

PROTRACTED RELIEF AND RECOVERY OPERATION - MAURITANIA PRRO 200474

Recovering from previous crises and laying the groundwork for resilience for populations affected by food insecurity in Mauritania	
Number of beneficiaries	328,292
Duration of project	May 2013-April 2014
WFP food tonnage	13,593 mt
Cost (United States dollars)	
WFP food cost	7,423,704
WFP cash/voucher cost	5,820,300
Total cost to WFP	26,548,545

EXECUTIVE SUMMARY

Mauritania had not fully recovered from the food price crisis of 2008 when an exceptionally severe drought struck the Sahel region in 2011-2012. The combination of poor harvests, high food prices and loss of livestock left much of the population severely food insecure. The conflict in Mali in 2012 exacerbated the crisis, disrupting food imports and triggering an influx of refugees.

In mid-2012, during the peak lean season, almost a third of Mauritania's population of 3.6 million were food insecure - the highest ever recorded. Global acute malnutrition prevalence among children 6-59 months was 12 percent ("serious"), with certain areas beyond 15 percent and considered "critical". By December 2012, 17 percent of Mauritanian households remained food-insecure.

Despite a relatively good 2012/2013 harvest and improved food availability, agricultural production remains insufficient to meet the country's food requirements. Communities remain weakened by the cumulative shocks of previous crises. Food security monitoring indicates that 800,000 people will be food-insecure by July 2013.

This protracted relief and recovery operation builds upon the assistance provided under emergency operation 200333 (February 2012 - April 2013) and supports a transition towards a more comprehensive resilience strategy. It is aligned to the 2013 Consolidated Appeal and to WFP's Strategic Objectives 1 and 3. The PRRO aims to contribute to building reliable and

predictable social safety nets in order to strengthen populations' resistance to future crises and prevent relapse, with the following specific objectives:

- Reduce moderate acute malnutrition among children 6-59 months and pregnant and lactating women through targeted supplementary feeding
- Prevent acute malnutrition among children 6-24 months through blanket supplementary feeding.
- Improve the food security and livelihoods of the most vulnerable households by rebuilding economic, agricultural and environmental assets through food assistance for assets.
- Support the livelihoods of most vulnerable populations in urban areas through skills training.

SITUATION ANALYSIS

Context

1. The Islamic Republic of Mauritania, with a population of 3.5 million, ranks 155 out of 186 countries in the Human Development Index. Over 23 percent of the population of 3.4 million¹ live on less than US\$1.25 per day. The country ranks 139 out of 148 on the Gender Inequality Index, reflecting poor reproductive health, little empowerment and a labour market where women's participation is under 30 percent. The maternal mortality is 510 per 100,000 births and the under 5 mortality is 111 for 1,000 live births.²
2. Only 5 percent of Mauritania's territory is arable land. More than 50 percent of Mauritians live in urban areas and the high migration from the rural areas is continuing.
3. Food production in Mauritania is structurally deficient due to:
 - severe environmental constraints, including cyclical droughts, aridity, high temperatures, soil exhaustion (only the extreme south supports rain-fed agriculture);
 - insufficient access to agricultural inputs;
 - agricultural production and agro-pastoralism compete for the available land, limiting the expansion of both activities;
 - harvests are vulnerable to pests, especially locusts; and
 - insufficient long-term investment in agriculture.
4. A severe drought 2011 in caused cereal production to fall 40 percent below the five-year average and a substantial loss of livestock.³ Food shortages were compounded by a currency devaluation and highly volatile food prices on international markets,⁴ triggering a food crisis with a severe impact on the whole country in 2011-2012.

¹ *Office National de la Statistique, RIM.*

² UNDP Human Development Report 2013.

³ Crop assessment conducted by CILSS, the Food and Agriculture Organization of the United Nations (FAO), Famine Early-Warning System Network (FEWSNET) and WFP.

⁴ Information provided by the mayors and deputies and breeders' associations.

5. As a result of armed clashes in the north of neighbouring Mali in 2012, over 74,000 Malian refugees are registered in M'bera camp in Hodh El Chargui region,⁵ putting additional pressure on local communities and their already fragile food security. Traditional exchanges of cereals for livestock with Mali (and Algeria) have been temporarily disrupted, and Malian refugees who brought their livestock into Mauritania are competing for scarce food and water in the southeast.
6. The security situation in Mauritania remains volatile, with on-going military operations and terrorist activities in the region.

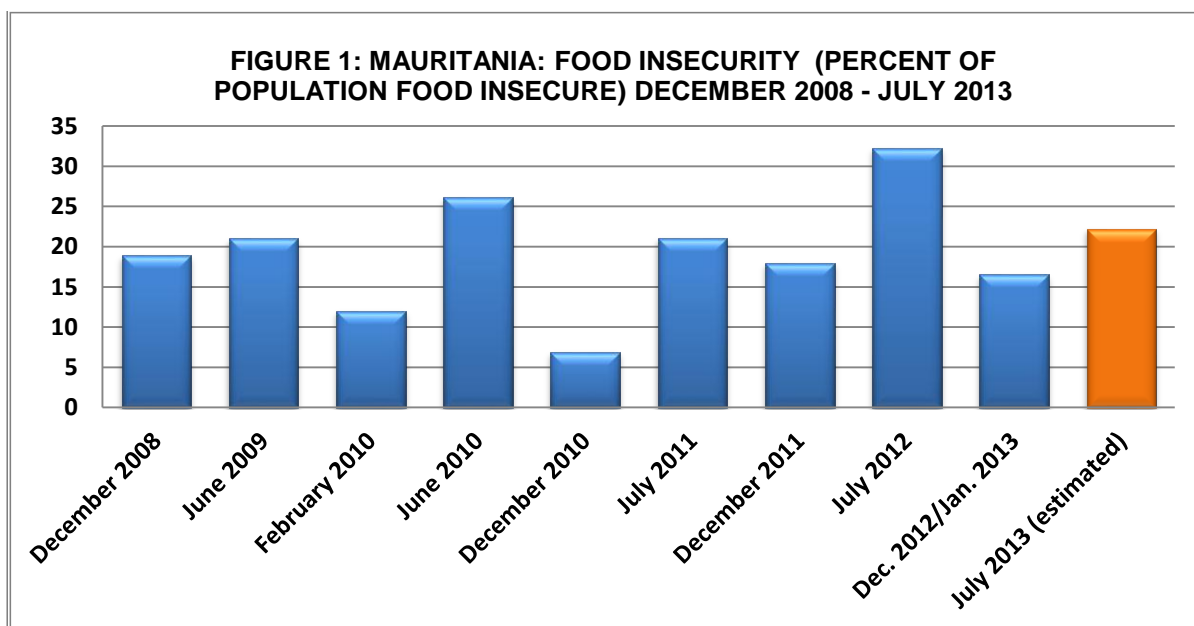
The Food Security and Nutrition Situation

