Mauritania

Joined: May 2011
**Demographic data**
- National Population (million, 2010) 3.6
- Children under 5 (million, 2010) 0.6
- Adolescent Girls (15-19) (million, 2010) 0.20
- Average Number of Births (million, 2010) 0.10
- Population growth rate (2010) 2.75%

**WHA nutrition target indicators (MICS 2011/SMART 2012)**
- Low birth weight 34.7%
- 0-5 months Exclusive Breastfeeding 26.9%
- Under five stunting 22.0%
- Under five wasting 11.6%
- Under five overweight 1.2%

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**Coverage of Nutrition-relevant Factors**

**Infant and young child feeding practice**
- 6-23 months with Minimum Acceptable Diet -
- 6-23 months with Minimum Diet Diversity -

**Programs for vitamin and mineral deficiencies**
- Zinc Supplementation for Diarrhea -
- Pregnant Women Attending 4 or more Antenatal Care Visits 48.4%
- Vitamin A supplementation (6-59 months) 99.0%
- Households Consuming Adequately Iodized Salt 52.7%

**Women’s Empowerment**
- Female literacy 46.8%
- Female employment rate 19.6%
- Median age at first marriage -
- Access to skilled birth attendant 65.1%
- Women who have first birth before age 18 -
- Fertility rate 4.3

**Other Nutrition-relevant indicators**
- Rate of urbanization 39.51%
- Income share held by lowest 20% 6.02%
- Calories per capita per day (kcal/capita/day) 2,772.2
- Energy from non-staples in supply 44.10%
- Iron availability from animal products (mg/capita/day) -
- Access to Improved Sanitation Facilities 44.8%
- Open defection 45.5%
- Access to Improved Drinking Water Sources 52.9%
- Access to Piped Water on Premises 21.1%
- Surface Water as Drinking Water Source 1.2%
- GDP per capita (current USD, 2013) 1,070.00
- Exports-Agr Products per capita (current USD, 2012) 6.17
- Imports-Agr Products per capita (current USD, 2012) 4.14

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**Stunting Reduction Trend and Target**
- Current AARR: 3.9%
- Target AARR: 5.1%
- Target prevalence: 11.16%

**Distribution of stunting across wealth quintiles**

**Trend of Exclusive Breastfeeding Rate**
- Current Trend
- Minimum target suggested by WHA

**Targeted Stunting Reduction (million U5 stunted children)**
- Beginning prevalence: 22.0%
- Target prevalence: 11.16%
- Targeted Stunting Reduction: 11.

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SUN Movement Compendium 2014
The multi-stakeholder and multi-sector platform is represented by the permanent technical committee (Technical Body of the National Nutrition Development Council – CNDN – set up in 2010). It brings together a number of ministries, United Nations organisations, NGOs and the private sector. However, its effective operation remains a challenge due to the low participation of stakeholders concerned, particularly lenders. A reduction in the number of ministries sitting on the CNDN was perceived as necessary to breathe new life into its activities and improve monitoring. Regional coordination structures are currently being set up and seven out of thirteen committees are already up and running.

Mauritania is in the process of finalising the inter-sectoral nutrition action plan (PAIN), which has been extended to include key sectors other than health. Once finalised, this plan will serve as a common results framework. In parallel, a plan to enhance capacity is being drawn up. The programmes in force emphasise the development of interventions that take account of nutrition, particularly in social protection, water, sanitation and hygiene. These interventions include activities aimed at enhancing nutrition and are aligned with the national nutrition policy. The need for increased coherence between programmes, financing difficulties and the lack of qualified human resources have been identified as the main obstacles that PAIN needs to overcome.

A national nutrition development plan has been in place since 2006 and the regulatory implementation framework for this has been partially implemented. Nutrition legislation includes a wide range of policies and strategies in relevant sectors and provides a coherent framework for multi-sector action.

A food fortification strategy has been validated. There is a food strategy for young children and a draft code of marketing of breast milk substitutes. Mauritania has undertaken to increase by 50% the exclusive breastfeeding rate for the first six months of life by 2025.

Sectoral policies and strategies in most key sectors such as agriculture and food security, poverty reduction and development, public health and social protection, take nutrition into account. They were updated and are long-term, up to 2020. The finalisation of directives on integrating nutrition in sectoral policies should enhance their effectiveness.

Nutrition has also been incorporated in strategic documents such as the strategic framework for combatting poverty, the national food security strategy, the national strategy for child survival and the national social protection strategy.

A social mobilisation, advocacy and communications strategy (SMAC) has been drawn up and harmonised with the National Nutrition Development Policy. PMS members have acknowledged the importance of including monitoring and evaluation frameworks in their policies, some of which are currently being drafted.

The budgeting of PAIN is currently being finalised and the private sector has indicated its willingness to be associated with the PAIN implementation process. It has been recommended to enhance budget lines at sectoral level and to set up a mechanism for monitoring nutrition spending by sector.
Progress Across Four SUN Processes
Mauritania

2012¹ and 2014² Scoring of Progress Markers

2014 Dashboard for Progress Markers

Stage of Preparedness

- Bringing people together into a shared space for action
- Ensuring a coherent policy and legal framework
- Aligning actions around a Common Results Framework
- Financial Tracking and resource mobilization

1Forward looking 2Past looking

1²Externally assessed by the SUN Movement Secretariat
²Internally assessed by in-country self-assessment exercise