

# My child no longer eats sand

MAURITANIA, Aid and Global Battle against Child Malnutrition



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Two boys walk arm in arm in an area affected by the drought in the Hodh El Gharbi region of Mauritania.



# Mauritania

Aid and Global Battle against Child Malnutrition

## My child no longer eats sand

Author: **Gonzalo Fanjul\***, for UNICEF Spain

**In the midst of an unprecedented global food crisis, Mauritania is one of the few sub-Saharan African countries that could meet the goal of reducing child malnutrition to 50% before 2015. Its success demonstrates the impact of quality aid, coordinated between the national government, humanitarian organizations and donor countries such as Spain. In the coming years, this Sahelian country could lay the groundwork for a hunger-free future, but to achieve this it needs the support of an international community which must live up to the expectations it has created.**

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# Executive Summary

In the heart of the Sahel region, in the middle of one of the planet's most hostile natural and economic contexts, Mauritania is winning the battle against child malnutrition. In the two past decades since 1990 (the Millennium Development Goals year of reference), this country has reduced chronic levels of malnutrition to 50% and is laying the foundation for a hunger-free future. Although one in four children under five years of age continues to suffer from malnutrition, this figure is half of the number for the rest of Africa. If the country had followed the continent's path, today Mauritania would have close to 90,000 more children with malnutrition, a population equivalent to the city of Toledo.

Spain has played  
a leading role in  
Mauritania's  
effort to fight  
malnutrition

This success story combines humanitarian organizations' creativity, the Mauritanian government's political will and donor's economic resources. Spain in particular has played a leading role in the nationwide effort to fight malnutrition. Rates of exclusive breastfeeding up to six months of age – an essential prevention factor which reduces infant mortality by up to 19% – now reaches more than two thirds of Mauritanian children. Along with the distribution of vitamins, hygiene programs and the distribution of nutritional supplements, this measure has been determined to avoid chronic malnutrition and prevent spikes in acute malnutrition during months of famine. Today the country has a growing network of professionals and an information system which makes it possible to design efficient strategies against malnutrition.

One of the most innovative is known as the REACH Initiative, which brings together the efforts of four UN agencies (UNICEF, PAM, OMS and FAO) and has turned Mauritania into a model for other countries. Under this model, traditional measures against malnutrition form part of a wider strategy, which includes social protection of families (through health care systems, for example) and the promotion of long-term food security with more productive and efficient agriculture. REACH's pilot projects in the southwest of the country – funded entirely by the Spanish Cooperation the ODM fund – cover a population of 107,000 children under 5 years old and 316,000 women in two regions of the country. Nutritional interventions could indirectly benefit 120,000 households in these areas.

The question many are asking is whether it will be possible to maintain this path success in the future, when the multiple crises punishing this region are compounded by the uncertainties of donor nations' financial commitment. The Sahel is one of the epicenters of the world food crisis, in which spiraling prices, climate and conflicts threaten the lives of 18 million people. UNICEF has sounded all alarms to warn that more than 4 million children in the region are at risk of suffering from acute malnutrition. Tens of thousands won't survive the next few years and the rest will be hindered for life in terms of education and employment prospects.

When 300,000 children die every year in the region for lack of food, we face a crisis of chronic character which will not be solved with spasmodic responses. The region had



already faced coups in 2005, 2008 and 2010. Before and after these dates the gravity of child malnutrition justified in any case the declaration of 'emergency,' in accordance with international criteria.

In countries such as Mauritania, the life of a child is played like roulette with risks and vulnerability. Rising prices (up to 150% for basic foods such as millet or corn) has had a devastating effect for poor families, who spend between 50 and 70% of their income to purchase food. Survival implies eliminating education or health care costs. The climactic change is intensifying periods of drought and causing pastures to disappear, upon which the country's extensive agricultural community depends. To make matters worse, the conflict in Mali has caused a crisis of 80,000 refugees who are crowding the southeast of Mauritania, subjecting local and international authorities to even more pressure for scarce resources.

The consequence of this perfect storm is simple: in the 21st Century, the battle against malnutrition is played on an expansive field, in which traditional nutrition policies need the complement of social protection and food security. This is precisely the path which Mauritania has chosen. The effort in recent years has laid the framework for a solid strategy which establishes reasonable objectives and aligns the capacities of the government with those of its donors. This means facing up to an acute malnutrition problem which right now could affect 107,000 children under five years of age, plus preventing the future hunger for hundreds of thousands people more. It is difficult to conceive a more relevant goal and region for an international aid program.

Mauritania's effort has laid the framework for a solid strategy which establishes reasonable objectives and aligns the capacities of the government with those of its benefactors

**At the Kaédi Hospital nutrition center, supported by UNICEF, Oumou Sy feeds enriched milk to her 7 month-old son Kumbaba, who suffers from severe acute malnutrition.**



Fighting against child malnutrition encompasses all improvement for development aid: fair, profitable and efficient investment

The provided data, however, suggest that the donor community is still far from efficiently responding to this challenge:

- ★ The total cost of putting an end to malnutrition in every country on the planet is 10.3 billion dollars annually, a fifth of what the EU plans to issue for the rescue of Spanish banks. In the best case scenario, global aid against malnutrition represents at this point a one per fifteen proportion of what would be necessary.
- ★ Overall, the emergency request made in large part by humanitarian agencies operating in Mauritania had received only 40% of the resources it needed as of August 2012 (agencies have only received 39 million of the 94 million dollars requested,). With this response, Mauritania has become the international emergency with the largest gap between what was requested and what has been received.
- ★ There is a real risk that the situation will extend to programs fighting malnutrition which are unrelated to the emergency, such as REACH. Total aid budgets are falling in the four major bilateral donors to Mauritania, which in 2010 were also the main global donors to nutrition and food security. Spain, in particular, has cut its ODA budget by more than 70% in the last two years.

The coming months will be a determining factor for the future of the REACH initiative and other efforts against malnutrition in Mauritania. Financial failure of benefactors would not just freeze programs, it would destroy a large percentage of them and pull the country down into the same situation which punishes other African regions, acting as a disincentive to the efforts carried out by national governments.

Moreover, the withdrawal of the Spanish Cooperation could threaten important strategic interests. In a context as turbulent as that of the Sahel, in which international cooperation has become a powerful lever of influence on external policy and Spanish security, it is difficult to foresee what consequences a significant loss of aid would have for our country.

The fight against child malnutrition encompasses all improvement for development aid: reducing inequalities which burden the future of minors is a fair, profitable and efficient investment, and Mauritania represents a level of success little known in this battle. But all this effort would be useless if the international community abandons Mauritania. Even in a context of budgetary shortcuts, rich countries, by ethics and common sense, are due to establish red lines and child malnutrition is one of them. As has recently mentioned the General Director of UNICEF, Anthony Lake, "to renew our compromise" towards child survival will permit to capitalize with few resources the huge efforts of

## What are the types of malnutrition?

Throughout the report we will refer to three types of malnutrition (which often overlap):

🕒 **Chronic malnutrition:** also referred to as delayed growth, this indicator describes insufficient nourishment (or a problem of absorbing micronutrients as a consequence of infections or other illnesses) during several of the first years of life, especially a child's first 24 months.

Growth delays during this period can have life-long consequences, and can even pass from mother to child.

🕒 **Acute malnutrition (moderate or severe):** this term describes specific severe food shortage situations as a consequence of hunger or illness episodes, and is measured with respect to child's weight according to its height. UNICEF has

calculated that in 2006 the number of underweight children was 129 million worldwide.

🕒 **Lack of micronutrients:** finally, malnutrition can come from an insufficient absorption of vitamins and minerals during a prolonged period of time. This problem -- which can arise from a disease which appears to be minor such as stomach





«  
A mother receives nutritional supplement for her daughter in the Health Center of Kiffa, Assaba Region.

innovation and social promotion realized during the last years. It is a compromise that not only concerns governments but also private institutions and individuals.

During the next months, Mauritania and the Sahel region will be confronted to a critical period concerning both the response to the emergency as well as the application of its national plan against malnutrition. To achieve improvements in both fronts, the Spanish office of UNICEF gives the following recommendations:

- ★ **To maintain commitment concerning the Sahel issue:** the International Community has to give an adequate answer to the appeal made by organizations in order to resolve the food and refugees crisis from Mauritania and the Sahel region. Spain, one of the major international actors in this region until now, must have a leading role in undertaking this effort.
- ★ **To guarantee an adequate investment in children** by concentrating efforts in those regions and programs where levels of malnutrition and child's poverty are higher.
- ★ **To support the REACH Innovation and coordination programs:** The Spanish government must assure continuity of its bilateral and multilateral cooperation programs in Mauritania, particularly those related to nutrition and food security. The REACH Initiative, driven so far by the MDG Fund, depends on this decision.
- ★ **To extend the social commitment:** Spanish society – including companies - must also assume their responsibility in this effort, supporting Spanish cooperation and contributing with private resources to sustain and complement this public policy. In order to promote this social commitment, both government and NGO's must realize a strong effort of influence and public pedagogy.

worms -- is correlated with an elevated number of deaths for children under five years of age. The lack of Vitamin A, in particular, triggers children vulnerability to infectious diseases.

In the case of the ODM1, the formal indicator is weight insufficiency, which uses as a reference the number of underweight children corresponding to their age and

incorporates elements of the three previous indicators.

The fact of identifying these pathologies is not immediate, thus nutrition experts have developed systems which help to quickly identify the risk of malnutrition for children. One of the most extended is the use of metric belts to measure forearm circumference. This method -- which is

applied to children between six months and five years old -- makes possible to determine immediately and with reasonable certainty the minor's nutritional state and the treatment to follow in each case.

**Whenever malnutrition is discussed throughout this document, we are referring to chronic malnutrition, unless explicitly specified otherwise.**

# 1. Introduction

Some mothers describe the nutritional programs effects with a devastating simplicity; “My child do not eat sand anymore”

In the Kiffa Health Center, in the south of Mauritania, the stream of women with their children is constant. In a few hours, close to two hundred children will have participated in the nutritional supplement program which the government develops with UNICEF's support. The little ones play around the rickety structure in which the Mauritanian nurses work. But some of them stay subdued in their mothers' arms, unable to move like the others. They are the victims of acute malnutrition, which affects one of every six children in the Assaba region.

The communication campaigns – conducted through radio ads and the collaboration of community leaders and imams – have been able to attract hundreds of families to the health centers. Some of them have walked seven or eight kilometers to get here with their kids, under the scorching sun in an area where that day the temperature reached 46 degrees. But the journey is worth the trouble. The nurses do a diagnostic test of the children's nutritional state, identifying the most serious cases by the size of their small forearms. All of the two year-old children will receive a nutritional supplement and, in severe cases, a more potent therapeutic treatment. In extreme cases, children are referred to the local hospital.