7. Mauritania's food insecurity is being caused mainly by: (i) inadequate food production causing high local food prices; (ii) dependency on imported food at high prices on the international market; (iii) loss of livestock during the drought; and (iv) competition with refugees for arable land. The country's ability to recover its food security has been weakened.
8. Rural households in Mauritania depend primarily on subsistence farming, which covers only a third to two-thirds of their cereal needs. Households have little additional income to buy their remaining food requirements, especially during the lean season. Regular food security monitoring system (FSMS) surveys indicate that food insecurity typically reaches 20 percent during the lean season at the national level, peaking at 30 percent during crisis years (such as 2012). Post-harvest food insecurity usually falls by 10 percent – although such improvement has been less frequent recently.⁶ The December 2012 FSMS revealed that 17 percent of Mauritanian households remain food-insecure. Small producers, pastoralists and poor urban households in particular have yet to recover from last year's food crisis and a series of shocks.
9. Recurrent shocks have reduced the ability of households to withstand crises, leading to increased food insecurity and the adoption of negative coping strategies.⁷ Based on the FSMS trends (see Figure 1), food insecurity in the forthcoming 2013 lean season is expected to exceed 20 percent, resulting in 800,000 food-insecure people.

⁵ <http://data.unhcr.org/MaliSituation/country.php?id=132> (5/5/2013).

⁶ Such low food insecurity has been reached only in December 2005 and December 2010.

⁷ See: CSA/WFP/FSMS reports including: April 2011. Secondary data study on Food Security in Mauritania; FSMS for January 2011, December 2011, July 2012, December 2012; November 2011. Markets and the Response to the Food Security crisis; September 2011. Information note on Food Security.



10. The majority of households rely on markets for their food⁸ and their main barrier to access food is high prices. Poor regional production after the 2011 drought caused food prices to dramatically increase for *niebe* (local beans), millet and sorghum, which further reduced food availability and access. In February 2013, a kilo of wheat was 140 Mauritania ouguiya (MRO), compared to 100 MRO in July 2010.⁹ Other staple imported foods - such as rice, sugar and oil - show similar price increases. Food introduced at subsidized prices through emergency aid interventions (both from the Government and from partners) has helped stabilize prices and preserve the purchasing power of the population.
11. The large size of the country and the lack of infrastructure makes accessibility to some areas difficult during the rainy season. A market assessment in December 2011¹⁰ revealed supply problems in the eastern agropastoral and rainfed zones. After the harvest in 2012, markets were relatively well supplied and cross-border commerce with Mali is slowly resuming, despite the volatile security situation.
12. Generally, the south and east of the country have the highest food insecurity. In July 2012, the most affected regions were Hodh-el-Charghi (55 percent), Guidimaka (51 percent), Hodh-el-Gharbi (46 percent), Tagant (45 percent), Trarza (43 percent), Assaba (42 percent) Gorgol (31 percent) and Brakna (17 percent). Recent surveys also show deterioration in the north and in peri-urban areas of Nouakchott. Households headed by women are more prone to food insecurity (19 percent) than households headed by men.¹¹ Households headed by women depend on cash or food transfers received from their parents or children, or solidarity from their community.
13. Malnutrition prevalence remains high, particularly among children under 5 and women of child-bearing age. At national level, Standardized Monitoring and Assessment of

⁸ See food sources in documents mentioned in previous footnote.

⁹ United Nations Operational Rate of Exchange: May 2013 US\$1 = 297 MRO

<http://treasury.un.org/operationalrates/OperationalRates.aspx>

¹⁰ See food availability analysis done by the market analysis of December 2011 in *Marchés et réponses à la crise alimentaire, Janvier 2012*.

¹¹ FSMS December 2012.

Relief and Transitions (SMART) nutrition surveys over the last five years show consistent seasonal trends, with GAM above the 10 percent “serious” threshold during the lean season.¹² The latest SMART survey (2012)¹³ shows national GAM among children under 5 is 12 percent. In four regions (Tagant, Brakna, Hodh-el-Chargui, Assaba) GAM is “critical”, while in a further six regions (Guidimaka, Hodh-el-Gharbi, Gorgol, Tiris-Zemmour, Inchiri and Adrar) prevalence is “serious”. The relatively low GAM in Nouakchott masks higher prevalences in the poor, deprived areas of the city where there is a high concentration of moderate acute malnutrition (MAM) and where one-third of the population resides. The prevalence of chronic malnutrition among children under 5 is 23 percent at the national level, which is also a public health concern.¹⁴

14. The prevalence of infectious diseases (fever, diarrhoea) is high in children: morbidity in children under 5 during the two weeks prior to the July 2012 SMART survey was 35 percent, with mothers reporting that their children suffered predominantly from fever (49 percent) or diarrhoea (32 percent).

POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT AND OTHERS

15. In response to the 2011 drought, the Government launched the “EMEL” (Hope) emergency relief response plan to assist low-income households and protect livestock. EMEL was supported by the United Nations system and national and international non-governmental organizations (NGOs), mainly focused on the south. Support included free food distributions (wheat, sugar and oil) to 583,000 beneficiaries for five months as well as support to 2,000 village food reserves (VFR); solidarity shops¹⁵ and fodder for the survival of livestock. The efforts of the Government and relief partners in the framework of the EMEL plan contributed to mitigating the most urgent needs of affected people, although implementation was delayed and coverage insufficient.
16. The United Nations Children’s Fund (UNICEF) doubled its assistance to children suffering from severe acute malnutrition (SAM) and boosted its water supply programme. The Food and Agriculture Organization of the United Nations (FAO) provided fodder and improved seeds. The World Bank channelled support through the *Commissariat de la Sécurité Alimentaire* (CSA - Food Security Commission).¹⁶
17. The Mauritanian Government has earmarked 15 billion MRO (US\$50.5 million)¹⁷ for food relief in 2013 acknowledging that: (i) vulnerable people have not yet recovered

¹² Wasting prevalence 5-9 percent is “poor”, 10-14 percent is “serious” and above 15 percent is “critical”. WHO 1995. Cut-off values for public health significance. www.who.int/nutgrowthb/en

¹³ Ministry of Health/ United Nations Children’s Fund (UNICEF). July 2012. SMART.

