

# United States Agency for International Development

## Bureau of Democracy, Conflict and Humanitarian Assistance

### Office of Food for Peace

### Fiscal Year 2012 Annual Results Report

### Counterpart International/Mauritania FFP-A-00-07-00002-00

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## **LIST OF ACRONYMS**

AQIM	Al-Qaeda in the Islamic Maghreb
BCC	Behavior Change Communication
CANAL	Community Action, Nutrition and Livelihoods
CECD-M	Caisse d'Epargne et de Cr�dit Djikke – Mutuelle (Djikke Credit Union)
CFW	Cash for Work
CHW	Community Health Worker
CHF	Community Health Facilitators
CSA	Commissariat a la S�curit� Alimentaire (Food Security Commission)
CSB	Corn Soy Blend
DRAS	Direction R�gionale de l'Assainissement et de la Sante (Regional Health Office)
FAO	Food and Agriculture Organization
FFP	Food for Peace
IGA	Income-Generating Activities
KPC	Knowledge, Practice and Coverage
MCHN	Maternal and Child Health and Nutrition
MoH	Ministry of Health
MT	Metric Ton
NGO	Non-governmental Organization
OFDA	Office of Foreign Disaster Assistance
ORS	Oral Rehydration Salt
TBA	Traditional Birthing Attendant
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene

WFP            World Food Program  
VDC            Village Development Committee

## **1. Introduction: Annual Food Aid Program Results**

During fiscal year 2012, Counterpart continued the consolidation of CANAL Program activities. Following the submission of the no-cost program extension request, activities were implemented as planned, with an emphasis on sustainability. All 160 communities in the project area benefited from program support in FY12. Counterpart has generally maintained the original intervention methodologies. The implementation of recommendations from the mid-term evaluation and from FFP missions continued to guide program actions.

The basic assumptions of the program have remained the same. The political climate in Mauritania remained stable. Although political unrest, armed conflict and AQIM activities in Mali have created an influx of over 90,000 refugees in the eastern region of Mauritania, the CANAL program areas remain stable. The Mauritanian government has maintained its policies and priorities for the health and food security sectors.

The rainfall deficit has been greatly felt throughout the year and led to drastic reduction in local agricultural production and available pasture, coinciding with the decline of agricultural production and large livestock losses across the Sahel. These factors, combined with rising prices of imported food products, led to decreased food insecurity for many households. In July 2012, 32.3% of households were food insecure.<sup>1</sup> This is an increase of over 53% compared to the same period in 2011. Food insecurity has even reached the northern part of the country, which had been spared during previous crises.

The Mauritanian government, donor countries, international multilateral organizations, and international and national NGOs have mobilized to cope with the situation. The combined efforts have reduced the severity of food insecurity, although the situation remains worrying. Rainfall during the most recent agricultural season has been good and there have not yet been locusts. Agricultural production promises to be significant. However, the limited access to seeds will not allow production to reach an optimal level. The level of agricultural production and livestock numbers means food insecurity will persist into 2013. Continued assistance is necessary to improve the food security situation.

In order to maintain the nutritional status of children during the lean season, Counterpart sought and obtained from USAID an additional 240 MT of CSB, Lentils, Bulgur and Vegetable Oil and additional funding (\$23,000). This food was distributed as protection rations throughout the intervention area for one month, except in the Khabou commune, where distributions lasted three months due to the severity of the situation there. The food was also distributed for blanket feeding activities throughout the program areas. Counterpart also contributed logistical support to facilitate the operations of other partners for the CANAL program beneficiaries, such as the distribution of seeds by the Ministry of Rural Development, WFP and FAO. Funding has also been negotiated and obtained from OFDA for CFW and WASH activities to combat food insecurity and shortages of water in two of the four areas of intervention of the CANAL program.

Counterpart has maintained its entire portfolio of activities and methods of intervention. Capacity building of health workers continued to be a priority and the BCC activities have been reinforced with a family approach. Community mobilization through village development committees (VDCs) has continued. Management trainings were provided to committee members of income generating activities (IGAs). The rural savings and credit

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<sup>1</sup> WFP FSMS survey, July 2012

activities implemented in 2009 in collaboration with CECD-M continued with both institutional financial capacity building and the human resources capacity building in management. Beneficiaries of loans were trained in financial management.