Many of the southern regions of the country have been declared to be in a “food emergency” situation. The drought and the increase in prices of food have extended the period of scarcity, which in good years is limited to the trimester before the autumn harvest. But this year the alarms sounded much earlier, which obliged national and international agencies to intensify and extend programs to prevent peaks in acute malnutrition, which are based on the distribution of nutritional supplements and promotion of good practices such as breastfeeding. In regions such as Assaba, it is the first time that programs of this type are being developed, which in 2012 will reach 68,000 two year-olds in the south and southeast of the country.

Only those who have witnessed the effects of the programs are able to gauge their impact. A few days after beginning to take the food supplements, children recover their vitality and their smile, and families become the most outspoken proponents of the campaign. Some mothers describe the effect with a short simplicity: “My child no longer eats sand.”

The fight against child malnutrition encompasses all arguments in favor of development aid: reduction of inequalities which burden children's futures is a fair, profitable and efficient investment, and Mauritania is a little-known success story in this battle. Although chronic malnutrition continues to be a serious problem in the country, throughout the last two decades Mauritania has accomplished a reduction of its prevalence to 50% and is moving towards the fulfillment of the Millennium Goals for 2015. If the country had the same figures as other African countries right now, the number of malnourished Mauritanian children would increase by 87,000.

Most importantly, during the last five years the country has been taking steps towards preventing future malnutrition, and it has done it thanks to financing from the Spanish Cooperation. Through the REACH Initiative call, government and international agencies combine active nutrition policies, food security and social protection in an innovative effort that could pave the path for the fight against hunger in the coming decades.





**A health worker delivers therapeutic food to the grandmother of a malnourished baby who is being discharged from the Kaédi Hospital Nutrition Center, supported by UNICEF.**

If there were ever an opportunity to demonstrate the value of aid and the need to sustain cooperation programs to European contributing States, this is the one. However, according to data from the United Nations, Mauritania has become the international emergency with the widest gap between aid requested and aid received (only 40% of funds requested have been provided)<sup>1</sup>.

This document follows this structure: after the introduction, section 2 addresses the international effort to fight child malnutrition and explains why Mauritania is a success story. Section 3 describes the new challenges in the fight against hunger, especially in regions as turbulent as the Sahel. Section 4 is center on aid's indispensable role in this effort. Finally, section 5 offers some conclusions and recommendations.

## “UNICEF has helped place malnutrition among the priorities”

Doctor Aissata Ba Didibé doesn't fit the image of a United Nations civil servant. This wide smiling Malian woman has occupied the second highest position in the UNICEF office in Mauritania for the past two years. When she describes her work, Aissata conveys the ambition of an organization which, among other things, “has helped to place child malnutrition among the priorities of the Mauritanian government.”

UNICEF is one of the most dynamic actors in the populous world of international cooperation which operates in Mauritania. In the past year alone, this United Nations agency has collaborated with the Mauritanian administration and with civil society organizations to achieve universal vaccination for children under five years of age (which has already been achieved in the case of



polio and mumps), extend social protection mechanisms for minors and ensure sanitation systems for 350,000 people in close to 500 villages, a priority objective in reducing child mortality.

One of their priority scopes of action is the fight against child malnutrition. In prevention of chronic malnutrition as well as the fight against acute

malnutrition, programs of vitamin strengthening and distributing nutritional supplements to tens of thousands of children under two years of age all over Mauritania are containing the damage of the multiple crisis which has hit the country.

When referring to her mission, Aissata remembers the story of Habibi, the small two year-old boy who fled with his family from violence in northern Mali. When authorities at the UNICEF center for nutritional recovery took in Habibi in the M'Bera refugee camp, his chances of survival were scarce. A few months later, the boy had regained his smile and his grandma was overflowing with joy. He is only a number among tens of thousands of refugees, but every day this boy's life serves as a justification for the work of Aissata and her team in Mauritania.

Health workers prepare enriched milk for malnourished children in the Kaédi Hospital nutrition center, supported by UNICEF.







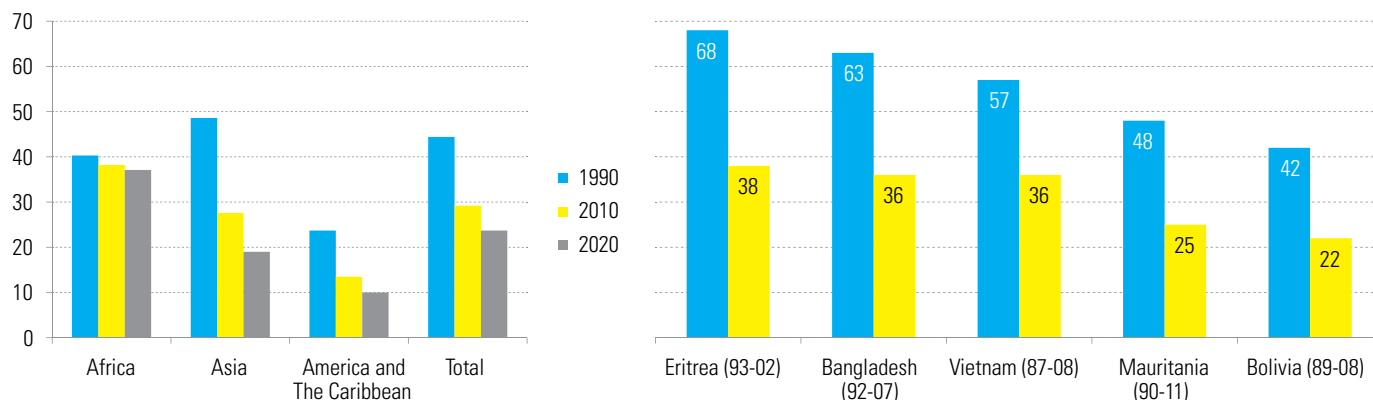
## 2. Child Malnutrition: A fair, profitable and winnable battle

When the international community decided in September 2000 to establish the roadmap of the Millennium Development Goals, the fight against hunger was highlighted at the top of the list for good reasons. No indicator better describes a society's progress than its capacity to ensure enough food for the entire population. The violence of a malnourished child or a parent who does not know how to feed their children the next day contradicts the most basic idea of human dignity.

The effort of the past fifteen years is showing mixed results. Graph 1 describes the evolution of chronic malnutrition, establishing a stage for the year 2020<sup>2</sup>. Although we have seen advances in global terms towards the established objective of reducing hunger to 50% for the year 2015, what's certain is that progress of different regions in this area is very different:

- ✦ Around 6.9 million children under 5 years old die every year from preventable causes. A third part of these deaths is related to malnutrition<sup>3</sup>. Worldwide there are between 170 and 180 million malnourished children and 80% of them live in 20 countries only<sup>4</sup>.
- ✦ Despite most cases being concentrated in Asia, its trajectory throughout the last two decades is a success story. Africa, on the contrary, still suffers from chronic malnutrition levels close to 40%.
- ✦ All regions with no exception have success stories which demonstrate the potential of public action in this scope. Eritrea, Bangladesh, Bolivia and Vietnam, for example, have dramatically reduced their levels of chronic malnutrition since 1990.
- ✦ The trends for the next decade consolidate what we have seen until now. The takeoff of Asia and Latin America will take relative and absolute levels of malnutrition to historic lows, while sub-Saharan Africa could see a 2020 figure very similar to that of 1995. Considering the predictions of population growth in these regions, which means that in 2020 there will still be 64 million hungry children, 20 million more than in 1990. (See **Graph 1** on the following page).

**Graph 1. Estimated evolution of chronic malnutrition by regions and selected countries**



SOURCE: ONIS ET AL. (2011) AND ODI (2011).

The interpretation of the statistics comes out very differently if one considers that each one of these children could be our own. Malnutrition in the early years of a child's life makes an unfair dent in their prospects of learning and dramatically reduces their defenses against illnesses. Although malnutrition is rarely highlighted among pathologies which threaten the population of a developing country, it's calculated that in the 20 countries which comprise almost all of these cases, malnutrition was the underlying cause of one of every two deaths by diarrhea, malaria and pneumonia<sup>5</sup>. In other words, the vulnerability derived from inadequate nutrition is the gateway to a vicious circle of illness and weakness which can ultimately lead to death.

Ensuring quality nutrition advances the age of access to school and decreases levels of truancy during primary education. As noted in an influential 2010 UNESCO report: "Malnutrition must be considered an emergency of health and education. It is damaging the bodies and minds of 178 million children each year, undermining their learning potential, aggravating social inequality and unequal access to education, and reducing the efficiency of investments in education systems<sup>6</sup>".

The fact is that failure against malnutrition has implications in many areas of well-being and a country's progress, from the sustainability of public health systems to the results of investment in education. It was therefore identified as number one by the expert panel at the Copenhagen Consensus for investments in development in terms of cost-efficiency<sup>7</sup>. It is difficult to identify even one of the Millennium Development Goals which isn't directly or indirectly affected by the relative burden of malnutrition, which implies that its reduction is one of the most profitable investments that can be made.

- ★ Some studies calculate that the global cost of malnutrition is between 20 and 30 billion dollars per year, much of which is concentrated in countries which could be losing between 2 and 3 points of their national wealth every year<sup>8</sup>. In the case of Mauritania this would mean a burden of between 50 and 75% of its annual growth<sup>9</sup>.
- ★ The cost of a complete treatment against acute malnutrition is around 42 Euros per child<sup>10</sup>.
- ★ The lack of education and the loss of opportunities derived from childhood episodes of malnutrition reduce income during adulthood by up to 20%.
- ★ According to the roadmap of the Scaling Up Nutrition initiative (in which Mauritania participates) the mortality rate effects and the illnesses associated with malnutrition are of such caliber that every dollar invested in the fight against this plague offers economic returns of up to 16 dollars for the country<sup>11</sup>.



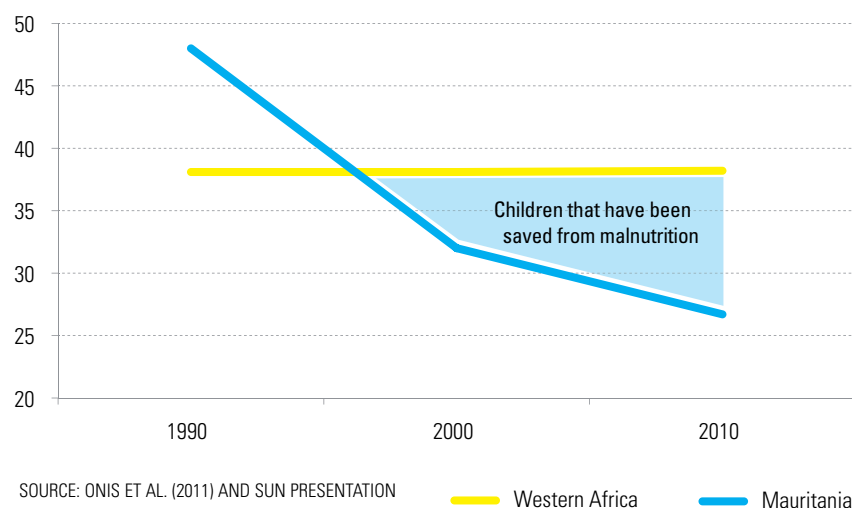
# Mauritania's Success

When a country is nestled in one of the most unstable food regions on the planet, success is measured in relative terms. One of every four Mauritanian children under five years of age still suffers from chronic malnutrition and one out of ten suffers from acute malnutrition. But if we look at the path of the past twenty years, Mauritania is one of the few African success stories in the fight against malnutrition. According to the data collected in the biannual SMART surveys by the agencies which work in this realm, the country has reduced levels of child malnutrition<sup>12</sup> to half of what they were in 1990, the year of reference for the Millennium Development Goals:

★ During the first half of the 1990s (until 1996), child malnutrition was reduced by more than a third<sup>13</sup>. This momentum was recaptured in the past three years with a new drop of 21 % (see **Graph 2**), although the food crisis may elevate the numbers again. The most recent results speak of 140,000 children under five with chronic malnutrition and 107,000 with acute malnutrition.

