

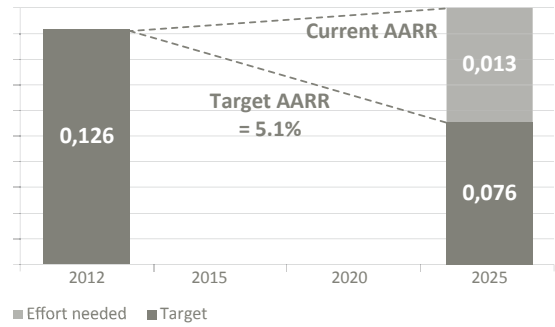
Mauritania

Joined: May 2011

Highlights

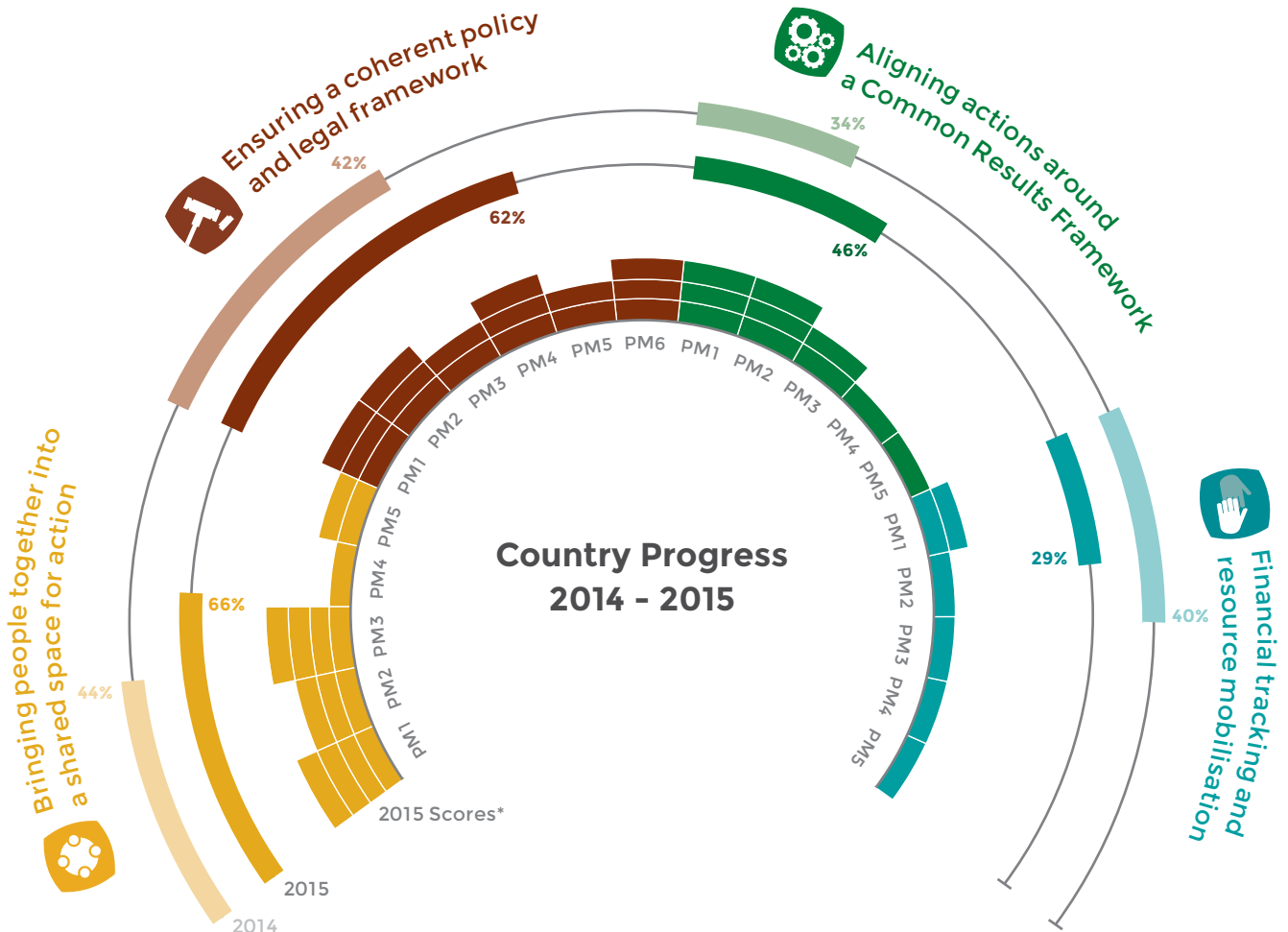
- The multi-stakeholder political platform, the National Council for Nutritional Development, chaired by the Prime Minister, has been decentralised into 'commissions' in 7 of the 15 regions of Mauritania. These meet regularly to coordinate and track nutritional activities, monitoring their inter-sectoral relationship, helping to achieve consensus between the different stakeholders and oversee resource mobilisation.
- The draft intersectoral action plan for nutrition 2015-2020, which is the future Common Results Framework, has been put before two revision boards to incorporate contributions from different partners and sectors.