Established partnerships have continued to function well. Counterpart continues to work with the CSA, who allows Counterpart the use of the central and regional warehouses for commodity storage. Counterpart partnered with the regional offices of the Ministry of Health in the implementation of blanket feeding activities. Counterpart and MoH also jointly lunched a pilot project for the use of rapid diagnostic tests for malaria in two regions. The Minister of Health visited the program area in April 2012. Counterpart participated in the validation of a new national policy document on community health and in the revision and adoption of a new national protocol for management of malnutrition. Counterpart also participated in the development of the Ministry of Health's National Health Development Plan for 2012-2016.

In FY12, Counterpart began working to phase-out program support of activities. Some CHWs began to buy directly from the Medicines and Consumables Purchasing Centre, a government company that sells generic drugs and supplies to both public and private health facilities. A Memorandum of Understanding was signed with the Ministry of Rural Development and collaboration with the Ministry has been strengthened, particularly in the distribution of agricultural seeds in three regions and animal vaccination campaigns ahead of the seasonal migration. In total, 22.5 MT of seeds were distributed to 2,043 households.

Counterpart also organized two ceremonies for the commodity distribution activities, at which the Embassy of the United States of America attended. Regular exchanges were also held between Counterpart staff and the Deputy Chief of Mission on the program's progress. Over the course of the year, FFP conducted three program field visits and the Office of the Regional Inspector General conducted an audit of the program.

There was some instability in program management. The Program Coordinator resigned in February 2012; the position was filled in May 2012. One health animator resigned in July, and the Head of Administration had a road accident in the fourth quarter. Despite these disruptions, measures have been taken to ensure the smooth continuation of activities.

Preparations for the final evaluation have been made and the scope of work was approved by FFP on August 24<sup>th</sup>. Significant work has been devoted to improving the quality of the data collection and processing of the KPC survey.

### **IR-1.1 Improved practices in health, hygiene and nutrition**

**Capacity building of health staff in government planning, implementation and evaluation of health services:** This year, Counterpart focused on refreshment training of health facilities personnel and community health workers (CHW, CHF, TBAs, health committees). In previous years, the program has supported the training and retraining of 44 head nurses on Integrated Management of Childhood Illness. This year, the program chose to focus on the formative supervision of trained nurses at their respective workplace. This was conducted in collaboration with the Directorate of Basic Health of the Ministry of Health. Counterpart staff visited 17 of 22 head nurses and observed that most nurses had the capacity to manage common childhood illnesses. Four key staff at the regional health office have been trained to perform head nurse supervision as part of Counterpart's exit strategy.

Medicines donated by Counterpart in 2010 to health posts and centers have contributed significantly to improving the health of mothers and children. Those medicines helped to strengthen the “medicine capital” of health posts and thereby increasing the profits generated by the cost recovery system. In return, the profits were used to improve the remuneration of health post support staff in the same health post. Medicine management is regularly monitored by DRAS on a biannual basis. ORS can be found at 81% of health posts and CHWs; antimalarial and antibiotic medicines are available at 89.2% of health posts and CHWs, which is a great performance in the rural areas of Mauritania.

During the year, technical staff from DRAS visited 132 program sites, a large increase compared to the 6 sites visited in FY11. The CANAL program also had the privilege of being visited by the Minister of Health during the month of April 2012 in Foug Gleita commune. This allowed the Minister and his delegation to see first-hand the program achievements and results. These visits have been a source of encouragement for community involvement and participation in program activities to head to a successful exit.

In FY12, all 37 TBAs had refresher training at the regional and departmental maternity hospitals. Two TBAs in Gorgol region have been recruited by the Ministry of Health as permanent staff after having been trained and supervised by Counterpart. Three new TBAs were trained to reinforce and complement community level activities. This has increased the number of TBAs trained by the program from 37 to 40.

**Strengthen the capacity of community staff:** Community staff (CHW, CHF and members of health committees) capacity in community Integrated Management of Childhood Illness have been reinforced. In total, 160 community health workers have received multiple trainings on the management of diarrhea, fever and acute respiratory infections. Refresher trainings were organized in commune capitals, with the direct supervision of the technical staff of DRAS (primary health care focal point persons) and Counterpart’s health animator.