★ If Mauritania had followed Africa's median trajectory, child malnutrition levels today would be close to 38% for children under five, translating to an additional 87,000, greater than the population of the city of Toledo<sup>14</sup>. If we consider the accumulated difference during a whole decade, the number of Mauritanian children that saved themselves from chronic malnutrition could be of more than a million, although it is impossible to estimate this number with exactitude.

**Graph 2. Estimated evolution of malnutrition (%)**



How has Mauritania achieved these results? The key to success - especially in the last five years - is found in an intelligent combination of prevention policies and direct intervention policies against malnutrition, particularly those which have a greater impact during the first 1,000 days from the beginning of pregnancy to the child's second birthday. In every case, international aid has played an important role.

## A Thousand Days that will determine the rest of their lives

Nutrition experts have established a critical window for the physical and intellectual development of children in the period from the beginning of pregnancy to a child's second birthday. They are 1,000 days of a child's life which determine their future and in which much of the efforts to prevent and fight malnutrition are focused, as the international coalition [www.Thousanddays.org](http://www.Thousanddays.org) highlights, which covers a wide range of public and private organizations.

UNICEF, which is part of this initiative, has focused its efforts on nutrition during this time. Its programs combine interventions directed at preventing malnutrition, promoting changes in children's socio-cultural environment, treating acute malnutrition and administering other related treatments such as the prevention of diseases which can be aggravated by malnutrition. Mauritania is an example of this strategy's impact.

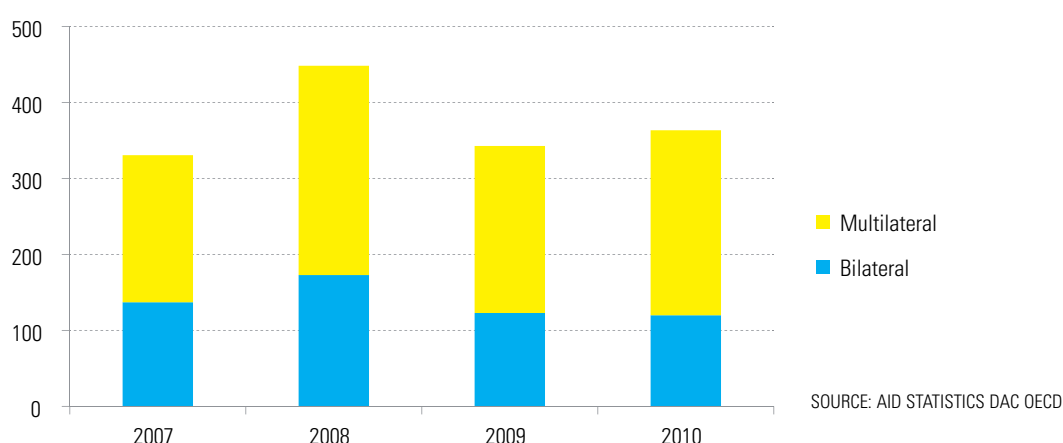
Source: UNICEF (2011).

## a) Government and donors work together against malnutrition

In the middle of the past decade, Mauritanian governments implemented legislative and budgetary initiatives to strengthen national health systems. In 2006 the first National Policy for the Development of Nutrition was passed, which began to be incorporated into the Health Ministry's priorities. Starting then, various protocols and strategies of action were passed, which have given legal structure and political content to the government's actions. In particular, The Inter-sectorial Plan of Action for Nutrition has strengthened the government's leadership in the proceedings of various national and international agents (see the next section regarding the REACH Program).

Donors have played an essential role in this effort. During recent years, international aid to Mauritania has been sustained between 300 and 400 million dollars per year (**Graph 3**), providing almost a third of the state's budget for 2012. In practice, nutrition programs depend almost entirely on international aid.

**Graph 3. Total ODA earmarked to Mauritania**



In Mauritania,  
nutrition programs  
depend almost  
entirely on  
international aid



## b) Prevention, the Best Strategy

The best policy against malnutrition is to avoid letting it manifest and aggravate diseases. This has been the agencies objective such as for UNICEF, which have deployed numerous hygiene, deworming, vitamin distribution and salt iodization programs. In regions like Assaba, one of the most affected by malnutrition, public and private agencies put forth training packages in community centers about water and sanitation. Hygienic habits, resource management and safe water consumption have decisive effects on the poorest populations' nutritional levels. In a country in which 81 % of rural households lack of a basic sanitation system, the risks of infection are elevating considerably.

Twice a year, Vitamin A distribution programs are administered, a vitamin whose deficiency causes blindness in between 250,000 and 500,000 children worldwide every year and seriously affects their immune system<sup>15</sup>. Mauritania has also had considerable success in raising iodine consumption (a basic nutrient for children's learning and cognitive retention) through the mass introduction of iodized salt. After an important effort to change the food culture of Mauritians in this area and increase the availability of iodized salt, Mauritania multiplied consumption levels throughout the country by 25 between 2001 and 2010<sup>16</sup>.

But few measures are as effective as ensuring that children are breastfed. The intensive utilization of efficient communication tools (as radio and collaborating with local religious authorities) and the demonstration effect on other mothers allowed an unprecedented increase in the country's breastfeeding rates. The most recent available data (from 2011) show that between 67 and 89% of children are fed with breast milk during their first year and a half, and more than half receive it exclusively. This practice contributes to reducing child mortality rates by up to 19% and protects against numerous diseases, in addition to saving many families the considerable weekly expenses of buying artificial breast milk. In the city of Nouakchott, for example, an average consumption of 5 cans of milk per month would cost 7,000 ouguiyas (20 Euros), the equivalent of a quarter of one person's income.



◀◀  
**Distribution campaign of  
nutritional supplements in  
Boudadoum. Region of  
Assaba.**





## c) To put a stop to acute malnutrition

Efforts of nutritional fortification have received a significant boost in the last year with the introduction of nutritional supplement programs (known as 'blanket feeding') intended for 68,000 children under two years old throughout the country. These programs are oriented towards the prevention of peaks in severe acute malnutrition – whose consequences for the health and future of the child are particularly grave – and are focused on food scarcity periods before the harvest (see box below).

### “I have a lot of difficulty finding food and water”

No one would say that the arid and rocky terrain which surrounds Hourriye's small khayma (in the photo above, with one of her children), in the Mauritanian region of Assaba, can be cultivated at any time of the year. However, during the rainy months (September to November), the desert temporarily lets up and lets the region's communities grow some basic crops such as millet and sorghum. With their small harvest and whatever animals they have available, families can subsist for much of the year, until the food supply is exhausted and the dreaded time of the soudure (the lean months before the harvest) begins, during which levels of malnutrition double.

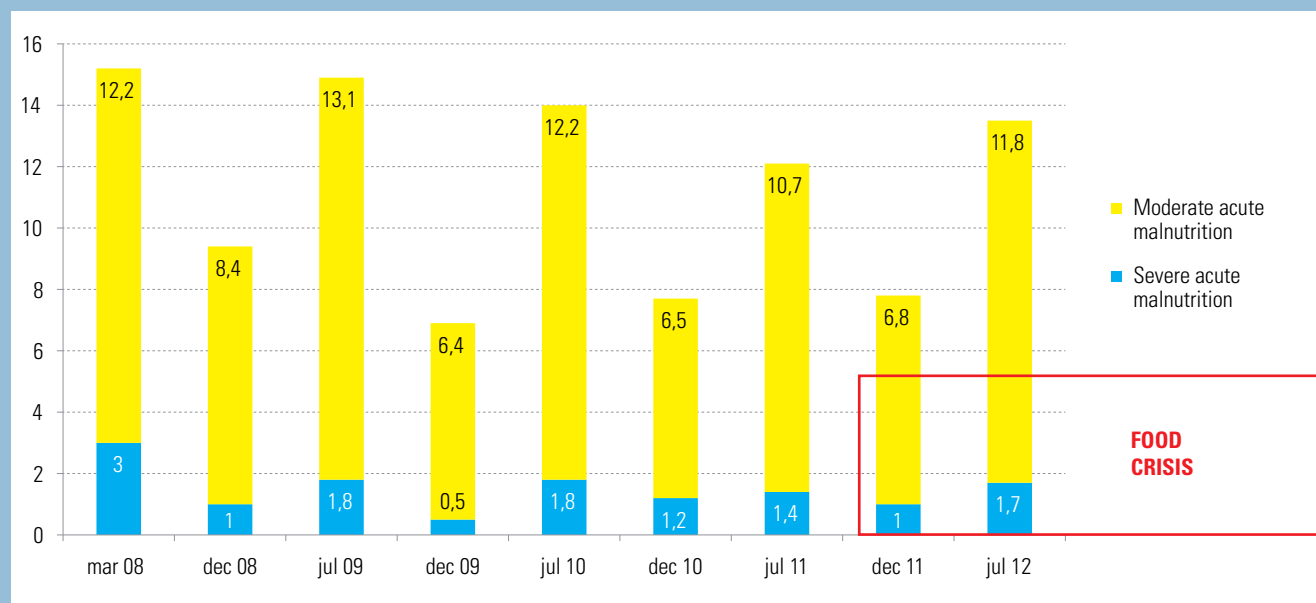
This year the soudure seems to have come with certainty due to the drought striking the country.

Hourriye explains the situation surrounded by her eight children: “Last year was a period of food collection, but not this year. In the rainy season, I crop; that's my activity and I live off of it. Now I have a lot of difficulty in finding food for my children. They all eat the same thing, from the same plate. I also have a lot of difficulty in finding water. Since it's far away, we have to take the donkeys to carry it. Now the donkeys are affected as well, so going for water becomes a very difficult task.” Hourriye's husband had to leave a while ago to look for

income outside his community, but ends are not being met. Hamoud, the smallest of the children, was just treated for acute malnutrition in the Kiffa nutritional center. Peanut-based supplements (blanket feeding) will be able to save him this time, but if things do not change there may not be so much luck in the future. “Of course, I am worried about the future of my children. What I want the most for them is that they can go to school, be autonomous and be able to take care of themselves in the future.”

Hourriye's name means “freedom” in Arabic, but in Mauritania there is no freedom when facing a child's malnutrition.