¹⁴ Stunting prevalence 20-29 percent is “medium”, 30-39 percent is “high” and 40 percent is “very high”. Cut-off values for public health significance. WHO 1995. www.who.int/nutgrowthb/en

¹⁵ The VFRs are managed by village committees (supported by WFP or CSA) which provide cereals at accessible prices during the lean season. VFRs aim to increase availability and accessibility of cereals, improve producers’ revenues by buying their surplus at better prices, and fund projects of public interest. Solidarity shops have been created by the Government through the EMEL plan to provide rice, vegetable oil, sugar and pasta at subsidized prices for the poorest populations. These shops are located in main district towns, whereas VFRs are established in remote rural areas.

¹⁶ Data provided by the CSA.

¹⁷ May 2013 United Nations exchange rate.

from the crisis; and (ii) international food prices will remain high.¹⁸ However, this assistance will not be sufficient to cover all needs, particularly with regard to the livelihood rehabilitation, where assistance of the international community is expected. Mauritania is also in the process of becoming a member of the African Risk Capacity platform to better manage drought risks.¹⁹ The Government is committed to building on lessons learned during the 2012 Sahel crisis as a basis for developing a resilience strategy.

18. WFP and partners work within inter-agency teams, taskforces and committees, such as the United Nations country team, the humanitarian country team, humanitarian clusters (food security, nutrition) to coordinate response strategies and support government efforts. Humanitarian and development partners have agreed to reinforce resilience through their programmes in the framework of the 2013 Consolidated Appeal²⁰ to help communities recover from recurrent crisis prepare and be prepared for future shocks. The United Nations agencies in Mauritania are currently developing an integrated programme for resilience (*Programme pluriannuel intégré pour le renforcement de la resilience*). Lessons learned from previous operations will inform WFP resilience strategy in Mauritania for the mid and long term.

OBJECTIVES OF WFP ASSISTANCE

19. This protracted relief and recovery operation (PRRO) aims to support the recovery of vulnerable populations affected by recurrent food crises in Mauritania, while also supporting the Government to develop and transition towards a longer-term resilience strategy.
20. Specifically this PRRO aims to:
 - reduce moderate acute malnutrition among children aged 6-59 months and pregnant and lactating women through targeted supplementary feeding (WFP Strategic Objective 1);²¹
 - prevent acute malnutrition among children aged 6-24 months through blanket supplementary feeding (Strategic Objective 1);
 - improve the food security and livelihoods of the most vulnerable households by rebuilding economic, agricultural and environmental assets through food assistance-for-assets (Strategic Objective 3);²² and
 - support the livelihoods of vulnerable populations in urban areas through skills training (Strategic Objective 3).
21. These objectives are aligned with the Government's Strategic Anti-Poverty programme and with the United Nations Development Assistance Framework (UNDAF) 2012-2016 that prioritizes four sectors: (i) fight against poverty and food insecurity; (ii) access to basic social services (health, education, protection); (iii) improvement of the environmental governance and good use of natural resources; (iv)

¹⁸ WFP, 2012: *La hausse des prix sur le marché international et ses éventuelles conséquences sur la sécurité Alimentaire dans la région – Août 2012*.

¹⁹ www.africanriskcapacity.org.

²⁰ *Appel global pour la Mauritanie 2013*, <http://www.unocha.org/cap/appeals/appel-global-pour-la-mauritanie-201317> OCHA, December 2012

²¹ Strategic Objective 1: Save lives and protect livelihoods in emergencies.

²² Strategic Objective 3: Restore and rebuild lives and livelihoods in post-conflict, post-disaster or transition situations.

improvement of governance and reinforcement of management capacity. The PRRO will contribute towards the achievement of Millennium Development Goals 1, 4 and 5.²³

WFP RESPONSE STRATEGY

Nature and Effectiveness of Nutrition and Food Security-Related Assistance to Date

22. Under emergency operation (EMOP) 200333 (February 2012-April 2013), WFP provided targeted supplementary feeding in regions with high GAM among children aged 6-59 months and pregnant and lactating women, scaling-up support with cooperating partners during the peak of the crisis to increase accessibility to treatment of acute malnutrition. Despite the severe deterioration in the food security situation following the 2011 drought, GAM at the national level remained relatively stable.
23. Under the EMOP, and in collaboration with the Ministry of Health, WFP tested blanket supplementary feeding in Gorgol and Brakna, where GAM exceeded the 15 percent “critical” threshold, to prevent acute malnutrition among children aged 6-23 months. This support contributed to keeping GAM prevalence below 10 percent in all regions.
24. EMOP 200333 met its delivery targets, though with some delays due to late funding and logistics difficulties. The scale of the crisis had initially been underestimated: some areas became food-insecure for the first time, requiring adjustments in geographic targeting. The 2011 VFR evaluation recommended strengthening stock revolving mechanisms and selling in smaller quantities to promote better access for the most vulnerable populations. Assessments on cash transfers in 2012 have informed the design of this PRRO.²⁴ Lessons learned indicate the provision of cash in rural areas is well accepted and justified since markets are generally well-supplied. Although beneficiaries considered amounts provided were too small, community-based targeting was confirmed to be effective. In urban areas, a database has been created and an “elected authorities” dimension will be added to further improve targeting. Bank cards are available and may be used in the future, but cash has also been functioning well.
25. The WFP Mauritania country programme 2012-2016 targets eight regions and aims to: (i) reduce the prevalence of underweight among children and acute malnutrition; (ii) improve access to primary education in vulnerable areas through school feeding; and (iii) reduce risks and build resilience among vulnerable groups affected by recurrent climate shocks. Capacity building is a cross-cutting objective. In areas where the country programme and this PRRO coincide, food assistance-for-assets (FFA) interventions under the country programme will be put on hold while the PRRO is implemented. There is no overlap for the nutrition and school feeding activities.

²³ MDG 1: Eradicate extreme poverty and hunger; MDG 4: Reduce child mortality; and MDG 5: Improve maternal health.

²⁴ Baseline rural cash (July 2012), PDM rural cash focus group (August 2012), PDM rural cash households (December 2012), PDM urban cash (December 2012), CSA global review of all Mauritanian cash operations (on-going). In April/May 2013, a specific evaluation of European Union funds (VFR and cash, and general food distribution after cash) will take place; the results of which should be available in June.