Counterpart conducted formative supervisions of CHW, visiting each to observe their performance at the community level. The supervision involved members of health committees to increase their participation and the CHW accountability. Information gathering tools such as CHWs’ records of consultation have been improved and new versions were made available to the CHWs.

Since malaria is one of the aggravating factors for malnutrition in children and pregnant and lactating women, Counterpart worked in collaboration with the National Program against Malaria to pilot community-based malaria diagnosis and treatment activities in three communes (Khabou in Guidimakha, Lahreijath and Touil in Hodh El Gharbi). For this pilot project, the Ministry of Health made available trainers and rapid diagnostic tests for malaria, while Counterpart contributed new antimalarial drugs (combination of arthesunate and amodiaquine) and financial resources for training and field monitoring. This was the first such project in Mauritania and the results, when finalized, will help to shape the community health policy adopted by the Ministry of Health.

Medicines distributed to CHWs have helped to facilitate access to health care for rural and isolated populations. Under the supervision of the community health committees, the CHW sell the medicines at low cost. The profits generated are an incentive to the CHW. The value of the medicines donated to CHW as capital in 2009 was 2,725,789 MRO (\$11,800) and the

profit generated as of July 2012 is 2,701,855 MRO (\$11,696). Of the total profit, 2,076,267 MRO (\$9,025) is used to purchase more medicines and 625,588 MRO (\$2,720) is an incentive bonus to the CHW.

Each CHW consults with an average of 10 patients per month, for a total of about 16,560 visits per year by all of the CHW. With 15,925 children enrolled in the past year, the service utilization rate is 104%. This is possible as a CHW may consult with one child more than once per 12 months.

Some village health committees are not yet dynamic and motivated to perform their tasks. One of the main reasons is the lack of compensation. To overcome this situation, exchange visits between committees were organized to share the strengths and successes of the dynamic committees.

**Monitoring, promotion of growth and nutrition surveillance:** With the FY12 nutritional crisis, the program increased the frequency of child growth monitoring. Early in March 2012, a systematic screening of children 6-59 months was organized, using MUAC armbands to screen for malnutrition. The results indicated a worrying situation of acute malnutrition, justifying the need for protection and blanket feeding ration distributions. UNICEF and the Ministry of Health implemented the blanket feeding in Hodh El Gharbi and Assaba regions while WFP and the Ministry of Health distributed rations in the Gorgol region. Counterpart provided one-month protection rations to households with moderately malnourished children under 24 months in the program area. In addition, Counterpart also provided a 3-month food ration to all children under 24 months in Khabou Commune in the Guidimakha region.

The number of children enrolled for growth monitoring was 15,925. Due to the greater involvement of community health committees, this is an increase compared to previous years during which the number of children enrolled did not exceed 13,600.

KPC results show a positive evolution of impact indicators on nutrition for the period 2009-2012:

- **The percentage of children 6-59 months underweight** decreased from 34.5% in 2009 to 31% in 2012, a reduction of 3.5%
- **The percentage of children 6-59 months stunted** decreased from 28.2% in 2009 to 24.5% in 2012, a reduction of 3.7%

**Deworming, micronutrient supply, and vaccinations:** Counterpart participated in national campaigns of Vitamin A supplementation and deworming. In FY12, 14,206 children received Vitamin A supplements and 10,682 children received Albendazol (deworming medication). These campaigns are entirely managed by the Ministry of Health nationwide; Counterpart provides financial and logistical support for the implementation of the campaigns in the CANAL area of response.

In FY12, 3,140 pregnant and lactating women (out of a total of 5,564) were provided with iron and folic acid supplement while in 2011 only 2,541 received the supplements. Improving this indicator is still a challenge due to side effects when the pill is taken between meals. Counterpart began incorporating educational awareness activities with the distributions and during consultations to educate pregnant and lactating women on the best time to take iron pills to reduce those side effects.

In FY12, about 2,612 children under one year were vaccinated during mobile campaigns, representing 72% of the target. The program provided technical, financial and logistic support to the national immunization program in the CANAL area. The program also donated 25,000 vaccination cards for children 0-59 months and 10,000 vaccination forms for pregnant women to the Ministry of Health. This action has greatly improved the ability of the national level to collect health data.