**Graph 4. Mauritania's months of scarcity: acute malnutrition before and after the harvest**



## d) Quality information for designing Programs

One of the distinguishing factors of Mauritania's action against malnutrition is the quality of information upon which their interventions are based. Agencies operating in the country have data from year-long SMART nutritional surveys as a primary resource. This methodology sheds light on children's dietary habits and on the severity of the humanitarian crisis, basing itself on two essential indicators of public health: the nutritional state of children under 5 and the population's mortality rates. Although Mauritania prepares multiple indicator surveys every four years and surveys on food security every one or two years, none offer such a detailed look into the state of nutrition.

Additionally, a group of international organizations has begun to identify the critical areas of deficit and food insecurity through a tool called HEA (Home Economics Analysis). This tool complements other sources which analyze the food prices evolution (such as those which manage PAM and FAO) and can provide reliable information in an area critical to determining future scenarios (see text at right).

## Preparing for the Blow: The importance of early alert systems in the Mauritania food crisis

The Home Economics Analysis (HEA) is a tool to collect information which aims to foresee indicators of food security and means of life, and get one step ahead on its possible consequences. In Mauritania's case, the EU Delegation financed the surveys done for a consortium of humanitarian organizations present in the country. The report - which covers a consumption period between October 2011 to September 2012, depending on the zone - analyzes the country's eight regions grouping them into four levels of income (from "very poor" to "well-off") and five productive models, from the nomadic northern pasture zones to the irrigational production in the south, including the mixed agriculture of some regions and the urban model of Nouakchott and other major cities (approximately 30% of the population).

The importance of this tool is twofold. On one hand, quality information can establish early alert systems and timely action. The survey results were presented in Nouakchott in February 2012. The government and donors are acting at the right time to avoid the most dramatic consequences of the food crisis. On the other hand, these data illustrate the extraordinary importance of shocks in the country's nutrition policies. The HEA's predictions clearly describe the main affected population vulnerabilities, which facilitates designing a strategy adapted to these circumstances. Droughts and price fluctuations are inevitable in the short-term, but what is not inevitable is people's ability to cope with the consequences.

Source: HEA.



A mother shows the follow up file of the nutritional state of her son at the Treatment Centre for severe acute malnutrition.

## e) Medical staff with an adequate training

Medical staff shortage is a chronic problem for the majority of developing countries. But this problem becomes even more serious when it comes to nutrition specialists, an area which is still not considered among priorities for many governments. Mauritania was one of these cases, but in recent years a radical change has come about, which could mean a definitive contribution to the national effort against malnutrition (see the box below).

Mauritania's improvements are real but not enough. The country has a long road ahead if it wants to reduce levels of poverty and suffering which affect a large part of the population. In some fields, such as infant mortality, the country is far behind its stated goals, even in regional terms. While the death rate for African children was reduced by 30% between 1990 and 2010 (from 174 to 121 million), Mauritania reduced infant mortality by only a third of this rate<sup>17</sup>.

The fight against malnutrition could be a springboard for attacking infant mortality, provided that levels of inequality in access to essential services such as health care and education are reduced. In reality, each of the development policy's priority objectives is interwoven with the others: progress on one derives from progress on others, and vice versa. This notion has inspired some of the most interesting initiatives against hunger in recent years. From the proposals of bilateral donors such as the Feed the Future program (driven by the Obama administration) to the Global Alliance for Improved Nutrition (supported by the Bill & Melinda Gates Foundation and a series of bilateral donors) or the efforts to coordinate different strategies through the UN's Committee on World Food Security<sup>18</sup>, public and private actors seem to have reactivated global policies against hunger in recent decades.

One of the most interesting is the REACH Initiative (Renewed Efforts against Child Hunger), which has allowed Mauritania to take advantage of past experience to lay the framework for a hunger-free future. Its success has turned it into a model of success for the region.

## "From a hunger problem to a health problem"

Prof. Cheikh Ould Dehah expresses himself with the satisfaction of someone who has accomplished a life goal: "Mauritanians refer to food with an Arabic term which means "pot" or "kitchen." This was also the government's view, thinking that nutrition is the problem of hungry people and not of the Ministry of Health. But now we have been able to change this view."

In recent years, the tenacity of some international agencies such as UNICEF and the view of a smaller group of Mauritanian academics and civil servants have been able to transform national programs of higher education which affect nutrition. In the

middle of the last decade, a specific program covering four strategic axes (general health, education, community health and maternal health) and five transverse axes (training, communication, animals, relationship to civil society and nutritional information systems) was introduced for the first time. The program was completed in 2010 with the introduction of specific modules for nutrition professors, adapted to three years of training, which has partially filled the lack of trainers in this field.

The training was directed primarily to nurses (upon which 80% of health care work in Mauritania relies, with a ratio of between

5,000 and 6,000 citizens per professional), but the programs have now been extended to faculties of science and medicine (in 2012 the first Master's in Nutrition will be inaugurated) as well as regional schools of health and medicine.

Although Prof. Dehah and his colleagues have tried to establish agreements with universities abroad (such as La Laguna in Tenerife), they still haven't been able to secure any. But the next step would be to open means of collaboration with centers abroad, to allow more specific training of Mauritanian health professionals who must face the country's food crisis.



Vattimetou holds her son Cheik in her arms, who has recovered from severe acute malnutrition in the El Mina health center in Nouakchott, managed by Land of Men and supported by UNICEF.







Le lait maternel  
est le meilleur  
aliment pour le nourrisson  
et le protège  
des principales maladies

Breast milk is the best food for babies and protects them against diseases. Kiffa Health Center, Assaba region.

# The REACH Initiative: Mauritania has the opportunity to put an end to hunger

Led by the government, some of the major humanitarian actors who intervene in the country have implemented a system of coordination and intervention which incorporates the three variable keys we have described: direct measures against malnutrition, social protection mechanisms and food security policies. For the end of 2012, this model could be present in 15 developing countries and in a regional initiative for Western Africa.

The initiative is focused on measures which have a better cost-benefit ratio in the reduction and prevention of child malnutrition, to ensure coordination of relevant actors in each of the fields and to take the interventions onto a scale sufficient for reaching an “inflection point,” which would enable reducing malnutrition levels as much as possible with a reasonable quantity of resources. This inflection point has been calculated at 80% of coverage for the majority of indicators, with the exception of breastfeeding and complementary food, which must reach 90%.

On the next page, the REACH set of indicators are shown along with the objectives established for each one, as well as an estimation of the current state in the Mauritanian case. Three areas of action are described, which cover classical interventions in nutrition (such as strengthening and breastfeeding programs, or specific treatments against severe malnutrition), measures to break the vicious cycle involving diseases and malnutrition (such as water treatment or the use of insecticide-coated mosquito nets to prevent malaria) and social protection and food security programs (such as cash transfers or support for small producers through grain storage programs)<sup>19</sup>.

The REACH set of indicators suggests that Mauritania still has a significant journey to make. With the exception of some success in the field of breastfeeding or fortification of food, the country must make a noteworthy effort to reach the “inflection point” proposed by the program. It therefore has a special significance in the Mauritanian government leadership, which has placed the coordination of strategy to fight child malnutrition in the president's office itself. If the absence of commitment on the part of national governments can often mean the perpetuation of malnutrition levels, the opposite is certainly true as well<sup>20</sup>: these countries which have been more successful in the fight against hunger – such as Bangladesh or Vietnam – have done it thanks to the active involvement of national authorities and the support of international donors.

The Inter sectorial Action Plan for Nutrition, developed in 2010 for a period of five years, has made it possible to overcome the political instability obstacles which the country has suffered in recent years and has been incorporated to the four key development strategies group as defined by the government and supported by the donors (including the World Bank and the IMF through the new National Poverty Reduction Strategy, which is now being finalized. Its focus is permeated by the multi sectorial REACH spirit, in that there is reasonable coordination among the different ministries involved in nutrition and food security policy, which operate under common objectives and coordinated budgets. This ensures confidence for donors. (See text to the right).

## REACH A Replicable Model

Mauritania became a successful REACH pilot program, but since then this initiative has been extended to numerous developing countries in very different social and institutional contexts. Some examples also suggest how useful this model is in new policies against malnutrition.

- Laos: After the program's introduction in 2008, the government has developed a national nutrition strategy which has been incorporated in the National Development Plan 2011-2015 and includes objectives and specific budgets.

- In Rwanda, REACH has advised the government on the implementation of a district plan against malnutrition which establishes legal objectives for mayors.

- With REACH's support, a large public and private organizations coalition is working in Bangladesh to increase the impact of its successful policy to fight malnutrition.

Source: UN REACH Progress Report  
(January 2010 - June 2011)



As shown in the table on the following page, this model's opportunities are considerable, but also include some risks. The upcoming months are important for the future of policies to fight malnutrition in Mauritania. The organizations and Mauritanian authorities who drive these programs trust that the government will provide a budget line specifically for the fight against malnutrition, and that donors will respond accordingly with action. This would offer more possibilities to replicate the model and build the necessary scale. They have also commissioned the development of an "investment which shows REACH's actions profitability in the short and long term. This is a key piece to convincing some donors who suffer from budget restrictions and seek to identify, more than ever, the "value" of contributors' money.

Mauritania's advances in the field of malnutrition, as well as REACH's innovation and coordination, place this country on the road to fulfilling the Millennium Development Goals in this area. But this effort could be threatened by natural and economic environments which are becoming more and more unstable, and could mean less assistance from donor countries. These two issues are the theme of the following sections of the report.

FIELD	INTERVENTION	Current Value	Goal
Improving breastfeeding and complementary feeding	Exclusive breastfeeding	85-90% →	90%
	Complete feeding	85-90% →	90%
Increasing intake of micronutrients	Vitamin A	70-80% →	80%
	Iron	0% <76% →	80%
	Zinc	0% →	80%
	Iodine	24% →	80%
Improving control of diarrhea and parasites	Domestic water treatment	0-17% →	80%
	Hand washing with soap	11-17% →	80%
	Coated mosquito nets	12% →	80%
	Intermittent preventive treatment (IPT)	<76% →	80%
	Deworming	70-80% →	80%
Treating serious acute malnutrition	Therapeutic feeding	35% →	80%
Improving food security in homes	Complementary feeding	70% →	80%
	Conditioned monetary transfers	0% →	80%
	Domestic agricultural and animal production	7% →	80%

# Positives and Negatives of REACH in Mauritania

## OPPORTUNITIES

**It prevents the weakening of strategies or the impact of resources.** Despite difficulties, Mauritania's strategy to fight malnutrition has set goals, government leadership and the involvement of the four key UN agencies in this field (FAO, UNICEF, WFP and WHO), in addition to public and private actors. The actors also work under the coordination of a facilitator contracted by the UN and in coordination with the Health and Economic Affairs and Development Ministries.

**Priorities are defined by measurable goals and quality information** gathered from the two SMART surveys which are administered every year, the analysis of trends in prices and markets offered by the WFP and FAO, and by the HEA and WFP's household surveys. This information makes possible to set rational goals and helps prevent pork-barrel spending.

