

**MAURITANIA**

**RESULTS REVIEW**

**NON-PRESENCE COUNTRY**

**R4**

**FY 2001**

**March 1999**

## **Please Note:**

The attached RESULTS INFORMATION ("R2") is from the FY 2001 Results Review and Resource Request ("R4"), and was assembled and analyzed by the country or USAID operating unit identified on this cover page.

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## **MAURITANIA**

### **A. Contribution to Food Security**

In terms of addressing the three dimensions of food security availability, access and utilization the FFP Program in Mauritania is making the greatest strides in the nutrition education program, which covers improved utilization of food, among other topics. This is also an area which has the greatest promise for sustainability. Once the messages pass and are incorporated into the dietary regimes and regular activities of the household, they are sustained. Availability of food is addressed through the provision of Title II commodities. While this certainly addresses a real need in the community, it cannot be considered sustainable because it is reliant on external factors, such as the political relations between the US and Mauritania. In addition, it requires the presence of Doulos or another U.S. PVO. The only dimension of food security that the program does not adequately address is that of access to food. Analysis of household finances is on-going, including ways of improving cash flow, particularly women's access to incomes.

The Title II food distributed in the program contributes to household food security to varying degrees. The standard dry ration package is designed with families in mind. According to the DAP, the standard ration package (one mother, one child) provides a total of 68,370 calories and 2528 grams of protein per month. If the package were shared among six or seven household members, the daily per capita supplement would equal approximately 290 calories and 11 grams of protein. For a larger family of 12, the per capita calorie supplement would be about 190 calories and seven grams of protein.

In terms of economic value, the dry rations are not likely to be sold, but to be consumed by family and friends. It is possible that women do sell a portion of the oil, but this is not confirmed. As Doulos has reported, the dry rations of WSB and SFSG are not easily marketed because they are not part of the regular staple diet, such as millet and rice. Local sorghum is consumed, but it is a different variety, and has a different color and cooks slightly differently.

### **B. Effectiveness of the Program in Achieving Results**

Under the Maternal and Child Health (MCH) program, results achieved regarding impact indicators exceeded expectations by a wide margin, as indicated below.

#### **1. Objective 1: Improve Health and Nutritional Status of Enrolled Children**

Among the 4,342 children who participated in the MCH program throughout all twelve month of FY 98, the actual achievement for average weight-for-age (WFA) gain per child during the fiscal year was 7.6 percentage points (targeted achievement was 5 percentage points). This is the best achievement for this indicator since Doulos began tracking annual WFA improvement status in FY 93.

Among the 412 graduates from the Nouakchott MCH centers in FY 98, the actual achievement for average total improvement in WFA status per child was 16.6 percentage points (targeted achievement was 10 percentage points). This is the second highest recorded by Doulos since FY 93.

Actual achievement for percentage of graduating children reaching >80% WFA was 66 percent (targeted achievement was 65 percent).

Among all FY 98 graduates, the actual achievement for percentage of severely malnourished children (<60% WFA) rehabilitated to >75% WFA was 68 percent (targeted achievement was 75 percent).

(Refer to Table 2 summarizing performance for Objective 1 in Section I.A.1.b. of the Doulos FY 98 Results Report).

## 2. Objective 2: Strengthen Mothers' Health Knowledge & Practices

The mid-term evaluation of Doulos' program, carried out in November 1998, provides evidence that beneficiary mothers are learning important health information in the Doulos MCH centers, and that they are applying this knowledge and sharing it with other women. Excerpts from the mid-term evaluation report follow. What is most important about this data is that it reflects the beneficiaries' own perception of what they have learned through the health education at the MCH centers.

" In each of the five centers visited, women considered topics concerning care for children as the most relevant. Specifically, mothers appreciate information on hygiene, breast-feeding, and basic health care such as fever and diarrhea management. Women also expressed appreciation for the knowledge they received on family planning. HIV/AIDS and other sexually transmitted infections followed these other two topics in popularity among the women met...Women also believe that the knowledge they gain through the discussion series has helped them to manage better certain illnesses, especially diarrhea...Women claim that they have changed certain practices. For example, women emphasized how important cleanliness and wearing shoes is for children."

Doulos will be conducting a KAP survey in FY 99 and thus next year's Results Report will have quantitative data to compare with the qualitative data gathered during the mid-term evaluation.

Results achieved under objectives 3 and 4 also indicate that Doulos is ahead of schedule to meet its DAP targets (see Tables 3 and 4 of Section I.A.1.b of FY 98 Results Report).