**Communication for behavior change:** A new family-oriented BCC approach was introduced in the program this year using the same approved tools. Health animators were trained in this approach by the MCHN coordinator who then trained CHW in each region. The new approach has significantly increased and diversified the number of participants in awareness sessions in rural areas with two large main effects. First, the number of participants in group sessions increased significantly to 88,539 participants (75,234 female and 13,305 male) at 7,234 educational sessions; in 2011, only 20,957 participants took part in the sessions. Second, there has been an increase in the diversity of the social status of participants in the sessions to maximize the impact on behavior change.

The results of our recent survey of KPC are a good illustration, showing positive trends of IPTT indicators compared to the previous years.

	FY11	FY12
% of caregivers demonstrating proper personal hygiene:	11%	<b>24.5%</b>
% of caregivers demonstrating proper food hygiene behaviors:	11%	<b>31.9%</b>
% of children 0-6 months of age exclusively breastfed:	30%	<b>43.7%</b>
% of mothers with appropriate feeding practices for children 7-23 months:	19%	<b>27.9%</b>

The high rate of diarrhea cases indicated by the KPC survey (55%) can be linked to the drought this past year: the lack of safe drinking water due to the depletion of water sources.

	FY11	FY12
% of children who had diarrhea in the previous 14 days:	42%	<b>55%</b>
% of children who had diarrhea in the previous 14 days received ORS:	21.7%	<b>40.9%</b>

## **IR 1.2: Improved capacity and livelihoods at individual and household levels**

### **Staff training and support to microfinance institutions by a credit fund**

**Partnership with CECD-M and funds organization:** Partnership with CECD-M was further strengthened in FY12. Monthly and quarterly meetings were held at the field level and at the national level. Technical meetings were held to provide an update on the progress of activities and to address specific challenges.

The governing bodies of the credit union branches established in 2011 meet regularly to review and approve loan applications. In FY12, 16 credit committee meetings were held. Some committee's members also participated in reimbursement and informational missions, targeting clients who have not met their commitments. The 4 branches held their required annual general meeting in 2012 on their own initiative without any external assistance from Counterpart or CECD-M at the central level. This illustrates the willingness and motivation of the branches to manage microcredit activities with minimal assistance.

**CECD-M staff and Counterpart microfinance agents training:** Counterpart has continued to build the capacity of microfinance staff. The CANAL program trained 12 credit union staff members (4 managers, 4 credit officers, 4 cashiers) on portfolio development, improved customer service, financial procedures and financial education. CECD-M also provides ongoing training to staff during quarterly missions on the field.

Counterpart also organized a certified training course on financial education for 7 staff. The training aimed to equip participants with appropriate techniques to enable them to train and advise clients/beneficiaries of loans in good financial practices. After the initial training, 4 out of the 7 trainees have organized two trainings for 38 women receiving loans, marking the first step in the process of their certification as CGAP-approved trainers in Mauritania.<sup>2</sup> Other training sessions will be organized at the beginning of FY13 and will lead to the certification.

**Management of the credit fund:** In FY12, 615 loan applications to individuals, cooperatives and associations were approved by the credit committees. At the end of the fiscal year, 527 loans were disbursed for the amount of \$268,835. The average loan size is \$510. Special attention was given to loans for women so as to improve household food availability and diversity. In FY12, 1,111 women received loans from the program.

Regarding new income generating activities, only 165 new businesses were created, out of the planned 200. Due to the drought and its effects, beneficiaries are often more focused on maintaining existing livelihoods. The longer lean period, the extended human migration in search of income, and the migration of rural communities have reduced the opportunities to establish new businesses.

The average loan repayment rate as of 30 September 2012 is 91%, compared to 88% in FY11. Reimbursement rates vary from one region to another: Laouessi, 98%; Khabou, 93%; Touil, 88%; Fom Gleita, 86%. The different reimbursement rates are partly due to the impact of rainfall deficit and its consequences on communities in different areas. The lean period was very long and hard in the past year, to the point that households were seeking to survive rather than to devote their activities to generate income to help them repay their loans, particularly in Touil and Fom Gleita.

**Training of beneficiaries in business management:** Training of loan beneficiaries began in FY11 to assist beneficiaries to better use their loans and increase the repayment rate. In FY12, only 112 beneficiaries were trained from the 500 planned. The shortfall from the targets is due to the non-availability and mobility of population during the food crisis.