**The strategy enables the generation of economies of scale and attracts resources in the most efficient manner.** The first drive was by the MDG Fund which finances the Spanish Cooperation, and which allowed the funding of a joint program with the REACH focus in the southeast of the country, where the prevalence of malnutrition and food insecurity is higher. The introduction of REACH has also allowed Mauritania to join the group of countries forming part of the Scaling Up Nutrition (SUN) initiative, which promotes the UN Secretary General. SUN is a response to the international community's meager gains in the fight against hunger and malnutrition.

**The model is designed to be replicated.** REACH has a Secretariat in Rome which systemizes the experiences of different countries involved (Mauritania and Laos were the pilot programs, but at least five more are scheduled for application), coordinates the actions of agencies on the global level and searches for resources for the various programs.

## THREATS

**Weak government leadership.** So far, the program has received the support of political authorities and the active involvement of administration sectors. However, the ministries affected have very few human and economic resources to run the program, suggesting that it would be wise to keep coordination in the hands of the UN for the time being.

**Scarce resources and competence in other priorities.** So far, the major financing for the program depends on one donor (Spain), which just cut its global international cooperation programs by more than half. The consequences for Mauritania are uncertain, but it is essential to widen the range of support to guarantee the model's sustainability. On the other hand, politics against malnutrition are going up against the country's other priorities.

**Emergency situations comprise daily life.** REACH's resolution is to go to a step beyond urgent necessities and take on the challenge of long term malnutrition. This is not always compatible with emergency situations such as the one Mauritania is currently experiencing, which calls for a particular commitment on the part of donors, who must continue to provide resources to REACH even though work is not being done in emergency zones.

**Heterogeneous capabilities of key partners.** One of the keys to REACH's successful functioning is agencies' homogenous involvement, but not all of them can have resources available which correspond to the program's implementation. This responsibility falls again on the national and regional offices of each agency.

### 3. The Sahel Crisis threatens the future of nutrition in Mauritania

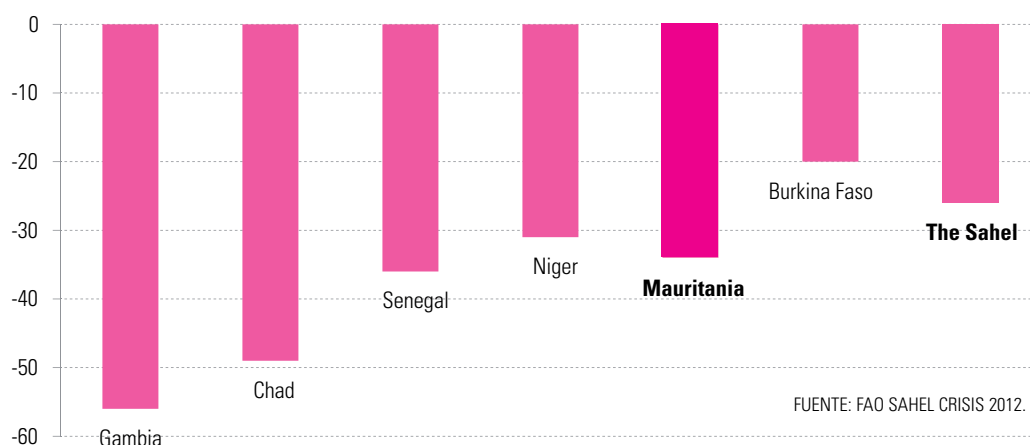
At the end of 2011, several of the international organizations present in the Sahel had already sounded the alarm: at least ten million people were on the brink of the worst food crisis in its history. The scarcity of water and food in countries such as Niger, Chad, Mali, Mauritania and Burkina Faso could repeat the horrors that were being witnessed at that very time.

UNICEF warns that, in the Sahel, more than 4 million children are at risk of suffering from acute malnutrition

Since then, emergency levels have only increased. The region has had to face two consecutive years of scarce rain and poor harvests. The Food Crisis Prevention Network confirmed in April 2012 that wheat production in the Sahel was 26% lower than the previous year (up to 56% for Gambia, as **Graph 5** shows)<sup>21</sup>. The lack of water and grain reserves has forced the flight of hundreds of thousands of displaced inhabitants and refugees who are concentrated in fields throughout the region. To make matters worse, the armed conflict in Mali has complicated the emergency attention in the north of the country and on the borders.

The number of people affected by the Sahel emergency is close to 18 million, almost twice as the previous year. UNICEF has sounded all alarms to warn that more than a million children in the region are at risk of suffering from severe acute malnutrition, and 3 million more would be

**Graph 5: Fall of wheat production between 2010-11 and 2011-12 (%)**



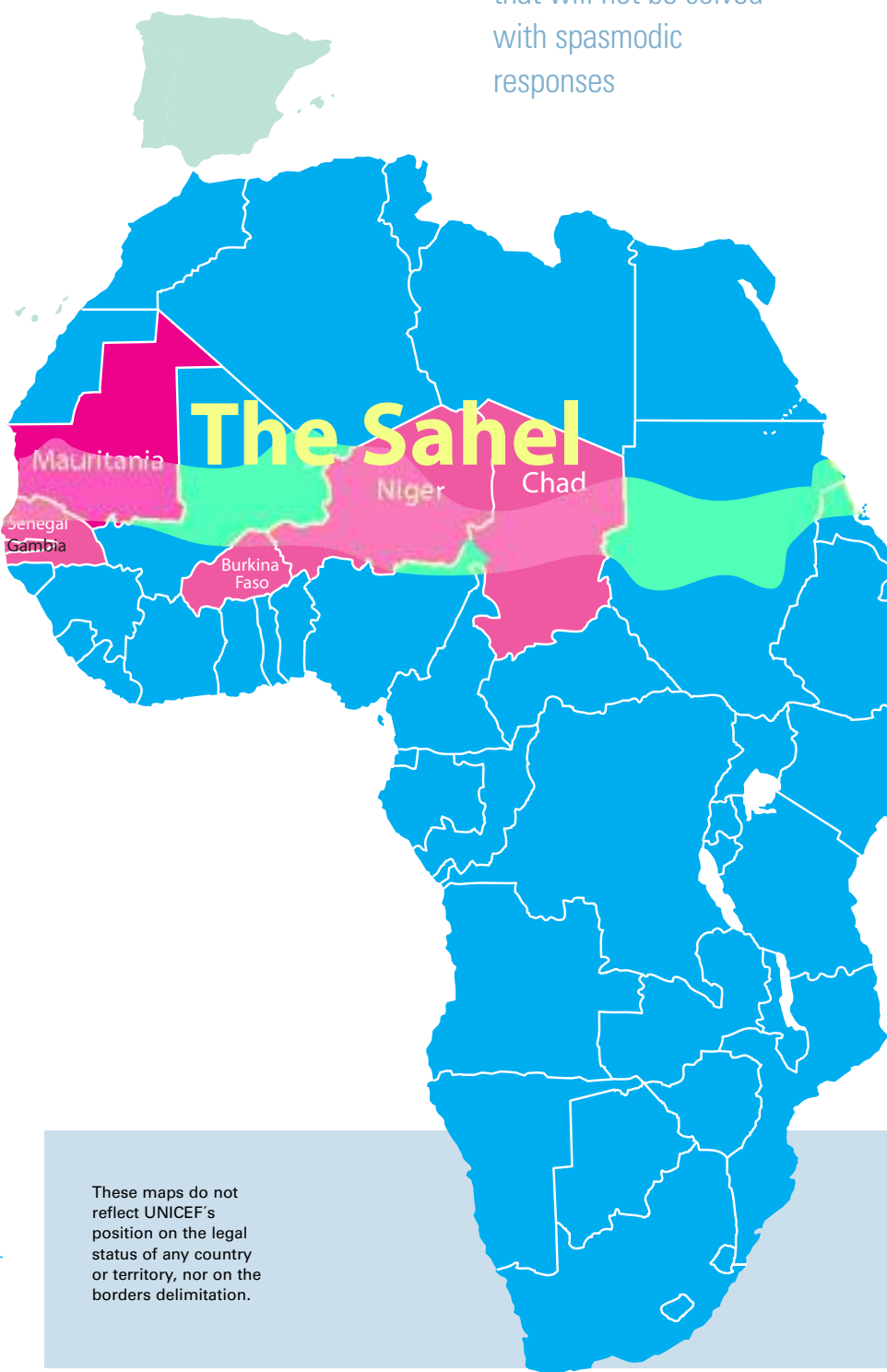


affected by moderate acute malnutrition<sup>22</sup>. Tens of thousands of them would not survive the upcoming months and the rest will be affected their whole lives. One year after the first alarms, the Sahel was formally declared in crisis, allowing agencies to implement a battery of support calls to donor governments, who responded late and in a disappointing way<sup>23</sup>.

When 300,000 children die every year in the region as a consequence of lack of food, semantic nuances lose significance. We are facing a crisis, but one of chronic character which will not be resolved by spasmodic responses. The region already had had to face previous coups in 2005, 2008 and 2010. In any case, the gravity of child malnutrition in the region before and after these dates justified the declaration of an “emergency” in accordance with the criteria of the WHO and SPHERE. In fact, a report published at the end of 2011 by the Sahel Working Group on lessons from previous crises points out that severe malnutrition levels among children under five years old exceeded 10% in each of the five countries studied... before 2005<sup>24</sup>.

The extreme manifestation of hunger in regions such as the Sahel or the Horn of Africa is only the tip of the iceberg of a problem which extends to dozens of countries and currently affects close to a billion people worldwide. They are the victims of a perfect storm in which four crises are combined to feed off one another: the climate change impact on access to natural resources and agrarian production, the accelerated rise in basic food costs, the financial crisis consequences on countries' expenditures and incomes, and finally, the effect of conflicts on the affected population's access to food (see table on following page).

When 300.000 children die every year in the region due to a lack of food, we are dealing with a chronic crisis that will not be solved with spasmodic responses



# Mauritania's Four Crises

**Despite rarely appearing among the countries most affected by hunger, Mauritania offers a true perfect storm microcosm which threatens the future of nutrition and food security in the Sahel. At the moment, the country is facing four simultaneous crises which are especially hitting the most vulnerable populations, such as children.**



**In the Hodh El Gharbi region, the cattle's death because of the drought has deprived many families of their means of subsistence.**

## a) The Food Crisis

The latest data published by UNICEF at the end of September 2012 warn that 107,000 Mauritanian children will suffer from acute malnutrition this year, a seventh of which will be of severe character<sup>25</sup>. After the second year of poor harvests and the increase of prices, one of every four households in the country (around 700,000 people) lack food security. These figures are triple those of 2011. The surveys conducted by the UN agencies describe the general scarce safety networks disappearance: shepherds who sell the cattle upon which they depend and farmers who consume the seeds which they should plant the next year. Overall, there is a possibility that Mauritania's progress in the last two decades will be halted.

The resources Consolidated Appeals Process (CAP), performed by multilateral and non-governmental organizations working in the country, shows a bleak outlook<sup>26</sup>.