26. A four-year WFP intervention is envisaged to start in 2013 with the Adaptation Fund²⁵ in collaboration with the Ministry of Environment and Sustainable Development. One of the components is to support technical services of the government and communities to better understand the impact of climate risks and to elaborate adaptation measures to contribute to the improvement of the resilience of communities.
27. With the arrival of refugees due to the conflict in Mali, regional EMOP 200438 has been providing assistance in 2012 and 2013 through targeted food assistance, nutrition interventions and emergency school feeding.

STRATEGY OUTLINE

28. Guided by the latest FSMS (December 2012), this PRRO will increase focus on rehabilitation and resilience. The PRRO will concentrate on the more densely populated southern regions where communities remain weakened by the cumulative shocks of previous crises and food insecurity is high.²⁶
29. This PRRO will be a transition phase for recovery. It aims to rebuild the lives and livelihoods of vulnerable households, providing safety nets and social protection in coordination with the Government and main partners' policies.²⁷ The PRRO will include the following activities:
 - Nutrition assistance - including targeted supplementary feeding to treat MAM for children aged 6-59 months and malnourished pregnant and lactating women, and blanket supplementary feeding to prevent acute malnutrition for children aged 6-24 months old.
 - Support to village food reserves and asset-creation activities to improve and restore the food security and livelihoods of vulnerable rural households affected by recurrent crises.
 - Training to support livelihoods and income generation in urban areas.
30. **Treatment of moderate acute malnutrition:** in partnership with UNICEF, WFP will support the treatment of MAM through targeted supplementary feeding in seven regions where GAM exceeds the 10 percent "serious" threshold during the lean season (Hodh El Chargui, Hodh-el-Gharbi, Assaba, Gorgol, Brakna, Tagant, Guidimaka),²⁸ in Trarza region due to the deterioration of the food security situation,²⁹ and in vulnerable areas of Nouakchott. Parents will also attend nutrition and health education sessions every two weeks. Two voluntary helpers at ambulatory nutritional recovery centres for people with moderate malnutrition (*Centres de recuperation nutritionnelle ambulatoire pour les personnes atteintes de malnutrition modérée* - CRENAM) will receive a family ration to provide nutritional support and sensitisation. Children treated

²⁵ The Adaptation Fund is an international fund that finances projects and programmes aimed at helping developing countries to adapt to the harmful effects of climate change. It was set up under the Kyoto Protocol of the United Nations Framework Convention on Climate Change (UNFCCC).

²⁶ Although food insecurity has spread to the northern regions (Adrar, Inchiri, Tiris-Zemmour), these areas are sparsely populated and have very few implementing partners. WFP will closely monitor the food security situation in these areas and, if necessary, will consider extending support through a budget revision.

²⁷ See *Stratégie Nationale de Politique Sociale en Mauritanie*, January 2012, Etude sur la Protection Sociale en Mauritanie, UNICEF 2010, etc.

²⁸ SMART, the Ministry of Health/ UNICEF July 2012.

²⁹ Results of the July 2012 FSMS conducted by WFP/CSA found that 43 percent of households suffered from food insecurity in Trarza. This was a large increase from the July 2011 results of 5 percent.

for SAM will be referred to CRENAMs once they have recovered from SAM, or referred to intensive nutritional recovery centres if the treatment fails.

31. **Prevention of acute malnutrition:** Blanket supplementary feeding will target 73,400 children aged 6-24 months³⁰ in regions where GAM is approaching or exceeds the “critical” threshold of 15 percent (Gorgol, Brakna, Guidimaka regions)³¹ and the peri-urban areas of Nouakchott.³² Malnourished children identified through screening will be referred to the appropriate nutrition centres for treatment.
32. **Support to village food reserves (VFRs) to improve food availability and access:** These reserves sell cereals (wheat and rice) to villagers at subsidised prices during the lean season when food insecurity peaks and market prices are high. The funds generated by the sales are used to guarantee a replenishment of the reserves post-harvest or are re-invested in community initiatives. VFR initial stocks are provided by WFP (average deliveries of 5-10 mt) as well as training and guidance on stock revolving mechanisms and reinvestment of generated funds. Village committees and management committees are sensitized to give priority to the most vulnerable women and men,³³ and to allow sales in small quantities. VFRs will continue to require support beyond this PRRO, especially in management and organization issues. A study is planned to provide strategic and operational recommendations to improve the sustainability of these interventions.
33. **Asset creation to improve livelihoods:** In rural areas, WFP will support communities to rebuild livelihoods, enhance food production, protect natural resources and cope with future shocks through food assistance-for-assets activities.³⁴ In collaboration with regional development committees (*Comité Régional de développement - CRD*),³⁵ seasonally appropriate activities, prioritised by villagers, will be implemented such as: land reclamation and rehabilitation; horticulture; small irrigated perimeters; dykes and small dams; flood prevention; and small-scale infrastructure. Care will be taken to ensure women and other very vulnerable people are not over-burdened, that projects are technically feasible, and that social coherence is promoted. To encourage populations to remain settled in rural areas, to stabilize farmland and increase productive capacity, interventions will be timed for the beginning of the lean season. In the agro-pastoral regions of Hodh El Chargui, Hodh el Gharbi, Tagant, and Trarza, in-kind food assistance will be provided, while cash transfers will be used in Assaba, Brakna, Gorgol and Guidimakha regions.
34. **Training to support livelihoods in Nouakchott:** The CSA and WFP will jointly identify 3,000 food-insecure households and provide livelihoods training to improve technical skills and increase chances for employment and income. WFP has established a partnership with the Urban Community of Nouakchott to identify priority training in professional and social sectors for participants to attend training for an

³⁰ 6-24 months population data from UNICEF/Ministry of Health estimations for 2013.

³¹ Source: Ministry of Health / UNICEF SMART surveys conducted during the lean season.

³² Blanket feeding in the other regions with high GAM rates is to be conducted by UNICEF/Ministry of Health.

³³ A relative homogeneity exists in poverty at village level; 60 percent of households are poor (Permanent Surveys on Life Conditions).

³⁴ Food assistance can be in-kind or through cash transfers.