**Management and monitoring of income-generating activities directly financed by the Counterpart:** Counterpart continued to monitor income-generating activities (IGAs) implemented by Counterpart in 2008, before the beginning of microcredit activities. Counterpart performed an inventory of all 17 IGAs and found that the capital of community shops has increased, with part of the profits distributed among the cooperative members managing the boutique. In Khabou community for example, profits from their grinding mill helped set up a community shop, a butchery to increase meat accessibility and the deepening of the community well during the dry season. Grinding mills have reduced the women's

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<sup>2</sup> CGAP (Consulting Group to Assist the Poorest) is an independent policy and research center dedicated to advancing financial access for the world's poor. CGAP is supported by the World Bank. [www.cgap.org](http://www.cgap.org)

workload. Community shops have also contributed to improved food availability and accessibility in the community during the drought.

Counterpart organized four training sessions for 65 IGA managers to review the IGA structure and management, the use of management and accounting tools, and activities planning. After the training sessions, each IGA developed an action plan.

**Livestock support through associations of pastoral cooperatives:** During FY12, the pastoral activities to support livestock focused on monitoring the activities of veterinary assistants. During monitoring visits, Counterpart staff reviewed the level of proficiency in diagnosis and treatment of common diseases, the capacity for consultations, and the management of income from the veterinary medicines donated by the program. Four monitoring and formative supervision missions were organized during the year by Counterpart. More missions were not undertaken as this activity was halted earlier than usual due to seasonal migration and drought.

Forty-two veterinary assistants, trained and supervised by Counterpart, participated in livestock vaccination campaigns organized by the Ministry of Rural Development. The campaigns used vaccines provided by the Ministry and vaccination parks created by Counterpart to vaccinate about 65,000 cattle, among which 15,000 were vaccinated in parks created by the program.

One of the consequences of the drought was the death of a large number of animals, increasing the risk of a disease epidemic, mainly in the Guidimakha region. Counterpart, in partnership with the Ministry of Rural Development, supported 12 VDC in the safe disposal of 1,095 carcasses.

Cheese production was also hindered by the drought: only 215 kg of dried cheese were produced. However, Counterpart has worked with 128 producers to transform the production of cheese in income generating activities following a business plan. Counterpart participated in the commemoration of the International Women's Day, March 8, during which the cheese producers made presentations of dry cheese and food recipes. The producers presented the production technique and the nutritional value of dried cheese to mothers and children during the lean season.

### **IR-1.3: Increase the capacity of communities to reduce their food insecurity**

**Community mobilization:** In FY12, Counterpart continued to supervise the 160 Village Development Committees (VDC) formed in FY08. Counterpart worked with the VDC to ensure that the VDC are functional in supervising and implementing community activities and raising funds from other sources to fund Community Action Plans (CAP).

The following criteria were used to measure VDC functionality: 1) holding regular committee meetings, 2) management of growth monitoring and promoting, 3) regular repayments of loans by community members, 4) proper food store management, 5) presence of CHW medical box, 6) presence of community funds. Based on their performance on the criteria, the VDC were divided into 3 categories:

Category A: A VDC that meets all the criteria.

Category B: A VDC that meets at least two criteria for each program component.

Category C: A VDC that does not meet at least two criteria for each program component.

From the analysis of VDC functionality, 61 VDC are in category A, 53 VDC are in category B and 46 VDC are in category C. The main difference observed between category A and B is holding committee meetings and the presence of community funds. Counterpart is continuing to work with the VDC to address their respective weaknesses in order to increase the number of functional VDC.

For FY12, the VDCs implemented 29 self-financed projects. These projects are quite diverse depending on the community: drilling wells, well rehabilitation, well deepening, rehabilitation of dykes and bunds, construction of shops. Ninety-two VDCs established community funds with an average amount of \$105 (The highest amount was \$1,000). Even if the level of the funds is quite modest, the number of VDCs participating shows that this is a good foundation for the future since community participation and an accepted decision-making process is most important for sustainability.