- The agricultural campaign of 2011/12 has seen a 34% fall in production compared to the previous year. In the case of pastures, the deficit was 70%, which provoked an early mobilization of migrant populations which have put stress on

other regions' resources. The decrease in income affects 84% of rural households, in part due to the falling cattle prices (between 20 and 30%) and the grain exchange terms deterioration : the people pay more for their food and receive less for their animals.

- The fall of local production has stimulated the distribution of imported food such as rice or wheat, but at prices which render them inaccessible for a large portion of the population. In the case of local wheat, such as millet, sorghum or corn, the increases have been between 50 and 150%, and the price of a basic basket in the capital could go up by as much as 29%<sup>27</sup>. In a region in which poor communities spend between 50 and 70% of their income on food expenses<sup>28</sup>, the combination of skyrocketing prices and income at rock-bottom is having devastating effects. In provinces such as Hodh El Chargui, Duidimagha, Gorgo and Assaba, one of every three people lack sufficient food.

- Food insecurity and the scarcity of drinkable water (only 21% of water consumed in rural areas) are aggravating the vulnerability of pregnant women and children to preventable illnesses such as diarrhea and infections, upon which the high levels of infant mortality depend in part.

## b) The Climate Crisis<sup>29</sup>

Three quarters of the country are situated in arid zones of the Sahara Desert, leaving just one quarter in semi-arid regions or in the basin of the Senegal River, in the south of the country. This geographic constitution dictates concentration of 90% of the population in the south and the coastal west of Mauritania, where 0.5% of national territory is found, adapted to agrarian production<sup>30</sup>.

In the last 50 years the median temperature of the country has gone up by 0.9°C, increasing the hostile nature of the most arid zones and limiting the availability of productive land in the river basin<sup>31</sup>. The variability of rain and erosion of the earth have reduced the yield of harvests and the availability of pastures<sup>32</sup>, which affects the population's access to basic foods such as grain, meat or milk, and makes them more vulnerable to the fluctuation international prices.

According to the World Food Program, Mauritania can only produce 30% of the food it consumes, a large portion of which comes from rainfed land which is highly vulnerable to climate change<sup>33</sup>. The disappearance of pastures is causing a displacement of nomadic pastoral communities towards the south and west of the country, which brings with it the natural resources overuse such as water. If measures are not taken to avoid the climate change effects, the cost of flooding, variability of rain and erosion of the earth could reach almost 4 billion dollars by the year 2020<sup>34</sup>. A recent study has estimated that the cost of the deterioration in Mauritania is 192 million dollars per year<sup>35</sup>.

## c) The Refuges Crisis

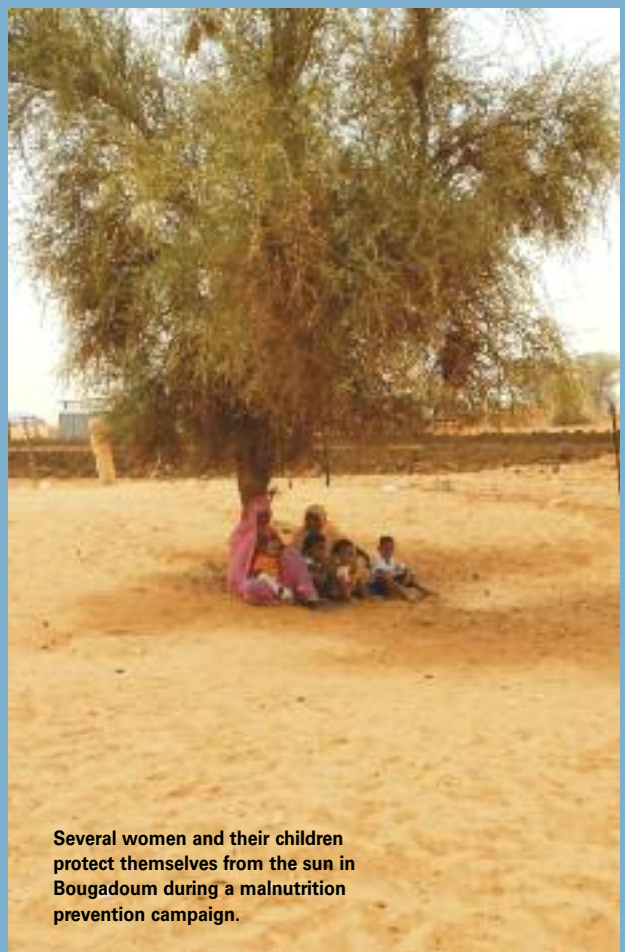
After the armed conflicts in the north of Mali, close to 80,000 people have come to the southeast of Mauritania in search of refuge from violence, many of them exhausted children. Humanitarian agencies estimate that this figure could increase to 100,000 refugees in the coming months, saturating the M'Bera camp's welcoming capacity and forcing the construction of a second camp. Previous experience suggests that, in the best-case scenario, the refugee population will remain in the area for at least five years.

Although the refuges crisis has prompted international agencies response, the arrival of such a significant number of people to one of the country's most vulnerable regions is placing strain on the local population's fragile means of living, and bringing competition for government and humanitarian agencies resources.

## d) The Financial Crisis

Although China's significance as a partner country has grown in recent years, the Eurozone continues to play an important role as the recipient of Mauritania's exports, upon which half of its domestic wealth depends. The crisis which affects countries such as Italy and France -- and the possibility of spreading to large emerging economies - entails a threat to the country's income and is already affecting the remittances it receives from its diaspora, which have fallen by 6% according to the World Bank<sup>36</sup>.

Where threats have already become real problems is in the area of developmental aid. As the following report section shows, each of the country's major donors have reduced their global aid programs as a consequence of the crisis. The way in which these reductions affect Mauritania or the Sahel is difficult to know, but the lukewarm response to the emergency (40% of that requested) is a worrisome sign.



Several women and their children protect themselves from the sun in Bougadoum during a malnutrition prevention campaign.



The fundamental question is whether we can act before more serious crises come to fruition

What happens in the coming months depends on three major factors: rain levels, conflict progress in Mali, and international aid they receive to respond to it all. But no one is ignoring the fact that the Sahel is facing a perfect storm in which political, natural and economic factors are operating. It is an untimely situation. The vicious poor harvests circle, high prices and vulnerability has been repeating itself in the region for a decade and still without any structural response.

The fundamental question is whether we can act before more serious crises come to fruition. Mauritania and the Sahel are the borders of a global battle against malnutrition, which is being waged in many other regions of the planet and poses two fundamental challenges to national governments and donors: how to protect the most vulnerable populations against shocks which trigger food emergencies and, perhaps most important, how to ensure long term food security for poor communities<sup>37</sup>.



It is the 21st Century battle against hunger. To win it, policies will need to be intelligent and coordinated on three fronts: (1) direct interventions against malnutrition; (2) social means of protection for the vulnerable population; and (3) food security promotion and rural poverty reduction. The table on the following page explains how these factors are related to each other.

The administration's middle management has sensed this support, as well as its neighboring countries: when Mauritania speaks of nutrition in regional meetings, it does so with only one voice. Its experience has already created an effect in other countries with high rates of malnutrition, such as Niger or Chad, and the messages about malnutrition's impact and possibilities of ending it are beginning to permeate in Mauritanian society.

**Rougui Sal takes water from the well in her rural village in the south of the Gorgol region. Five of her six children stand behind her.**

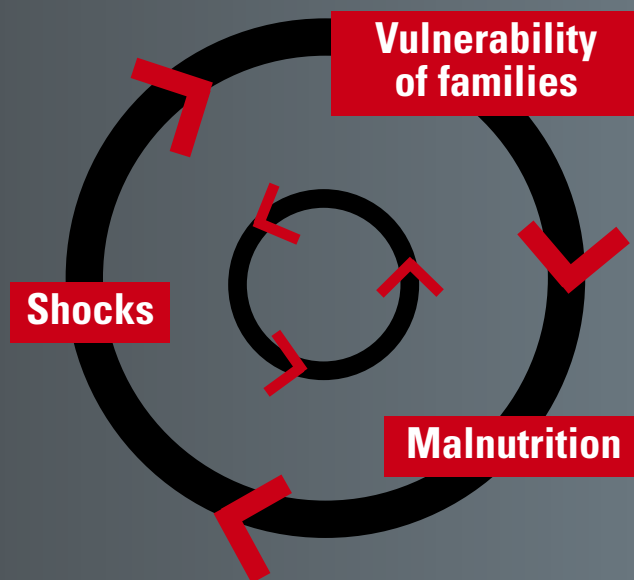




# From the circle of hunger...



A nurse in Bougadoum measures a boy's arm circumference to determine his nutritional state. Assaba region.



## VULNERABILITY OF FAMILIES

- 7 of every 10 Mauritians live in poor rural communities. When there is no legal protection (minimum prices), credit or physical storage infrastructure, villagers sell at low prices after the harvest and are forced to buy at high prices during the months of food shortage.

## SHOCKS

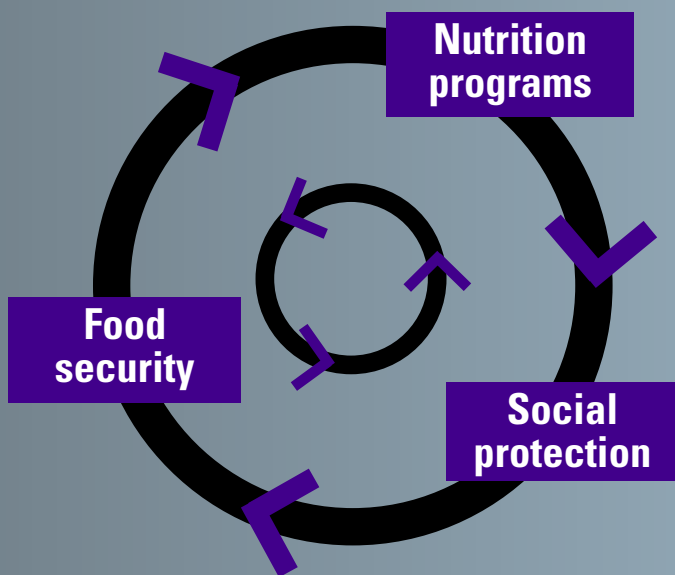
- A sudden blow (a poor harvest, rise of food prices or a simple illness) can oblige a family to sacrifice their means of living and their capacity to produce the food they need.
- During the current crisis, local production has fallen and imports at inaccessible prices have risen. Basic foods such as millet, sorghum or corn have increased in price by between 50 and 150%.

## MALNUTRITION

- Programs for the treatment or prevention of malnutrition (such as the promotion of breastfeeding or distribution of vitamin supplements) achieve surprising results in the reduction of hunger and its consequences, but they do not reduce families' vulnerability.



# ...to the circle of nutrition



## NUTRITION

- Mauritania's experience demonstrates that nutrition policies can have real results. The extension of exclusive breastfeeding, vitamin supplements and nutritional fortification have managed to cut child malnutrition levels in half since 1980.