³⁵ Composed of regional authorities and local representatives of the Ministries of Rural Development, Agriculture, Rural Engineering, the CSA and WFP.

average of four months. The cash incentives for attending training sessions are expected to benefit 15,000 people and increase their access to food.³⁶

FIGURE 2: TIMELINE OF ACTIVITIES

	May 2013	June 2013	July 2013	August 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	April 2014
1. Treatment of MAM												
2. Prevention acute malnutrition												
3. VFR												
4. Asset creation (soil regeneration, increase of cultivable surfaces, gardens)												
5. Asset creation (reforestation, land reclaiming, dune fixation)												
6. Training: (hygiene, technical, management, nutrition)												

Hand-Over Strategy

35. This PRRO aims to support the transition from emergency through recovery to resilience. WFP will closely collaborate with government and development partners to reinforce the Government’s response capacity. Close monitoring of the rainfall and seasonal impacts on agricultural and pastoral production, nutrition and market behaviour will guide any required adjustments to the design of the PRRO. Should the next agricultural season be poor, a budget revision will adjust WFP’s response plan for 2014.
36. If the nutritional and food security situation in the country improves, activities under this PRRO will be integrated into longer-term development frameworks, including the national Strategic Framework for the Fight against Poverty (*Cadre Stratégique de Lutte contre la Pauvreté*), the National Food Security Strategy (*Stratégie Nationale de Sécurité Alimentaire*) and the United Nations Development Assistance Framework (2012-2016).

BENEFICIARIES AND TARGETING

37. This PRRO builds on EMOP 200333, and will focus on the same areas and communities in: Assaba, Brakna, Gorgol, Guidimakha, Hodh El Chargui, Hodh El Gharbi, Tagant, Trarza and Nouakchott. There are up to 800,000 people considered to be food insecure and given the coverage of other assistance, especially the Government’s food relief plan, WFP is targeting assistance in this PRRO 328,000 vulnerable people in the targeted regions.
38. Particular attention will be paid to ensure targeting is inclusive and that women comprise at least 50 percent of targeted beneficiaries under each activity. Where

³⁶ Training subjects will be determined with the above-mentioned actors and will improve daily practices such as in health, hygiene and education. Other subjects will contribute to developing, income-generating activities.

possible, synergies between activities will be sought: for example, 80 percent of villages with VFR also have a CRENAM.

39. **Nutrition:** 1,800 volunteers selected by the communities will work in 900 CRENAMs in eight regions to assist the treatment of 53,100 children with MAM and 14,900 malnourished pregnant and lactating women. CRENAMs will be implemented by NGOs and the CSA with technical support and supervision from WFP. Beneficiaries will be identified through systematic screening in collaboration with the Ministry of Health, CSA, UNICEF and NGOs. The blanket supplementary feeding activity will target 73,400 children in Brakna, Gorgol and Guidimakha regions and in the peri-urban areas of Nouakchott, with a 90 percent planned coverage. Although pregnant and lactating women are not yet targeted under this activity, WFP is advocating for their future inclusion.
40. **Livelihood support:** Out of 3,800 VFR nationwide, vulnerability mapping has identified 1,100 requiring assistance based on: non-availability of cereals through regular commercial channels, remote locations, and prior support provided under the previous operation (EMOP 200438). Support to the reserves will be jointly coordinated between WFP and the CSA, implemented by national NGOs and expected to benefit 214,000 people. During activity selection, assets that reduce women's hardship will be prioritized.
41. Target areas for asset-creation activities will continue in the agro-pastoral and rain cultivation zones in Assaba, Brakna, Gorgol, Guidimaka, Hodh-el-Gharbi, Hodh-el-Chargui, Tagant and Trarza regions. Beneficiaries will be selected by village committees based on pre-defined and agreed criteria. At least 50 percent of all villages will be covered in the targeted districts. Complementary inputs and technical support will be provided from United Nations partners, including FAO, UNICEF, the United Nations Development Programme (UNDP), consistent with their respective mandates.
42. **Training:** Communal consultation committees³⁷ will be mobilized to target the urban priority zones and participants for the cash-for-training activities. Targeting will be collaboration with the urban community of Nouakchott, administrative authorities (such as *Wali*, *Hakem* and the CSA) and NGOs and will draw on the established targeting system used under the recent EMOP that has already classified households in Nouakchott based on socio-economic vulnerability criteria.³⁸ The participatory approach allows for efficient decision-making and minimizes potential conflicts.

³⁷ Comprise all local actors – the Government, elected people, local NGOs etc.

³⁸ A census was conducted in Nouakchott in 2012 under the leadership of the Ministry of Economic and Development Affairs, and the coordination of a Steering Committee composed of the Nouakchott Governor, CSA, National Office of Statistics, IMF and WFP. Households were classified based on socio-economic vulnerability criteria. The CSA, the National Office of Statistics (*Office National de la Statistique*) and WFP conducted a verification mission to determine the extent that the households are vulnerable; interviewers verified through a survey of both food and non-food vulnerability criteria.

TABLE 1: BENEFICIARIES BY ACTIVITY				
Activity		Men/boys	Women/girls	Total
Treatment of MAM	Children 6-59 months)	25 593	27 505	53 098
	Pregnant or lactating women)		14 912	14 912
Prevention of acute malnutrition	Children 6–24 months	35 379	38 022	73 401
Nutrition volunteers*		900	8 100	9 000
VFR		103 148	110 852	214 000
Asset creation*	In-kind	12 050	12 950	25 000
	Cash	36 150	38 850	75 000
Training*	Cash	7 230	7 770	15 000
TOTAL		219 730	252 481	472 211
ADJUSTED TOTAL		152 761	175 531	328 292

*Family rations are based on 5 household members.

NUTRITIONAL CONSIDERATIONS AND RATIONS / VALUE OF CASH TRANSFERS

43. Food rations are consistent with the population's habits.
44. Women and children admitted into the treatment of MAM programme will receive take-home supplementary rations in accordance with the National Protocol for the Treatment of Acute Malnutrition.³⁹
45. To prevent acute malnutrition, WFP will harmonize interventions with UNICEF and the Ministry of Health and provide monthly take-home rations of Plumpy'doz™ equivalent to 47 g per child per day for four months, to cover the peak of the 2013 lean season (May – August).
46. Nutrition centre volunteers will receive a family take-home ration based on 20 days per month.
47. The food basket for asset-creation activities has an energy value of 2,131 kcal. Beneficiaries receiving a cash transfer will receive the equivalent cost (calculated as 20,000 MRO/US\$68 per household per month).⁴⁰

³⁹ CRENAM admission criteria (Children 6-59 months: mid-upper arm circumference (MUAC) \geq 115mm and $<$ 125mm; weight for height \geq - 3 Z-score and $<$ - 2 Z-score, and no bilateral oedema. Pregnant women: MUAC $<$ 210 mm; lactating women: woman with a MUAC $<$ 210 mm having a child $<$ 6 months). CRENAM exit criteria (Children 6-59 months: Cured MUAC \geq 125 mm/ Weight for height \geq -1.5 Z-score during 2 consecutive CRENAM visits; Pregnant Women: Cured if the MUAC \geq 230mm during 2 consecutive visits, 6 months after the birth. Lactating Women: Cured when the baby reaches 6 months and the MUAC of the mother \geq 230mm during 2 consecutive visits).