**Improvement of community infrastructures to support food security:** During FY12, Counterpart finished construction of two wells that remained from FY11. Seventy-five communities have continued the implementation of development projects related to food security with the support of community development workers. Counterpart also supported some communities in market gardening. In total, 127.2 MT of vegetables were produced, of which about 30% was used for self-consumption and the rest was sold by the community, as reported by the beneficiaries. In partnership with the regional offices of the Ministry of Rural Development, Counterpart distributed 22.5 MT of seed to 2,043 households. As part of capacity building, Counterpart organized for members of the two associations in the Hohd et Gharbi region to visit an association in the Guidimakha region to share experiences on water management and gardening techniques.

According to data collected during the KPC survey, the number of months of adequate food provisioning has increased to 6.7 from 3.3 in 2011. This significant increase may be the result of different interventions by Counterpart and the government to address the food crisis. The Household Dietary Diversity Score (HDDS) has increased to 5.6 from 2.8 in 2011. The increase may be explained by the heavy rains that have led to the diversity of food crops, while this was not the case in 2011. Unfortunately, the Coping Strategies Index rose from 27 to 62.5. This is consistent with the situation of food insecurity and clearly indicates that households have resorted to more relatively extreme coping strategies compared to 2011.

## **Food distribution**

**Distribution of food in the context of ongoing activity of the Program:** During FY12, Counterpart distributed 804.718 MT of food rations to children aged 6 to 59 months with a z-score below 1.85 WAZ or HAZ and children aged 6 to 24 months. Children received rations of CSB, vegetable oil fortified with Vitamin A, and lentils. In Assaba region, Counterpart has implemented the PM2A, under which 1,068 children benefited from rations in FY12. In total, 6,326 children received 333.882 MT of food, 5,564 pregnant and lactating women with children under 6 months of age received 394.540 MT of food, and 968 VDC members received 76.959 MT of food as a compensation for the different services provided to the CANAL activities. An additional 9.340 MT of food was distributed for food for work activities.

**Protection rations:** Given the food insecurity situation, Counterpart distributed 121.24 MT of commodities to 4,091 households. These households were those with children who have received rations. The protection rations are intended to prevent other family members from using the child's rations.

**Blanket feeding:** As part of the drought response, Counterpart distributed 18.959 MT of commodities to 1,226 children in the commune of Khabou.

### Summary

Activity	Recipients	Quantities in MT				
		CSB	Bulgur	Veg.Oil	Lentils	Total
MCHN	13,062	326.544	209.938	92.846	175.390	804.718
Protection Rations	4,091	0	14.337	18.159	88.744	121.240
Blanket Feeding	1,226	14.089	0	3.106	1.764	18.959
<b>Total</b>	<b>18,379</b>	<b>340.633</b>	<b>224.275</b>	<b>114.111</b>	<b>265.898</b>	<b>944.917</b>

**Training in the use of cereamine:** Cereamine was identified as a replacement commodity to food rations distributed by the program as part of the program exit strategy. Cereamine is flour made from maize, millet, rice, and legumes (groundnut and cowpea). It is a suitable food supplement when prepared in proper hygienic conditions, providing micronutrients, nutrients and energy needed for the child to meet his growth needs. The program has trained 40 women members of cooperatives with IGA.

## 2. Success Stories

### **Debaye Teydouma: A Resilient Community**

Debaye Teydouma is a community of 150 household in Lehrejet municipality in the Hodh-El-Gharbi Region of Mauritania. Counterpart International worked with the community to establish a Village Development Committee in 2009. The committee then developed a community activity plan, including building a community warehouse through food for work activities, conducting community health activities in conjunction with distributions of food rations to malnourished children, and installing a grain grinding mill to generate income.

Similar to most Sahel communities, Debaye Teydouma suffered from drought in 2012. Without rain, no crops were planted and the few herders in the community left with their animals, crossing the border to Mali for greener pasture and water. Teydouma Village Development Committee decided to use part of the community savings from the grain mill to buy subsidized cereals from the Mauritanian Government. The committee purchased four metric tons of cereal and made it available to all households during the drought, with each household reimbursing the grain at its own pace. Despite the drought, the malnutrition rate in Debaye Teydouma was one of the lowest in the region (6.8%).

Debaye Teydouma is now working to reconstitute their seed capital and develop new income generating activities to better prepare for future shocks.

With funding and commodities from the United States Agency for International Development, Counterpart International is implementing the Community Action, Nutrition and Livelihoods (CANAL) project. Counterpart supports 160 communities to strengthen their resilience to food insecurity.