## SOCIAL PROTECTION

- Social protection policies reduce families' vulnerability during periods of food shortage (such as the "soudure") and prevent

them from falling into areas of nutritional risk. Children's immunization, primary health systems and fees elimination for patients and students can make the difference between hunger and nutrition.

- The drafting of a National Social Protection Strategy has been giving way in 2013 to the first pilot programs, together with UNICEF, in the Assaba and Guidimaka regions. Mauritania has begun to experiment with simple tools which have already had success in other countries, such as conditional cash transfers (subsidies to families in exchange for commitments to education or health).

## FOOD SECURITY

- If there are mechanisms to fight malnutrition and reduce families' vulnerability, the circle will be closed with food security policies which help to ensure means of living and produce some of what they consume: protecting their resources; endowing them with infrastructure and provisions; supporting women; and promoting subsistence farming.
- Since the year 2000, 76 million hectares have been purchased, half of which are in Africa.
- In sub-Saharan Africa, women make up 60% of the informal economy and 70% of the agrarian work force, but constitute hunger's highest levels.
- The Spanish Cooperation has financed close to 10,000 hectares of orchards and subsistence farms in the south of Mauritania, oriented towards strengthening strategies for food and means of living.



A group of women with their children wait to be seen at the Kiffa Health Center.



Kumbaba, 7 months old, is carried by his mother, Oumou Sy, and is accompanied by a worker from the nutrition centre of Kaedi Hospital, supported by UNICEF.

## 4. The Value of Aid

How much does a child's life cost? How much does it cost to save 50,000 children from hunger and prevent malnutrition for 470,000 others? These are not pointless questions. Mauritania has decided to roll up their sleeves in the right fight: in the middle of one of the most hostile natural contexts on the planet and despite all the social, political and economic difficulties, the government and Mauritanian organizations are doing everything in their power to eradicate the moral and economic burden of malnutrition. But their effort only goes so far. Tens of thousands of children have managed to be saved from malnutrition thanks to the continued support of international donors, an effort in which the Spanish Cooperation has shined.

### Spain, at the head of the fight against hunger in Mauritania

Through the Millennium Development Goals Fund, Spain has catalyzed the implementation of the first two REACH projects in the southeast of the country, which have been emphatically praised by an independent evaluation which recommends increasing funding<sup>38</sup>. The MDG Fund's projects are directed towards a population of 107,000 children under 5 and 316,000 women, the majority in the regions of Hodh El Chargui and Hodh El Garbi. Indirectly, the nutritional interventions could benefit 120,000 households in these

zones. Equally important, these projects constitute a pilot of REACH's possibilities in practice.

This is not the only program Spain has in this area. AECID also funds numerous initiatives in the food security field, such as hectares of orchards or subsistence farming or the strengthening of ties between small producers and the market. It also supports different actions in the scope of the multiple emergency's situation which is afflicting the country. In the words of the General

Coordinator of the Spanish Cooperation in Mauritania, "We focus on essential aspects of people's lives in any part of the world. What happens is that when we have them covered, we might not pay attention to them anymore."

The experience of the Spanish Cooperation in Mauritania accompanies the local stakeholders' action and demonstrates the quality aid potential in promoting goals whose importance is well understood by Spanish contributors, even in these times.

Spain's experience strengthens the notion that the battle against malnutrition is one of the most just, profitable and efficient efforts to which a donor can contribute. A recent investigation by the World Bank estimated that the application of the measures recommended by experts of *The Lancet* in the 36 countries most affected by this problem would have an annual cost of 11.8 billion dollars, of which 10.3 billion would have to come from donors. This figure is less than 10% of the total aid provided by wealthy countries in 2011, or one fifth of what European contributors could end up providing for the rescue of Spanish banks. According to the study's authors:

✦ The effects of raising these interventions to a sufficient scale would be unprecedented: we could save the lives of 1.1 million children could be saved every year, reduce the severe acute malnutrition impact by half, and prevent 30 million children from suffering from stunted growth as a result of malnutrition. The economic and social benefits for affected countries are simply incalculable.

✦ Altogether, the preventative measures to change nutritional behavior would reach the homes of 356 million children under 5 years old worldwide. 103 million more could receive Vitamin A supplements twice per year and 319 million could receive supplementary zinc treatment to reduce the virulence of diarrhea, which takes many of their lives.

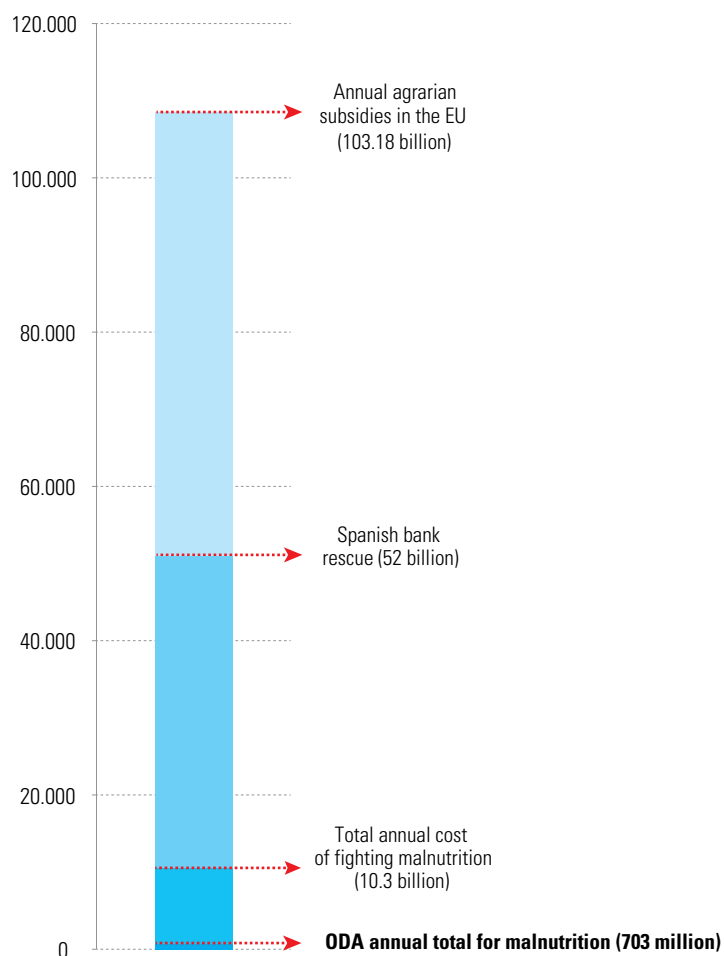
✦ The financing necessary for covering necessities in all of sub-Saharan Africa is 2.78 billion dollars, 3% of what EU countries spent in 2010 to subsidize their own farmers.

## The Financial Gap

Regrettably, it is one thing to propose a good idea and another to fund it. Certainly, there have been many declarations by donors with respect to the food crisis and child malnutrition, but the results are still not meeting the height of promises. The exact figures calculation is obscured by the imperfect items classification related to nutrition, but various recent studies estimate that the range of direct contributions to nutrition-related items was between 175 million and 511 million dollars in 2009 (an average reduced considerably in previous years). If we add some of the health or food security items linked to nutrition, the range would be between 511 million and 703 million dollars<sup>39</sup>.

Even taking into account that these numbers don't measure the effort carried out by developing countries themselves or by private donors such as NGOs and big philanthropists, the figure is exponentially lower than the estimated necessities:

**Graph 6: Question of Priorities: Cost of fighting malnutrition compared to other recent public expenditures (in millions of dollars)**



SOURCES: ACTION AGAINST HUNGER (2012) AND HORTON ET AL. (2009) (FOR DATA ON AID AND NUTRITION); EL PAÍS (FOR DATA ON THE PLANNED RESCUE); AND OECD AGRICULTURAL STATISTICS (FOR THE MOST RECENT DATA ON EU AGRARIAN SUBSIDIES).



It involves facing an affliction of acute malnutrition which could affect 107,000 children under 5 years old and prevent future hunger for additional hundreds of thousands



taking as a reference the 10.3 billion annual dollars which the World Bank recommends<sup>40</sup>, at best wealthy countries would provide 7% of the resources necessary.

At a time of widespread public spending constraint and when aid budgets are subject to considerable pressure in many donor countries, every Euro's value and impact need to be justified. It is therefore inexplicable how low a budgetary profile policies against malnutrition have, as they are a prime example of an investment which is socially and economically profitable for the future, and benefits possibly the most vulnerable population group in poor countries.

Mauritania is an illustrative example of this paradox. The effort in recent years has laid the framework for a solid strategy which establishes attainable goals and aligns the government's capacities of with those of donors. It involves facing an acute malnutrition affliction which could right now affect 107,000 children under five years old and prevent future hunger for additional hundreds of thousands. It is difficult to conceive a goal or a region more relevant to an international aid program.

The data, however, show another reality:

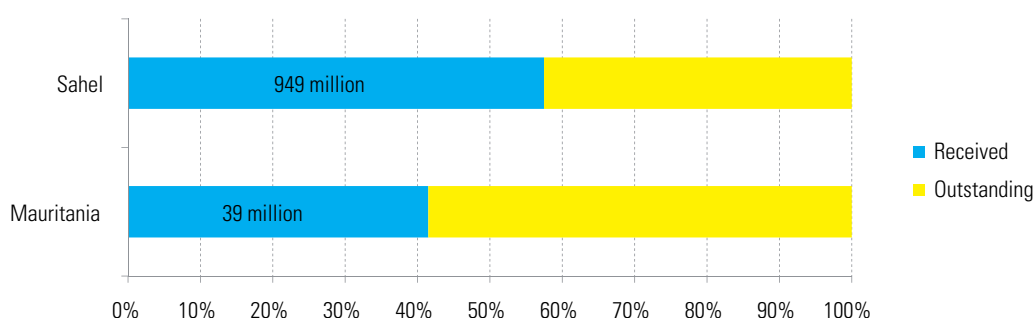


Mohammed, 13, transfers water from a carafe to a large drum, at a well in the southeast part of the Hodh el Gharbi region.

★ Despite the early alert systems, one year passed before the food emergency in the Sahel was formally declared, repeating the errors committed in the Horn of Africa.

★ Altogether, the emergency petition promoted in large part by humanitarian agencies operating in Mauritania had received just 40% of its required resources by August 2012 (from the 94 million dollars requested, agencies had only received 39 million; see **Graph 7**)<sup>41</sup>.

**Graph 7. The Sahel Crisis: Gap between aid requested and aid received (in millions of dollars)**



✪ With this response, Mauritania has become the international emergency with the largest gap between aid requested and aid received<sup>42</sup>.

✪ A considerable part of these resources have come in the form of in-kind food aid from the USA, which sometimes results in direct competition with regional producers and is not a very sustainable solution.

The risk is that this situation extends to programs against malnutrition unrelated to the emergency, such as REACH. **Table 1** shows the fall of total aid budgets in the four major bilateral donors to Mauritania, which in 2010 were also the major global donors in nutrition and food security. There are tangible aid cuts in all of them, although it is not yet possible to determine their geographic or sectorial impact.

