

USAID/MAURITANIA

RESULTS REVIEW AND RESOURCE REQUEST (R4)

April 2001

Information Annex Topic: Non-presence Countries – 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 great strides in the nutrition education program, which covers improved utilization of food, among other topics. This is also an area that 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. In FY2000 Doulos Community conducted a Knowledge, Attitudes and Practice (KAP) survey among over 600 beneficiary mothers enrolled in its MCH program. The results of this survey indicate that women enrolled in the Doulos centers for at least 2 years showed a significant improvement in child feeding practices (earlier start of breastfeeding, more appropriate introduction of solid foods and weaning practices, more frequent feeding of pre-school children) and better knowledge of basic nutrition than newly-enrolled beneficiary mothers. Such changes in knowledge and practice over time suggest the Doulos program is helping beneficiary families to more effectively utilize limited food resources, thus improving household food security.

In previous years, Doulos Community's Title II MCH program did not address the food access aspect of food security. Under the new FY2001-2005 Mauritania Anti-poverty Program (MAP) to be run jointly by World Vision Mauritania and Doulos Community, micro-enterprise development activities will be an important component of the program. The MAP program will also involve building cisterns and creating local water management committees with the goal of improving access by poor families to clean water supplies at a reduced cost. Both the micro-enterprise and water activities should lead to an increase in resources available to beneficiary families. Through education, Doulos and World Vision will encourage beneficiary families to use this increased income to improve the food security and nutrition of their households.

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 Title II food distributed in the Doulos Community MCH 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 (as surveys indicate is the norm), the daily per capita supplement would equal approximately 290 calories and 11 grams of protein. For FY2001-2005 under the joint MAP World Vision will be testing the feasibility of implementing a community gardening program which, if successful and implemented throughout the target neighborhoods, could also lead to increased availability of fresh fruits and vegetables for participating families.

B. Effectiveness of the Program in Achieving Results⁵

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

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

Doulos Community's most important objective in its MCH program is to improve the nutritional status of malnourished pre-school children. While Doulos has met its objective in regard to children's nutritional rehabilitation consistently over the past 12 years of running Title II programs, children graduating from Doulos' Nouakchott MCH centers in FY2000 surpassed all previous program graduates in terms of improvement in their weight-for-age (WFA) status. Over the course of program enrollment, the 2541 children who graduated from the program this past year increased in weight-for-age status by an average of 22.5 %. The average child entered the program at 13 months of age with a WFA status of 67% of the median and graduated from the MCH centers at 58 months of age with a WFA of 89.5% of the median. The most severely malnourished children (less than 60% of median WFA at enrollment) showed even more dramatic improvement, improving an average of 33% from 55% median WFA at enrollment to an average of 88% WFA at departure. In fact, nearly 92% of the severely malnourished children attained a weight-for-age of at least 75% by the time of their graduation from the program.

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

In order to evaluate the program's success in strengthening mothers' health knowledge and practices, Doulos conducted a large-scale Knowledge, Attitudes and Practices (KAP) in FY2000. The survey was conducted between July 1, 2000 and September 19, 2000 with a total of 686 beneficiary mothers surveyed. (This represents approximately 10% of all enrolled mothers.) With a total of approximately 127 different questions among the 5 different topical versions of the survey, the amount of data provided by the survey is vast and some data analysis remains to be completed. For those questions which have been analyzed, the data offer excellent evidence of an improvement in beneficiary mothers' health knowledge and practice over time. In almost all cases, the knowledge and practice of women enrolled in the MCH centers for at least 2 years greatly exceeds that of newly enrolled mothers.

Doulos administered a KAP survey questionnaire and received responses to 20 selected questions (a representative sample including questions from virtually all main topical areas). The KAP provided the following summary: The overall knowledge of all beneficiaries surveyed is impressive with an average of 63% of all respondents providing correct answers or evidence of good health practices for each question. Most striking however is the difference between newly enrolled mothers and those beneficiaries in the program at least 24 months. On average only 43% of newly enrolled mothers could provide satisfactory answers to each the following 20 questions. By contrast 73% of beneficiaries enrolled >24 months could provide satisfactory responses to these questions.

In the FY96-2000 DAP, Doulos established a performance indicator of 50-70% improvement in knowledge & practice between beneficiaries and non-beneficiaries or between new enrollees and

⁵ For detailed information on this section, please refer to the FY 2000 Results Report submitted by The Doulos Community.

long-term enrollees. Doulos met or exceeded this level of performance for all but 6 of the 20 KAP survey questions analyzed above (mostly cases where baseline levels were already very strong), and the overall increase in knowledge/practice for all 20 questions averaged 128%, well above the 1995 DAP's stated performance goal of a 90-100% average improvement for all areas. Based on these data Doulos concludes it has successfully met its targets for achievement of this objective.

Results achieved under objectives 3 "Transfer Management Responsibility to Mauritanian Staff" and 4 "Ensure Efficient Control and Distribution of Title II Commodities" also indicate that Doulos successfully met virtually all its DAP targets in FY2000, the final year of its DAP, and throughout the DAP. Based on the feedback of the regional FFP advisor for West Africa, Doulos will be reexamining the performance indicators outlined in the FY2001-2005 joint World Vision-Doulos DAP submission to see whether targets should be revised upward based on previous success.