### **Bringing Health Services to Rural Communities**

Maté Mint Sidi Ali, a community health worker in Guidimakha, says “I never envisioned being a leader in health. But when Counterpart International came to my village recruiting volunteers to serve as Community Health Workers, I jumped at the chance.”

For many rural communities in Mauritania, access to health care is a significant challenge. The nearest health post, which provides only basic services, is six miles from Maté’s village. Without vehicles, transporting sick people to receive care is a major hardship – hiring a ride is expensive for people with limited incomes; the alternative is an all-day trek that takes them away from work or caring for children. As a result, many health problems go untreated, often becoming severe or chronic.

After participating in a series of four training sessions in basic preventive health care, disease management and peer health education methods, Maté began helping her neighbors by encouraging them to adopt healthy behaviors and providing them with treatment for basic ailments. As Maté says, “bringing health care directly into the community has had an enormous impact on community health.”

Before she became a Community Health Worker, Maté says, many of her neighbors suffered from malaria or fever, and small children frequently had diarrhea from drinking contaminated water and from poor household and community sanitation practices. Now, Maté leads peers in health education sessions. These sessions have helped the community recognize the symptoms of common diseases, improve hand-washing and hygiene practices, identify the signs of high-risk pregnancies, practice breastfeeding and better child nutrition, and seek care from higher-level health professionals when necessary.

In addition to helping prevent disease and illness, Maté also helps treat basic conditions with her own supply of medicines. Counterpart provided Maté with a basic medical kit that allows her to test for and treat malaria, provide oral rehydration salts and antibiotics, and diagnose and treat simple medical issues. For more complex cases, she refers people to seek treatment at the nearest health post and follows up to make sure they recover.

Maté takes a basic fee for the medicines she provides. This fee allows her to re-stock the medicines from pharmacies in the nearest city. With the income left over, Maté’s medical box earns her about 6,000 Mauritanian Ouguiya – or \$20 U.S. – every month to supplement her family’s income.

With Maté’s training, knowledge, and the medicines she distributes, her community now has better disease prevention and management overall, reducing the incidence of ailments that previously plagued the community. According to Maté, this has reduced malnutrition rates in children – which she measures during regular community-wide growth monitoring and promotion sessions – and enabled adults to be more productive and earn more money to support their families.

With funding and commodities from the United States Agency for International Development, Counterpart International is implementing the Community Action, Nutrition and Livelihoods (CANAL) project. Counterpart supports 160 communities to strengthen their resilience to food insecurity.

### **3. Lessons Learned**

1. The high level of illiteracy continues to be a major handicap in the implementation of activities in some communities. This remains a concern regarding the sustainability of some program activities such as the management of income generating activities and reporting on progress achieved to community committees.
2. More effective coordination between United Nations organizations, the government, and national and international NGOs in responding to the 2012 drought crisis could have increased the coverage of the blanket feeding activities.
3. Access to intervention sites during the rainy months (August and September) remains extremely difficult.
4. Human resources of the regional offices of health (quantity and quality) do not allow for optimal monitoring and supervision of activities and post-training support to community health workers.
5. The food crisis that led to a longer lean period has seriously disrupted program activities. The longer lean period, especially the long transhumance and migration of rural communities, has not only reduced the intensity of certain activities, but also contributed to the reduction of some positive impacts of the project.
6. A dynamic and functional Village Development Committee is often also where program activities have had a better positive impact. Consequently, the local community development success highly depends on the presence of a motivated and representative community structure such as the VDC.
7. With limited microfinance penetration in rural areas, financing income generating activities has proven to have greatly contributed to communities' resilience to food insecurity. Efforts to build resilient communities should include the expansion of microfinance services in rural Mauritania.
8. Households and communities involved in market gardening have proven to be more resilient to food insecurity shocks. Effort to increase resilience should also include the provision of water management equipment and fencing.

### **4. Attachments:**

- A. Indicator Performance Tracking Table;
- B. Detailed Implementation Plan;
- C. Standardized Annual Performance Questionnaire;
- D. Tracking Table for Beneficiaries and Resources;
- E. Expenditure Report;
- F. Monetization Tables;
- G. Completeness Checklist.