⁴⁰ Calculation factors include: i) the average cost of the food basket in all regions where cash will be distributed, based on the commodities that the beneficiaries will buy; ii) an adjustment to two-thirds of the monthly minimum wage in order not to distort the local labour market; and iii) the conclusions of the post-distribution monitoring.

Commodity/cash	Treatment of MAM		Prevention of acute malnutrition	Nutrition centre volunteers	VFR	Asset Creation/Training		
	Children 6-59 months	Pregnant and lactating women	Children 6 – 24 months			In-kind	Cash	
Cereal				200	400	500		
Pulses				50		40		
Oil and fats		25		30		20		
Super Cereal (with sugar)		250						
Plumpy'sup™	92							
Plumpy'doz™			47					
Salt						5		
Cash (US\$/person/day)								0.45
TOTAL	92	275	47	280	400	565	0.45	
Total kcal/day	500	1 175	247	1 136	1456	2 131		
Number of feeding days/ year	60	180	120	240	120	90	150 / 120	

Commodity	Treatment of MAM		Prevention acute malnutrition	Nutrition Centre volunteers	VFR	Asset creation		Training	TOTAL
	Children 6-59 months	Pregnant and lactating women	Children 6 – 24 months			In-kind	Cash		
Cereal				432	10 272	1 125			11 829
Pulses				108		90			198
Plumpy'sup™	293								293
Oil and fats		67		65		45			177
Plumpy'doz™			414						414
Super Cereal with sugar		671							671
Salt						11			11
Cash (US\$)							5 017 500	802 800	5 820 300
TOTAL	293	738	414	605	10 272	1 271	5 017 500	802 800	7 423 704

IMPLEMENTATION ARRANGEMENTS

48. The PRRO will be managed by WFP in close cooperation with the Government and non-government partners. Activities will be implemented in close consultation with national authorities and through international and national NGOs present in Mauritania that are able to implement the activities with WFP supervision, support and oversight. Implementing partners are selected on the basis of references, assessment of expertise, and experience and field presence in the project areas. There will be annual reviews of partner performance. Regular coordination meetings at national level will be led by the CSA.
49. Information campaigns for beneficiaries, highlighting entitlements and the basic rules for participation will be organized prior to the start of the operation.

Partnership

50. Activities under the PRRO aim to complement interventions by other partners. Strong coordination already exists between UNICEF and WFP for the treatment of severe and moderate acute malnutrition to facilitate mutual referrals.
51. Joint projects will be developed with FAO and UNICEF in Gorgol, Guidimakha and Assaba regions to improve the populations' resilience and to avoid the negative consequences of climate change through asset creation (such as school kitchens, tree planting) and training (improved nutrition practices). WFP's long-standing collaboration with the French Red Cross, the Lutheran World Federation and other partners will provide a basis to develop joint activities in remaining target areas.

Procurement

52. Given the limited scope for local purchases, food commodities are expected to be internationally procured, except salt, which is likely to be purchased regionally.

Logistics

53. WFP will be responsible for international and regional transportation of commodities to Mauritania and will coordinate movements from the ports and entry points to warehouses. Internationally procured commodities reach Mauritania mainly through the Nouakchott port, and delivered directly to a transshipment point in Nouakchott or extended delivery points in Kaedi, Nema, Aioun and Kiffa. Regional purchases usually cross through the border with Senegal or Mali. WFP has combined warehouse capacity of 15,000 mt. WFP will cover the costs of unloading, internal transport, handling and storage and related technical and administrative supervision. Cooperating partners will ensure transport to final distribution sites. Road conditions can be difficult in Mauritania and become even more challenging during the rainy season. WFP has a reserve fleet of 15 small trucks (7 mt) to facilitate deliveries during difficult conditions.

Transfer modalities

54. In-kind food assistance transfers will be maintained for nutrition support activities, VFRs, and for asset-creation activities in areas where conditions for cash transfer are unsuitable.

55. Where feasible and cost efficient,⁴¹ cash is the preferred transfer modality for asset-creation activities: previous surveys indicate that the population uses 75 percent of the cash received to purchase food. Infrastructure is not yet in place in Mauritania to manage a voucher system. Cooperating partners with prior experience with cash transfers will distribute cash because there is a lack of a decentralized financial structure or technology: telephone banking and micro-finance institutions are not yet operational in rural areas. No security incidents occurred during previous cash distributions. The location of distributions will ensure safety and accessibility for targeted beneficiaries, especially women, disabled, sick or elderly people.
56. For training activities in Nouakchott, cash may be distributed through bank cards or directly by cooperating partners. WFP will review options, including through tenders and assessments of financial partners at the beginning of the PRRO, to ensure that the most viable delivery mechanism is used in Nouakchott. Due to the high cost of bank cards, the length of time required to issue named beneficiary cards and the low geographic coverage by microfinance institutions, WFP may continue to rely on cooperating partners.

Non-Food inputs

57. Inputs required are: information and sensitisation campaigns; provision of technical expertise for the VFR and asset-creation activities; skills training for participants; improved communications; agricultural inputs; health services; nutritional education; water supplies; and tools. Inputs for the nutrition activities are already being provided by the Government and UNICEF. Support for agricultural activities and school gardens will partly be provided by FAO and the Government. Training in skills development and income-generating activities will be provided by the Government, NGOs, and local authorities.

PERFORMANCE MONITORING

58. The PRRO's logical framework defines the expected outcomes, outputs and indicators (see Annex II). Monitoring includes field visits, beneficiary interviews, community discussions, stakeholders' consultations and coordination meetings. Quarterly post-distribution monitoring (PDM) reports help to identify the operation's strengths and weaknesses. Monitoring results are periodically reviewed with government, United Nations and NGO partners.
59. Regular surveys will be conducted by WFP (including the FSMS and Market Information System) and other partners (in particular the Government, UNICEF, FAO and FEWS-NET) to: (i) inform geographic targeting and better understand the demographic and socio-economic characteristics of beneficiaries; (ii) targeting efficiency; (iii) food/cash ration sizes and distribution processes; (iv) utilisation of food/cash assistance; and (v) the operation's impact on beneficiaries and their food security and nutritional status. Nutritional reports will use CRENAM data and there will be periodic surveys in the targeted areas in collaboration with UNICEF.

⁴¹ With an alpha value equivalent or near to 1.