The government of Mauritania, for its part, is doing what's possible to show that ending the malnutrition afflicting the country is possible at a more than reasonable cost. The Inter sectorial Nutrition Action Plan (PAIN, in its Spanish acronym) - developed by the government for the period of 2010-2015 in accordance with the REACH indicators set - has an annual cost of between 24 and 35 million dollars and a total budget of 180 million (see **Table 2**), 80 million less than what it cost to build the Castellon airport. The government has already announced a 30% increase in budgets for the Ministry of Health, but the response of donors is uncertain. In Spain's case, funding for the MDG Fund (7.5 million euros) ends in 2012 and the government still hasn't announced whether there will be resources for these items in the new budgetary cuts scheme.

The coming months will be determining factors for the future of the REACH Initiative and other efforts against malnutrition in Mauritania. A financial failure on the part of donors would not only freeze the programs, it would destroy many of them and pull the country onto the same pathway of failure which afflicts other African regions.



A mother feeds her son at the El Mina Health Center. Nouakchott.



Fishing port of Nouakchott.



In a context as politically tumultuous as that of the Sahel region, in which international cooperation has become an efficient lever of influence for Spanish foreign policy, it is difficult to predict the consequences that a massive withdrawal of aid would have for our country.

**Table 1. 4 donors' evolution of aid**

	ODA total evolution 2010-11 (%)	ODA total evolution 2011-12 (%) <sup>43</sup>
USA	-18	-19
Japan	-2,7	-2
Spain	-36	-49
France	-5,7	1

(\*) In the case of 2012, it involves budgets

**Table 2. Total cost of PAIN for the 2010-2015 period (millions of dollars)**

INTERVENTION	COST
Improving practices of breastfeeding and supplementary feeding	19.3
Increasing input of micronutrients	64.6
Improving control of diarrhea and parasites	25.4
Securing treatment of malnutrition	42.4
Improving household food security	5.1
Cost of national coordination	7.7
Operation costs	15.4
Costs of follow-up and evaluation	0.1
<b>TOTAL COST</b>	<b>180.1</b>



A girl is weighed at the El Mina Health Center. Nouakchott.



A Mauritanian woman washes her hands at the Kiffa Health Center, Assaba region.



Dr. Wague Diango examines Habi Kane, 13 months, while she is vaccinated by her mother, in the Kaédi Hospital Nutrition Center, supported by UNICEF





## 5. Conclusion: A renewed promise in a battle worth the struggle

Less than two years remain until 2015, the deadline set by the Millennium Development Goals. The true virtue of these international promises was to establish a realistic roadmap, based on reasonable budgetary commitments, to reduce the suffering which afflicts half the planet every day. Child malnutrition was the first of them because it expresses incontestably the violence and injustice of poverty. It takes only a tour of the Mauritanian regions afflicted by the food crisis to understand the simple idea hidden beneath Spain's international cooperation programs: of solidarity mechanism and redistribution between two realities pertaining to different historical ages.



If we have learned anything in the MDG's nearly fifteen years of existence, it's that success is a combination of creativity, political will and economic resources. In the case of Mauritania, the government and humanitarian agencies operating in the country have shown more than enough to have the first two. Throughout this report, we have shown the path of success for one of the most hostile nutritional contexts on the planet. We have described the initiatives application such as REACH, which place Mauritania at the forefront of global efforts against hunger. The government's strategic commitment and Mauritanian civil servants contradicts the African states image acting against their people's interests.

But all this effort will be worthless if the international community turns its back. Put simply, there is no crisis which justifies Mauritanian children's desertion. Even in a context of budgetary cuts, wealthy countries are obliged by ethics and intelligence to establish red lines, and child malnutrition constitutes one of them. As UNICEF Executive Director Anthony Lake recently stated, "renewing our commitment" to children's survival would allow us to capitalize, with little effort, on the enormous advances in innovation and social promotion carried out in recent years. It is a commitment which regards governments, private institutions and individuals. Just as we require the states to control cuts in official cooperation, we must request private donors to take a step ahead to balance out the losses.

Throughout the coming months, Mauritania and the Sahel region face a critical period in

No crisis justifies the abandonment of the Mauritanian children. Child malnutrition is one of the clear red lines that rich countries must draw



emergency response as well as in the application of their national plan against malnutrition. To gain advances on both fronts, **UNICEF Spain makes the following recommendations:**

✧ **Maintain the commitment to the Sahel:** The international community must respond adequately to the appeals made by organizations which are responding to the food crisis, and by refugees of Mauritania and the Sahel. Spain, one of the major international actors in the region to date, must play a leading role in that effort.

✧ **Ensure adequate investment in children,** focusing efforts on those regions and programs where malnutrition and child poverty levels are highest.

✧ **Support REACH's innovation and coordination:** The Spanish government must ensure the continuity of its bilateral and multilateral cooperation programs in Mauritania, particularly those related to nutrition and food security. The REACH initiative, driven to date by the MDG Fund, depends on this decision.

✧ **Extend social commitment:** Spanish society – including businesses – also must assume responsibility in this effort, backing Spanish cooperation and contributing its private resources to sustain and complement this public policy. To promote this social commitment, the government and NGOs must make an intense influence effort and public pedagogy.



**Distribution campaign of nutritional supplements in Bougadoum.**



1. <http://unocha.org/cap/>
2. Onis et al. (2011), cit. in Save the Children (2012).
3. UNICEF (2012b).
4. According to estimates of different organizations. Save the Children (2012) and UNICEF's estimates.
5. Save the Children (2012).
6. UNESCO (2010).
7. [http://copenhagenconsensus.com/Files/Filer/CC12%20papers/Outcome\\_Document\\_Updated\\_1105.pdf](http://copenhagenconsensus.com/Files/Filer/CC12%20papers/Outcome_Document_Updated_1105.pdf)
8. Save the Children (2012).
9. Calculation carried out from the data of The Economist Intelligence Unit (Country Report 2012).
10. UNICEF's Spain estimate.
11. SUN (2010).
12. From 6 to 60 months, as measured by the weight prevalence indicator.
13. According to Wuehler et al (2011), the absence of a sufficient number of evaluations impedes determining the exact reasons for this reduction, although some authors link them to the general improvement of living conditions achieved in the country.
14. This figure is calculated on a current level of 140,425 children under five with chronic malnutrition (23.4% of the total). The estimate consists of a simple extrapolation of this figure to the median level of chronic child malnutrition in West Africa, estimated by Onis et al (2011) at 38%.
15. UNICEF (2009).
16. 2011 MICS survey and 2011SMART survey.
17. UNICEF (2012b).
18. PNUD (2012).
19. In large part, these interventions match with the recommendations made by the scientific magazine The Lancet in an influential series of articles published in 2008. In it, the main nutrition experts followed an approach of social and economic effectiveness which allows extracting the maximum benefit out of scarce resources. According to their estimates, if the 13 main measures they recommended were expanded to reach all the children in the 36 countries in which 90% of child malnutrition is concentrated, it would be possible to avoid around 25% of deaths for children under five, as well as reduce the morbidity of a significant portion of this population. The Lancet (2008).
20. Sumner et al (2007), cit. in Save the Children (2012).
21. Food Crisis Prevention Network (meeting held in Paris in April 2012).
22. [http://www.unicef.org/wcaro/english/UNICEF\\_Regional\\_Update\\_No\\_3\\_Sahel\\_Complex\\_Emergency\\_-\\_10\\_May\\_2012.pdf](http://www.unicef.org/wcaro/english/UNICEF_Regional_Update_No_3_Sahel_Complex_Emergency_-_10_May_2012.pdf)
23. A recent work by Robert Bailey for Chatham House points out these lessons. There are acceptable (though improvable) mechanisms of early warning, but the system's rigidities impede responding on time to the signals received. See more in Bailey (2012).
24. The figure of 300,000 children who die daily in the region as a consequence of the lack of food, as well as the finding that severe malnutrition levels among children under five surpassed 10% in each of the five countries studied, was obtained from the Sahel Working Group (2011).
25. UNICEF (2012).
26. OCHA (2012).
27. Data from HEA.
28. Oxfam (2011).
29. Thanks to Sarah LaRose for the documentation and original drafting of this paragraph.
30. <http://www.encyclopedia.com/topic/Mauritania.aspx>
31. C. McSweeney, M. New and G. Lizcano (2010).
32. <http://www.wfp.org/countries/mauritania>
33. Elasha (2010) and AfDB, OECD, UNDP, UNECA (2012).
34. [http://www.preventionweb.net/files/25724\\_mauritania.pdf](http://www.preventionweb.net/files/25724_mauritania.pdf)
35. <http://uk.oneworld.net/guides/mauritania/climate-change>
36. Migration and Remittances during the Global Financial Crisis and Beyond Ibrahim Sirkeci Jeffrey H. Cohen Dilip Ratha Editors ([http://www.wds.worldbank.org/external/default/WDSContentServer/WDS/IB/2012/06/01/000386194\\_20120601024025/Rendered/PDF/693130PUB0publ067926B09780821388266.pdf](http://www.wds.worldbank.org/external/default/WDSContentServer/WDS/IB/2012/06/01/000386194_20120601024025/Rendered/PDF/693130PUB0publ067926B09780821388266.pdf))
37. This same idea has been defended with similar arguments by international organizations and study centers such as the Overseas Development Institute, UNICEF, CM, the World Bank, Oxfam and Save the Children. As the Sahel Working Group pointed out in its analysis of the lessons learned in the food crises of 2005 and 2010: "Although it's beginning to change, in the Sahel prevails a conceptual framework establishing a continuum between emergency and development, which places the crisis at one extreme and normality at the other. This framework artificially distinguishes food crises from chronic structural dimensions (...) Many vulnerable households and individuals lost [in 2010] their productive resources, contracted debt and slid even more into a downward spiral of chronic hunger. An enormous, long term (and expensive) aid effort, was necessary for the recovery and to meet the needs of an ever-growing number of people who suffer from chronic food insecurity. The level of preparation for the 2009-2010 crisis was inadequate (...)." Sahel Working Group (2011), p. 57. Overseas Development Institute (soon to be published), PNUD (2012), Fanzo et al (2009), Magnoli et al. (2008), Save the Children (2012), Oxfam (2011).
38. REACH Evaluation Report.
39. Action against Hunger (2012). The report summarizes other works.
40. Horton et al. (2009).
41. OCHA (2012).
42. <http://unocha.org/cap/>
43. Sources: <http://www.budget4change.org/cuts-in-us-foreign-assistance-budget-for-fiscal-year-2012/>, [http://devpolicy.anu.edu.au/pdf/2012/policy\\_briefs/PB5-The-impacts-of-austerity-on-aid-budgets.pdf](http://devpolicy.anu.edu.au/pdf/2012/policy_briefs/PB5-The-impacts-of-austerity-on-aid-budgets.pdf)



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Ahmed Salim, 10 months old and seriously malnourished, is weighed on a scale by a health worker at the Kaédi Hospital Nutrition Center, supported by UNICEF.



# اين اتاين روم

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