Beginning prevalence: 22.0% **Targeted Stunting Reduction (million U5 stunted children)** Target prevalence: 11.1%



Under five stunting:	22.0%
Low-birth weight:	34.7%
0-5 months old exclusive breastfeeding:	26.9%
Under five wasting:	11.6%
Under five overweight:	1.2%
Women Anaemia 15-49 years:	39.0%

*data sources detailed in Annex 1



*See page 29 for more information about 2015 scoring against each progress marker



The multi-stakeholder and multi-sectoral platform is the National Nutrition Development Council (CNDN), which was established in 2010 and has support from a permanent technical committee. The Government focal point is the Director General of Economic Policy and Development Strategies for the Ministry of Economic Affairs and Development. These structures bring together all the ministries that play a role in nutrition, the United Nations, NGOs and the private sector, but donors are not represented there for the moment. **Three regions have recently set up 'Coordination commissions for the Development of Nutrition'**. These are responsible for providing guidance, coordinating and tracking nutrition actions. This brings the number of these structures to seven in total for the 15 regions across the country.

Despite the steps taken by the government, the donors and the private sector have not been organised into a network yet. **The costs associated with the presence of a REACH facilitator (since 2008) are now taken on by the Government, and nutrition has been included in the planning document for UN agencies (UNDAF)**. The country is working on bringing together civil society stakeholders to improve the structure of their actions. The establishment of dedicated networks would help to improve the platform's results and ensure better participation among stakeholders.

Bringing people together into a shared space for action



The regulatory framework for nutrition includes fortification of oil and flour, universal iodisation of salt, an infant and young child feeding strategy, the promotion of maternal leave and the National Communication Strategy for Changing Behaviours. **A draft of the Code of Marketing Breast-Milk Substitutes is being studied**. There has been a national nutrition development policy since 2006, which has given rise to a strategy for social mobilisation, advocacy and communication, which

would warrant being updated, and a national protocol for comprehensive handling of acute malnutrition (PCIMA).

National and sectoral policies and strategies in most key sectors, such as agriculture and food security, poverty reduction, public health and social protection, take nutrition into account. **They have been updated and are long-term, up to 2020**. Finalising directives on integrating nutrition into sectoral policies should enhance their effectiveness.

Ensuring a coherent policy and legal framework



The priority identified by Mauritania for 2015 is to finalise the Intersectoral Action Plan on Nutrition (PAIN) by incorporating the observations of the various sectors. This will allow 2015-2020 PAIN to include some sectoral interventions which contribute to nutrition, to specify their timing and to include a follow-up and evaluation system and capacity-building activities. Once it has been finalised, it needs to be validated and costed in order to serve as a common results framework.

The need for increased coherence between programmes, funding difficulties and the lack of qualified human resources have been identified as the main challenges that PAIN needs to overcome. It should be noted that some components of PAIN have been partially implemented.

The programmes under way are harmonised with the national nutrition policy and are nutrition-specific or contribute to nutrition (via social protection, water, sanitation and hygiene).

Aligning actions around a Common Results Framework



Most participants wish for a specific budget line to be created for nutrition within the State's budget and for a mechanism to be put in place which tracks expenses by sector.

The regional workshop on the follow-up of budget allocations for nutrition has allowed dialogue to be initiated with various government sectors.

Financial tracking and resource mobilisation