60. Cooperating partners will provide monthly activity and distribution reports. WFP monitors will visit distribution points and will evaluate the market prices of foods. WFP will produce monthly reports analysing progress and results, measuring indicators, and assessing problems. Baseline data, mid-way and final evaluations are planned within the framework of this operation.
61. Food data tracking using the Commodity Movement Processing and Analysis System (COMPAS) will be centralized in Nouakchott. Logistics staff at sub-offices scan and send waybills and reconciliation data to Nouakchott for data entry and consolidation.

RISK MANAGEMENT

62. The serious risk is the possibility of terrorist activity, particularly along border with Mali. WFP will work in close coordination with the United Nations Department of Safety and Security; WFP staff comply with instructions from United Nations security and local authorities. A major deterioration of the crisis may require the relocation of WFP and partners' staff and may result in the loss of assets.
63. Global food high prices remain a concern. WFP's established data collection system for food prices (including livestock) monitors price evolution, especially in areas where cash activities will be implemented, and analyses the impact of these activities on the markets. The injection of large amounts of cash has risks such as the deviation of resources, fraud or banditry. WFP's precautions involve confidentiality of operations, communication campaigns for beneficiaries/communities, advance intelligence and avoidance of suspicious areas. To address some of the institutional weaknesses of the country office and implementing partners, WFP is putting in place strong control mechanisms.

APPROVAL

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Date:.....

Ertharin Cousin
Executive Director
United Nations World Food Programme

ANNEX I-A

PROJECT COST BREAKDOWN			
Food⁴²	Quantity (mt)	Value (US\$)	Value (US\$)
Cereals	11 829	3 998 202	
Pulses	198	126 126	
Oil and fats	177	253 995	
Mixed and blended food	1 378	3 043 806	
Others	11	1 575	
Total food	13 593	7 423 704	
Cash transfers		5 820 300	
Total food, cash and voucher transfers			13 244 004
External transport			2 156 228
Landside transport, storage and handling			3 362 869
Other direct operational costs			3 528 901
Direct support costs (see Annex I-B)			2 519 722
Total WFP direct costs			24 811 724
Indirect support costs (7.0 percent) ⁴³			1 736 821
TOTAL WFP COSTS			26 548 545

⁴² This is a notional food basket for budgeting and approval. The contents may vary.

⁴³ The indirect support cost rate may be amended by the WFP Executive Board during the project.

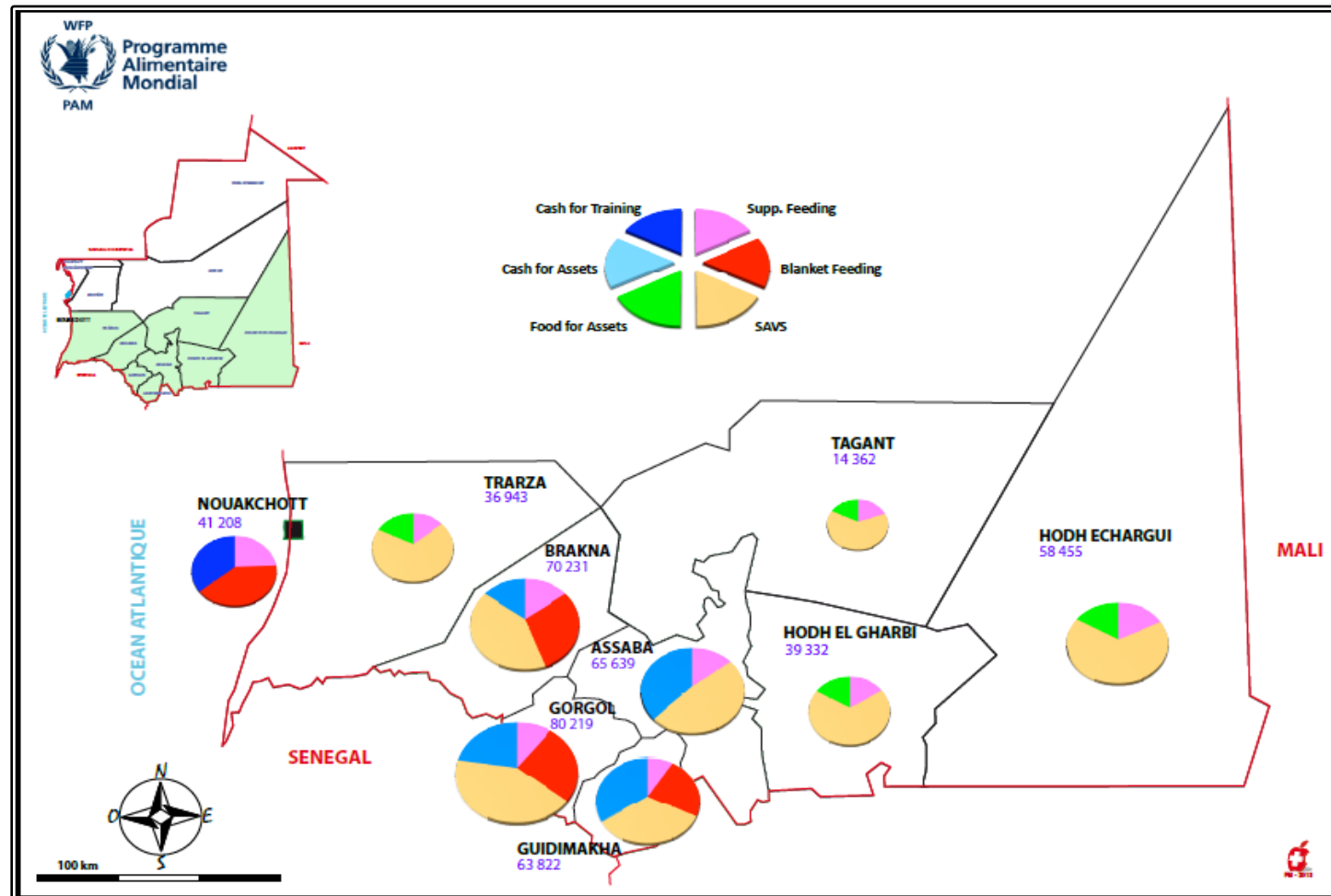
ANNEX I-B

DIRECT SUPPORT REQUIREMENTS (US\$)	
Staff and staff-related costs	
International professional staff	234 312
Local staff - national officers	103 022
Local staff - general service	40 687
Local staff - temporary assistance	426 612
Local staff- Overtime	9 950
International consultants	326 189
Staff duty travel	375 456
Subtotal	1 516 227
Recurring expenses	
Rental of facility	81 650
Utilities	93 000
Office supplies and other consumables	86 700
Communications services	240 000
Equipment repair and maintenance	42 000
Vehicle running costs and maintenance	36 598
Office set-up and repairs	51 000
United Nations organization services	33 333
Subtotal	664 281
Equipment and capital costs	
Vehicle leasing	142 800
Communications equipment	64 350
Local security costs	132 064
Subtotal	339 214
TOTAL DIRECT SUPPORT COSTS	2 519 722

