to CERF support, Mauritania had no national nutritional surveillance system to monitor seasonal and yearly food and nutrition cycles. Data available on the nutritional status of the population was irregular and the sample periods chosen for analysis were not sufficiently relevant to accurately track nutrition problems. Thanks to the CERF, a national nutritional monitoring and surveillance system was established based on two nation-wide surveys on nutritional challenges and health indicators for young children. This new system serves multiple purposes: early warning, monitoring of trends, advocacy, and prioritization of needs and interventions.

The first survey on nutritional challenges and child health was conducted in December 2006. It showed that the nutritional status is currently not in a critical stage, following a relatively successful harvest season and rainfalls that were within usual averages over the year. Severe acute malnutrition prevalence had thus decreased between 2005 and 2006 thanks to the combined efforts of humanitarian and development actors. However, the situation requires constant and increased monitoring as the gap-phase transition period approaches. Results from a third screening exercise conducted between January and February 2007 have in fact shown a rising trend of malnutrition cases. This survey has also brought to light inadequate breastfeeding and nutrition practices, which have not improved since 2000. Infectious, respiratory and diarrhoeal diseases are also frequent and access to treatment is often limited and varies by region.

Since the results of these surveys have been published, the data collected has served towards:

- Preparing materials for the WFP and UNICEF meeting held in Dakar on 1-2 February 2007. The data presented at this conference underlined the need for a bi-annual study of the nutrition situation.
- Sharing information with the Ministry of Health and Social Affairs, in particular to support the launch workshop for the Health and Nutrition Project financed under the World Bank. All relevant stakeholders took part in this workshop, including representatives from the Secretariat for the Status of Women and the MoH. Results of the study helped fuel a thorough discussion on the various factors causing malnutrition problems in the several affected areas.
- Providing information in support of the evaluation mission conducted jointly by CILSS (Comite Permanent Inter-Etat de Lutte Contre la Secheresse dans le Sahel), FAO, WFP, OCHA and FEWSNET. Vulnerability analysis models included results of the CERF supported studies and greatly contributed to the quantitative outputs of the mission. The evaluation report is now widely distributed.
- Preparing a television broadcast on the nutritional situation in Mauritania. Lessons learned from the nutrition challenges survey were also used and explained by the UNICEF Resident Representative during a televised interview on the national television station on 27 February 2007.
- Refining the nutritional information system in Mauritania, including development of vulnerability maps based on survey results. The new system was presented during a

coordination conference for humanitarian agencies. The conference acted as a forum for dialogue, advocacy and coordination. Government representatives, bilateral and multilateral donors, NGOs and civil society were in attendance.

The CERF supported study has also helped in the development of joint nutrition programs and the establishment of a national strategy for infant and child nutrition. Results are also being used in an effort to devise preventive strategies to mitigate the impact and prevalence of chronic malnutrition.

Malnutrition Vulnerability Map – December 2006

Acceptable: acute malnutrition prevalence (weight/height <-2 ET) = below 6%

Precarious: prevalence between 6% and 9%

Alarming: prevalence between 10% and 14%

Critical: Equal or above 15%