ANNEX II: LOGICAL FRAMEWORK			
Results hierarchy	Performance indicators	Means of verification	Assumptions
Strategic objective 1: Save lives and protect livelihoods in emergencies			
Outcome 1.1 Reduced GAM among children 6-59 months old and pregnant and lactating women through treatment of MAM as well as prevention of acute malnutrition for children 6-24 months	Prevalence of acute malnutrition among children under 5 in the identified and targeted populations (Target: GAM prevalence below 10%) <ul style="list-style-type: none"> ➤ Recovery among children benefitting from CRENAM (Target: 75%) ➤ Defaults of children benefitting from CRENAM (Target: <15%) ➤ Non-response of children benefitting from CRENAM (Target: <10%) ➤ Death rate of children benefitting from CRENAM (Target: <3%) ➤ Number of institutional sites assisted (CRENAM) (Target: 900) 	<ul style="list-style-type: none"> ➤ Nutritional surveys (Government/ UNICEF/WFP) ➤ PDM survey ➤ Monthly activity reports 	<ul style="list-style-type: none"> ➤ Adequate and timely resources throughout the operation – No pipeline breaks ➤ Government and Partners (UNICEF/ NGOs) have adequate resources to implement their nutritional mandates ➤ CRENAM operational and supplied ➤ Effective coordination with Government and partners
Output 1.1 Timely provision of food- supported nutrition interventions (supplementary feeding, blanket supplementary feeding) for targeted beneficiaries in appropriate quality and quantity	<ul style="list-style-type: none"> ➤ Number of children and pregnant and lactating women reached through food-supported nutrition interventions (Target: 100% of planned beneficiaries reached) ➤ Quantity of food distributed by commodity and activity (Target : 100% of distribution planned reached) 	<ul style="list-style-type: none"> ➤ Monitoring activities ➤ Cooperating partners reports ➤ COMPAS reports 	<ul style="list-style-type: none"> ➤ Adequate human, logistical and technical capacity is available among nutrition cooperating partners ➤ No pipeline breaks
Strategic Objective 3: Restore and rebuild lives and livelihoods in post conflict, post-disaster or transition situations			
Outcome 3.1: Adequate food consumption over assistance period for targeted households, communities, IDPs and refugees	<ul style="list-style-type: none"> ➤ Coping strategy index (Target: <10) ➤ Household food consumption score (Target : 80% of targeted populations score is >42) ➤ Community Asset Score (Target >80% of communities showing increased score) 	<ul style="list-style-type: none"> ➤ Post distribution monitoring survey ➤ FSMS 	<ul style="list-style-type: none"> ➤ Adequate funding of the project is received on time

<p>Output 3.1: Food, cash and non-food items distributed timely and in sufficient quantity to target groups of men, women, girls and boys under secure conditions through VFR or FFA</p>	<ul style="list-style-type: none"> ➤ Number of men and women participating in asset creation activities over the duration of the project vs planned (Target: 100% of planned beneficiaries reached) ➤ Percentage of women participants vs total participants (Target: 60%) ➤ Percentage of households receiving the planned amount (Target: >95%) ➤ Number of VFR receiving their allocation in time (Target: 100%) ➤ Percentage of females in leadership positions in management committees (Target: 50%) ➤ Number of men and women receiving food over the duration of the project vs planned ➤ Tonnage of food distributed vs planned 	<ul style="list-style-type: none"> ➤ Monthly reports from partners 	<ul style="list-style-type: none"> ➤ Adequate human and technical capacity is available among government and the cooperating partner ➤ Food and cash available when and where needed ➤ Logistics operational and efficient
<p>Output 3.2: Livelihood assets developed, built or restored by targeted communities and individuals</p>	<ul style="list-style-type: none"> ➤ Number of livelihoods / community assets created or restored by targeted individuals by types and units of measure ➤ Number of women and men trained in livelihood-support thematic areas 	<ul style="list-style-type: none"> ➤ Monthly reports from partners 	<ul style="list-style-type: none"> ➤ Adequate human and technical capacity is available among government and the cooperating partner
<p>Outcome 3.2: Increased access to assets in fragile, transition situations for vulnerable populations in urban areas</p>	<ul style="list-style-type: none"> ➤ Community assets score (Target: 30%) ➤ Number of training sessions organized vs planned (Target: 100%) 	<ul style="list-style-type: none"> ➤ PDM ➤ Monthly report from partners 	
<p>Output 3.2: Timely cash payment to household participating in CFT activity</p>	<ul style="list-style-type: none"> ➤ Total cash amount (US\$) distributed per household (Target: Average = US\$68) ➤ Percentage of beneficiaries receiving cash on time for training (Target: 100%) ➤ Number of men/women receiving CFT vs planned (Target: 100%) 	<ul style="list-style-type: none"> ➤ Monthly report from partners ➤ PDM survey 	<ul style="list-style-type: none"> ➤ Adequate human and technical capacity is available among partners to provide training

ANNEX III - MAP: MAURITANIA PRRO 20474 ACTIVITIES AND BENEFICIARIES



ACRONYMS USED IN THE DOCUMENT

CFT	cash for training
COMPAS	Commodity Movement Processing and Analysis System
CRD	<i>Comité Régional de développement</i> (Regional Development Committee)
CRENAM	<i>Centres de récupération nutritionnelle ambulatoire pour les personnes atteintes de malnutrition modérée</i> (Ambulatory nutritional recovery centres for people with moderate malnutrition)
EMOP	emergency operation
FAO	Food and Agriculture Organization of the United Nations
FEWS-NET	Famine Early Warning Systems Network
FFA	food assistance-for-assets
FSMS	food security monitoring system
GAM	global acute malnutrition
GFD	general food distributions
MAM	moderate acute malnutrition
MUAC	mid-upper arm circumference
NGO	non-governmental organization
PDM	post-distribution monitoring
PRRO	protracted relief and recovery operation
SAM	severe acute malnutrition
SAV	<i>stocks alimentaires villageois de sécurité</i> (village food reserves)
SMART	Standardized Monitoring and Assessment of Relief and Transitions
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VFR	village food reserves
WFP	United Nations World Food Programme
WHO	World Health Organization